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***Jamaican Men and Same-sex  
Activities: Implications for  
HIV/STD Prevention***

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**AIDSCOM**  
**Academy for Educational Development**

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*This publication is one of a series of occasional papers prepared by AIDSCOM staff and consultants to provide health promotion and behavior change program planners with information that can help guide their HIV/STD prevention activities.*

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## **PARTNERS FOR A WORLD AGAINST AIDS: AIDSCOM**

The AIDS Public Health Communication (AIDSCOM) Project seeks to develop, test, and refine the application of the Public Health Communication (PHC) Framework to AIDS prevention and control. PHC draws upon and integrates the successful experiences of the Agency for International Development (A.I.D.) in development communication and social marketing and focuses on planning, intervention, and monitoring and evaluation. Given the challenges of controlling the spread of HIV/AIDS and other sexually transmitted diseases (STDs), AIDSCOM has worked to increase understanding of the integral role communication plays in effecting behavior change.

AIDSCOM has shown that behavioral and operations research must form the foundation of effective communication strategies. The project has also demonstrated that full involvement of the target population significantly increases the effectiveness of behavior-change interventions. Implementing these interventions has shown that communication efforts offer a unique opportunity for influencing social norms and making behavior change an option for individuals at risk.

Since 1987, AIDSCOM has conducted assessments of HIV prevention opportunities and programs in some 67 countries worldwide and implemented extensive technical assistance in 42 of those countries. AIDSCOM assists governments and a wide variety of nongovernmental and private organizations throughout Africa, Asia, the Caribbean region, Latin America, and the Near East.

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## EXECUTIVE SUMMARY

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The significant role of male-to-male sexual transmission of HIV in Jamaica has been apparent since the onset of the disease. Efforts to address the HIV prevention needs of this population of men who have sex with men have been complicated by social and cultural values opposed to homosexuality and by the lack of information regarding this population.

A recent review of the literature (Chevannes 1992) commissioned by Jamaica's Ministry of Health, with support from AIDSCOM/Academy for Educational Development, Washington, D.C., confirmed that little is known, discussed, or written in the professional literature regarding homosexual and bisexual behavior in Jamaica. A primary reason for the lack of information is likely to be the historical hostility and discrimination toward homosexuals throughout Jamaican society. Some observers (Chevannes 1992), however, suggest that homosexuality has increased within the last two decades in Jamaica and that the middle class has become more tolerant of known homosexuals. Male bisexuality is generally not recognized in the literature, and this gap in scientific understanding and pursuits tends to distort descriptions of Jamaican social and sexual patterns.

In 1991, AIDSCOM collaborated with local researchers and the Ministry of Health in conducting a qualitative study of men who have sex with men in Jamaica. This undertaking provided a description of the gay male community, based on its perceptions and self-reported behavior. Nearly 50 men participated in the study, the first of its type to research the social, cultural, and sexual realities for men who have sex with men in Jamaica.

The overall aim of the study was to obtain information to develop programs and interventions to encourage and help sustain behavioral changes that will prevent the spread of HIV/AIDS in this population. Results of focus group discussions and in-depth interviews presented a profile of the population and its subgroups. The study analyzed the homosexual continuum against the social and cultural framework of Jamaica, identified the study population's myths and beliefs about AIDS, assessed information levels and safer-sex activities, determined current attitudes toward HIV testing, and identified effective channels for future communications. These results can be applied by the male homosexual

and bisexual community and the Ministry of Health in developing more effective activities for preventing HIV transmission.

The population of men who have sex with men in Jamaica appears to range across age groups, social classes, and levels of economic status. According to the study sample, the majority of men reside in urban areas. The large majority of these men is bisexual, with several subgroups based on age, reasons for involvement, education, and sexual preferences. Bisexuality in Jamaica appears to be largely ignored and tacitly condoned, as long as men can display overt trappings of *machismo* and can operate successfully in mainstream culture. Bisexuality is frequently considered something quite separate from homosexuality, and bisexual behavior often provides the basis for an escape from the overall homophobic attitudes of society.

The subgroup of young men (19 to 25 years) in the study reported that they had been involved with same-sex activities for a relatively short period. They had minimal formal education, were only occasionally employed, and were from the lower socioeconomic groups. These men were the least aware of HIV/AIDS, held myths about HIV/AIDS based largely on rumor, and did not perceive themselves to be at high risk for HIV/AIDS.

The lifestyle of this subgroup makes them minimally receptive to mass media campaigns, organized group discussions, or traditional channels of communication. Their social lives revolve around popular dance hall entertainment, the drug culture, and marginal street life. Information about HIV/AIDS received by many gay men has come primarily from overseas or from friends, although several men reported getting HIV/AIDS information from the media. A few in the study were aware of the national AIDS prevention campaigns.

The locations for socializing for these men vary greatly, from public places and clubs to private parties and home visits. Relationships appear to be either serial in nature or one-night stands. Relationships are of short duration; monogamy for partners is uncommon.

Men in the study considered testing for HIV in Jamaica to be problematic. Many of the men doubted that test results would be kept confidential; others did not know where to go for HIV tests or what the test results meant. At the time of the study, no formal support group existed for gay men. A few "opinion leaders" have naturally emerged from the population and provide unofficial counseling to acquaintances.

Study findings suggest that condoms are widely known but erratically used by many Jamaican gay and bisexual men. Their knowledge and use of condoms appear to be less widespread than that of the overall male population who use condoms as their only means of contraception.

## SOCIOCULTURAL CONTEXT

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### ■ Homosexuality and Bisexuality in Jamaica

Same-sex activities in any society must be viewed against the background of sexuality and sexual practices in that society. Historically, Jamaica was referred to in colonial writings as a scenario for promiscuity and unbridled sexual activities. (Long 1774, Nugent 1839, Brathwaite 1971, Bush 1990, Hall 1990). Two explanations were offered for this situation. Some writers blamed the reportedly lascivious Africans for introducing Europeans to lives of sexual dissipation. Others indicated that the planters had taken advantage of the slaves and forced them to engage in licentious behavior. From the 1700s when large numbers of Africans were brought to Jamaica, both populations engaged in sexual activities that were not marital, monogamous, or characteristic of either West African or British norms. The subculture of the plantation system created a hierarchy of human relations that had little to do with official views and that reflected the subtle networks of cultural pluralism, which masked a variety of behaviors (Smith 1959, Henriques 1948).

The consequences were a mixture of sexual relationships and activities that in themselves have been difficult to define (Chevannes 1992). Historically, this situation has allowed the subject of homosexuality to be brushed under the carpet. It is neither mentioned in academic literature nor found in creative works.

Anecdotal evidence indicates that homosexuality became conspicuous during the 1920s and 1930s, toward the end of the British Empire, when the demimonde of Europe was the rage. Artistic and intellectual Europeans came to the colonies, including the Caribbean, and socialized in elite circles with little attempt to hide their sexual preferences. Simultaneously, a few sons and daughters of plantocratic families proclaimed their homosexuality or merely "went away to England." The majority of the population was not prepared to cope with this phenomenon. Having been inculcated with Victorian fervor laid like a thin veil over the usual sexual confusion, the bourgeoisie had no intentions of accepting any permutations. Its vocal hatred of homosexuality, nonmarital sexual unions, and any other perceived perversion gave the middle class a vehicle with which to emphasize its own morality and purity according to British standards.

Two cases of buggery (sodomy) were publicized during the 1960s (*The Star* newspaper). These cases reminded the public that acts of homosexuality were still unlawful and frowned upon by the local establishment, now consisting of colored and black people striving for respectability. White "eccentrics" from overseas would be tolerated, but no such tolerance would be extended to local homosexuals. Chevannes (1992) notes that the first mention of homosexuality in Jamaica in scientific literature occurred in 1976 in a paper by Whitehead, who had gained access to a network of homosexuals in Kingston. That study referred to male bisexuals as well.

## ■ Recent History of the Gay Rights Movement

Current gay leaders report that the conservatism of the 1960s gave way to a more liberal attitude in the 1970s, thereby reflecting sociopolitical changes in the country. Some Jamaican gay men "came out" socially and mixed upfront in mainstream society, particularly through the arts and the media (personal conversation 1991).

In September 1977, the Gay Freedom Movement (GFM) was born in Jamaica. According to GFM files, a group of earnest men created an organization which met regularly and published a monthly newsletter, the *Gaily News*. At that time, there were four gay nightclubs in Kingston and Spanish Town as well as many house parties. There was much concern about homophobia, including an incident at the University of the West Indies where a gay male student was terrorized.

In late 1978, the GFM sponsored a Gay Community Health Clinic to screen for STDs. Four clients appeared on the opening day with concerns about syphilis, gonorrhea, and herpes. During this time, the General Secretary of the Gay Freedom Movement made presentations to medical students, the Jamaica Psychological Association, and international conferences as part of its educational outreach program.

From 1981 to 1984, there was a lull in activities. But the *Gaily News* resumed in 1984, with frequent references to AIDS. In that year, GFM initiated an AIDS education campaign that focused on HIV testing and safer sex. Several medical doctors were involved, and the first set of HIV tests among this population were conducted. Note that from 1979 through 1984 two cases of AIDS in Jamaica had been reported, with an additional four cases the following year (Mann et al. 1992).

Although a few activists continued to pursue AIDS education activities, there was an overall downturn in organized events, thereby leading to a lack of cohesiveness among this population. By 1984, there were no longer any clubs, and social life for gay men had gone into the doldrums. In general the conservatism of the 1980s caused many men to either migrate or to integrate into mainstream life.

No doubt exists that the initial "AIDS scare" had a major impact on the Jamaican population and its attitude toward gay men. AIDS was considered "the gay disease," and to many it was the consequence of loose, immoral living. These beliefs reflected the biblical prophecies as understood by the lower classes and rural populations.

While Jamaicans express an abhorrence of male homosexuality, heard especially among the vocal middle class, there is also an apparent fascination with this behavior. *The Enquirer*, Jamaica's only sex tabloid, begun in 1988, now has the largest circulation of all newspapers. Content analyses of its items reveal that most of the main feature stories focus on homosexuality. Some articles emphasize the pathos and suffering of gay men in Jamaica.

Gay men had become less interested in belonging to a self-identified and publicly recognized group. Younger men expressed little need for support, and their social life became less focused, operating at various levels in a more liberal society. The former groundswell of support or concern with gay rights and homophobia faded. In 1988, the original

leaders of the GFM remained concerned about HIV in their midst and collaborated with a doctor from the Ministry of Health to be tested for HIV, as part of a health study of 125 homosexual and bisexual men in Kingston (Murphy et al. 1988). Results were reported to the men, but there were no publicly sponsored programs to provide follow-up information or counseling services. The number of annual AIDS cases increased dramatically from four to five cases annually, earlier to 32 in 1987 alone. The following years revealed continual increases: 30 cases, 1988; 66 cases, 1989; and 62 cases, 1990 (Mann et al. 1992).

From 1988 through 1991, contact between the gay community and Ministry of Health was limited to individuals seeking counseling, support, or clinical care after having tested HIV positive or having developed the symptoms of AIDS. One exception involved a young gay man who revealed his identity to the media as a person with HIV and who attempted to form an organization for people with HIV/AIDS. His success was limited due partly to the demands of his own severe financial straits; yet, his courageous stance provided one Jamaican face of AIDS to the general public.

During this period, international aid donors began to provide funds to the Ministry of Health to expand the government's HIV and STD prevention programs. A few of the donor organizations emphasized the need to conduct continuing outreach to men who have sex with men, a target population listed in the national AIDS medium-term plan.

The Jamaican public retains a strong belief that homosexual and bisexual men are the primary carriers of HIV (*The Sunday Gleaner*, June 30, 1991). Contrary to these beliefs, data collected by the Ministry of Health reveal a significant increase in HIV transmission through heterosexual activity and a growing number of AIDS cases among women and children. The possibility that male bisexual activities may provide a bridge of transmission of HIV to women remains strong but largely unexplored.

## OBJECTIVES AND METHODOLOGY

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Although several gay men provided input into some of the original research that supported planning of the first national AIDS prevention campaign (Boostrom/USAID 1988), they had little involvement with the actual campaign. Because only limited information about the gay and bisexual population was documented and even less existed elsewhere in documentation or literature (Chevannes 1992), it was difficult to assess the needs and attitudes of that group for the ensuing HIV prevention and condom promotion programs. The aim of this study was, therefore, to learn more about men who have sex with men in Jamaica in order to plan for ways to work with that community on HIV/AIDS prevention.

The objectives were to:

- Describe the population of Jamaican men involved in same-sex activities.
- Identify characteristics of the subgroups among this wider population.
- Assess information levels, attitudes and behavior related to HIV/AIDS as well as to safer sex, HIV testing and condom use.
- Identify their preferred channels of communication.
- Solicit their recommendations for preventing the spread of HIV in the gay community.

Because this was a limited qualitative study, three methods of investigation were employed to increase validity. These methods — key informant interviews, focus groups, and in-depth interviews — allowed for flexibility to focus on certain primary issues using different research approaches.

The first phase consisted of several preliminary interviews with knowledgeable men from the gay community. These formative interviews provided a stronger focus for the ensuing research and eliminated misconceptions regarding the study population. Two of the main results were the much greater than expected range of ages and subgroups and the fact that exclusively gay men apparently comprised a minority of the total population of Jamaican men who have sex with men.

The second phase consisted of six focus groups using guidelines that were developed, pre-tested, and refined in phase one. Focus group discussions were based on important insights that had evolved from the interviews. For example, meeting places for the men appeared to be significant in relation to the type of social or sexual contact desired. In addition, testing for HIV emerged as an issue of considerable concern; discussions about testing thus became a major component for the focus groups.

During the final phase of the study, a questionnaire was developed for in-depth interviews, pre-tested with five men for clarity and suitability, and redesigned with input from AIDSCOM, the liaison officer from the Ministry of Health, and the primary contact investigator. The questionnaire was self-administered by ten men.

The methodologies not only cross-validated results but also were planned to be flexible and to lead into each other, with each phase contributing to the subsequent phase. The wide-ranging interviews in phase one served to develop parameters for the research and to inform "opinion leaders" of the gay community that the study had begun and would benefit from their support. This momentum of goodwill increased during the six months of the study, ending in positive actions, such as informal contact and backup that allowed some access to subgroups as well as continuous reference to the initial group of respondents.

It is important to note that, due to the wide-ranging continuum of the Jamaican Creole language, and to the vernacular of the gay and street

subcultures, certain terms and concepts used in Standard English were not understood by some of the respondents. This observation was particularly apparent among men who were younger and of a lower socioeconomic status. General terms, such as monogamy, HIV, STDs, and promiscuous, were not readily understood by these participants. Thus, the terms were either translated by the interviewers or an interpretation related to the overall sense of the concept was solicited. It should also be noted that the words homosexual and bisexual are relatively new to the majority of Jamaicans, especially to the general public. The phase three questionnaire, however, asked participants to describe themselves as "straight," "gay," or "bisexual," and the men generally did not have difficulty identifying themselves according to one of these terms. The formative research of this study revealed the following indigenous names that are popularly used:

<b>Indigenous Names</b>	<b>Meaning (Standard English)</b>	<b>Origin</b>
Batty Man	Describing physical act by gay males ("buttocks man")	Derogatory name used by general public.
Sodomite	Lesbian	Mythological vague name used by public.
Sport	Gay man	Used by gay men.
Him a suh	"He is that way"	Used by gay men.
Spanish machete; Razor Blade; Him cut 2 sides.	Bisexual	Used by general public.
A friend of Dorothy's; A member of the church; He plays cricket.	Gay person	Thought to be imported from England by middle class.

Thus, while the terminology may differ from that, say, of North America, Jamaican popular culture accommodates and describes the reality of men having sex with men. At the same time, the Jamaican population is becoming more accustomed to the terms gay and bisexual.

## INTERVIEWS WITH KEY INFORMANTS

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### ■ Participants and Discussion Topics

Five informants were interviewed for this initial, formative phase of the study. All of the individuals were middle class, educated to tertiary level/college education or similar, employed in senior positions, and well-informed about HIV/AIDS. They were extremely cooperative and informative, possibly due to two recent AIDS-related deaths in the gay community. While the men did not represent the full range of subgroups, especially the street youth and the lower classes, they did appear to be "opinion leaders" in their own circles and were generally knowledgeable about the subgroups. Four of the informants resided in Kingston, the capital and largest city. One man resided in the United States, but made regular visits to Jamaica.

Discussion topics included descriptions of men who have sex with men in Jamaica, their awareness of HIV/AIDS, change of behavior (if any), sources of information about HIV/AIDS, prevention messages recalled from previous media campaigns, and first personal experience with an HIV/AIDS-related death. The description of this population, which emerged during the interviews, revealed a range of subgroups from boys and men who were exclusively homosexual to boys in the country "just romping." The key informants reported that between these two groups there exist various forms of same-sex activities, and that there were several subgroups of bisexual men who could be categorized according to motivation.

### ■ Motivations for Bisexual Relationships

Bisexuality seems to be a prominent feature among men who have sex with men in Jamaica. The primary motivations for the bisexual behavior, according to the informants, were as follows:

- Adapting to social pressure that forced many men to use women as a cover for their actual preference
- Respecting religious values that disapproved strongly of homosexuality
- Desiring social mobility, which in Jamaica is important due to the old colonial class system and which motivates many men to want to mix in "better circles."
- Alleviating financial need, thereby making sex a revenue-earning activity and possibly rationalizing relationships with men that result in material advancement.

### ■ Attitudes and Behavior Changes

Although these informants had a high awareness of AIDS, stimulated primarily by travel overseas and their own information-seeking charac-

teristics, they all felt that the majority of gay and bisexual men in Jamaica were unaware of high-risk sexual activities, dangerous sexual practices, and their own potential exposure to HIV. In addition, certain myths were mentioned, such as "men who have sex with women can't get AIDS;" "if you look healthy you don't have HIV or AIDS;" and "if you come from above Cross Roads you can't get AIDS" (meaning that upper middle- and middle-class people do not get AIDS). The informants all spoke in detail about their personal changes in behavior, but they reported that most gay and bisexual men do not practice safer sex. Change of behavior for them had involved no longer practicing anal intercourse, avoiding "rough sex," performing mutual masturbation, and abstaining from sexual intercourse.

These men had first heard about AIDS as early as 1982 and 1983, while traveling overseas. All knew of several AIDS-related deaths, most of whom were Jamaicans, resident in New York or those who "come home to die." They felt that "only if you knew someone who died from AIDS did you really change your behavior." Although these informants had been tested for HIV, they believed that most gay and bisexual men did not wish to be tested. Reasons given for this avoidance included: "don't want to know," "authorities and the Ministry of Health not clear about testing," "AIDS was God's way of damning loose living" and uncertainty about anonymity in the testing process.

### ■ Subgroup Characteristics

The informants portrayed a large population of men who have sex with men, especially in tourist resort areas, and a growing number of young men who became involved in homosexual activities for social or economic reasons. Informants categorized the population as follows:

- **Exclusively homosexual men**, who are usually older and a self-contained group, mostly resident in urban areas
- **Exclusively homosexual young men**, who wish to be with people of similar preferences and lifestyles (They tend to be particularly involved with fashion, entertainment, and the arts.)
- **Bisexual older men**, who are professionals or well-established, are married or with girlfriends, and who seek liaisons with younger men
- **Bisexual younger men**, who have a strong desire for social mobility, need help in getting work, or seek adventures (Most have girlfriends simultaneously.)
- **Bisexual hustlers or prostitutes**, who work primarily in Kingston or tourist areas; for them, sexual activities are simply a way of earning a living.

This initial study phase confirmed the existence of many more subgroups than originally believed among the researchers. It also indicated that cultural attitudes about male behavior in Jamaica complicated the expression of both homosexual and heterosexual orientations. The

interviews provided further weight to the hypothesis that many men who have sex with men were uninformed or misinformed about HIV/AIDS and HIV risk reduction.

## FOCUS GROUPS

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The focus groups were the most valuable methods of gaining information as well as retrieving unsolicited news that proved important. It was an appropriate strategy for some men who felt more comfortable with one or two of their acquaintances present. Comparing opinions and experiences, they allowed the researchers to listen firsthand to personal experiences, rich in local references and indigenous terminology. Most groups were held in private apartments and in informal settings. Each group was conducted by at least one of the two principal researchers and by a contact chosen from the gay community.

### ■ Description of Participants

Guidelines for the focus groups were drafted, based on the results of the informant interviews, tested, and refined. The final guidelines were used for six focus groups. Attempts were made to include bisexual men, young men, and men from outside the Kingston area, especially those from tourist areas. The focus group phase of the study provided the most diverse population, and the men in the groups helped balance the more educated and middle class composition of the other two phases of the study. These groups were, however, quite difficult to organize. In one group of young, bisexual men, each man arrived one hour later than the other. All requested to be interviewed separately. In complying with their wishes, interviewers used the focus group guidelines to conduct separate, discreet interviews. One 19-year-old respondent spoke in whispers, and was at first, nervous. By lowering the lights and turning up the music, the interviewers were able to simulate an informal, social setting to which he responded well.

It was much easier to organize focus groups for exclusively homosexual men from middle-class backgrounds. They were cooperative, articulate, and eager to express their views. Most of the participants in the six groups were 20 to 35 years of age. All had some form of high school education. Employment varied greatly from permanent to sporadic; the majority, however, was from lower middle and lower socioeconomic backgrounds.

### ■ Changes in Social Interactions

All groups described a large number of younger men becoming involved with same-sex activities. Class was often used to describe subgroups ("uptown," "downtown," and so forth). One group of men agreed with a member's description of gay life in Jamaica:

In the 1970s, the gays were middle-class people who were from decent homes, well educated. Now there are more

and more teenagers who are gay, who choose this way of life for more than one reason. There are those who are gay for economic survival — those from low-income backgrounds or those who just like to be with people with the same interests, feelings, and emotions...while others look up to the affluent in society for direction or for a better figure to lean on.

There was agreement that class and race were no deterrents to homosexual relations, and study participants were aware of a group of older, middle-class men who picked up younger, lower class boys — or even “kept” them (that is, provided them with lodging).

Frequent references were made to social mobility, which in Jamaica translates as moving into a “better” class. Younger men may have a high school education, but have a difficult time getting ahead in Jamaica. They are often attracted to the glittery social life of certain circles that admit, or even revolve around, successful or entertaining gays.

Members of all of the focus groups affirmed that male bisexuality was common among themselves, their friends, and their sexual partners. The extent of bisexual activity was later confirmed, with specific examples given by the men who participated in the in-depth interviews. One focus group participant noted:

Society demands that a man should have a woman. To be labelled as a gay or homosexual is a name no man likes. So as a result, men resort to play the game with same-sex and opposite-sex activities.

Generally, bisexual men were reported to be more acceptable to their families and straight friends.

## ■ Where Men Meet

Home visits and house parties were mentioned as important in gay social life. A few gay men regularly open their houses or apartments for socializing on an informal drop-in basis, with an opportunity for using a private room if a couple should choose. Group members noted that AIDS educational materials have been made available at these home parties.

Because only one gay club remains, “cruising” now takes place in several public places. Focus group members identified the most popular public sites in Kingston and Ocho Rios, a resort location, for either cruising or partying, to be the club, one or two shopping malls, fast food restaurants, and certain street corners. Interaction between heterosexual and homosexual and bisexual men sometimes also occur at well-known straight clubs.

Several men referred to churches that proselytize for converts — particularly the new, charismatic churches — as opportunities for meeting other men. There was much discussion about dress, style, and pick-up strategy among church brothers. Same-sex activities have been linked to some syncretic religious groups, such as the Revivalists and some all-male Rastafarian camps or communities.

Participants from the two focus groups conducted in the tourist areas emphasized that they had little sexual contact with tourists; they did not discount, however, the presence of male hustlers in the tourist areas, who actively solicited male tourists. One informed source from the disbanded Gay Freedom Movement confirmed that it was his experience that Jamaican men generally preferred to avoid having sexual contact with white foreign men (personal communication 1991). It is unknown whether this choice was based on racial preferences or by misconceptions about AIDS being a disease primarily of white foreigners.

### ■ HIV/AIDS Awareness, Misconceptions, and Risk Reduction

The educated, well-traveled, and exclusively homosexual participants proved to be well-informed about HIV/AIDS. Most of them had heard about AIDS in the early 1980s while traveling, or from friends. Most knew someone who had died of AIDS (in New York) and could identify safer-sex behavior. This subgroup reported generally consistent practice of low-risk sexual activities; most said they had been tested for HIV.

From the focus group discussions, it was evident that education was an important variable in contributing to the levels of HIV/AIDS information, attitudes, and behavior change. There was a consensus that the least informed subgroup of gay men were those young men or boys who had been in same-sex activities for a short time and who came from marginal street groups. These street groups are also a population that would be least exposed to mass media messages about HIV prevention. The Ministry of Health's STD contact investigators regularly attempt outreach to this population, but their limited time and resources have always kept them from undertaking a major outreach effort.

Older bisexual men whose involvement was short term and sporadic due to other commitments were also identified as a group lacking adequate HIV/AIDS education. Group members believed that these men convinced themselves that they were not at risk for HIV because they were not homosexuals.

The misconceptions about HIV/AIDS among the focus group men were varied and sometimes contradictory. The primary notions about AIDS and risk reduction include:

- Withdrawal before "coming" in anal intercourse is safe.
- Urinating immediately after "coming" in anal intercourse makes the activity safe.
- Not swallowing during oral sex, followed by a mouth rinse with Listerine made oral sex safe.
- Oral sex is not very safe.
- Sexual intercourse with girls is safe.
- Sexual intercourse with heterosexual men is safe (without the use of condoms).

- Any sort of sexual penetration without “boots” or “riding bareback” (without condoms) can lead to infection.

Although abstinence, mutual masturbation, and use of condoms were vaguely mentioned as risk-reduction strategies, the men were unclear about the details of prevention. Few had what could be defined as monogamous relations. Serial relationships lasting a few weeks or a few months were considered normal.

### ■ Attitudes about HIV Testing

Study participants reported many problems related to HIV/AIDS testing in Jamaica. Approximately 25 percent of those in the focus groups had been tested, and most of them had done it as a requirement for employment, an insurance policy, or a food handlers' permit. Specific concerns and fears about the testing process included:

- Lack of confidentiality in the doctor's office, the lab, and the company involved, if any (For example, results are often handled by clerks, secretaries, and unprofessional staff.)
- Doubt about the accuracy of the results, based on stories from friends
- Refusal to admit either the risk or the potential of contracting or transmitting HIV
- Psychological inability to either undergo testing or to cope with an HIV-positive result
- Lack of information about where to go for testing
- Lack of support either from family or community
- Fear of ostracism and rejection, if the result is positive.

### ■ Sources of Information about HIV/AIDS

The majority of participants linked their AIDS awareness to a powerful, locally produced television ad (AIDS Kills) showing a corpse being taken into a morgue, actor Rock Hudson's death from AIDS, and news from friends. Some had read detailed AIDS information from overseas sources. A few had heard of HELPLINE, the national AIDS telephone hotline operated by the Ministry of Health, but the focus groups were conducted prior to the mass media campaign which widely promoted use of the hotline. While the television advertising regarding HIV/AIDS prevention did get the attention of the men in the groups, local advertisements did not make a significant impression and failed to provide the detailed information needed by this target group. The campaign was faulted for not providing information about specific sexual practices, the correct way to use condoms, the location of HIV test sites, and the meaning of HIV test results. The men's general reactions were, however, not unlike responses reported in a survey of the Jamaican public following the initial campaign (SOMARC 1988).

## ■ Recommendations for HIV Prevention Strategies

When asked to make recommendations to prevent the spread of HIV/AIDS among men who have sex with men, the focus group members suggested:

- Informal social groups to discuss and listen to detailed information
- Pamphlets and brochures with specific details about risk reduction related to gay men and their activities
- Posters in gay clubs, public places, and pick-up spots — including bathrooms and health clubs
- Television documentary with interviews of Jamaicans with HIV or AIDS
- Campaigns aimed at high schools, churches, the arts, and the fashion industry
- Training of peer counselors within the gay and bisexual community to provide support, information, and professional references
- Involvement of specific medical practitioners who are trusted by gay and bisexual men.

## IN-DEPTH QUESTIONNAIRES

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The in-depth questionnaires refined the characteristics of a few of the subgroups; yet, the use of a written self-administered survey limited respondents to those who were better educated. The questionnaire used for this phase was revised several times to make it more understandable to the target group. It became clear during earlier phases of the study that the language of Jamaican gay men has certain idiosyncrasies. Moreover, Standard English neither captures nor transmits certain concepts central to the sexual lives of Jamaicans.

## ■ Description of Participants and Discussion Topics

The ten respondents interviewed were primarily younger men in their 20s; all were residents of Kingston and outlying areas. The interviews focused on their self-identified sexual orientation, their interactions with men and women, meeting places, number of recent partners, condom use and attitudes, sources of information about HIV/AIDS, and HIV tests.

Occupations of the men varied greatly from professionals to blue-collar workers, and employment status ranged from unemployed to self-employed. Most of the respondents were employed. All respondents had some high school education, and one had professional qualifications. Attempts were made to recruit younger men and men from lower socio-economic groups, but it proved difficult to involve members of the latter subgroup.

Most men knew between 50 to 100 men who have sex with men; approximately half of these men were believed to also have female partners. These reports confirm the numbers and bisexual behavior disclosed by the men during the first two phases of the study. All of the men were familiar with basic information about HIV/AIDS, although few recognized a behavioral link between the transmission of HIV and that of STDs.

The most common meeting place for these men were, in order of priority: the streets, home visits, house parties, and "the Club." Only two of the participants were having sexual relations with women, while the others only related to women socially. Nevertheless, six of the men regarded themselves as bisexual, three as gay, and one as straight. The last, however, admitted that he was involved with men but did not have intercourse. He was "just playing" and regarded this activity as unrelated to being either gay or bisexual. The term "just playing" had also been used by several participants in the focus groups. Most men described their relationships with men as one-night stands, with a few being short term and overlapping. No long-term relationships were reported.

### ■ Condom Use Attitudes and Practices

Virtually all of the men recognized that use of condoms could prevent the spread of HIV and other STDs. All but two had used condoms, mostly with men. The two nonusers explained that penetration had not occurred during sex. Three had recently had sex with men and not used condoms for various reasons: "It was a regular partner." "He was well acquainted, and had tested negative some time ago." "There was no penetration."

All of the men recognized that condoms should be used during anal intercourse. Most of the men mentioned familiar complaints about using condoms (for example, "cumbersome" and not "skin to skin"); yet, they agreed that condoms were necessary for one-night stands for prevention of disease. Only one man had ever asked a male partner to use a condom; a few said they had been asked by their partners to use one. For most of the men, condom use had not become an absolute, every occasion requirement for sexual intercourse.

While two men recognized that it was important to use water-based lubricants while using condoms, most of the men did not; they instead mentioned use of vaseline, petroleum jelly, and baby lotion. When asked how things have changed among men having sex with men, several mentioned that some men were more cautious, that there were fewer partners, and that some low-risk activities had been adopted. Yet, others noted that little change had occurred. They did not believe that major behavior changes were under way.

### ■ Sources of Information

Their sources of information included the district health centers, the Ministry of Health's pamphlets, various foreign and local media, and other people. The national AIDS hotline was known to almost all the

respondents, but they seemed reluctant to use it due to concerns about confidentiality.

### ■ Attitudes toward HIV Testing

Several of the men knew of others who had been tested for HIV, but there was an overall reluctance to be tested themselves. Reasons given include serious concerns about the lack of confidentiality in the testing procedures and among involved staff and worries about ability to cope with the results. The in-depth questionnaires were particularly useful in providing more specific information about the extent of bisexuality among male Jamaicans, a general tolerance of bisexuality among respondents' male and female friends, social habits, information sources, and concerns about confidentiality and HIV testing.

## CONCLUSIONS AND IMPLICATIONS

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This study suggests that there is a significantly large population of men who have sex with men in Jamaica. Of this population, there appears to be a quite large proportion of men who identify with being bisexual or, not using that term for themselves, nevertheless seek both male and female sex partners. It would be more accurate to view Jamaican male sexual expression as a fluid range of possibilities which are not necessarily bound by restrictive terminology. The problem for HIV/AIDS and STD prevention is that these diseases are given easy entry through multiple mating patterns into all social classes, ages, and genders. Self-reported and anecdotal information from the study suggests that basic AIDS awareness and familiarity with condoms are both high among this population, but consistent and correct use of condoms is rare irregardless of whether the sexual contact is male or female.

Given the historical and still quite current intolerance toward male homosexuality throughout much of Jamaican society, it is not surprising that many cases of HIV seropositivity and AIDS among men may be reported, based on patient information, as the result of heterosexual transmission. Another possible factor for the low number of reported homosexual or bisexual cases of AIDS in Jamaica (in comparison with other Spanish- or English-speaking Caribbean countries) may be the result of the unfamiliarity with the terms to identify what is bisexual or homosexual behavior. Because reporting is mostly based on respondents' opinions, it is possible that many Jamaican men who have sex with men genuinely do not believe that they are gay because of their notions of homosexuality. Their understanding would be supported by a sociocultural framework with entrenched views on the appearance, behavior, and sexual acts of homosexuals.

For these reasons, HIV prevention planners need to acknowledge that the reported means of transmission of HIV in Jamaica may be distorted (as it is elsewhere in the world where homosexuality is highly stigmatized).

Prevention programs — including media messages, street outreach, and face-to-face interventions — are likely to be most effective when they are based on an assumption that male-to-male HIV and STD transmission are always possibilities and that male-to-male-to-female transmission is a logical reality in the Jamaican social and sexual setting.

The study emphasizes the need to target specific subpopulations with interventions designed to reflect their various needs and interests. Participants in this study strongly recommended that communication and education materials be developed that address their questions and concerns, often in graphic detail, about sexuality, HIV/AIDS, and STDs in general. Several of the men expressed interest in being involved with any such prevention programs, often a continuation of work they have informally conducted for several years.

Although the majority of the men in the study represented a better educated middle-class who were aware of HIV/AIDS and risk reduction, experience among other communities of AIDS-aware men (for example, San Francisco) suggest that “relapse” from low-risk to sometimes higher-risk sex is a significant possibility. While the informational needs of many of these men have been largely met (with the exceptions noted above), it cannot be assumed that their behavioral change needs have also been fulfilled. As the study progressed and involved more younger men, it became evident that as long as Jamaica continues to experience economic crisis, there will likely be an increasing number of young men involved with same-sex activities due to financial or social benefits. These men are least aware of HIV prevention strategies and are at high risk as a target population.

HIV testing may provide an opportunity for effective AIDS education and support for behavior change in Jamaica. Yet, the concerns with confidentiality are real; they reflect not only the popular, daily exchange of news and gossip one from another but also the fear of discrimination and ostracism that might result from unauthorized disclosures of someone’s HIV status. Authorities responsible for the test sites should undertake a review of the processes and protocols related to HIV testing — from how one requests a test and pre- and post-counseling to the site of the testing itself. Creative measures may be required to avoid forcing individuals to risk breaches of their confidentiality by being tested. Without such precautions, it is more likely that people at risk will avoid testing altogether.

This study as well as others (Chevannes 1992) reveals the need to proceed beyond initial formative research to more rigorous behavioral research to understand the population and to operations research to develop and evaluate the most effective interventions with them. This study was not designed to determine specifically the factors that most influence and sustain behavior change among the various subgroups. This type of research, conducted in collaboration with representatives from the target population, will be essential for effective health promotion and disease prevention.

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