



Assessing the Feasibility and Acceptability of Implementing the

Mpowerment Project

An Evidence-Based HIV Prevention Intervention for Gay Men in Barbados

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This report was made possible by Andres Maiorana¹, Janet Myers¹, Greg Rebchook¹, Gaelle Bombereau-Mulot², Rosemarie Lall², Nadine Kassie²

TABLE OF CONTENTS

Foreword.....	5
List of acronyms.....	6
Acknowledgements.....	7
Executive Summary.....	8
1. Introduction.....	16
2. Background.....	17
2.1 Epidemiology of HIV and MSM in the Caribbean.....	17
2.2 MSM in the Caribbean social context.....	20
2.3 MSM in Barbados.....	21
2.4 Buggery laws in Barbados.....	22
2.5 The Mpowerment project.....	23
3. Study Methods.....	25
3.1 Study design.....	25
3.2 Sampling and selection of participants.....	25
3.3 Data collection.....	26
3.4 Data analysis.....	26
3.5 Ethical approval.....	27
4. Findings.....	28
4.1 Characteristics of gay men and factors that influence their HIV risk.....	28
4.1.1 Groups of gay men.....	28
4.1.2 A gay “community” in Barbados?.....	32
4.1.3 Public social venues.....	33
4.1.4 Private parties.....	33
4.1.5 Contact between gay men in Barbados, other Caribbean islands and internationally.....	35
4.1.6 Stigma and discrimination against MSM in Barbados.....	36
4.2 HIV prevention needs of MSM in Barbados.....	41
4.2.1 Perceptions of HIV risk and sexual behaviour among MSM.....	41
4.2.2 HIV services available for MSM in Barbados.....	44
4.2.3 HIV testing.....	46
4.2.4 HIV care.....	47

4.2.5 Needs of gay men in Barbados	48
5. Discussion and recommendations	57
5.1 Feasibility and acceptability of Mpowerment	57
5.1.1 Core group	57
5.1.2 Volunteers	58
5.1.3 Coordinators	58
5.1.4 Project space	59
5.1.5 Formal outreach	60
5.1.6 Informal outreach	61
5.1.7 M-groups	61
5.1.8 Community Advisory Board	62
5.1.9 Other issues raised in the research	62
5.2 Recommendations	63
5.2.1 Need for adaptation to the local context	63
5.2.2 Stakeholders to involve in the process	64
5.2.3 Elements to include in adaptation of the intervention	64
5.2.4 The reach of Mpowerment in Barbados	65
5.2.5 Locations for Mpowerment activities	65
5.2.6 The need to build trust	65
5.2.7 Organisation of the intervention	65
5.2.8 Capacity building	66
5.2.9 Evaluation	66
6. Conclusion	67
References	69
Appendix 1: Core Elements of the Mpowerment intervention	72
Appendix 2: Data Collection Instruments	74
a. Interview and Focus Group Guide for Gay Men	74
b. Interview Guide for Organisations and Government Staff	81

Foreword

It is with pleasure that we present this report, *Assessing the Feasibility and Acceptability of Implementing the Mpowerment Project, an Evidence-Based HIV Prevention Intervention for Gay Men, in Barbados*. The goal of this study was to assess the feasibility and acceptability of tailoring and implementing an evidence-based HIV prevention intervention for openly gay men in the social context of Barbados. This intervention, called Mpowerment, has proven effective in studies in the US. The research was undertaken by the International HIV/AIDS Alliance (IHAA) /Caribbean HIV&AIDS Alliance (CHAA) and the University of California, San Francisco (UCSF) with funding from the US Agency for International Development (USAID).

This study has been produced for Barbados as part of the Eastern Caribbean Community Action Project (EC CAP). The project operates in Antigua and Barbuda, Barbados, St. Kitts and Nevis and St. Vincent and the Grenadines, working with key populations, including men who have sex with men, sex workers and people living with HIV, to increase access to HIV and AIDS prevention and care services. CHAA Country Offices were established in the four implementation countries in order to engage directly with National AIDS Programmes and facilitate greater capacity to respond to HIV at national level. The research carried out under this project assists in building programmes in partnership with National AIDS Programmes and civil society which are relevant, culturally appropriate and effective. The research can also inform behavioural change and counselling and testing projects and capture lessons learnt for application to future efforts.

In keeping with the philosophy that partnerships are a critical part of our strategic vision, this report was developed as a joint effort of a team of researchers from CHAA and UCSF with the support of the Government of Barbados. It demonstrates a model of systematic programme-oriented research by building on the experience of outreach workers conducting HIV programming in Barbados.

As has been the case in other global settings, with adequate tailoring, evidence-based interventions hold promise for stemming the tide of new HIV infections in the Eastern Caribbean. This report provides recommendations towards this end.

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral therapy
BBSS	Biological/Behavioural Surveillance Surveys
CAREC	Caribbean Epidemiology Centre
CARE	Comfort, Assist, Reach out, Educate (NGO for PLHIV)
CDC	Centers for Disease Control and Prevention
CHAA	Caribbean HIV&AIDS Alliance
CT	Counselling and Testing
FBO	Faith-based organisation
IHAA	International HIV/AIDS Alliance
IRB	Institutional Review Board
LGBT	Lesbian, Gay, Bisexual, Transgender
MSM	Men who have Sex with Men
NHAC	National HIV/ AIDS Commission
NGO	Non-Governmental Organisation
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PFLAG	Parents and Friends of Lesbians and Gays
PLA	People Living with AIDS
PLHIV	People living with HIV
STI	Sexually Transmitted Infection
UCSF	University of California, San Francisco
UGLAAB	United Gays and Lesbians Against AIDS Barbados
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/ AIDS
US	United States of America
USAID	United States Agency for International Development
WHO	World Health Organisation

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CHAA and UCSF would like to express our sincere gratitude to all those individuals and organisations who contributed to the successful planning and execution of this study. Special thanks to the staff of the Ministry of Health and the National HIV/AIDS Commission for their guidance and for providing us with requested information. We acknowledge the invaluable contribution of UGLAAB members who provided feedback and support. We would also like to thank the staff of CHAA for their tremendous support throughout this research project. The study would not have been possible without the participation of men who have sex with men who gave us a lot of their precious time, provided extremely useful information, and openly discussed sensitive issues. Finally, special thanks are extended to USAID for providing the funding to support this much needed situational assessment.

EXECUTIVE SUMMARY

INTRODUCTION

HIV epidemiological data for Barbados suggest that sex among men may be an important exposure factor for HIV¹, as in other Caribbean countries². Men who have Sex with Men (MSM) may be at high risk for HIV, with available Caribbean surveys indicating HIV prevalence ranging between 7 and 32% for openly gay men; substantially higher than in the general population where the average prevalence is around 1%³. In Barbados, MSM are considered a priority in the national response to HIV and AIDS⁴. However, there are little data on the dynamics of interactions and risk behaviours among MSM in Barbados as well as what kind of HIV prevention interventions may lead to their adoption of HIV risk reduction behaviours.

Funded by USAID, the International HIV/AIDS Alliance (IHAA)/ Caribbean HIV&AIDS Alliance (CHAA) and the University of California, San Francisco (UCSF) conducted a qualitative study in 2009 to:

- Describe characteristics of men who openly identify as gay in Barbados;
- Examine the factors that influence their HIV risk;
- Assess the feasibility of implementing Mpowerment.

Mpowerment is a community-level evidence-based intervention (EBI) proven effective for HIV prevention among gay men in the US and recommended by the US Centers for Disease Control and Prevention (CDC). Randomised studies in the US have shown that Mpowerment participants decreased their rates of unprotected anal intercourse⁵. Core

¹ Barbados Ministry of Health (2010). *Barbados HIV/AIDS Surveillance Report 2008*. Surveillance Unit, Ministry of Health, Barbados.

² De Groulard M, Sealy G, Russell-Brown P, Wagner H-U, O'Neil C, Camara B (2000) Homosexual aspects of the HIV/ AIDS epidemic in the Caribbean: a public health challenge for prevention and control. *International AIDS Conference*, Durban, South Africa, July 9-14.

³ UNAIDS (2009) *AIDS Epidemic Update*, Joint United Nations Programme on HIV/ AIDS, Geneva, Switzerland.

Suriname Ministry of Health (2004) *HIV seroprevalence survey among men who have sex with men*, Ministry of Health, Paramaribo, Suriname and Caribbean Epidemiology Centre, Port of Spain, Trinidad and Tobago.

Guyana Ministry of Health (2004) *HIV seroprevalence survey among men who have sex with men*, Ministry of Health, Georgetown, Guyana.

Lee KR, Poon-King CM, Legall G, Samiel S, Trotman C (2005) *Many-Partnered Men: A Behavioural and HIV Seroprevalence Survey of Men who have Sex with Men in Trinidad and Tobago*, Caribbean Epidemiology Centre, Port of Spain, Trinidad and Tobago.

Figueroa JP (2008) High HIV prevalence among had to reach gay men in Jamaica is associated with high social vulnerability. *International AIDS Conference*, Mexico City, Mexico, August 3-8. Abstract: MOPE0400.

⁴ National HIV/ AIDS Commission (2008) *Barbados National Strategic Plan for HIV Prevention and Control 2008-2013*, National HIV/ AIDS Commission, Barbados.

⁵ Kegeles SM, Hays RB, Coates, TJ (1996). The Mpowerment Project: A Community-level HIV Prevention Intervention for Young Gay Men. *American Journal of Public Health*, 86 (8), 1129 – 1136.

Kegeles SM, Hays RB, Pollack LM, Coates TJ (1999) Mobilising young gay and bisexual men for HIV prevention: a two-community study. *AIDS*, 13: 1753-1762.

elements of Mpowerment include mobilising men to deliver HIV prevention messages to peers, outreach, community events, and creating safe spaces for personal and community empowerment and development.

For the purpose of this report, the term MSM is used to refer to any man who has sex with men, while the term gay is used to refer to men who openly identify as such. Participants did not include MSM in Barbados who openly identify as heterosexual. These MSM, because they are underground and often have female partners from whom they hide their sexual activity with men, would not be the main target for Mpowerment that would require them to be willing to associate, attend meetings and/or socialise with gay men

METHODS

This study used secondary data sources and a combination of qualitative methods, including individual interviews and focus groups as well as observations. A multi-disciplinary research team conducted 2 focus groups with 12 gay men and in-depth interviews with 6 other gay men and 9 government and NGO staff involved in providing services to MSM. Observations were conducted in venues frequented by MSM in order to understand the context and environment where MSM socialise. Audio-taped data were summarised and analysed for salient themes.

FINDINGS

Gay men in Barbados live in a general context of societal homophobia, stigma and discrimination. There are two main groups of gay men, colloquially known as “bougies” and “ghetto”, reflecting socioeconomic class divisions.

- 1) “Bougies” of higher socioeconomic background are generally “discreet” in their sexual behaviour and appearance, only allowing their sexual orientation to be disclosed or apparent in certain social settings or to certain people;
- 2) ““Ghetto” gays” of lower socioeconomic background tend to be “flamboyant” and “out”. Because they openly present their sexual orientation, they are especially exposed to societal homophobia and discrimination.

Opportunities to socialise as openly gay are limited and only a few public venues exist for gay men to attend and meet other men. Large and privately organised parties attract a diversity of gay men, provide a safe space and one of the few regular social outlets.

HIV Prevention

Among the gay participants interviewed, there was a relatively high HIV knowledge but many may engage in HIV risk behaviours as a result of low self-esteem and lack of condom negotiation skills. In addition, poor health-seeking behaviours, stigma and discrimination, and mistrust of the health system increase their HIV vulnerability.

NGOs, including UGLAAB and CHAA, conduct prevention activities such as condom distribution, testing promotion, and educational sessions. HIV prevention mainly has targeted the visible “ghetto” gays.”

Stigma and Discrimination

Men who are visible and openly gay frequently face discrimination, verbal harassment and heckling on the street. Some persons reported that Christian faith-based organisations (FBOs) and the Rastafarian movement may fuel stigma by considering homosexuality an evil and unnatural abomination. Currently, AIDS is still widely associated with being gay. The double stigma attached to being gay and HIV positive may negatively impact men’s willingness to disclose their sexual preference and HIV status. Gay men may not seek HIV testing and/or HIV care for fear of stigma or being treated differently when accessing services. Buggery laws, while not commonly enforced, still make anal sex a criminal offense and contribute to homophobia.

Identified Needs

Respondents asserted that gay men in Barbados need a more enabling environment to facilitate HIV prevention and improve their quality of life. A few illustrative quotes are included in this summary.

At the societal level, gay men require respect, tolerance, fair treatment, legal protection and the recognition of their rights equal to any other citizen of Barbados.

“To be able to walk the road peaceful and comfortable without anyone calling you all types of names; without harassment.”

At the individual level, respondents identified the need for personal and job-related skills and expanded access to relevant training. At the same time, it was acknowledged that self-esteem plays a critical role in access to social and economic opportunities, and that this is damaged by societal stigma and discrimination:

“Self-worth is very important. If you don’t think that you are worth anything, you won’t try to gain anything in life, and if this is what society is telling you, you continue to think that you are nothing.”

At the community level, there is a need for further cohesion and more mutually supportive connections among men.

“[We need] a better understanding within the gay community where everybody can be their brother’s keeper. You can look out for one another. Just to live good among themselves.”

Respondents stated that more supportive relationships might be built if there were greater representation and visibility of the gay community at different socioeconomic levels, such as among professional men. There was also a call for more safe spaces where gay men can express themselves, not restricted to attending HIV presentations or socialising at parties.

At the programmatic level, there was a call for the development of a cadre of gay-friendly healthcare professionals to whom gay men can be referred to for services.

“We need to ...change our healthcare workers. So much depends on how a patient is treated. No assumptions should be made. If someone walks in who looks a little feminine, it’s the look, it’s the comments, you see.”

Respondents recommended that MSM themselves should be further included and engaged in programmes and policies to respond to the needs of MSM and people living with HIV. This should be backed up by programmes for the larger society to dispel stigma associated with homosexuality.

Respondents were generally supportive of the idea of using Mpowerment as the basis of responding to some of these needs. They found Mpowerment feasible and acceptable to help men realise their strengths, self-worth and protect themselves from HIV. Existing human resources, social networks and venues could be used for implementing Mpowerment.

DISCUSSION

Gay men and service providers included in this study indicated their support for the implementation of Mpowerment in Barbados and that openly gay men would be interested in participating in this prevention intervention after adequate adaptation and tailoring of the intervention to the local setting. A number of possible advantages and challenges or limitations of Mpowerment implementation in Barbados were suggested by the findings.

Potential advantages

With appropriate planning, adaptation, recruitment strategies (particularly for the “bougies”), and consultations with gay men and other stakeholders, implementation of Mpowerment is feasible. Potentially, Mpowerment could:

- Expand the reach of current HIV prevention efforts.
- Empower gay men to protect themselves, encouraging safer sex norms and behaviours within the social networks of peers

- Capitalise on gay social networks and existing social activities to create opportunities and spaces for men to talk about HIV prevention
- Help shift the cultural and social norms within the gay community regarding safer sex.
- Help create further awareness among gay men regarding their rights and how to better challenge or respond to instances of stigma. However, this should be within the context of the engagement of a broader range of stakeholders in pursuing social justice and human rights for MSM.
- Influence HIV risk behaviours among gay men in other Caribbean countries via participation of gay men from other Caribbean islands visiting Barbados.

Potential challenges and limitations

The findings point to some potential challenges and limitations in implementing Mpowerment in the Barbadian context. Some of the findings reflect those from previous research in the Caribbean and thus may be of wider application. It may be possible to address these challenges to some extent through appropriate adaptation of Mpowerment.

It was found that many gay men do not openly identify themselves as gay because of the stigma and discrimination they would face if they do so. Other Caribbean research shares this finding⁶. The Mpowerment intervention is designed primarily for openly gay men and thus its reach may be limited in addressing the needs of other MSM. Nevertheless, Mpowerment offers outreach opportunities through which some other MSM may be reached.

Research in the Eastern Caribbean countries shares the finding that there are important class and other social divisions, identifications and orientations between MSM, with different degrees of openness about sexual orientation and practices. This gives rise to challenges to the notion of “a gay community” in the Caribbean⁷. Economic and age-related power dynamics, including transactional sex, should be considered. Adaptation of Mpowerment would need to recognise these divisions that may pose challenges, for

⁶ Caceres CF (2002) HIV among gay and other men who have sex with men in Latin America and the Caribbean: a hidden epidemic. *AIDS*, Dec 16(Suppl 3):S23-33.

De Moya EA, Garcia R (1999) Three decades of male sex work in Santo Domingo. In: Aggleton P, ed. *Men who sell sex: international perspectives on male prostitution and HIV/AIDS*, UCL Press, London.

Russell-Brown P, Sealy G (1998) *Gay research initiative on AIDS prevention in the Caribbean: a Technical Report*, Caribbean Epidemiology Centre, Port of Spain, Trinidad and Tobago.

Tabet SR, De Moya EA, Holmes KK, Krone MR, de Quinones MR, de Lister MB, Garris I, Thorman M, Castellanos C, Swenson PD, Dallabetta G, Ryan CA (1996) Sexual behaviors and risk factors for HIV infection among men who have sex with men in the Dominican Republic. *AIDS*, Feb, 10(2): 201-6.

⁷ Russell-Brown P, Sealy G (1998) *Gay research initiative on AIDS prevention in the Caribbean: a Technical Report*, Caribbean Epidemiology Centre, Port of Spain, Trinidad and Tobago.

Tabet SR, De Moya EA, Holmes KK, Krone MR, de Quinones MR, de Lister MB, Garris I, Thorman M, Castellanos C, Swenson PD, Dallabetta G, Ryan CA (1996) Sexual behaviors and risk factors for HIV infection among men who have sex with men in the Dominican Republic. *AIDS*, Feb, 10(2): 201-6.

Murray DAB (2009) Bajan Queens, Nebulous Scenes: Sexual Diversity in Barbados. *Caribbean Review of Gender Studies: a Journal of Caribbean Perspectives on Gender and Feminism*, Issue 3.

example, to the formation of a coherent core group of facilitators and to outreach to a socially broad spread of MSM. In other places, Mpowerment has been adapted to suit a variety of men of different backgrounds, so this challenge may not be insurmountable. The intervention has been implemented in a variety of places in the US. Currently, Mpowerment is being implemented in Hong Kong, and pending funding, it will be implemented in Mexico City and tailored for gay men in Peru and Guatemala.

Mpowerment involves the identification of a “safe” space for the headquarters of the intervention and this requires careful consideration in a context where participants’ security and comfort may be compromised by public association with homosexuality. Design of the intervention would need consideration of confidentiality issues for men to feel free to participate and attend spaces they find safe and private.

The outreach model of Mpowerment generally involves the use of safe, accessible and appealing locations from which activities are coordinated and/or hosted. As such, privately organised parties may not afford such extensive opportunities for reaching MSM as might be available in other contexts.

Limitations of the study

This study provides preliminary and exploratory data from qualitative research with a small number of service providers and gay men in Barbados. As usual with qualitative methods, findings from the study cannot be generalised to all gay men in Barbados. While largely consistent with studies from elsewhere in the Caribbean, more detailed studies are needed to understand the specifics of the interactions among MSM, HIV risk, and the dynamics within and between the social networks of the different class-related subgroups of MSM, as well as what it would take to further develop and organise the already existing incipient gay community in Barbados.

Similarly, further research is needed on stigma and discrimination, the specific factors or social actors that fuel societal homophobia, and how much of the stigma is felt or perceived and how much of it is real. How much can gay men push the envelope towards legal protection and gay rights? As public health staff argued referring to opening a gay space such as a community centre, “It has not been done. How do we know what would happen?” These and other questions and issues may become more apparent once Mpowerment is implemented in Barbados.

RECOMMENDATIONS

The following implications and recommendations are drawn from this research, as well as review of other data on MSM in Barbados and other Caribbean countries.

Need for adaptation to the local context

Significant attention should be given to adaptation and tailoring in order for the intervention, originally developed in the United States, to fit the local culture and the needs of gay men in Barbados and other Caribbean countries, while maintaining fidelity to the core elements of Mpowerment.

Stakeholders to involve in the process

Work on tailoring the intervention should be done in collaboration with local cultural experts. These experts must include openly gay men, but a range of other stakeholders should also be included. Careful consideration must be given to the selection of experts, with respect to issues such as respect of human rights of MSM as well as access to and control of opportunities and services that may be employed to empower MSM.

Other stakeholders in the country would be important collaborators to help to ensure sustainability of the intervention after the initial period of funding. These may include the National HIV/ AIDS Commission, the Ministry of Health, CHAA, local and international NGOs and interested persons from the University of the West Indies. These stakeholders may not all provide funding but could provide technical and logistical support and advocate for continuation.

While local stakeholder involvement is essential, it is likely to be necessary to seek technical support from outside Barbados from experts in Mpowerment and its adaptation and implementation in other settings.

Adaptation of the intervention

Intervention messages and other intervention components, such as condom negotiation and skills, should be developed bearing in mind the difficulties gay men face in their daily life such as stigma and discrimination, power dynamics related to economic issues and/or age.

Adequate human resources need to be allocated to allow for appropriate intervention adaptation, development, implementation, and evaluation.

Mpowerment has traditionally been oriented to young gay men, but the inclusion of older men should be considered. Power dynamics relating to income and age, including transactional sex, should be actively addressed by the intervention. This may involve the incorporation of skills-building and increased employment opportunities for MSM.

The reach of Mpowerment in Barbados

Efforts should be made to reach a variety of MSM in Barbados. To reach “hidden” populations of MSM who may not participate in face-to-face programmes, Mpowerment may be supplemented by the provision of information on the Internet

Mpowerment will be more effective if supported or integrated with a range of activities to improve the social environment and access to services for MSM. Gay men involved in

Mpowerment should be supported by advocacy from other stakeholders to reduce stigma and discrimination and increase service access. The intervention should include linkages and referrals to other services available for gay men in Barbados, such as HIV testing, counselling, and services to address violence and social support needs.

The need to build trust

The intervention will need to pay particular attention to confidentiality and privacy issues. Participants need to trust and feel confident that other participants as well as Mpowerment staff will not talk about them or the personal issues they may raise or share while being part of the project.

Organisation of the intervention

The duration of the intervention should be of three or more years, to allow for adaptation, tailoring and pre-testing as well as implementation and evaluation. An intervention manual should be developed to document the intervention design and its contents and facilitate future replication. One aim could be to develop training materials and approaches for use in other Caribbean countries.

Evaluation

The project should be closely monitored and evaluated to maximise lessons learned. Process evaluation data shall be collected to assess the processes of implementation and the feasibility and acceptability of the different intervention components. Baseline and follow-up monitoring data needs to be collected to assess the reach and impact of the intervention.

CONCLUSION

Implementation of Mpowerment would be an attempt to go beyond HIV outreach and condom distribution and towards empowering gay men to protect themselves from HIV. With proper and careful tailoring, implementation of Mpowerment in Barbados holds promise for HIV prevention and community development and mobilisation amongst gay men and other MSM. Mpowerment may serve as a model for replication to reduce new HIV infections in some other Caribbean countries, though further adaptation may be necessary given diversity and the levels of homophobia within the region.

1. INTRODUCTION

Limited HIV epidemiological data for Barbados suggest that sex among men may be an important exposure factor for HIV. The Barbados National Strategic Plan for HIV Prevention and Control 2008-2013 indicated MSM as one of the key populations in the overall response to HIV and AIDS (1). Despite the fact that MSM may be at high risk for HIV, there are little data on the dynamics of interactions and risk behaviours among MSM in Barbados as well as on the barriers and facilitators to HIV prevention interventions that may lead to their adoption of HIV risk reduction behaviours.

The goal of this study, undertaken by the International HIV/AIDS Alliance, Caribbean HIV & AIDS Alliance (CHAA) in partnership with the University of California in San Francisco (UCSF), was to gather strategic information regarding HIV risk for MSM in Barbados and assess the feasibility and acceptability of tailoring and implementing Mpowerment, an evidence-based HIV prevention intervention (EBI) for gay and bisexual men proven effective and recommended by the Centers for Disease Control and Prevention (CDC) in the US (2).

The aims of the study were:

1. To describe the characteristics of men who self- identify as gay in Barbados
2. To examine the factors that influence their HIV risk
3. To identify their HIV prevention needs
4. To assess the feasibility and acceptability of implementing Mpowerment
5. To provide preliminary recommendations for the development and adaptation of Mpowerment.

Evidence-based interventions recommended by the Centers for Disease Control and Prevention, including Mpowerment, have been designed and developed within the social and cultural context of the United States. Being based on solid scientific evidence of effectiveness, they may have the potential to positively impact the epidemic in other geographical settings. While scientific evidence is needed to ensure interventions are locally effective and appropriate, in the Caribbean the body of such evidence is very sparse, and there are limited rigorously evaluated MSM-focused HIV prevention interventions. The results from this study can help guide the development of relevant evidence-based prevention interventions for gay men and help expand and provide some baseline information to help evaluate community and national HIV and AIDS programmes in the Caribbean. As such, Barbados can be considered ahead of the field in this area and poised to make a significant contribution to HIV prevention in the region.

2. BACKGROUND

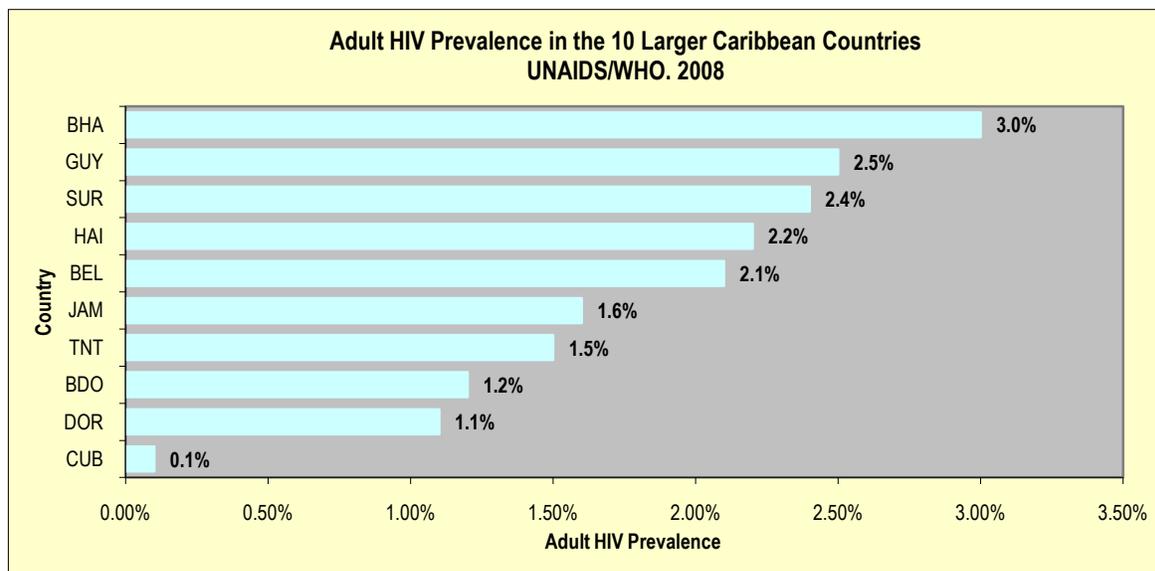
2.1 EPIDEMIOLOGY OF HIV AND MSM IN THE CARIBBEAN

The overall Caribbean regional adult HIV prevalence in 2007 was estimated at 1.1%, ranging from 0.1% in Cuba to 3% in the Bahamas, with Barbados standing at 1.2% (see figure 1). This compares to 0.6% in North America and 0.5% in Latin America (3). While high in the general population in several Caribbean countries, HIV infection is also concentrated among key populations, leading to the characterisation of the region's epidemic as mixed (both generalised and concentrated).

Figure 1

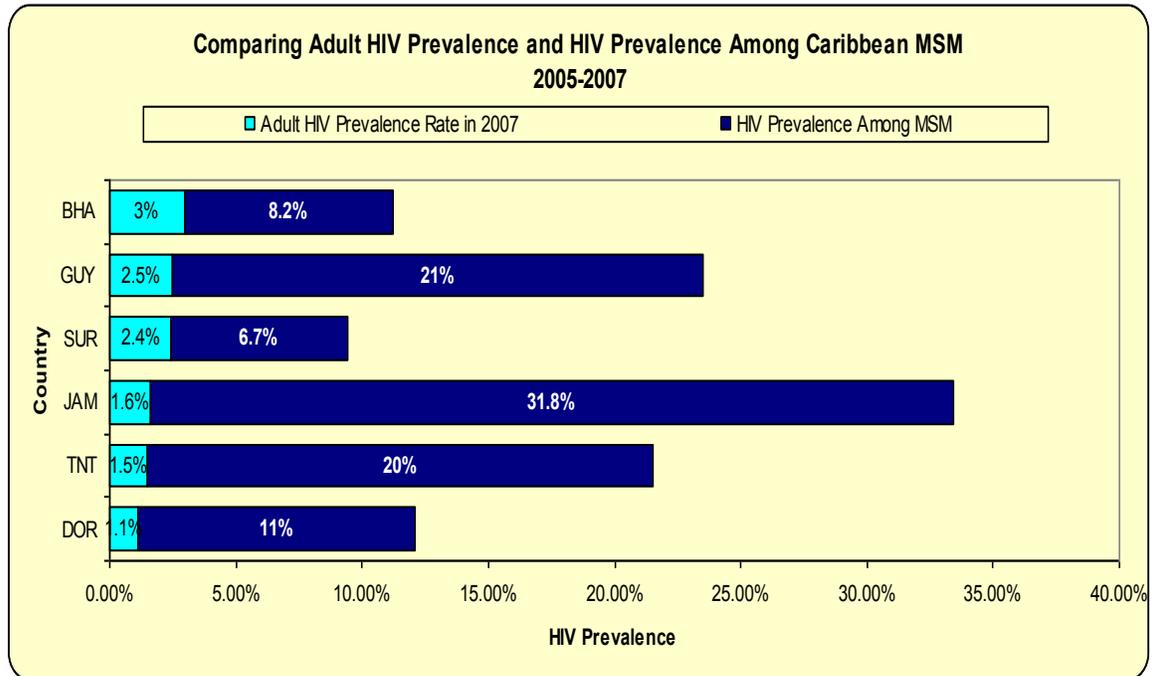
Source: UNAIDS (4)

Data from the region shows that prevalence among key populations is as high as 27% among female sex workers and 32% among men who have sex with men (MSM) (4). Figure 2 gives estimates of HIV prevalence among self-identified MSM from recent surveys in Caribbean countries, showing that these are much higher than general population



estimates. There is currently no estimate of prevalence for MSM in Barbados, but a biological and behavioural surveillance survey with MSM is at the formative assessment stage as of August 2010.

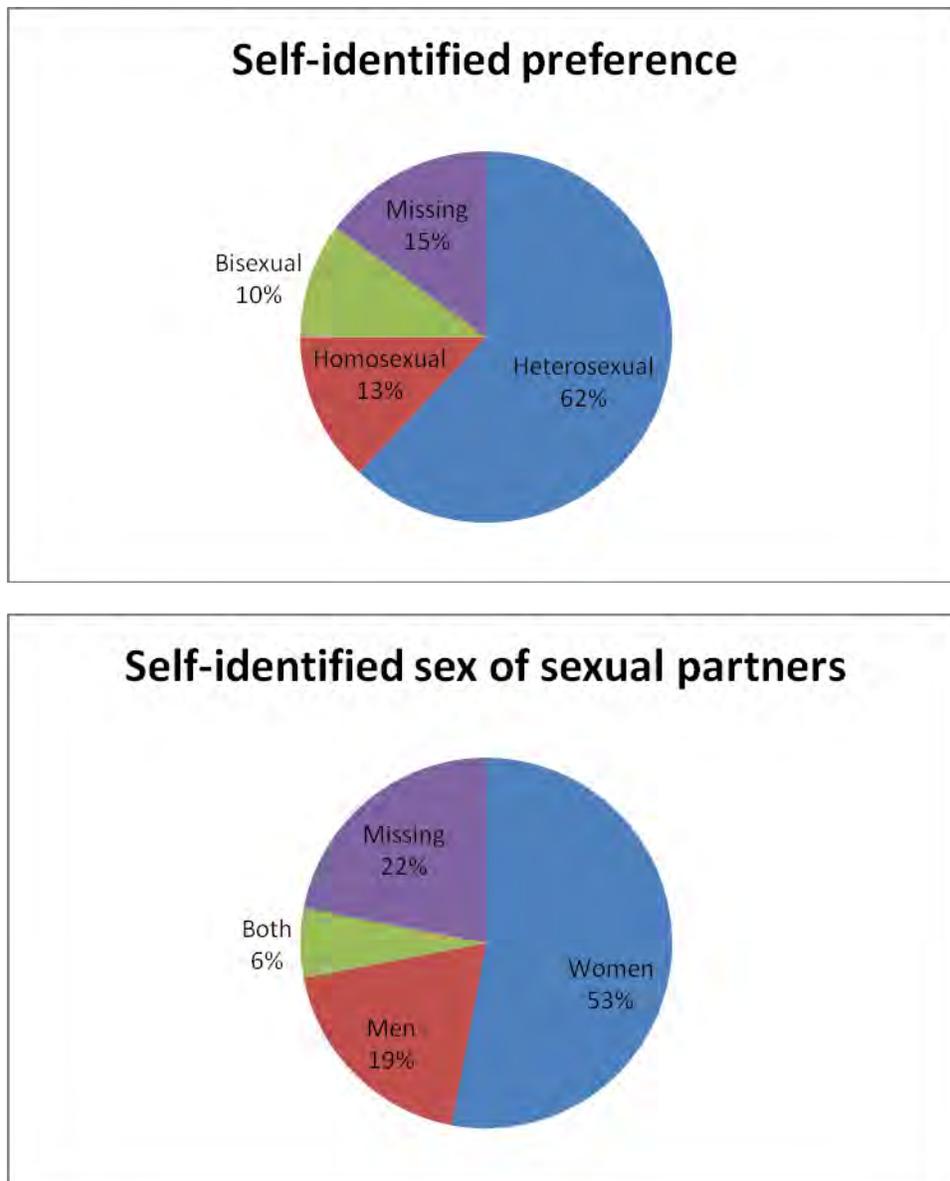
Figure 2



Source: UNAIDS (5)

In Barbados, HIV surveillance data for 2008 indicate men continue to outnumber women among PLHIV (60% male). For 1984 – 2008, males were 63% of PLHIV, 68% of People Living with AIDS (PLA) and 73% of those who died of HIV/ AIDS [6], indicating that men in Barbados appear to present especially late for testing. The proportion of male PLHIV who are MSM is not known, but recently the Ladymeade Reference Unit, the government coordinating centre for HIV services, implemented a surveillance form in which the self-reported sexual preferences and partnerships of men diagnosed with HIV were recorded. Figure 3 presents these data.

Figure 3: Self-identified sexual preferences and sex of partners of men diagnosed with HIV in Barbados in 2008



Source: Ministry of Health (6)

Comparison of these two pie charts reveals some striking findings. One is that the percentage of men who reported homosexual preference (13%) is less than the percentage who reported sex only with men (19%). The percentage with missing data on both variables is large, with 22% not reporting whether their partners were male, female or both. These charts indicate that at least a quarter of male PLHIV had sex with men, and also seem to suggest substantial numbers of persons may be unwilling to disclose their sexual

preferences, possibly as a result of stigma attached to homosexuality and MSM in Barbados. This echoes epidemiological findings from elsewhere in the Caribbean, where there appears to be substantial underreporting of MSM activity and homosexual preference (7).

2.2 MSM IN THE CARIBBEAN SOCIAL CONTEXT

Heterosexuality is a central, dominant and hegemonic norm for masculine identity in the Caribbean (8, 9). Kempadoo refers to the concept of heteropatriarchy to define the existing social and political organisation in different Caribbean countries, shaped by a historical context of slavery and colonialism and a more recent nationalism after emancipation from colonial rule (10). The emerging nationalism that characterises the independent Caribbean states, however, may have, in most countries, privileged the rights of the majority without guaranteeing, or even ignoring or proscribing, the rights of racial, ethnic and sexual minorities (11, 12). Homophobia and discrimination towards sexual minorities in general, and MSM in particular, are widespread in most of the Caribbean. With regard to attitudes towards homosexuality in the region, the Dutch islands are considered amongst the most open and accepting while English-speaking former British colonies are considered amongst the most conservative and discriminatory (12). In recent years, Jamaica has been brought to international attention as having extremely intolerant attitudes towards gays, where homosexual men and lesbians face social exclusion and institutionalised violence, often with the support of public officials and the police (13). Buggery laws, a remnant of colonial British rule that remained in law after emancipation, are in place in most of the English-speaking Caribbean countries (14). While enforcement of the laws varies, they make anal sex a crime liable to imprisonment. Buggery laws may contribute to a hegemonic heterosexuality in Caribbean societies where the rights and moral citizenship of gay men, lesbians, and transgender persons are denied and their voices are muted (14).

Caribbean countries are divided on the need to decriminalise homosexuality. In October, 2008, different government officials at the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) Annual General Meeting called for the repeal of buggery laws that hinder attempts to reduce stigma and discrimination and negatively impact HIV prevention efforts, while Jamaica's Prime Minister Bruce Golding opposes decriminalising homosexuality and any international attempts to influence his country on this issue (13), (15).

It is useful to situate Caribbean social attitudes and legal approaches to MSM in a broader international context of activism and legislation. The recent ruling in 2009 by the Delhi High Court in India to decriminalise homosexuality has been celebrated as a positive step in the response to HIV and AIDS. It is hoped that this ruling will pave the way for other former British colonies to overturn those laws (15), (16), (17). More recently, UNAIDS has called for the overturning of those laws, also arguing that they violate human rights of individuals and sexual minorities, contribute to stigmatisation of those populations and have a negative impact on the delivery of HIV prevention programmes to individuals at high-risk for HIV

and access to care and treatment by PLHIV (18), (19). Along the same lines, the Global Forum on MSM and HIV calls for meaningful involvement of MSM in prevention and care strategies, the decriminalisation of anal sex and the promotion of human rights for sexual minorities. The Global Forum also recommends that governments who limit the human rights of MSM be accountable to donor countries and to international human rights and health bodies (20).

2.3 MSM IN BARBADOS

The number of openly gay men in Barbados is small. As stated by Murray (21), two main subgroups of gay men are stratified along social and economic class and public self-identification as gay. The men who are openly gay and visible usually belong to a lower socioeconomic stratum, may be effeminate, consider themselves “queens,” dress up or act like women, and are marginally accepted or tolerated within Barbadian society. Societal discrimination towards those men may be expressed through verbal harassment and, while less common, physical violence. The need to be fierce, confront and fight back would be these men’s response to gain respect or acceptability and prevent or mitigate discrimination. Other self-identified gay men may belong to more middle or upper class strata, be very discreet and conform to heteronormative standards in their public behaviour, clothing and language. Social disconnection and mutual apprehension seem to exist between the more open and the more closeted groups of men. The effeminate subgroup of men constitutes the only visible and public representation of a gay identity and a gay community. Closeted men, on the other hand, avoid public disclosure of being gay as well as association with the effeminate men who could jeopardise their passing in public as straight. The separation between those subgroups of men, however, may be less rigid when seeking partners for sex (21).

According to Donovan Emmanuel, a Barbadian HIV activist and health educator, the categories used in Barbados by MSM to identify themselves are gay, homosexual, or MSM, with the term transgender rarely used, even if a person identifies as one. Social environment and socioeconomic status would determine how a person in the general population refers to a homosexual man: by the term gay, as someone living an alternative lifestyle, or by using derogatory terms such as “buller” (22).

In a study in Barbados commissioned by Planned Parenthood in the 1980s, 182 males were surveyed on attitudes relating to homosexuality. Of these men 69.8% responded that homosexuality was “totally wrong”; 11 % responded that it was wrong but inevitable; 1.6% responded that it depended on circumstances; 7.1% that it was alright if harmful effects were removed, 8.8% that it was up to individual conscience and 1.6% that it was alright but they would not do it (23). More recently, the attitudes towards homosexuality among the general population in Barbados do not seem to have changed, considering the widespread public rejection of the recommendations from the Walrond report in 2004 to decriminalise homosexuality and prostitution and lower the age of consent for adults (24). Perhaps reflecting negative perceptions of sexual minorities in Barbados as a whole, in December

2008, Patrick Todd, the Minister of State for Education and Human Resources Development called on all Parliamentarians to declare their sexual orientation. This took place during a debate concerning the Government's second HIV and AIDS Prevention and Control Project. He believed that doing so would make government officials good role models and help stop current trends in promiscuous sexual behaviours taking place in Barbados (25, 26).

According to the Human Rights Barbados Report for 2008 of the Bureau of Democracy, Human Rights, and Labor of the US Department of State, no laws in Barbados prohibit discrimination on the basis of sexual orientation in employment, housing, education, or health care. The same report mentions that the government funded media campaigns against HIV-related S&D (27). However, a court decision convicting men of assaulting gay men may signal a different trend in Barbados. On February 5th, 2004, the 3 members of Mannequins in Motion, a group of drag performers, were attacked at a gas station late at night after one of their shows. The assailants, who verbally abused, threw bottles, and shot the 3 drag queens, were prosecuted (28). In 2006, one of the men was sentenced to five years in prison and the other two to two years. The Justice who sentenced the men referred to the incident as a hate crime and warned that violence from one citizen to another should not be allowed in any country and that attacks based on lifestyle and appearance would not be tolerated; "that [behaviour] might happen in other countries, but will not happen in Barbados" (29).

Historically, some organisations representing sexual minorities have been formed in Barbados such as the Barbados Gays and Lesbians Against Discrimination (30) not currently in existence, and United Gays and Lesbians against AIDS, Barbados (UGLAAB). UGLAAB was created in 2001 to promote gay and lesbian issues and to improve the response to the HIV epidemic and stigma and discrimination against sexual minorities. Since then, UGLAAB has been instrumental in advocating for a variety of gay-related issues as well as HIV prevention and treatment (31, 32, 33).

2.4 BUGGERY LAWS IN BARBADOS

Buggery is illegal in Barbados according to the Sexual Offences Act of 1992, with the potential of life imprisonment (31). In the last few years, discussions on the need to repeal buggery laws have taken place in Barbados. Opponents of the law have argued that the criminalisation of sexual relations between members of the same sex may hamper efforts to reduce stigma and discrimination towards homosexual men. This is because the law, even if not enforced, has the effect of reinforcing the social stigma against homosexuals. Until such a law is overturned, MSM are discouraged from being open about their sexual orientation for fear of being caught having sex with other men. This has the potential to lead to risky sexual behaviour and to justify violence against them because of their sexual orientation and gender identity thus perpetuating the need to stay "in the closet" (34).

In 2003, the then Attorney General Mia Mottley made reference to changing the Criminal Code in Barbados to decriminalise buggery and enhance human and sexual rights in a pluralistic society. For a discussion of different modes of discourse regarding sexual rights in Barbados, including government debates, the Walrond report that recommended decriminalising anal sex between consenting adults, and the work of UGLAAB, see Murray (24).

2.5 THE MPOWERMENT PROJECT

Mpowerment is a community-level HIV prevention intervention and community mobilisation model developed in the US. It has been shown to be effective through randomised controlled trials in reducing HIV risk among gay men of different ethnic groups in different cities of the US (35, 36, 37). Community-level interventions, in contrast to individual interventions, focus on affecting the entire community in order to promote change in norms and sexual risk. Mpowerment was designed to reduce the frequency of unprotected anal intercourse among young gay men aged 18-29, by mobilising young gay men to support each other about HIV prevention. It is the only scientifically-developed and empirically-tested intervention that has been shown to reduce HIV sexual risk-taking behaviours among young gay men. Mpowerment meets the CDC's Prevention Research Synthesis project criteria for relevance and methodological rigour, and it has the positive and significant behavioural/health findings required to be listed in the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. For more information about Mpowerment see the website on Diffusion of Effective Behavioural Interventions (DEBI) (2).

Mpowerment relies on peers as agents of change. It is based on an empowerment model in which men take charge of the project because when individuals are actively involved in finding and implementing solutions to their problems, the behaviour change is more lasting. Mpowerment draws on the theory of diffusion of innovations, which suggests that people are most likely to adopt new behaviours that have already been accepted by others who are similar to them and whom they respect. The project focuses on young gay men's social concerns, since formative research indicated that HIV is not particularly motivating or captivating for young gay men. Hence, the programme relates HIV risk reduction to the satisfaction of other, more compelling needs and desires. The goal of the programme is to create a stronger and healthier young gay men's community in which safer sex becomes the mutually accepted norm. Mpowerment uses a combination of methods to reach a broad range of gay men and to create an empowered community of gay men that support each other on a myriad of issues, including reduction of sexual risk and getting tested regularly for HIV. As part of the intervention, the gay men themselves discuss and analyse the issues that put them at risk for HIV and strive to address those risks. Mpowerment involves interrelated core elements: a core group of volunteers and staff, small groups of volunteers, informal outreach, formal outreach (including social outreach events), and publicity, as well as a project and community space. See appendix I for a description of the core elements of Mpowerment (35).

Mpowerment is run by a "Core Group" of 10 - 20 young gay men from the community and paid staff. The young gay men from the Core Group, along with other volunteers, design and carry out all project activities. Ideally, the project has its own physical space where most outreach events and meetings are held and which serves as a drop-in centre where young men can meet and support each other during specified hours. The programme relies on a set of four integrated activities: **1) Formal Outreach:** Teams of young gay men go to locations frequented by young gay men to discuss and promote safer sex, deliver appealing informational literature on HIV risk reduction, and distribute condoms. Additionally, the team creates its own outreach events to attract young gay men (e.g., dances, video parties, picnics, discussion groups) and at which safer sex can be promoted; **2) M-groups:** These peer-led, 3- hour meetings of 8-10 allow young gay men to discuss factors contributing to unsafe sex among the men (e.g., misconceptions about safer sex, beliefs that safer sex is not enjoyable, poor sexual communication skills). Through skills-building exercises, the men practise safer sex negotiation and correct condom use. Participants receive free condoms and lubricant and are trained to conduct informal outreach; **3) Informal outreach:** Consists of young men discussing safer sex with their friends; **4) Ongoing publicity campaign:** This attracts men to the project by word of mouth, articles, and advertising through the media and the Internet (36).

3. STUDY METHODS

3.1 STUDY DESIGN

This study used secondary data sources and a combination of qualitative methods, including individual interviews and focus groups as well as observations to characterise gay men in Barbados and understand their environment and HIV risk in order to assess the feasibility and acceptability of implementing Mpowerment. Qualitative methods allow the perspectives and voices of the research participants to be heard since data collected reflect how the interviewees perceive the world around them.

Epidemiological data and research literature related to HIV, MSM and gay men in Barbados and the Caribbean were first reviewed. This was followed by informal discussions with local staff at CHAA. These informal discussions provided useful information that helped to refine the research questions. Data were then collected through qualitative semi-structured interviews and focus groups with key informants including government and NGO staff and gay men. Observations were conducted in venues frequented by MSM to understand the context and environment where MSM socialise. Data were collected and analysed by a multi-disciplinary team of 3 staff members from CHAA and UCSF, representing the fields of Anthropology, Social Psychology, Public Health and Development. The two UCSF staff had expertise in the development and adaptation of Mpowerment. Representation of different disciplines within the research team brings a diversity of perspectives to data collection and analysis.

3.2 SAMPLING AND SELECTION OF PARTICIPANTS

A total of 27 persons participated in the study. Purposive sampling was used to ensure a diversity of participants who could share different views, experiences and perceptions regarding the HIV prevention needs of MSM in Barbados. Participants included staff members from government agencies, medical providers, staff members of community-based organisations who work with MSM and/or deliver HIV prevention and gay men from different backgrounds and social strata. Only men who self-identified as gay were interviewed, considering that the study assessed the feasibility of implementing an intervention for gay men willing to associate with, and attend events and spaces for and with other gay men. Participants were recruited with the support of local CHAA staff, including peer-outreach workers familiar with the MSM population on the island. The table below shows the number of persons who participated in the interviews and focus groups for the study.

Participants	Number of Participants
Individual interviews with HIV prevention and service providers	9
Individual interviews with gay men	6
Two focus groups (2) with gay men	12
Total number of participants	27

3.3 DATA COLLECTION

Fieldwork to collect data took place between September 10 and September 17, 2009. Each focus group lasted approximately 120 minutes and individual interviews lasted approximately 60 minutes. All participants provided verbal informed consent to participate. All interviews and focus groups were audio-taped. Gay men were reimbursed US\$25 for their time, possible transportation costs and participation in the study. Staff employed with governmental and non-governmental organisations were not provided with any financial incentives for their participation.

Interviews and focus groups were conducted using the semi-structured interview guide shown in Appendix II. Participants were asked to describe the characteristics of MSM according to socioeconomic strata, socialisation patterns, and levels of openness about having sex with men and/or identifying as gay; venues where MSM socialise; their HIV risk; how societal stigma affects MSM; and the specific HIV prevention needs and messages needed by MSM. In order to assess the feasibility of implementing and adapting Mpowerment in Barbados, participants were also asked about MSM's social needs, their potential interest in participating in peer-driven activities, and how feasible and acceptable different intervention activities such as individual or group level sessions with a social and HIV prevention content would be for them.

Observations to better understand the context, interactions and environment where gay men socialise and to explore possibilities for intervention delivery were conducted at the small number of venues and places frequented by MSM. Observations were unobtrusive to the patrons in those venues.

3.4 DATA ANALYSIS

The process of data analysis was iterative. During the period of data collection in the field, members of the research team met at the end of each day to debrief, share, discuss, and compare findings, observations, and interpretations related to the data collected that day. Notes were taken during those staff discussions to identify and document themes arising from the data. The research team subsequently transcribed and summarised the interviews and focus groups. During this process, the concepts and themes emerging from the data, including the feasibility of implementing the core elements of Mpowerment, were captured

and used to guide the preparation and structure of this report. The thematic classifications used in this report were based on a priori issues (such as those included in the interview guides) and emergent issues arising during data collection.

3.5 ETHICAL APPROVAL

The study procedures were reviewed and approved by the Committee for Human Research, University of California, San Francisco and the University of the West Indies-Cave Hill/Barbados Ministry of Health Institutional Review Board.

4. FINDINGS

This chapter documents study aims 1 to 3. It starts by describing the characteristics of men who self-identify as gay in Barbados and factors influencing their HIV risk (aims 1 and 2). These include social contextual factors such as class and other differences between gay men, places available for gay men to socialise, the extent of community support among gay men and stigma and discrimination. Aim 3, the identification of HIV prevention needs, draws on data on sexual behaviour and risk perceptions of MSM and on a description of available HIV services. It also identifies needs at various levels; societal, individual, community and programmatic needs.

For the purpose of this report, the term MSM is used to refer to any man who has sex with men, while the term gay is used to refer to men who openly identify as such.⁸ Participants did not include MSM in Barbados who openly identify as heterosexual. These MSM, because they are underground and often have female partners from whom they hide their sexual activity with men, would not be the main target for Mpowerment that would require them to be willing to associate, attend meetings and/or socialise with gay men. The feasibility of other prevention interventions such as Many Men, Many Voices (38) would need to be explored for those other MSM in Barbados.

4.1 CHARACTERISTICS OF GAY MEN AND FACTORS THAT INFLUENCE THEIR HIV RISK

4.1.1 GROUPS OF GAY MEN

Two main groups of gay men were described by respondents, the “bougies” and the “ghetto” gays. These two subgroups, while helpful for the purpose of characterising gay men in Barbados, are not formalised but loose groups of identification and association defined by social class and socioeconomic status as well as the men’s level of self and/or public identification as being gay.

The “bougies”

⁸ Referring to all MSM in Barbados, a gay man put it this way, “there are the openly gay people, there are the ones in-between, and then there are the ones you will never know about.” Another gay man referred to the “older down lowers” who are married men with children and the “younger down lowers” that he referred as “thugs” with “plenty of girls.” For him, both young and older men “on the down low”, men who identify as heterosexual but also have sex with men, are very secretive and hard to reach, meet other men on the Internet and cannot be trusted.

The “bougies”, a term derived from bourgeois, are said to be men from a middle or upper class background. They are also referred to as the “posh” gays. These men may have high-status jobs or income, and be professionals and/or influential men within the Barbadian society at different levels of being “out” regarding their sexual orientation. Even if they self-identify as gay, and are out to their families or a small circle of friends, most of them are careful or “discreet” about publicly identifying as gay. Some of them may openly identify as gay or bisexual and have girlfriends, be married or in a long-term relationship with a woman. Others may identify as heterosexual, while still having sex with men. A couple of men in this group referred to their life and the importance of being able to appear to be heterosexual because of their occupation or in order not to bring too much attention to themselves.

“In Barbados, life for a gay person I would say it is not all that bad. It all depends on who you are and how you carry yourself. For me in my neighbourhood, I don’t have no problems. ‘Cause some people look at me as straight or butch. I guess some people know but nobody has a problem with me. Anywhere I go I fit in.... People call attention to themselves. I know some guys that are soft and feminine but once you don’t push it you can get away. But you got some guys who know they are gay, don’t care and just throw it in people’s face. I guess when you throw it in people’s face that’s where you get the problem.”

“I will never flag and say that I am g-a-y, that is between me, myself and God. There’s no need for me to come forward and say that. Who suspects, who feels so that’s fine, who knows so that’s fine, but as you say you are [gay] there comes a reaction. I don’t think that I am in the closet but I’m still careful who I say and what I say.”

The quote above reflects the perception among the “bougies” of having to conform to societal pressures and heterosexual gender norms. While the suspicion or tacit knowledge of one’s sexual orientation by others is acceptable, the fact of coming out as gay will bring forth a negative societal reaction that these men fear and do not want to be exposed to. Public health staff, who referred to Barbados as being a small-minded society where people can be very judgemental and where everyone knows everyone, expressed the same idea by stating that the “bougies” are afraid of a critical and “gossipy” society and how publicly identifying as gay may affect their place in society and/or that of their families, rather than being concerned about losing their jobs or any legal repercussions.

The “ghetto” gays

The “ghetto” gays are men from a lower socioeconomic background with less formal education and income. They also refer themselves as the “town gays” because they live in the town (Bridgetown) contrary to the “bougies” that may live in more isolated and affluent areas of the island outside town. The men in this group may work in lower-paying jobs, in a trade, as an employee, and/or do sex work. A couple of the men interviewed stated that they did not work and spent afternoons and into the night hanging out on the block smoking marijuana and not really doing very much.

“Ghetto” gays are openly gay and easily identifiable because of their public presentation and how they dress and carry themselves. Public health staff considered they may be only a minority of MSM in Barbados but they are the ones that are visible, the “expressive”, “flamboyant” or “effeminate” ones. They, for different reasons, including perhaps because it is perceived they have nothing to lose in society, choose to live their lives in the open as gay men. Some of these men dress as women on either a part or full-time basis and fit or move along a continuum of identifying themselves as gay, queens, drag queens, divas, or cross-dressers.

As mentioned previously in the report, the term “transgender” does not seem to be used in Barbados either as a form of self-identification or to refer to other persons. One of the persons interviewed stated that at times he sits down in his room and questions where he fits within terminologies such as gay, transgender or transvestite. He does not know whether he is a he or a she, but added, “I am just a human being.” Nevertheless, he stated that not knowing where he fits can erode someone’s self esteem. It caused day-to-day difficulties, such as when going into a bathroom and someone says,

“My lady come out of there and go in the other [female] bathroom’. I continue to get that problem. It is not a problem, people don’t know. But then there is the other type of persons who will say it and watch to see which bathroom you are going into and if you go into the ladies they will say you are going to watch the women and if you go into the male [bathroom], the men will say you come to peep at them. So you’re confused.”

As a result of their visibility, “ghetto” gays may face open expressions of societal homophobia, stigma and discrimination. Also because they are visible, they are easier to find and reach out to, and most HIV prevention efforts seem to have been targeted to them. Participants reported that men, mainly of lower socioeconomic status, nowadays are coming out “in droves”, with some men being more comfortable expressing who they are and “brave” enough to come out. Several interviewees mentioned a person very well-known in Barbados who goes to work in his makeup, with his female handbag, with his hair and his nails done as the somewhat rare example of someone proud to be a self-proclaimed “diva” and cross-dresser.

We interviewed male sex workers in Barbados who identify as gay and consider themselves to belong to the group of “ghetto” gays. They may cross-dress and do sex work either for a living or to supplement their income by selling sex to male clients in a few areas of Bridgetown. Their clients seem to come from all strata of society. These male sex workers are also subject to sporadic verbal or even physical violence from men who drive by shouting or throwing rocks at them.

A participant in the study noted that he makes his daily living from sex work which, as he explained, means he has money in his pocket every day. He said he used the money from sex work to pay bills, party, purchase clothes and drugs. He indicated that he spends approximately Barbados \$500 each week on marijuana. He stated “You pay me, I do what I have to do.” He stands on a street corner in town, and waits for men to approach him. Gay interviewees referred to young men, not necessarily gay-identified, who may have sex for money or in exchange for other material items,

“Those who want a quick buck are those who are on drugs or they don’t want to work... It’s like the young faggish boys on the block, don’t want to work but yet they want the flashy clothes. So, it’s like, ‘this gay man likes me and he can give me whatever I want, so why not do it to get the money’.”

Manifestations and consequences of the class divide among MSM

Social class issues were brought up repeatedly by the gay men interviewed. For many men, their place of residence, based on age, income and/or choice and whether they live with family, friends, or by themselves, also may affect the possibility and/or level of being out as gay. According to public health staff, skin colour may constitute another line of separation given the small number of Caucasian men and the fact that some men of mixed background may rarely interact with Black Barbadian men. This applies to gay men as well as among men in Barbados as a whole. However, while middle class and working class gays may not relate much to each other socially, they may relate sexually given that the number of MSM in Barbados is relatively small. A gay activist believed there was snobbery among the “bougies”.

“They will look down at other gay men and say, ‘I’m better than you because I have a well paying job’. That is where you find the discrimination within the gay community.”

A “ghetto” gay man referred to the “bougies” as follows,

“Some are gay and they are not going to come out because of society itself, because of the bashing and the discrimination, that sort of thing. Then there is a set that will class themselves as high class, middle class, lower class. Those who are up there....some of them will not mix with the people that are down here.

Another said that some middle-class men lead a double life,

“[The posh have] good jobs, very good jobs in government especially and nice homes. I think those are the ones, as well-to-do as they are, and the nice homes that they have, they still don’t have a lover. So what they do, they probably drive their nice cars on the street and pick up the rough-neck guys... It’s a normal thing that you are walking and a guy drives up. It’s a normal thing, Barbados has become such a

pick up spot now. You have a nice car, you have a nice vehicle, you have a nice jeep, it's so easy to find a guy. And it's so easy especially if you are well known...I don't think the majority of these guys are interested in love or in a relationship. They are interested in what you can do for them. They want to live the double standard and have their girlfriend and still have you too."

One of the gay men interviewed who identified as "posh" offered another overlapping grouping of gay men which would include the "posh", the "wannabes" (who live beyond their means), and the "riff raff" or "bread and fish" (the common and loud ones who carry on and have an outrageous style). His statement below emphasises class differences,

"We have our own limes [parties] at our homes and invite our own clique in. So the 'wannabes' and 'bread and fish' are not allowed to come to our parties. So if there is a posh party held by someone and the tacky ones or the mediocre ones come, we separate ourselves from them."

Some other gay men, however, may not identify as either "posh" or "ghetto", but rather fall along a continuum where they interact with men from different backgrounds, such as one participant who stated he was comfortable to talk to anyone and to have "all sorts of friends who may come together, from lower class or upper class."

4.1.2 A GAY "COMMUNITY" IN BARBADOS?

The divisions between gay subgroups are compounded by stigma and homophobia and prevent much solidarity and mutual support.

"Ghetto" gays referred to gay men in Barbados as sometimes being conniving and not trusting of other gay men. They described some fellow gay men as cut-throat and homosexual society as being flamboyant, gossipy, and secretive. Gay men interviewed stated that lots of high drama takes place amongst some of the "ghetto" gays, characterised by bickering, cursing and exchanging derogatory comments that may even allude to someone's HIV status, together with fights and violence. A participant interpreted that violence as,

"a psychological thing. I don't know if they let the pressure of everyday life being gay get to them so much that they act it out on each other. It's like a cry for help but it turns out to be anger or violence."

A gay activist elaborated that these behaviours were a reflection of marginalised status, being territorial, and having low self-esteem. They constitute a reaction, turned inwards and towards other gay men, to the general societal stigma and discrimination they face. Similarly, gay participants stated that gay men love to "pound" (mock) one another, saying, for example, "Who's she?", "Who's that miss thing?" and "she wore that shirt last week".

They noted that the “bougie” gays will do that to the “wannabes” or “mediocre” ones who attend privately organised parties.

In terms of community building, United Gays and Lesbians Against AIDS Barbados (UGLAAB) is the only NGO identified as gay, that publicly advocates for gay men and lesbians and a lonely bastion trying to a degree and with limited resources to organise, mobilise and represent the gay community in Barbados. UGLAAB was perceived by respondents mainly to attract and represent gay men of lower socioeconomic status.

4.1.3 PUBLIC SOCIAL VENUES

According to income and economic resources, gay men may socialise at places frequented also by the general population, such as the beach, bars, movies, gyms, and the beach strip in the Oistins area where everyone goes to walk around, have food and listen to music on Friday and Saturday nights. Opportunities for men to openly socialise as gay are limited. Gay men socialise with small cliques of friends. A participant observed that “ghetto” gays are very outgoing and they tend to “travel” in groups when they go out. Private parties organised periodically attract a larger number of gay men of different socioeconomic strata but class divisions may still be present at those parties.

A very limited number of public social venues for gay men exist in Barbados. A shop, no longer open, in the middle of Bridgetown belonging to the founder of UGLAAB, and other clubs that no longer exist used to serve as a focus point and gathering places for gay men. Currently, there is a pub popular with tourists and locals which on a week night is also frequented “off the record” by many gays and lesbians. There are only a couple of bars in the downtown area of Bridgetown more or less identified as gay frequented by gay men of low income, other MSM, and straight men. A gay man observed that younger men may go to these venues, while men in their 30s and older may go to house parties and other “normal” [heterosexual-identified] events. Because Barbados is such a small society, a public health worker concluded that she did not know whether Barbados will ever get to the point where there is a social venue that will openly identify as a gay establishment and say, “this is what we are, this is who we welcome here.”

The “bougie” men do not seem to frequent the bars downtown. There is no public venue for the more affluent, the “up-and-coming preppy crowd” of gay men to gather. “Bougie” gays mainly socialise through relatively underground and exclusive social networks, either at straight bars or wine bars or at gatherings taking place at private houses, sometimes in gated communities. In some cases, those events try to exclude the “ghetto” gays.

4.1.4 PRIVATE PARTIES

Large and privately organised parties seem to have become the only regular social outlet for gay men in Barbados. When asked what he and his friends do for fun besides going to those parties a gay man stated,

“There’s nothing much other [to do] than do a party...probably go hang out, talk foolishness, watch a movie. Out of the party setting, that’s it. Just go by a friend, hang, watch a movie, have a couple of drinks and that’s it.”

Parties are held periodically at different places such as private houses or a rented space at a hotel late in the evening but also sometimes during the day. The parties usually have a theme, coinciding with a time of the year, such as Cropover (Carnival in Barbados), Halloween, Independence Day or “Back to School,” and consist of socialising, music and dancing. An entrance fee of approximately US\$25 dollars includes “all you can drink”. Not all men, however, may be able to afford that entrance fee.

The parties are promoted through a website, cell phone texting, email lists, and networking. The number of persons at those parties ranges from 50 to 300. The parties are open to all gay men. They are attended by different sectors of gay men, some lesbians and their heterosexual friends. The ratio of men to women is usually 3 to 1. The gay men who attend tend to be young, although, according to those who organise the parties, the men who go may also be older. When asked who attend these parties, a participant described younger men as “giddy headed who just want to party, party, party,” older and mature men “who think they are young,” and men “who think they are better than others who stand, watching people and talk about people because they may have nice jobs or houses.” The interviewee noted there are a few transgendered persons and drag queens who also attend. Most participants stated that those parties may be a place where more intermingling between men of different socioeconomic strata takes place. On the other hand, a couple of “ghetto” gays observed that the “bougies”, because of their profession or income, will not mix or would not want to be seen talking with other men of lower socioeconomic strata.

“It does not bring them together because even when you go to a party you will find one group or the ‘posh’ people here in one corner and they will pound persons because of how they are dressed. So you see they still do not come together because even though they come out in one big building, there are different groups.”

The parties were reported to be organised by gay party promoters. There are four different groups that organise those parties as a small business, although the margin for profit may be small. The promoters collaborate and network and coordinate events with each other. One of the party promoters interviewed described the purpose of the parties as providing a safe space and a much-needed alternative for gay men to socialise and feel comfortable being themselves,

“Just to bring the gay community together to socialise, be friendly, loving to one another because on the public side you always get bash, just to bring them their own comfort zone where they can be comfortable and show love and stuff like that.”

Most participants agreed that the general population is aware of these parties and their locations and this does not have any negative consequences or repercussions either for the persons renting or providing the space or for the persons attending the parties. However, a party promoter stated that securing a venue to rent for a gay event may be difficult,

“Because you know sometimes you may see a venue that is very attractive. You may go to the person and you may not want to tell the person what kind of party it would be, for the fear of losing the venue. So you may keep it a little hush, hush. Personally when I am doing a party I decide I’m going to let the person I’m renting the property from know what sort of party it is. It’s their choice. But you know some people say, ‘It’s not good for the business’. But, I mean, it’s not like we’re coming to have sex on your floor and strip naked or whatever. Sometimes, honestly you have to convince the owners that everything is safe, you will have security in place. Some people are willing, others will say, ‘I have to think about it and get back to you’.”

4.1.5 CONTACT BETWEEN GAY MEN IN BARBADOS, OTHER CARIBBEAN ISLANDS AND INTERNATIONALLY

According to participants, there is a flowing social network of gay men throughout the Caribbean region. Countries such as Trinidad may be a little more open than Barbados, and others such as St. Lucia and Antigua are perceived as more conservative. Even in countries like Jamaica with a high level of stigma against homosexuals, gay networks provide some protection for gay men living there or visiting from other islands. Barbadian gay men visit other Caribbean islands and gay men from other islands also visit Barbados. Cropover (carnival) was mentioned as a time when gay men from other islands go to Barbados and gay men from Barbados may go to Trinidad for the Trinidad carnival. Another level of interaction and networking among gay men may take place at various regional conferences, where gay men who work or volunteer for non-profit organisations meet their counterparts from other islands. However, only a small minority of gay men work for non-profit organisations.

Gay men interact through the Internet within country, within the Caribbean region, and the world, particularly with other gay men in the US, Canada and the UK. A gay man referred to the safety and anonymity of meeting through the Internet. Barbadians who live abroad and come back to visit were referred to by a gay man interviewed as “role models” for local gay men since they are more comfortable with themselves, without flaunting their sexual orientation.

“England is like a haven for gays... I’m just quoting what people say but when they come home they are more comfortable with themselves and you can see it. Not like they are flaunting it but they are so accustomed to living there that they are comfortable and you can easily pick it up.”

Some Barbadian gay men may have sex with male tourists. As stated by a participant, if a tourist has the money to spend, somebody somewhere along the beach could find someone who is going to be willing to have sex in exchange for money or goods. Some research on sex tourism but mainly heterosexual has been conducted in other Caribbean islands.⁹ Research on issues related to sex amongst tourist and local men has been conducted in the Dominican Republic by Mark Padilla (39, 40). For an exploration of the relations between gay tourists and local Barbadian men see Murray (41).

4.1.6 STIGMA AND DISCRIMINATION AGAINST MSM IN BARBADOS

While stigma and discrimination against gay men and PLHIV may not usually reach physical violence, the theme of Barbados being a small and conservative society that stigmatises sexual minorities was articulated by most participants. At the same time several participants, including governmental/ NGO staff and gay men, repeatedly stated that Barbados is not a hateful or extreme society and tried to differentiate and separate stigma in Barbados from the anti-gay violence taking place for example in Jamaica. As a public health member of staff put it,

“The gay Barbadian is not in fear of his life as, say, maybe a gay Jamaican is. They may be laughed at, stared at, but we don’t really have, I can’t tell you the last time we got a report that somebody has been actually physically abused or threatened because of their status. It will be more malicious, with people being offensive – and that is for those gay men who are obviously gay, are screaming they’re gay. For those that look or are straight... I don’t think they have to really bother about what society thinks because they fit the mould.”

Echoing the same idea, when asked about the best thing about being gay in Barbados, a man answered,

“That the public does not burn the house down, that the public does not stone the house and if you die of AIDS no one is going to try and push the coffin out of the church. That happened in Jamaica where someone died of AIDS and the community tried to push the coffin out of the church.”

⁹ Public health staff described the ubiquitous role of the so called “beach boys” mostly young men in their 20s or 30s who are part of the informal beach tourism sector (vendors, lifeguards, chair renters). They may engage in transactional sex with tourists, mainly women, but perhaps also men, in exchange for money or goods or even trips overseas. Corresponding to what Kempadoo (10) has described for some other Caribbean islands, the role of the beach boys in Barbados involves a hustling component where the men may not acknowledge the economic and transactional nature of their relationships with tourists, much less whether they engage in sex with men.

Participants, both governmental/ NGO staff and gay men, repeatedly referred to the incident in 2004 in Barbados where the men performing in the drag show, Mannequins in Motion, were physically attacked at a petrol station following one of their performances. That incident was seen by participants as a milestone against violence directed towards gay men and probably the first instance where an anti-gay attack reached the law courts and resulted in the perpetrators being convicted of a crime, sending a clear message to the Barbadian society that gay men also have rights and that crimes against them will not be tolerated. One of the staff was of the opinion that because of that legal outcome even the police may have become more sensitised and aware of their role and responsibility to protect gay men.

Gay men interviewed, however, emphasised the need for protection from the local law enforcement officials and noted making attempts to file police reports on crimes that resulted in no action by the police. In reference to the police a gay man stated, "Some are OK and some are unmannerly and piggish". He also noted that often the police walk by and say "Hi girls" to the male sex workers on a street near a police station, but if something negative happens to a gay man, "they don't take you that seriously." Different staff and gay men talked about the need in Barbados to promote more advocacy-related work and lobbying for policies towards protecting the rights of sexual minorities.

Participants referred to existing homophobia and stigma towards sexual minorities as being part of Barbadian society and culture. Homophobia and stigma are perceived by participants as partially fuelled by Christian faith-based organisations and the Rastafarian movement whose leaders speak about homosexuality as being evil and an unnatural abomination. However, some faith-based organisations (FBOs) may be taking a more moderate approach, referring to the concepts of "we are all God's people" and "loving the sinner and not the sin". Regarding HIV, a gay activist stated that faith-based organisations are now more willing to address HIV-related issues,

"The churches here are coming around. The faith-based movements invite you to different services and you don't hear the condemnation of before. They are willing to discuss issues and HIV and AIDS which they never used to, so even the churches are coming around. I said to them years ago, 'Time you all get around because you all must, or there will be no souls left for you to save because they would be none alive'."

A government employee explained that, while it is accepted that a man may have several female partners, Barbadians are still grappling with the idea of someone being attracted to people of their same sex, thinking that something must be wrong with that person. She elaborated on the detrimental and unhealthy aspects of a culture and a society in which persons feel they need to hide their sexual orientation in order to survive,

"Having the modern cultural penetration, so to speak, coming from Jamaica where there is a hyper-macho culture that comes through in music, Barbados is somewhat

adopting this attitude where it's almost blatant hostility towards the gay community. You're almost going to have to deconstruct the society as it is and to start again. This is what encourages down-low behaviour. When gay people are being told all the time that what they are doing is wrong, a lot of people end up trying to appear as something that they are not – get married etc. – because they think they have to do this, and it becomes very unhealthy, and a difficult thing to have to deal with every day.”

A gay man also referred to homophobic music, its influence on the people in Barbados and its impact on stigma and discrimination:

“...the main problem is the kind of music that comes over the radio, ...and the damage it can do to the community. Barbadians don't think, they drink and smoke and as they get drunk, they see somebody walking on the road and they point at them and call them 'buller.' So that's why people mostly stay in the closet. They can't handle that stigma.”

Another gay man elaborated on the need to have laws that protect sexual minorities as well as on the influence of the church on views about homosexuality,

“Hate laws should be passed in Barbados. I feel it's time enough the Government try to pass hate laws. But I find in a black community it will be more difficult [to do this] because in Barbados we are surrounded by the Church. Everything the Church says, even if it's wrong and it discriminates...everybody believes this is a Christian society so this [homosexuality] should not be going on.”

Stigma and discrimination are manifested at the societal and personal levels in different forms and with varied results and consequences. Public health staff referred to the incident when a politician stated the need for all Parliamentarians to disclose their sexual orientation, noting that this was seen as an attack on the members of another political party who were alleged to be homosexuals. He elaborated, “We in the [name of programme] were annoyed. When you have people like that making comments like that, it only fuels the level of stigma.”

In addition, public health staff referred to MSM not seeking health services, including HIV testing and care, or not disclosing their sexual orientation for fear of stigma and being treated differently when accessing those services. Medical staff commented that sometimes staff need to deliver medication to HIV patients who do not want to go to the HIV clinic because they are afraid of being seen there. That provider noted that stigma can affect treatment adherence.

Gay respondents pointed to the societal perceptions and lack of confidentiality that make it difficult to live openly as gay. One of them stated,

“Barbados is a small place and news gets around fairly quick. You will find people that you don’t know but they know your family and they will tell your family stuff. So there are a lot of issues when it comes to being gay.”

Staff provided examples of persons who disclose their HIV status to their family and are then “put out,” becoming homeless with nowhere to go.

One gay man did not feel he had had to deal with stigma and discrimination, perhaps because he was discreet in his public presentation.

“Being gay too in Barbados, I never had problems being discriminated against. Or people calling me names...I don’t carry on in a behaviour.”

Confirming the importance of discretion, one participant noted that stigma and discrimination depend on what the man looks like.

“If you look gay it could be a problem, if you look passable, it’s not a problem. Once you look gay you get comments your way.”

Another noted that offensive words were used to taunt men who appeared gay. “Once you are gay there is stigma... We should be able to go to any doctor, any place without fingers pointing. People won’t have to call you this or that on the road.”

Another man observed that being gay is like “fighting a battle,” and further stated that

“You have to be a real, real strong person to be gay in Barbados. If you are weak, you will die.”

Someone else referred to the need to earn respect in order to survive as a gay man and to deal with stigma and discrimination,

“You got to stand up for yourself...Barbados is not as liberal as the United States or certain parts of Europe, or any part of the world. To me I find it ain’t as harsh that we can’t live, or survive, but I find ...there’s too much friction with straight people on the whole.”

A man stated that he and his circle of friends were used to the status quo, where even if no physical violence takes place, verbal harassment was still considered normal and something to be expected on the street,

“Honestly, at this point now with me and my circle, for me we live freely ‘cause the stigma we get from straight guys, we don’t run it through our brains anymore. Once they don’t physically abuse us, we just go on normal. But it’s still hard.”

Another man referred to his way of protecting himself in order to try to avoid stigma,

“The thing is when you are gay in Barbados, you tend to put yourself in a remote situation where there are only certain places you go at certain times. Avoiding the crowds or avoiding the stigma from straight people. So I probably won’t go anywhere. I’ll probably just lime with friends, go to the beach, the occasional party.”

During data collection, the research team conducted a focus group with gay men at the house of a community member. While conducting the group, neighbours, presumably teenagers, shouted local derogatory terms used to refer to gay men, , since they had seen a number of men enter the premises and the owner of the house was a well known gay man. The house owner and gay men attending the group seemed to take this homophobic instance in their stride. On a similar note, during a taxi ride a heated conversation developed between a cab driver and a local outreach worker accompanying one of the members of the research team to an interview. The cab driver vehemently stated that homosexuals are the source of HIV and need to be put in prison for their sexual behaviours.

The perception of several gay men interviewed was that, despite existing stigma, young gay men tend to be very flamboyant and more confident and are coming out much more often and at a younger age than before. A volunteer working with UGLAAB stated,

“Before you had people hiding and scared, the young generation now, they aren’t stopping, they don’t care...they coming out regardless. All we can do, UGLAAB, is to educate them on STIs, educate them to protect themselves, to use condoms correctly and consistently, stay in school and get an education.”

4.2 HIV PREVENTION NEEDS OF MSM IN BARBADOS

4.2.1 PERCEPTIONS OF HIV RISK AND SEXUAL BEHAVIOUR AMONG MSM

While data suggests MSM in Barbados constitute an at-risk population, disproportionately affected by HIV, a comprehensive picture of the impact of the HIV epidemic among MSM in Barbados does not exist. Participants interviewed seemed to agree that gay men do have information and knowledge about HIV transmission. Condoms and lubricants are available at different places and are distributed free through regular outreach, including at the gay parties mentioned above. Free Counselling and Testing (CT) is available through the public health system and the Ministry of Health is also in the process of introducing rapid testing in partnership with CHAA. HIV testing is also available through private providers. Public health staff stated the need to supplement CT with provider-initiated HIV testing and counselling. Different staff stated that while gay men know a lot about HIV, translating knowledge into behavioural change is much harder.

HIV knowledge and factors that contribute to HIV risk among gay men could be glimpsed through the opinions and statements of some of the gay men interviewed. When asked about how gay men in Barbados respond to the risk of HIV, a man noted, "I'm not fazed by it. It don't move me. I have friends with the virus and I could live with that." Someone else had been tested for HIV once but was reluctant to get tested again,

"For me personally, I went and got a test done and everything is fine. But for me to go and get a test done again, I don't think I would. As the old time saying goes, 'What you don't know, don't hurt you'."

Yet another participant was waiting for the results of an HIV test and was worried because of the potential risk he may have been exposed to through his sexual partner, who had not disclosed to him he was HIV infected. He recalled finding the HIV medicines his partner was taking.

"While I am going through the bag for the shirt, I saw some antiretroviral drugs. So I waited until he came home and I said, 'What are these?' But I knew what they were. The funny thing is, he looks at me and tells me those are vitamins...Rather than acting out, I tried to sit him down and talk about it, he decided different and I decided it has to end here. I decided to take a test to know my status...I made up in my mind that what is to be will be, cause there's nobody to blame but myself because I can't blame him. I could but I choose not to."

Another man stated that even among gay men someone who tested positive for HIV would not disclose his status to his friends for fear that "a friend would stop liking them or wouldn't want to touch them." He pointed out that losing or gaining weight is bad, because of the assumption that rapid weight gain or loss is due to HIV medication. Another man

pointed out to the need of using condoms with everyone since men will not disclose an HIV positive status,

“Treat everybody as though they have AIDS cause no one don’t come and tell you their status just like that. Nobody don’t come and tell you they are HIV positive...if you see someone you are attracted to them, and they want to get sexually active, use a condom. That’s the way I look at it because nobody don’t tell you that they are HIV positive.”

A man pointed to the perceived lack of confidentiality in the public health system that, according to him, acts as a deterrent for gay men seeking HIV testing and even HIV treatment. He also noted that being perceived as gay is a deterrent to seeking services, “Barbados is a malicious society on the whole. Everybody wants to know your business. From the time you walk into the building as a gay man, you [are thought to have] AIDS”. He added that a majority of the nurses are said to be there “peeping, before they do their duties... It’s a fascination for most people, how gay people live”.

For another man interviewed, promiscuity and multiple sexual partners are factors that put gay men at risk,

“Guys are very promiscuous. They are very sexually driven, have a lot of sex, very flirtatious. You see how men tend to have lots of females¹⁰, for gay guys it’s the same. They tend to have a lot of men.”

For him, Barbadian men do not tend to see HIV as a serious matter and do not want to use condoms because it does not feel good. He stated,

“Barbadians are known not to take AIDS seriously. Even from a young age, people have sex with a lot of people....Guys don’t take it seriously because they just don’t like using condoms, they just prefer it that way [without a condom] and that’s the end of it. They are willing to take the risk.”

¹⁰ The following quote from Graham Dann (23), graphically illustrates the stereotype of the heterosexual Barbadian male: “The commonly held stereotype of the Barbadian heterosexual male is that of a roaming wolf seeking whom he may sexually devour, with conquests in every parish adding notch upon notch to his overloaded shotgun. The limitless women he has known, and the countless children he has fathered, form part and parcel of his recountable repertoire. As a hard seed, or village ram, he can be regarded as something of a hero and the subject of rum shop admiration. Above all, his macho image must be maintained and this should be carefully preserved among his contemporaries by folk sagas of male prowess.”

Another factor that may prevent gay men from protecting themselves is the “discomfort in purchasing lubricant.” An interviewee said that while condoms are easily available, lubricant needs to be purchased from the cashiers who would “make a face, give a look and put two and two together” assuming that if a man buys lubricant he is to have anal sex with another man.

For at least one man, younger gay men may be more likely to use condoms while older men are less open to using them. Someone else, however, reported that young gay men “don’t care” and that although there are messages regarding safer sex, they do not feel at risk and will have unprotected sex, because of the perception that if someone’s body looks good they cannot be HIV positive. The same participant believed that men would only care and protect themselves if they knew someone close to them, such as a good friend, who was HIV infected by having unsafe sex.

One of the men interviewed, contrasting himself with other gay men, stated that since he came out when he was 19 years old he has always had protected sex. He said he is very frightened about AIDS because his best friend died of AIDS and he has seen many other people die from AIDS as well. For him, the fact that gay men still do not use condoms, despite the possibility of HIV, is what he referred to as “a mentality that isn’t changing” in Barbados. Another man mentioned that he always asks potential sex partners about condom use “before anything happens,” and added that at times they do not want to use condoms because it does not feel good. In those situations, he tells them, “Nah, that’s not going to work”.

A gay man who stated that he does sex work said that men who pay him for sex often ask not to have to use a condom with him, with one man offering to pay him 400 Barbados dollars¹¹ not to use a condom. In his case, he reported telling them, “You ain’t come to kill me. Whatever you got, you go keep.” Another participant also thought that young men who have sex in exchange for money or goods/services may be at higher risk when offered more money for unprotected sex,

“If a man wants to give me five hundred dollars for not using a condom and you’re young, first thing is, *five hundred dollars? I can’t lose out on this.* And now that the economic times real harsh, I feel people will be more susceptible to getting into these kinds of disadvantaged points.”

Public health staff noted that alcohol is widely used among men in general. A gay man stated that if you party or go to a bar, you drink a lot. Rum and coke, cocktails and marijuana are commonly consumed at parties. When asked what else there is to do besides going to bars and pubs, a gay man answered, “That’s all, that’s it.” This may indicate the need to develop other social activities for gay men that do not involve alcohol use.

¹¹ Approximately 200 US dollars (at the time of the report writing).

Public health staff and gay men referred to low self-esteem amongst gay men. This can make them vulnerable to entering into relationships which are abusive and more susceptible to contracting HIV because of the inability to negotiate safer sex. A man explained,

“Because if you have low self-esteem and you come into my life and I see you as the person who loves me. If you say, ‘Honey, we are not using condoms tonight because I love you, that is what I want’. You are giving me the fundamentals, even though there is abuse or you are putting me at risk. In this world we all want someone to say, ‘I care, I will be here for you’.”

Since families sometimes do not accept gay men, some participants emphasised the importance of role models, especially for young gay men, and of having friends they could trust and who would guide them. Some men mentioned other gay men in Barbados as role models to be emulated. When asked what made those men good role models, a couple of men described their characteristics as being older, mature, experienced, someone to ask for advice, and someone who had friends pass away. According to one participant, sometimes older gay men can counsel and give advice from their own experience by encouraging younger gay men in the coming out process and providing guidance. However, a couple of participants perceived that older gay men are opportunists looking to use the younger men. They may negatively influence younger men by encouraging them to enjoy themselves and have unprotected sex. Someone else thought that some young men may not heed the advice of older men. Another participant stated that most young men come out as gay without having anyone to rely on or a peer to talk to. He added that there are no young leaders, because young men are just having fun. “They are only thinking about having a good time at a party.”

Men interviewed had different opinions regarding whether gay men talked about HIV with other gay men, whether peers or older. One man stated that gay men talk about sex but not about HIV or using condoms. Some other men said gay men talk about HIV with close friends but not in large groups while others said that gay men are afraid of talking about HIV.

“As I said everyone is in their set groups and [because of] the drama and the violence issues, everybody [is] more for themselves. Sometimes they are not really for each other. There are very few people that will say, ‘Well, I think you should do this or you should do that’, or talk about a situation or come to a conclusion. They don’t think it’s their problem so they don’t get involved.”

4.2.2 HIV SERVICES AVAILABLE FOR MSM IN BARBADOS

As described by government staff, the National HIV/AIDS Commission (NHAC), is the government department in charge of managing the National AIDS Programme, currently funded by the World Bank and responsible for multi-sectoral collaboration with all partners – governmental agencies, civil society organisations and/or international agencies. The

major partner in that collaboration is the Ministry of Health which oversees HIV care, treatment and support.

Due to limited human resources, the NHAC does not implement direct HIV prevention for MSM but currently provides office space, technical assistance and some financial support to UGLAAB and CARE, two small civil society organisations whose work includes either directly or indirectly HIV prevention and support for MSM. Both UGLAAB and CARE have very limited financial and human resources. They have very small facilities to carry out their work and they have access to a conference room in the same building where larger meetings and workshops take place. These NGOs are, as stated by staff of other agencies, very small organisations with limited capacity to advocate on behalf of gay men to the government. Both NGOs mainly work with persons of lower socioeconomic strata who are the main clientele of the public health system. UGLAAB currently is the only gay-identified NGO in Barbados. It was created as an attempt to advocate for the rights of gay men and lesbians and “to look after their own” and provide HIV and AIDS information and condoms as a response to the HIV epidemic when gay men were getting sick and dying without proper medical care. UGLAAB staff added that at that time, because of the stigma attached to HIV and AIDS, families did not come forward and some of those gay men were given a “pauper’s burial by the government, a burial performed early in the morning with no reference to the name of the person.

As described by their staff, UGLAAB had 3 members when it was founded in 2001. Currently, membership has increased to approximately 100 persons who may have paid one time dues as a way of belonging to UGLAAB. Some persons only provide financial support to UGLAAB and do not attend meetings or workshops. UGLAAB conducts specific programmes on HIV prevention for MSM, including condom distribution and outreach conducted by volunteer peer educators, educational workshops, and bi-weekly meetings, called “chat rooms,” to discuss different issues such as empowerment, self-esteem, skills building, and how to effectively conduct public presentations. On average 25 persons attend those chat rooms.

According to UGLAAB staff, peer educators are encouraged to get tested if they have not done so in the past. The agency is considering plans to provide counselling to peers and other men attending UGLAAB. UGLAAB staff do take it upon themselves to collect funds, that sometimes even come from their own pockets, to help gay men in need or who may be hospitalised because of AIDS. Being one of the partners for the National AIDS Programme allows UGLAAB greater involvement, recognition, and opportunities for collaboration at the national level. Staff cautioned, however, that UGLAAB’s acceptance as a gay organisation within some circles is still somewhat limited,

“Because the act of homosexuality is still illegal, persons find it a little difficult to accept having to work alongside UGLAAB in the fight against HIV, even though they are both trying to achieve the same goal or objective.”

UGLAAB's vision is to establish itself as a more viable entity in order to continue conducting HIV and AIDS education and build the gay and lesbian community.

A couple of the men identified with UGLAAB are very charismatic, well-respected and known in the gay community in particular and in Barbados in general. However, one of the gay men interviewed thought that perhaps some young gay men may not be interested in participating in UGLAAB's activities because their leaders are older and young men may not feel represented or want to associate with them. Participants stated that "bougies", who for the most part are not publicly out as gay, do not want to be associated with a gay organisation such as UGLAAB, connected with the National AIDS Programme, and which represents mainly gay men of low income. On the other hand, a party promoter interviewed stated his surprise at seeing some of his "posh" gay friends working backstage at one of UGLAAB's functions. This perhaps is an indication that there is some common ground between the posh guys and the "ghetto" gays that UGLAAB seems to represent. This raises the question of whether UGLAAB could play a larger role reaching out to this group.

UGLAAB receives some funding from CHAA in support of their mandate. Besides physical space, the government provides UGLAAB with technical assistance, and financial sums for programme implementation. They also provide support through a consultant to administer a project funded by the Pan American Health Organisation (PAHO), whose objectives are to build self-esteem among MSM, increase capacity building and to distribute condoms among MSM and sex workers, as well as to promote counselling and testing conducted within the community instead of MSM having to go into a clinic for testing.

CARE provides HIV education and prevention and skills development, social and emotional support and peer counselling for PLHIV as well as HIV awareness and advocacy, including on stigma and discrimination, with the general population. Respondents reported that about a third of those HIV infected persons are MSM. Peer counselling is done by staff at CARE.

4.2.3 HIV TESTING

Free counselling and testing are available through the public health system and the Ministry of Health is also in the process of introducing rapid testing. HIV testing is also available through private providers. Public health staff stated the need to introduce provider-initiated HIV testing and counselling.

Public health staff observed that women were far more likely to access HIV and STI testing than men. Nearly 100% of pregnant women are tested for HIV as part of pre-natal care. When asked why men in general do not routinely get tested for HIV, a health care provider answered "because they are just men," and referred to the need for health promotion to find innovative ways to improve men's health seeking behaviours. The interviewee also pointed to the need for more targeted HIV testing for MSM with the objectives of early detection of

HIV and making MSM more aware of their risk. Targeted testing at places and venues frequented by gay men is also taking place in Barbados, provided by CHAA in collaboration with the Ministry of Health. The goal of this community-based testing is:

1. To increase awareness of HIV vulnerability and risk amongst MSM and,
2. To facilitate earlier diagnosis and linkages to medical care of PLHIV.

4.2.4 HIV CARE

HIV care and treatment are available through the public system at the Ladymeade Reference Unit (LRU), located in Bridgetown. The clinic has been open for seven years and has 1,200 registered patients. Sixty percent of PLHIV at the clinic receive ARV therapy. Prevention counselling with PLHIV, including consistent condom use to avoid STIs or re-infection with HIV, is part of the mandate of the clinic and takes place as part of the patient's routine visits.

ARV treatment is free of cost for Barbadian citizens through funding provided by the World Bank. Existing barriers to accessing care are:

- Persons may not be aware of the services offered;
- Centralisation of services;
- Fear of being seen at a place identified with HIV;
- Fear of lack of privacy of the patients' personal information;
- Mistrust in the confidentiality of health care workers within the system, and
- Non-Barbadian citizens cannot access ARV therapy for free.

These barriers may be manifested in late presentation for testing and treatment, apparent in the data presented in section 2. In a small society, everybody knows where the HIV clinic is located, and there have been complaints that some people observe who enters the facilities, with the potential and consequent stigma attached to this. The Ministry of Health is looking into decentralising treatment into two polyclinics – one in the far east and one in the north of the island, that provide a range of services. The intention is to facilitate access to services and de-stigmatise those services, since no one needs to know the reason why a person is going to a general health centre. HIV care is also available through local private providers.

As a result of stigma and perhaps the assumption that care would be better and more private, some Barbadians with more financial means seek medical care off-island and go to the US to access HIV care. According to a medical provider, however, that may be happening less and some of those persons now receive care through the public system because it was difficult for them to sustain receiving care abroad. Conversely, some persons from other Caribbean countries may go to Barbados to seek care and also for fear of stigma in their own countries, despite the fact that they would need to pay for ARV treatment in Barbados.

4.2.5 NEEDS OF GAY MEN IN BARBADOS

Participants referred to different but overlapping needs of gay men in Barbados. Those needs are presented here at the societal, individual, community, and programmatic level, together with the particular needs of PLHIV who also may be MSM.

4.2.5.1 Societal needs

Human and legal rights

The consensus among participants was for the need for respect, fair and equal treatment, legal protection and the recognition of the rights of gay men equal to any other citizen of Barbados without being stigmatised or discriminated. Two different gay men stated,

“We are human beings like anybody else, we have rights like anybody else but we are not treated that way. There has been some improvement with the law enforcement officers but we are not treated as fairly as we should. I guess society does not see us as human beings with the rights like anybody else.”

“Barbados has to come to the realisation that we [gay men] are here to stay. We ain't going nowhere. And at the end of the day some may pass away but there's always going to be another set because we are here to stay. As a born Barbadian, as a taxpayer we should be given the full length of the law, regardless if we are gay.... Our sexual preferences have nothing to do with whether we are still human...We contribute to society.”

A third gay man called for a basic need for tolerance, “to be able to walk the road peaceful and comfortable without anyone calling you all types of names; without harassment”. One of the government staff referred to the need for societal tolerance and understanding, justice and respect for men as prerequisites for them to take care of themselves and seek health services since many MSM will not come forward. Another gay man pointed out that gay persons need to take up the issues for change to occur and matters to be addressed, “All the gays need to do is to be able to stand up for those rights. You have to stay angry to get justice.”

Participants' opinions regarding the significance of the existence of buggery laws varied. While for the most part those laws do not seem to be enforced, they still make anal sex illegal and a crime. Several staff were asked to comment on whether the recent ruling by the Delhi High Court in India to decriminalise homosexuality might influence the future of similar laws in the Caribbean as part of the British Commonwealth. They denied that potential influence and referred to the differences in culture and religion and the size of the population between India and the small English speaking Caribbean island states, which, including Barbados, consider themselves “the most Christian of societies.”

A gay man stated that, on the one hand, politicians are not doing anything for gay people, but that on the other hand, he has never heard of an instance where two men were caught having sex and charged of buggery, unless the case involved a minor. Another gay man observed that the effort to remove buggery laws is usually brought up by doctors, lawyers, and even some ministers, but that it has been fought “tooth and nail” by the church. Even if buggery laws are in place, another gay man pointed out that it is not against the law to be gay. Different staff stressed the importance of lobbying for policies to protect gay men’s rights and argued that even if buggery laws make anal sex a crime, homosexuality per se is not illegal and that is what many people, irrespective of their sexual orientation, are not seeing,

“Because of that term, buggery, a lot of times they keep saying, “Oh, it is illegal” but it is not illegal for a man to love another man, and that is what they not are seeing. Immediately, sex is taboo and once they hear male homosexual and the evil word love they think penetration, and that is unfortunate. There is room for it but you have to have the persons to advocate for the rights of people, but I think it is fair to say we are going in that direction.”

Several staff referred to the reaction and the “national furore” to the Walrond report mentioned previously, with pastors attending public town halls “with the biggest bibles they could find” to express their opposition to recommendations to decriminalise homosexuality and prostitution. Several staff believed that, considering that decriminalising homosexuality is a very volatile political issue, the government, regardless of the administration, will never address overruling buggery laws.

Some people referred to the need to address stigma and discrimination at other levels. One member of staff was of the opinion that, rather than trying to remove buggery laws, greater gains towards individual and societal change could be made by instituting anti-discrimination policies. These would protect marginalised and vulnerable groups, including homosexuals. That legislation would explicitly state equal rights for persons of different sexual orientation, whether heterosexual or homosexual, thus setting the precedent that discrimination in the context of public health and HIV will not be tolerated. Public health staff stated that legislation needs to emphasise human rights and social justice. Barbados, as a UN member, has endorsed human rights protocol, but enforcing it has always been the problem as highlighted in the following interviewee’s quotation:

“I think there is always a level of institutional discrimination somewhere, but you don’t really see it that much. I don’t think that the discrimination laws are as progressive as they ought to be but I think, I guess we have to, you can’t superimpose the development of, say, North America or Western Europe with the Caribbean. We have to kind of make our own model when it comes to something like this. I guess we need to take baby steps as we can, and I think we already have started to because that landmark case where the jury said, ‘you guys were wrong’, to me, that is at least one [referring to the Mannequins in Motion case].”

Another staff member thought that what is needed is a gay-friendly environment with legislative reform or policy reform and “a government that’s going to come out and say, ‘It’s OK to be gay’ and, ‘Move off of the gay bashing’”.

Challenges in “coming out” and advocacy

As noted above, many gay men, especially middle class men who have jobs, do not present themselves publicly as gay. As a gay man put it, “There are a lot of gay people that will love to ‘come out’ in general but they are not going to come out because of how society treats us.” In relation to that, “ghetto” gays interviewed felt they are the ones standing up for their rights and opening the way for other men to come out as gay. “The lower class ones as they call it are the ones that stand up for their rights. But the ones who are ‘up there’ are the ones that run.” Statements like this one seem to reflect or correspond with other historical events such as the Stonewall Riots in New York in 1978, when mainly poor and marginalised gay men and drag queens in New York stood up for their rights and resisted a police raid of the Stonewall bar, in what is considered the beginning of the gay movement in the US.

Public health staff believe that knowledge and interaction between the gay and heterosexual communities could make a difference to dispel stigma and discrimination and overcome homophobia amongst the general population. They offered a couple of instances where heterosexual men and women previously perceived to be homophobic, had learned to associate, work, collaborate and perhaps better accept members of the gay community. The research team for the study asked a few participants whether the work and the creation of a local chapter of the non-profit organisation PFLAG (Parents and Friends of Lesbians and Gays) (42) would be relevant for Barbados. While participants were not aware of the existence of PFLAG, they thought the concept was a great idea as a way to bridge the gap between the gay and heterosexual communities through the support and advocacy of straight folks who accepted and embraced Lesbian, Gay, Bisexual, Transgender (LGBT) as family or friends.

When we raised the issue that in a society so small, it may not be that difficult to shift and change cultural norms regarding homosexuality, one of the staff members interviewed answered, “We can be very unforgiving as a society, and that is where the problem lies.”

4.2.5.2 Individual needs

Self-worth, psychosocial support and skills

Participants expressed the need for gay men to develop personal and job-related skills, self-esteem, self-worth and a better understanding of themselves.

Gay men need to develop skills to think, and care about themselves and prepare for their future. A gay man observed that some had not attained qualifications: “When you hit 25-30, they have no skills, no academics, how can they go to a boss and say, ‘I want a job’”. A gay activist said that he advises young gay men to finish secondary school, even offering to help

them financially in order for them not to drop out. He observed that the pressure and lack of acceptance at school, particularly if a teenager does not have much support at home, sometimes may be too great and result in the child stopping going to school altogether.

A related need for psychosocial support, conflict resolution and anger management was also mentioned by participants. A gay activist noted:

“Self-worth is very important, because if you don’t think that you are worth anything, you won’t try to gain anything in life, and if this is what society is telling you, you are nothing and you continue to think that you are nothing. The need is coming to terms with certain things because a lot of them you will find they are ostracised from family from a young age, grow up with a lot of hate in them. Based on what society has done to them, there’s nobody to attack, so, it’s like, ‘Let me attack you’.”

Stable relationships

While some men interviewed did state they were in a stable relationship based on integrity and honesty with other men, some other men shared their somewhat negative perceptions regarding meeting and developing and maintaining stable relationships with other men. These perceptions may reflect a societal context that makes it difficult to establish emotionally sustainable relationships among men. A man referred to the difficulties in finding a partner close to his age to establish a relationship,

“For me it would just be a partner that I can trust. Someone to love me for who I am and basically that’s it... I just want to be loved and be comfortable with the person that I’m involved with.... Where we party there are younger guys that come out... Younger people are not about a relationship. Some probably would be but the majority isn’t ready for a relationship... So for me I would prefer an older guy and that’s what you don’t really get coming out. So for me to find an older guy I would probably go to a straight club and hope... But it is very hard, you just can’t honestly go into a straight club and hit on men. So it is very hard to find a person that is mature enough to be in a relationship with.”

Another man seemed to have a pessimistic and somewhat fatalistic perception regarding the possibility of maintaining a relationship.

“To me, anybody who has been in a relationship and it takes a more sour course, they tend not to try again. That’s how the casual hook-ups start and the promiscuity. But there are still a few people who have relationships and try to stick to it...The promiscuity issue...for instance, all of us know each other and then this strange guy walks in. That’s where it starts, the curiosity...and then one thing leads to another... Why can’t we just see and not touch sometimes.”

4.2.5.3 Gay community needs

Gay men referred to the need to build a genuine community where people have a deep connection with each other. A man stated he would like the gay community in Barbados to be “closer, more fun, and living better, with no bickering, quarrelling or hearsay”. Another man referred to gossip as an issue within the gay community since, “Bajans love to gossip. They love to flap, flap.” A third man noted,

“I would like there to be a better understanding within the gay community where everybody can be their brother’s keeper. You can look out for one another. Just to live good among themselves.”

These and similar statements seem to refer first to a perceived need to overcome the bickering and quarrelling amongst some of the “ghetto” gays or within their cliques and second to the split between “ghetto” and “bougie” gays. Two other men noted that,

“Our main problem as I see it is that we are a small community and we do not stand up as one...I believe if we come together as a small community, there are certain things that can’t change and certain things that probably will change but because of the bickering nobody wants to come together as one and you will find all these problems.”

“I think if gay people could live in Barbados a bit more freely and not have to be scared or be too cautious of themselves or feel like they have to hide in a box, I think they will be more loving towards each other in terms of the whole gay issue. ‘Cause it’s like one group here and one group there and these two groups will avoid each other just for the fact that one group may be more open than the other group.”

Both staff and gay men also referred to the needs for a better representation and visibility of the gay community at different socioeconomic levels, such as amongst professionals. Staff referred to the need for “mainstreaming” the gay community where gay men are more visible and better represented at different socioeconomic strata and different professions,

“where being gay isn’t seen as an aberration and you can’t be successful, intelligent etc. The same way they are mainstreaming other things, if they could see the gay community mainstream...”

The same person elaborated to say that there is a need to break the cycle of felt and actual homophobia and stigma and discrimination so that more men dare to be visible as gay,

“[We] need someone who’s visible. But there would always be rumours and it would be denied. There’s fear of what people are saying and what could happen – generally verbal. The negativity is so magnified. Because people are thinking of worse case scenario of what could happen. Even though in reality, it may be not be as bad, but who wants to take the chance when your mind is going worse case?”

Similarly, and perhaps also as part of a process of mainstreaming the gay community, a gay man referred to the need for gay men themselves to show society that they are not to be scorned.

“I want them [gays] to be more respectable for themselves and let society look up to them... There are a lot of them that are very well educated... Instead of people looking down at them, let people look up to them. Find themselves good jobs, make something of themselves.”

As noted earlier “ghetto” gays feel they have to come out to make the way for the posh ones:

“The lower class makes the way for the higher class because they are so posh they don’t want to come out. The people that are down there have to come out to make the way.”

On a similar note, volunteers working with UGLAAB who were part of a focus group felt that UGLAAB “cannot work in a vacuum” and that gay men themselves do need to contribute to building a gay community:

“UGLAAB is fighting for the gay community to see that all come together as one body but if the gay community don’t first come to grips with one another we cannot earn or get respect from society. That’s our downfall. UGLAAB can only do so much but we need to come together as one.”

While the fear of stigma and discrimination influence PLHIV not to disclose their HIV status, a man referred to the need for gay PLHIV to do just that as an affirmative step to break the cycle of felt and actual stigma and discrimination,

“My hope for the gay community...I think if people own up to their status that will help a lot. ‘Cause when I came out at 16 some of those people that I knew at that time...they are HIV positive and I didn’t know. So if a lot more people can own up to their status they will be respected in that aspect and I think that will slow down the discrimination.”

A few of the men interviewed referred to the need for safe spaces where gay men can be and express themselves in a context other than attending formal presentations or workshops on HIV or going to parties.

“I guess a place where they feel safe, to be themselves, be comfortable and around people of the same kind...I would like it to be some place that something is going on all the time, night or day. Whether it be movie night, game nights, just some sort of activity going on, just not everybody sitting and talking.”

Elaborating on the statement above, the same interviewee said that his friends will be immediately interested in such activities because they are more open and out as gay men but that in time men who are in the closet also may be interested.

“It will take time for persons who are on the down low to attend these activities. The open ones will be there first but I guess after a period of time and based on the success of it, it will encourage the others to get involved.”

4.2.5.4 Programmatic needs

Participants identified the need for some specific programmes for gay men, as well as for the general population related to challenging homophobia and stigma and discrimination.

Health services in general need to be gay friendly and more appealing to MSM who may fear or anticipate stigma and discrimination, or the lack of privacy and confidentiality when seeking services. While some staff and gay men concurred that gay-friendly services were available at the Ladymade HIV clinic, they also agreed on the need for gay-friendly services elsewhere in Barbados where health workers are sensitised towards gay men in particular and free of judgement in general. Public health staff spoke of the need to identify and develop a pool of gay-friendly providers, including psychologists, counsellors, therapists and other health care professionals that UGLAAB and service providers could use to refer gay men. Public health staff pointed out that,

“We need to re-educate and change our health care workers. A lot of the issues stem from the health care workers. So much depends on how a patient is received, greeted and treated when you walk in the door of the institution – no assumptions should be made. If someone walks in who looks a little feminine, it’s the look, it’s the, maybe, the comments, you see.”

The same person elaborated that in some cases doctors and nurses need to be re-trained on how to relate and listen to their patients,

“But the doctor-patient relationship sometimes is not always there. Some doctors don’t sit back and listen, and they say, ‘I understand’ even though they don’t. You’re listening on two levels. You’re listening to what the person is saying and secondly,

you're listening, yeah, to how they're feeling. That's missing. Doctors do not pick up on how people are feeling."

In relation to training health care providers, he also referred to the need to follow up after sensitisation programmes have been conducted and assess changes in the health care providers' attitudes and behaviours.

"If you don't hear what you want to hear, then you need to make decisions because you can't have health care workers in this field who continue to behave the way they behave and nothing is done. The way the system is here in Barbados is that persons do not like to make decisions,....they are not empowered to make decisions. So, everything they want to do, they have to refer it out, put it in file, and wait for it to come back. When they get complaints from clients, those complaints need to be acted upon now, not in six months time because you will have lost the effect. The persons involved have been forgotten. It's meaningless."

The same person spoke of the need, and challenge, for more inclusion and further engagement of key representatives of NGOs in meetings and policy-related consultations in order for the voices of, in this case, gay men as well as PLHIV, to be heard and for different programmes and different policies to respond to community needs. He said, "Work needs to be translated into policy so that policy drives action so that those marginalised vulnerable groups, you know, actually, doors are opened [for them]".

While there is lots of HIV-related information at schools, TV and radio, a gay man spoke of the need for specific information designed for the gay community as well as specific programmes designed for gay youth, in order for them to become more engaged with information and services directed to them.

Public health staff emphasised the need to reach out to "bougies" and to target mainstream and middle class gay men. Those men would be attracted to something that is more underground, that feels safe and protective and would not compromise their choice not to be out as gay men. In order to do that, it would be necessary to identify and tap into men who are middle class and out as gay men and who would be willing to work with their peers through their social networks. An alternative, pointed out by an outreach worker, would be for outreach to be conducted by a heterosexual person, who is non-intimidating and known as not discriminating against gay men.

The need for educational programmes for gay men interested in taking or already taking female hormones was emphasised by a gay activist. Men need to learn about the physical and emotional effects of taking hormones and how to monitor its use.

While many participants praised the work of UGLAAB, gay men referred to the need for UGLAAB to attract new people and diversify their programmes to include skills development and counselling for gay men. Staff referred to the need at UGLAAB for capacity

building training in order for UGLAAB to enhance skills and provide counselling for gay men.

Participants also referred to the need for programmes for the larger society to learn about the gay community in order to dispel misperceptions and eradicate stigma and discrimination associated with homosexuality. Gay men broadly referred to the need for “a message of more togetherness needed between gay and straight people.” Staff referred more specifically to the need for a programme to sensitise parents and for them to understand their gay children. Regarding this need, an outreach worker stated the need for them to understand,

“... what is happening, that the child did not get up one day and choose to be this way [gay]. Some basic sensitisation with parents, because parents go through a phase too. Obviously if you’re a young mother and your child grows to 19 [years] and you have all the thoughts of him getting married and bringing home babies...But sometimes it hits home, this is not actually what I had planned for him. Sometimes that could work on you psychologically as a mother.”

4.2.5.5 Needs of PLHIV

Most PLHIV who are gay and access the public system have low income with basic unmet needs. Those unmet needs include accessing and sustaining HIV care services, including adherence to treatment, which can be deterred by stigma or fear to access the public health system. PLHIV may be on welfare and in need of different services, including housing and employment. A food bank in place through the Ministry of Health can provide groceries to PLHIV at least once a month. However, a bag of groceries may not last the whole month, the food items may be limited, or there may be a lack of food items at the food bank, which relies on donations.

The double stigma attached to being gay and HIV positive may negatively impact the persons’ willingness to disclose their sexual preference and HIV status. While prevention counselling with PLHIV is already being conducted, the need for empowering PLHIV, normalising living with HIV and AIDS, negotiating safer sex, and disclosing their HIV status was mentioned by participants.

5. DISCUSSION AND RECOMMENDATIONS

The aims of this chapter are:

1. To assess the feasibility and acceptability of Mpowerment in Barbados in the light of the results of the study
2. To provide preliminary recommendations for the development and adaptation of Mpowerment in Barbados

5.1 FEASIBILITY AND ACCEPTABILITY OF MPOWERMENT

Gay men and service providers included in this study indicated their support for the implementation of Mpowerment in Barbados and that gay men would be interested in participating in such a prevention intervention after adequate adaptation and tailoring of the intervention in Barbados. Here we discuss the feasibility and acceptability of Mpowerment in the light of our results, focussing on the core elements of Mpowerment as shown in Appendix 1.

5.1.1 CORE GROUP

Mpowerment requires a core group of (usually young) openly gay men who make important decisions on the project based on the Project's guiding principles. The membership should have "racial"/ ethnic and socioeconomic diversity. Through the creation of a core group and capacity building with these men and volunteers, Mpowerment can help to create role models or encourage men to take upon new responsibilities in order to develop the men's sense of empowerment and build a stronger community of gay men.

Our findings indicate that some gay men are actively involved in the NGO UGLAAB and/ or in other activities that strengthen the gay "community", such as organising social events and working with the NHAC. A "core" of committed activists may be found from among the men already involved in this way. Our findings draw heavily on interviews with some of these activists, which show that, as required by the Mpowerment project, they already engage in reflective analysis of issues facing young gay/ bisexual men. These commitments and talents may be drawn on in identifying a core group to implement Mpowerment. The core group can contribute to creating role models amongst gay men and to help build a stronger gay community where men support each other.

At the same time, a key issue identified in our research was the social stratification among MSM, with divisions along class and even perhaps associated "racial" lines. This is consistent with findings from previous research in Barbados and the Eastern Caribbean (21, 43). Gay men of lower socioeconomic status have been more actively involved in UGLAAB and in visible activism to promote the rights and health of MSM in Barbados. Middle class

gay men are more likely to hide their sexual orientation and many of them may be unwilling to be involved in a project that might involve revealing their sexual orientation. A few middle class advocates may however be found, who may (if gay themselves) be potential core group members. For example some men involved in organising parties, who may or may not be gay themselves, appear willing to tell people that they are organising events with a gay target market. Gay men of lower socioeconomic status mentioned that they do have some social connections with particular middle class men that are not purely sexual and may provide an avenue for the identification of further core group candidates.

5.1.2 VOLUNTEERS

Volunteers would work in collaboration with the core group to make decisions, learn new skills and conduct meaningful and interesting work for gay men. They will be supported by other elements in the project to encourage each other to practise safer sex and by providing a warm, appreciative, social and welcoming atmosphere. Again, they should represent diverse “racial”/ ethnic and socioeconomic backgrounds.

As indicated above, there is a pool of gay men actively and visibly working in a voluntary capacity to empower gay men. Some men interviewed who worked as volunteers at UGLAAB stated that volunteering with UGLAAB provided them with strength, confidence, stability, improved communication and self-presentation skills, opportunities for knowledge about HIV and behaviour change, courage, ability to be more open and to educate persons, including youth. The pool of these men, however, is not large and is limited in socioeconomic diversity.

The pool may be expanded by careful outreach from the people already involved. The wish of some gay men to limit their involvement to specific activities that do not pose dangers to their public presentation will need to be respected. It may also be possible to draw on assistance from people who do not identify as gay. For instance, interviews with NGO and health sector staff indicated a lot of goodwill and possible willingness to support specific Mpowerment activities. Interviewees supported the concept behind the Parents and Friends of Lesbians and Gays (P-FLAG) organisation that exists in some countries, thinking this may be a way to bring in other committed supporters. Mpowerment, however, is built on the idea that gay men will do things for themselves and every effort should be made to strengthen the spirit of volunteerism that already exists among them.

5.1.3 COORDINATORS

Project Coordinators oversee all project activities and this is based on their understanding of HIV prevention, community building and the local young gay/ bisexual men’s community. A certain level of technical as well as leadership skill is therefore required.

Existing strengthening of the gay community and HIV prevention are carried out by a variety of agencies in Barbados, including the NHAC, UGLAAB, Ministry of Health, the CHAA and CARE. Responsibility for Coordination of the Mpowerment project could be situated in one or more of these agencies and should be discussed with all stakeholders. The local

NGOs, UGLAAB and CARE, may need institutional capacity building in order to be able to carry out a coordination role. Again, the representation of gay men among Project Coordinators should be maximised, along with socioeconomic diversity.

5.1.4 PROJECT SPACE

The Mpowerment project space is a safe and comfortable environment for gay men to visit and from which outreach activities may be organised. It is supposed to be in an accessible and appealing location. Safer sex communications material such as posters should be available there, along with condoms and lubricants.

Some gay men were asked during our research whether they would be interested in a gathering space other than bars, such as a drop-in centre where they can just hang out, play video games or watch movies. Two different men replied,

It would work but depending on where it is. Cause where it is will determine who will come. For instance, [name of venue], some people will not come there ever... And two, who's there...but I don't think it will be a bad idea...that will be a definite possibility.

A drop-in centre may work. They would be interested in talking about HIV, because there is no forum to discuss it. In addition, a space that is not too populated where privacy would be ensured would perhaps motivate gay men to participate.

An important finding, consistent with studies from other parts of the Caribbean, is that many MSM do not openly identify themselves as gay because of the stigma and discrimination they would face if they do so (43, 44, 45, 46). Some MSM only reveal their sexual orientation in very restricted settings and locations. While the idea of a project space seems to be supported by respondents, this finding poses challenges to locating a site for the project with which a broad cross section of MSM would be comfortable. However, Mpowerment is designed with openly gay men in mind and therefore the project space idea should be primarily developed to suit their needs.

Careful discussion is needed with gay men regarding the features of the location that combine attractiveness and accessibility with safety. Respondents emphasised that stigma and discrimination against gay men in Barbados do not usually take the form of physical violence, but verbal abuse and other psychological insults are common, especially for those whose physical presentation is effeminate. The project space should be chosen and designed with a view to minimising the risk of psychological abuse of MSM. This may be a considerable challenge given that Barbados is a small society and findings revealed instances of lack of confidentiality of sensitive information among professionals, laypeople and families of MSM. The issue of project space may present particular challenges to the adaptation of Mpowerment in the Barbados setting, and should be carefully discussed with gay men and other stakeholders. The issue of cost is also likely to be an important consideration, since rental and purchase costs of buildings in Barbados are very high.

5.1.5 FORMAL OUTREACH

Formal outreach consists of events and performances designed to attract gay men. These would provide social opportunities, and, in the process, provide the means to promote safer sex among MSM. There is a need to schedule these events regularly to keep up the momentum of interest in the project and bring in new men to revitalise the initiative.

Our data indicate a thriving gay party circuit and a number of smaller events with more restricted access in Barbados. There are also many social events surrounding the Barbados Cropover Festival. As a further example, one gay man stated that he and his friends get together and organise small shows or events either amongst themselves or with a small audience,

“We talk about lots of things. We try to be as creative as possible in terms of the talents we have trying to get it out there. Cause we got to deal with the ridicule of being gay already so why not use what we’ve been given- talent. So we put together shows, we always include HIV and AIDS, whether it be parties, distribution of condoms, calypsos....The talent shows include dancing, fashion shows, pageants, theme parties like Halloween...but we base it on something that will bring people out, something that people want to see.”

Such themed events are a common feature of the Mpowerment outreach approach. Men from other Caribbean islands may visit Barbados to participate in such events and find partners. It was noted that some gay men, especially the younger ones, are primarily interested in socialising and partying and are not engaged in activities to promote safer sex or in policy initiatives. This aspect of the project, then, may have potential to reach a broader spectrum of gay men than those already engaged in policy or HIV prevention activities. The emphasis on entertainment events may be particularly acceptable and appropriate in the Caribbean context where cultural industries make large contributions to the economy and employ considerable numbers of people. It appears feasible to engage a considerable number of gay men and other cultural industry specialists in staging and attending entertainment events. Some local entertainers have been involved in HIV prevention communication initiatives, such as the “Live Up” campaign of the Caribbean Broadcast Media Partnership Against HIV and AIDS (CBMP). The CBMP may be a stakeholder that could be involved in the development of entertainment events and messaging as part of the Mpowerment project.

This being said, most entertainment events and the “Live Up” campaign have neither explicitly targeted gay men nor sought to disseminate messages that advocate the rights of gay men. The ability to do so may be curtailed in a context where, as stated by some respondents, you can in some senses live fairly comfortably as gay so long as you did not “scream” about it, i.e. so long as you did not present yourself obviously as gay. In this sense it may be advisable to use publicity channels discreetly, sometimes not even mentioning that the event is for gay men. Sometimes it may be necessary to “piggyback” on events for

the general public, or to arrange small events with restricted access to maintain the safety of participants.

The same channels used to advertise parties, such as text messaging and email lists may be able to be used to publicise Mpowerment. Implementation of Mpowerment may benefit from using the Internet sites frequented by gay men in Barbados in particular and Caribbean men in general to publicise Mpowerment and its related events and activities. Inviting gay men from other Caribbean islands visiting Barbados to participate in Mpowerment activities may also have the potential to influence the HIV risk behaviours of MSM in other parts of the Caribbean.

5.1.6 INFORMAL OUTREACH

Core group members and volunteers involved in Mpowerment are supposed to distribute information about the project and about safer sex via “word of mouth” through their own social networks. These networks and their skills to disseminate information are enhanced by other elements of the project. Peer influence is used to promote a norm of safer sex.

This element of the project appears acceptable and feasible given that peer approaches to sexual health promotion are commonly used in Barbados by a variety of agencies, including (but not restricted to) CHAA, UGLAAB and the NHAC. Mpowerment may enhance the current initiatives, expanding their reach by extending the social networks of gay men and building capacity among a greater number of them.

5.1.7 M-GROUPS

These are group sessions organised by gay men to address issues of importance to gay men, including sexual health. They should be facilitated by well-trained and skilled project staff and volunteers. Aims include to eroticise safer sex and to teach sexual negotiation skills.

UGLAAB and CARE both have a tradition of small group sessions to educate their members and provide psychosocial support. In UGLAAB’s case, their “chat rooms” bring members together in a very similar way to what is envisaged by Mpowerment, and “chat rooms” are also a feature of work by other NGOs working with gay men in the Caribbean, such as Friends for Life in Trinidad. CARE has a support group for PLHIV, similar to other member organisations of the Caribbean Regional Network of People Living with HIV/ AIDS (CRN+). Mpowerment has the potential to strengthen such work, by strengthening the capacity of facilitators and perhaps bringing in new facilitators and members. To address the divisions of socioeconomic status among MSM, it may be necessary to develop some M-groups outside the ambit of the existing organisations to reach new groups of men.

As stated by study participants, gay men may already have knowledge about HIV but need to be able to apply that information, negotiate safer sex, and use condoms to protect

themselves. Men expressed openness to having forums for gay men, where discussions about a variety of issues, including HIV prevention, would be included. A man expressed the need for strategies and activities that are more interactive and engaging and where men feel they are learning new and different skills that they can use in different areas of their life. We have included what he said here as it seems to support the concept of M-groups as well as the idea of building a wide range of skills among gay men as part of the project:

“It [is] more [than] just being educated on HIV and AIDS. It’s a lot more than that. So I think the gay community should be educated as well...not just an HIV session. Encourage partners to get tested together or if you don’t want to get tested together, go separately. Make it more a communal thing, not everybody sitting, hearing information about HIV and AIDS.... I have an idea. I think if you have education and qualification that takes you really far as a gay person. You can land a good job and support yourself...and be your own person. To me that helps with a gay person’s happiness... So with this same place that gay people can come, if we can have tutoring, if some people want tutoring on their exams for whatever they are studying...Math, English...especially for the younger ones.”

Through discussion in M-groups and other outreach and training sessions, Mpowerment as an intervention can create further opportunities and spaces for men to talk about HIV prevention, empower them to protect themselves, and shift the cultural and social norms regarding safer sex and what gay men can do to help each other protect themselves from HIV.

5.1.8 COMMUNITY ADVISORY BOARD

This body uses available local expertise to advise core group members and Coordinators. It does not have day-to-day decision-making power.

Participants in our research represented a cross-section of stakeholder organisations including service providers, and all were supportive of the notion of a strengthened response to the HIV prevention and broader needs of gay men in Barbados. It appears eminently feasible to bring together representatives of these organisations as part of the Community Advisory Board (CAB). Other agencies, including, among others, the University of the West Indies and the CBMP may also have valuable roles as part of such a Board. In the early days of the project, it may be particularly important to have a strong CAB given the lack of experience in implementing the intervention and the need for institutional strengthening of the existing NGOs. Technical assistance from experts in Mpowerment from outside Barbados may also need to be included.

5.1.9 OTHER ISSUES RAISED IN THE RESEARCH

Mpowerment is primarily a peer-based intervention, usually complemented with support from other key stakeholders. As such it may not focus at the “structural” level, where

changes need to be made for instance in legislation, policy and programmes as indicated in section 4.6. Nevertheless, the intervention seems to have considerable potential to build capacity and involve new men in activities designed to empower gay men. This may include advocacy and lobbying. History suggests that where radical change occurs, it has been achieved by people operating on their own behalf with people in a similar social position. Therefore the priority in achieving social change for gay men is to empower them to act on their own behalf. Mpowerment could help create further awareness among gay men regarding their rights and how to better confront or face specific instances of stigma and discrimination.

The research also indicated, however, a general perception that there are limits to the radicalism of changes possible for gay men in the current Barbadian context. Recent efforts, for instance, to decriminalise “buggery” have met with wide resistance, especially from faith-based organisations. It appears that in Barbados efforts towards social change for MSM will need to be progressive rather than radical. The Mpowerment intervention has the potential to strengthen progressive action by and for gay men. As noted above, it may also go some way to reducing the social divisions between some gay men by involving different groups of men in sometimes different ways.

5.2 RECOMMENDATIONS

The following implications and recommendations are drawn from this research, as well as from a review of other data on MSM in Barbados and other Caribbean countries. For specific instructions on implementation please refer to the Mpowerment website (www.mpowerment.org) and the Mpowerment manual. Mpowerment Technical Assistance Specialists at UCSF also are available to assist with implementation questions.

5.2.1 NEED FOR ADAPTATION TO THE LOCAL CONTEXT

Significant attention should be given to adaptation and tailoring in order for the intervention, originally developed in the United States, to fit the local culture and the needs of gay men in Barbados while maintaining fidelity to the core elements of Mpowerment.

Barbados is not alone in seeking to implement Mpowerment appropriately in a setting outside the US. Currently, Mpowerment is being implemented in Hong Kong, and pending funding, it will be implemented in Mexico City and tailored for gay men in Peru and Guatemala. Tailoring and adaptation must fit to the local culture and population receiving the intervention while maintaining fidelity to the core elements of the intervention (47). While there are no absolute rules regarding adaptation, Backer’s (48) approach for navigating intervention fidelity and adaptation emphasises:

- Careful and thorough understanding of the new target population;
- Feasibility of implementation of the intervention’s core elements;
- Appropriate human and financial resources;

- Documentation of adaptation efforts;
- Community involvement; and
- On-going evaluation of adaptation efforts.

5.2.2 STAKEHOLDERS TO INVOLVE IN THE PROCESS

Work on tailoring the intervention should be done in collaboration with local cultural experts. These experts must include openly gay men, but a range of other stakeholders should also be included. Careful consideration must be given to the selection of experts, with respect to issues such as respect of human rights of MSM as well as access to and control of opportunities and services that may be employed to empower MSM.

Other stakeholders in the country would be important collaborators to help to ensure sustainability of the intervention after the initial period of funding. These may include the National HIV/ AIDS Commission, the Ministry of Health, CHAA, local and international NGOs and interested persons from the University of the West Indies. These stakeholders may not all provide funding but could provide technical and logistical support and advocate for continuation.

While local stakeholder involvement is essential, it is likely to be necessary to seek technical support from outside Barbados from experts in Mpowerment and ways it has been implemented and adapted in other settings.

5.2.3 ELEMENTS TO INCLUDE IN ADAPTATION OF THE INTERVENTION

Intervention messages and other intervention components, such as condom negotiation and skills, should be developed bearing in mind the difficulties gay men face in their daily life such as stigma and discrimination and power dynamics related to economic issues and/or age. Different HIV prevention messages would need to be part of the intervention in Barbados, including addressing potential risk factors such as unprotected transactional sex and alcohol and marijuana use.

Adequate human resources need to be allocated to allow for appropriate intervention development, implementation, and evaluation. Adequate staff time will need to be dedicated to the development of the intervention, procedures, pilot test, intervention manual, recruitment, logistics, and process evaluation measures. The intervention staff will need to be Caribbean gay men, preferably from Barbados, trained on how to implement Mpowerment.

Mpowerment has traditionally been oriented to young gay men, but the inclusion of older men should be considered. Power dynamics relating to income and age, including transactional sex, should be actively addressed by the intervention. This may involve the incorporation of skills-building and increased employment opportunities for MSM.

5.2.4 THE REACH OF MPOWERMENT IN BARBADOS

Efforts should be made to reach a variety of MSM in Barbados. To reach “hidden” populations of MSM who may not participate in face-to-face programmes, Mpowerment may be supplemented by Internet or cell phone-based approaches. The existing social networks of gay men may be used to involve more gay men of different backgrounds in various activities. Activities and events could be designed and organised for all gay men. If mixing of “the different subgroups of gay men proves difficult, activities and events with different focus could be developed for each of these subgroups.

Mpowerment will be more effective if backed up by a range of activities to improve the social environment and access to services for MSM. Gay men involved in Mpowerment should be supported by advocacy from other stakeholders to reduce stigma and discrimination and increase service access. The intervention should include linkages and referrals to other services available for gay men in Barbados, such as HIV testing, counselling, and services to address violence. It may also be possible to integrate counselling and testing services into the intervention.

5.2.5 LOCATIONS FOR MPOWERMENT ACTIVITIES

Special consideration needs to be given to the location of the community space and other spaces where events related to Mpowerment will take place. This is important for the men to be comfortable enough to go there and to ensure privacy without them feeling that people are watching or that they will be identified as gay by entering the locale.

Other venues mentioned by study participants where HIV information and condoms are already being distributed such as barber shops could be used to publicise Mpowerment and events being organised for it.

5.2.6 THE NEED TO BUILD TRUST

The intervention will need to pay particular attention to confidentiality and privacy issues. Participants need to trust and feel confident that other participants as well as Mpowerment staff will not talk about them or the personal issues they may raise or share while being part of the project. Additionally, some MSM may have developed critical perceptions of some of the existing organisations providing services and therefore it may be necessary to develop a neutral presentation of the intervention to attract some groups of gay men who may not want to be associated with a specific organisation.

5.2.7 ORGANISATION OF THE INTERVENTION

The duration of the intervention should be of three or more years, to allow for adaptation, tailoring and pre-testing as well as implementation and evaluation. A start-up period of at least one year may be needed to allow for stakeholder consultation, adaptation of the intervention with technical support, a baseline study for evaluation purposes and piloting of the intervention. The duration of the initial Mpowerment implementation phase should be at least two years in addition to this first year. An intervention manual should be developed

to document the intervention design and its contents and facilitate future replication in the region.

5.2.8 CAPACITY BUILDING

Homophobia can potentially act as barrier for persons in the lower socioeconomic strata to access opportunities for capacity and technical skills building. It is vital therefore that Mpowerment in Barbados includes a strong emphasis on capacity building. This should be both at the institutional and individual levels. The activities of the intervention could include the development of labour or professional skills in order to ensure that MSM (especially those who have dropped out of school) are skilled enough to participate in formal employment.

5.2.9 EVALUATION

The project should be closely monitored and evaluated to maximise lessons learned. Process evaluation data should be collected to assess the processes of implementation and the feasibility and acceptability of the different intervention components. The process evaluation should take place periodically during the intervention and comprise a combination of quantitative and qualitative including observational methods to capture the perceptions of staff, volunteers and other gay men participating in Mpowerment, as well as other stakeholders.

Baseline and follow-up monitoring data need to be collected to assess the reach and impact of the intervention. Outcome monitoring should take place periodically during the intervention and include a combination of quantitative and qualitative measures such as short surveys and interviews with gay men in the community.

6. CONCLUSION

This study provides a preliminary assessment of the feasibility and acceptability in Barbados of implementing the Mpowerment project, an evidence-based HIV prevention intervention for gay men. The evidence for the effectiveness of this intervention was generated in the United States. While scientific evidence is needed in other settings to ensure interventions are locally effective and appropriate, in the Caribbean the body of such evidence is sparse. This study, the first of its kind in the Eastern Caribbean, can help guide the development of relevant evidence-based prevention interventions for MSM and help expand and provide some baseline information to help evaluate community and national HIV and AIDS programmes.

Participants in the research indicated support for the implementation of Mpowerment in Barbados but also highlighted important challenges that suggest the need for adaptation and careful strategising to include a variety of important stakeholders. Among the challenges are the class differences among MSM that make it difficult to form a coherent “community”. These speak to the need for strategies that allow some gay men and other MSM to maintain confidentiality while being involved in the project in a variety of ways at variable distances from the “core group”. Another challenge is in finding a safe location as a “project space” given that locations labelled as gay may increase the dangers of psychological abuse of men who attend them, especially given the lack of confidentiality in the society. These challenges stem from the climate of homophobia in the society. At the same time, the project has considerable potential to strengthen and extend gay social networks and thus the reach of HIV prevention for MSM and the possibilities for men to become involved in progressive activism on their own behalf. The use of entertainment events as a mobilisation method seems particularly appropriate and acceptable in the Caribbean and specifically Barbadian contexts as a way to increase the social reach of HIV prevention.

The study provides preliminary and exploratory data from qualitative research with a small number of service providers and gay men in Barbados. As usual with qualitative methods, findings from the study cannot be generalised to all gay men in Barbados. While largely consistent with studies from elsewhere in the Caribbean, more detailed studies are needed to understand the specifics of the interactions among MSM, HIV risk, and the dynamics within and between the social networks of the middle class and working class MSM, as well as what it would take to further develop and organise the already existing gay community in Barbados.

Similarly, further research is needed on stigma and discrimination, the specific factors or social actors that fuel societal homophobia, and how much of the stigma is felt or perceived

and how much of it is real. How much can gay men push the envelope towards legal protection and gay rights? As public staff argued referring to opening a gay space such as a community centre, "It has not been done. How do we know what would happen?" These and other questions and issues may become more apparent once Mpowerment is implemented in Barbados.

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APPENDIX 1: DIAGRAM SHOWING CORE ELEMENTS OF THE MPOWERMENT INTERVENTION

Source: (49)

Core Elements and their Key Characteristics

The following chart lists the Mpowerment Project's 8 Core Elements and 1 Optional Element. **Core Elements** are intervention components that should be maintained with as much fidelity as possible to ensure program effectiveness. **Key characteristics**, listed in bullets, represent desired qualities about each Core Element. The key characteristics are based on the Guiding Principles of the Project.



APPENDIX 2: DATA COLLECTION INSTRUMENTS

A. INTERVIEW AND FOCUS GROUP GUIDE FOR GAY MEN

Thank you for taking the time to meet with us today. We are here to talk about HIV prevention for gay men and what you think could be done here to prevent gay men from being infected with HIV. This interview/group discussion will take approximately an hour

I have a series of questions for you related to relationships, sexual behaviours, and HIV as they affect gay men. The interview/group is anonymous in the sense that you do not have to give us your name in any way. I may take some notes as we talk, and we will tape-record the interview so it can be typed up for the study investigators to read. Only members of the research team are allowed to listen to the recordings or read the transcript.

There are no “right” or “wrong” answers to the questions- people differ in their experiences and opinions about things and we want to learn more about you, and your experiences and opinions. Some of the questions we have may be a little more personal, but everything you tell us will be kept completely confidential. If a question or topic comes up that makes you uncomfortable, just let me know and we will simply move to the next question.

Do you have any questions for me?

Let’s begin! I will turn on the tape recorder now.

Introduction

To start, tell me a little about yourself. What is a typical day like for you?

Probe:

school, job, family, partners, friends

How do you spend your free time?

Can you tell me where you and your friends meet and socialise?

Could you describe a couple of those places that you are familiar with?

How often do you go to

Every day, weekends, evenings, late at night?

What other places can you think of where gay men to talk to friends or socialise?

How do men meet each other here in Barbados?

Probe:

Public places

Cruising/Tearooms

Friends

Internet/What dating web sites do men use?

**When you think of gay men here in Barbados, are there different groups (subgroups of them)?
What are those subgroups and can you describe gay men who belong to those subgroups?**

Probe:

Social strata/economic resources

Out gay men

Down low

Male sex workers

Drag queens

What is life like for a gay man here in Barbados?

Probe:

Being out

Homophobia/Stigma

Buggery laws

How much contact is there with gay men in other Caribbean islands?

We have heard that gay men from other islands may come to Barbados to visit or go out because it is a little more open? Do you think that is true?

How often do you think it happens that gay men here have sex with tourists, let's say from the USA, Canada or the UK?

HIV Prevention

Now I'd like to switch topics and talk about HIV. How do you think HIV has affected gay men here in Barbados?

If you can think of gay men that you know, either a friend, a relative, or a neighbor, or even yourself what do you think makes them being at risk of getting infected with HIV?

How do gay men protect themselves from being infected with HIV?

What works against gay men being able to protect themselves?

Probe:

Economic circumstances

Difficulties negotiating condom use

Alcohol/Drugs

Cultural issues/Stigma/Violence/Church influence?

What would help for gay men to be able to prevent HIV?

Explore: not having sex

Having their partners use condoms

Using female condoms themselves?

How much do you think gay men talk about HIV prevention with each other? How much does it happen that friends tell each other to be safe or protect themselves from HIV? Do men ask each other whether they use condoms or are those things that men do not share with each other?

What other topics do gay men talk about with each other? Or what other topics do you think gay men are interested in talking about with each other?

Current Programmes/Knowledge

Have you heard about any prevention programmes for HIV/AIDS here in Barbados?

What did these programmes consist of?

What about prevention programmes specific for gay men?

Have you participated in any of those programs?

What did you learn from that program?

What do you think that programme has achieved in the island?

What about HIV testing? Do gay men get tested for HIV?

How often do they get tested?

Probe:

Once

Regularly

For what reasons do gay men get tested? Or not get tested?

Probe:

Cost of test

Availability

To know/Not wanting to know

When in a new relationship

Fear that someone else will find out his HIV results

What about treatment for HIV? Is it available?

Probe:

For free

Do people know where to go for treatment

What do you think gay men who are HIV + need here in Barbados?

And what do you think gay men in general regardless of HIV status or social strata need here in Barbados?

Future Programs

And now, we have one more section to cover and then we are finished. As we said at the beginning we are interested in finding out what other prevention programmes are needed for gay men.

What else do you think can be done to prevent gay men from being infected with HIV?

Currently, if you have questions about your health and prevention of HIV in particular, where can you get information or have your questions answered?

I'd like you to think for a minute about gay men that you talk to, whether just to chat, gossip, or talk about things that are important to you. We don't need their names but who do you talk to?

Probe: friends, relatives, neighbours, professionals

Who do you think gay men would feel comfortable or trust talking about HIV with?

Probe: doctors

Nurses

Social workers/counsellors

Other gay men like them (peers)

Family members (explore which family members)

Co-workers

Thinking of your gay men friends or relatives or neighbours what do you think would get them to talk about prevention? What activities could be done for that?

Would those be conversations one-on-one?

Would they go to workshops to talk about HIV prevention?

What would motivate them to participate in those activities?

What if we organised a social activity, such as getting together to eat or to talk about some of the topics that you mentioned before and we included something about HIV prevention as part of those social gatherings?

Who do you think would be interested in going to those?

And if we had several of those gatherings/meetings, would gay men come back?

Probe: for reasons why gay men would come back/or not come back

And could we invite all gay men to those meetings or are there gay men who do not mix with each other? (Remind participant of the subgroups he mentioned earlier).

What specific messages about HIV prevention do you think gay men need so they can protect themselves?

Where do you think those meetings or social activities could take place so gay men would go?

Probe: Someone's house

A rented space

A community centre

Based on other activities in gay men's lives, when should those meetings take place so men feel they can go?

And again, based on other activities in gay men's lives, how often would they be able/willing to attend these activities?

What recommendations would you make to anyone developing HIV prevention strategies here?

Those are all the questions I have for you. Is there anything else you would like to add that we have not talked about?

Thank participants for their time and participation

B. INTERVIEW GUIDE FOR ORGANISATIONS AND GOVERNMENT STAFF

We are here to talk about HIV prevention for MSM in Barbados and what else you think could be done to prevent MSM from being infected with HIV.

MSM

First, I would like to ask if you could talk a little bit about MSM in Barbados. Are there different subgroups of MSM? How would you describe them?

Probe:

Social strata/economic resources

Out gay men

Down low

Sex male workers

Drag queens

Would you say there is a gay community in Barbados? What is it like?

How do men meet each other here in Barbados?

Probe:

Public places

Cruising/Tearooms

Friends

Internet/What dating websites do men use?

What places or venues that those MSM frequent can be conducive to risk sexual behaviours?

What is life like for MSM here in Barbados?

Probe:

Being out

Homophobia/Stigma

How do you think buggery laws affect MSM?

How much contact is there between gay men in Barbados and men other Caribbean islands?

We have heard that gay men from other islands may come to Barbados to visit or go out because it is a little more open? Do you think that is true?

How much interaction do you think there is between gay men tourists, let's say from the USA, Canada or the UK and local gay men?

And what about sex between tourists and local gay men?

How much of a priority is HIV prevention among all of the other issues facing MSM? What are the reasons for that?

How much do you think gay men talk about HIV prevention with each other? How much does it happen that friends tell each other to be safe or protect themselves from HIV? Do men ask each other whether they use condoms or are those things that men do not share with each other?

What other topics do you think gay men are interested in talking about with each other?

HIV Prevention for MSM

What contributes to HIV risk among MSM?

Probe:

Economic circumstances

Access to condoms and lubricant

Difficulties negotiating condom use

Alcohol/Drugs

Homophobia/Stigma/Violence

Self-Esteem issues

Current Programs/Knowledge

What HIV prevention programmes for MSM have been implemented here in Barbados?

What did these programmes consist of? Where those programmes specific for MSM?

What do you think those programmes have achieved in the island?

How available is HIV testing for gay men? Do gay men get tested for HIV?

How often do they get tested?

Probe:

Once

Regularly

For what reasons do gay men get tested? Or not get tested?

Probe:

Cost of test

Availability

To know/Not wanting to know

When in a new relationship

Fear that someone else will find out his HIV results

What about treatment for HIV? Is it available?

Probe:

For free

Do people know where to go for treatment?

Are there any barriers to access treatment? (e.g. centralised in Bridgetown)

What other services do you think gay men who are HIV + need here in Barbados?

And what do you think gay men in general regardless of HIV status or social strata need here in Barbados?

Future Programs

What else do you think can be done to prevent MSM from being infected with HIV?

What do you think would attract MSM to talk about prevention? What activities could be done for that?

What would motivate them to participate in those activities?

What if we organised a social activity, such as getting together to eat or to talk about some other topics and we included something about HIV prevention as part of those social gatherings?

Who do you think would be interested in going to those?

And if we had several of those gatherings, would MSM come back?

Probe: for reasons why MSM would come back/or not come back

What would make MSM openly participate and talk about themselves?

And could we invite all MSM to those gets together or are there MSM that do not mix with each other?

Probe: economic strata

Sexual risk

Other

Where do you think those social activities/gets together could take place so MSM would go?

Probe: Someone's house

A rented space

A community centre

Based on the issues we talked about earlier and the reasons you mentioned why MSM cannot protect themselves, what specific messages about HIV prevention do you think MSM need?

Based on other activities in MSM's lives, when should those get-togethers take place so MSM feel they can go?

And again, based on other activities in MSM's lives, how often would they be able/willing to attend these activities?

What recommendations would you make to anyone developing HIV prevention strategies here?

Description of the Core Elements of MPowerment

Before we end we wanted to get your input on a prevention intervention that was developed in the US with gay/bisexual men ages 18-29 to see whether you think it would be feasible to adapt it for MSM in Barbados.

Participants will be shown the core elements of MPowerment and asked to describe how it could be adapted for Barbados.

MPowerment is a community-level intervention for young men who have sex with men uses a combination of informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay men with HIV prevention, safer sex, and risk reduction messages.

Core elements of MPowerment:

-Recruit and maintain a core group of 12 to 20 young gay and bisexual men who volunteer to design and carry out project activities
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- Use project coordinators from the community to oversee project activities
- Establish a dedicated project space where many of the project activities can be held
- Conduct formal outreach, including educational activities and social events
- Teach men to talk with each other through informal outreach to influence behaviour change
- Convene peer-led, 1-time discussion groups (M-groups)
- Conduct a publicity campaign about the project within the community
- Convene a Community Advisory Board (Optional)

Those are all the questions I have for you. Is there anything else you would like to add that we have not talked about?

Thank participants for their time and participation.

A region where people do not experience discrimination or die of AIDS.

CHAA'S MISSION

To facilitate effective and collective community action to reduce the impact of HIV and AIDS across the Caribbean.

CONTACT INFORMATION

Caribbean HIV&AIDS Alliance

Head Office

8 Gallus Street, Woodbrook

Port of Spain

Trinidad and Tobago

Phone (868) 623 9714

Fax (868) 627 3832

Email info@alliancecarib.org.tt

Website www.caribbeanhivaidsalliance.org