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PEER STUDY AMONG MEN WHO HAVE SEX WITH MEN IN THE KINGSTON METROPOLITAN AREA OF JAMAICA, 2012

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PSI's Four Pillars

Bottom Line Health Impact * Private Sector Speed and Efficiency * Decentralization, Innovation,
and Entrepreneurship * Long-term Commitment to the People We Serve

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
HIV	Human Immuno-Deficiency Virus
IPC	Inter-Personal Communication
KMA	Kingston Metropolitan Area
MSM	Men who have Sex with Men
MOH	Ministry of Health
PEER	Participatory Ethnographic and Evaluation Research
PSI/C	Population Services International, Caribbean Office
STIs	Sexually Transmitted Infections

GLOSSARY

Bareback	Sex without a condom
Bottoms	Assumes the sexual role of the female in the relationship
Bow	Anal sex
Civil Servant	Someone professionally employed by the Government except military
Down-low	A bisexual
F-buddies	A frequent sexual partner (no emotional relationship attached)
Femmes/Queens	Gay men who identify as the female in the relationship
Fun and sex parties	Sex parties or orgies
Gay-for-pay	A self-identified heterosexual man who has commercial sex with other males
Gay normal	Self-identifies as homosexual man
Haffi shot	Must be dressed in the latest fashions
Lymes	Classier, upper socio-economic parties to meet new sex partners
Outed	Having disclosed one's sexual attraction to men
Pussy	Vagina
Sugar Daddy	An older male who financially supports younger sexual partner
Tops	Assumes the sexual role of the male in the relationship
Verse	Able to assume alternate roles (male or female)

KNOWLEDGE OBJECTIVES:

MSMs are often described as one of the most stigmatized and discriminated group of persons in Jamaica. The society is homophobic to the point of inflicting extreme physical violence on someone who may be perceived as being gay. This reality perpetuates the clandestine nature of the group. Through the exploration of the different types of sexual partners and sexual relationships engaged by MSMs this study intends to understand the dynamics within these relationships, the impeding factors to adopting safer sexual behaviours, determinants to the use, availability and access to condoms and, challenges (if any) to the uptake of health services within the public health system. The findings of this study will be used to guide and improve Behaviour Change Communication (BCC) and Inter-personal Communication (IPC) activities and interventions with MSMs in Jamaica.

WHAT WAS LEARNED:

MSMs stay connected through social networking through social media and specially arranged parties. Here they feel safe to be themselves, they meet new partners and, it is a comfortable, appropriate space to conduct BCC and IPC activities. MSMs fear HIV and AIDS and see the conditions as debilitating and physically disfiguring. Issues of trust, spur of the moment risk assessment, the need to seize the moment for sex when presented, incorrect and low self efficacy in condom use and finding a comfortable fitting condom were some of the barriers to condom use emerging. Breach of confidentiality, stigma and discrimination by health care professionals also affect the uptake of public health services by MSMs. Also emerging is that condom use is determined by the dominant partner – irrespective of the type of relationship or role the partner plays – in the relationship. The dominant partner is often older, more educated and earns more income.

PROGRAMME IMPACT:

The study identified beliefs, knowledge, attitudes and social norms as factors to influence condom use and safer sexual behaviour. These factors can be leveraged in didactic and interactive BCC activities and mass media campaigns that address condom use. Some key message areas include correct condom use, types and size of condoms available, myths and misconceptions, risk perception.

ARCHETYPES

Femme - under 30 years

Name: Andre
Age: 21 years
Address: Vinyard Town

Andre lives with his mother, father and sister in a three (3) bedroom concrete house in Vineyard Town. As a child Andre enjoyed playing with girls since he was never accepted by the boys. He was constantly teased and jeered by other boys for his effeminate traits.

Andre likes to dress well by wearing bright coloured clothes and *'what looks good'*. He considers himself *'fashionably aware'*. He spends most of his time chatting with girls who know that he is gay and who accept him. He also hangs out with other guys who he identifies with the same traits. He is a social drinker and until now doesn't smoke as he hasn't yet been introduced to the habit.

Andre works part-time at a clothing store and attends a tertiary institution where he is training to be a chef. Jason, his 35 year old boyfriend, currently supports him by paying his tuition and buying him gifts and gadgets such as BlackBerry phones, laptops and whatever else he desires. Even though Andre is with Jason, he enjoys having sex with guys his age. Andre meets his sexual partners at parties, through Facebook or through mutual friends.

He is scared of contracting HIV but, has never been tested. Andre usually uses condoms with one-time hook-ups and occasionally with *'f-buddies'* (a frequent sexual partner - no emotional relationship attached) but not with Jason his older boyfriend, who convinces him not to use it.

Femme - over 30 years

Name : David 'aka' Christina
Age: 38 years
Address: Norbook Gated Community (upper income residential area)
Dates guys: 23-28 years
Boyfriend: 27 year old Patrick who is a Civil Servant

David grew up in a single parent home in August Town where life was not easy. His mother worked hard by selling vegetables at Coronation Market. Acknowledging the difficulties his mother faced, he worked assiduously at Calabar High School to graduate at the top of the class. David was frequently bullied at school by other boys because he seemed effeminate. To escape the harassment, he found solace in the drama club and singing in the school choir.

At 17, he fooled around with choir members who were *gay normal* (self-identified as homosexual MSM). He went to the University of the West Indies (UWI) and majored in banking and finance. At that time, he took the freedom of being on campus to date and meet potential partners. He met older men at UWI who exposed him to a more cultured lifestyle and he travelled from time to time, expanding his social network.

He met a 33 year old *sugar daddy* at UWI, he was in love but the relationship fell apart because the *sugar daddy* was using him for sex. After this, he socialized with a different group of friends who shared similar interest. They all loved partying and dressing up like women and listening to Beyonce, Whitney Houston and Diana Ross. They soon adapted female personas and soon David became Christina.

At 25, David was hired at a prominent bank as a teller where he continued to hone his skills and develop his business acumen in finance as he ascended the ranks in the company. At all times he always dresses well and looks professional. At 32, he was given a major promotion that steered him to a more focused path. He sought stability by purchasing a home in a better community and bought an exquisite three-storey home in the gated community of Norbrook. The house is outfitted with all the designer trappings and amenities such as: a Jacuzzi from Paris, accent walls, chandelier and so on, meeting all his aesthetic needs.

At a function, he meets 21 year old Patrick who is charming and attractive. This led to David settling down, limiting his partying to once a year and hosting *lymes* (classier, upper socio-economic parties to meet new sex partners) and dinner parties at his home. He soon socializes with like-minded people who share his world view and his appreciation for the finer things in life.

Currently, he's still in a stable relationship with Patrick who is thinking of having children in the future but David is content with his life as is. Though Patrick and David have been in a relationship for six (6) years, Patrick is a tease and has had an outside partner from the ghetto who can't call him when he's at home with David. To protect himself, he uses condoms all the time with outside partner.

Gay Normal - under 30 years

Name: Michael
Age: 24 years
Address: Constant Spring Road

Michael is an easy-going young professional who was a student of the University of Technology (UTECH) and is currently working as a sales representative at a car mart. He rents a small one bedroom house on Constant Spring Road. He's into cars and video games and has an affable personality that makes him blend easily with everyone. Michael has a tight circle of friends who are females; some are aware of his sexuality and accept him and, his sexuality is not a subject of discussion.

Michael is not on the gay scene but goes to nightclubs such as *Fiction* and *Quad* and events such as *ATI* and the occasional small 'gay' parties. He dresses relaxed and chill as he's not a huge fashionista/low on fashion.

He dates normal guys his age who he can talk to. He isn't interested in the *femmes* because they may draw unwanted attention and may "out him". If he does speak to them, he usually tells them to 'tone down' so as not to raise suspicion in public. He enjoys an exciting sex life where sadomasochism (S&M), anal beads, whips and chains are common in the bedroom.

When it comes to condom use, Michael does not use condoms with his regular partners. If he meets a guy and asks him about his HIV status, he usually takes his word for it and may risk having unprotected sex. He may get tested 6 months into a relationship but seldom do follow up tests. He uses condoms on occasions where hook-ups may become regular f-buddies.

In one year Michael has: 40 one-time hook ups, 3 to 4 f-buddies and 0 relationships.

Gay Normal - over 30 years

Name: Kevin
Age: 34 years
Address: Greater Portmore

Kevin is a teacher who attended Mico Teacher's College. He lives alone in a two bedroom house. He has no kids and doesn't sleep with women. He recently had a steady boyfriend but they broke up and dating once more. Kevin meets guys on social networking sites and at church.

Kevin got tested for HIV during his second year of college and his test results were negative. He knows a little about HIV and is more likely to get tested if he sees the need but does not do so, on a regular basis.

He uses condoms most times but will have unprotected sex if none is available. In one year Kevin has had 8 to 12 one-time hook ups, 2 to 3 f-buddies and 2 to 3 relationships.

Down Low - under 30 years

Name: Alex
Age: 21 years
Address: Tivoli

Alex, his brother and two sisters lived in an apartment complex (lower income apartment) located in Tivoli (inner city area). He left Tivoli High School early and went to a trade school to learn auto-mechanics. He's tall, good looking and well built with tattoos on his arm and chest and he's well endowed. He projects the perfect bad boy image and is confident, masculine and trendy. He's involved in sports like football and attends straight parties regularly but will attend the occasional upscale gay party and will remain in background. He loves smoking weed and habitually drinks at parties.

He's a womanizer and takes advantage of girls for money; they buy him material things like phones and gadgets. He's attracted to both brown petite girls and light skinned guys.

At 14, Alex started having sex with girls but was curious about men and, at age 16 he was watching television with a neighbour, they started wrestling and got aroused. He penetrated his neighbour without a condom and used body lotion as a lubricant. He then became confused about his attraction to guys. At 17, he decided he was more attracted to guys and was involved in a relationship with the neighbour. After the relationship ended, Alex started meeting other guys through social networking sites and his trusted neighbour. He remains close to his neighbour and they would help each other find guys for sex.

Alex never wanted a steady boyfriend as he was under pressure to conform to societal norms. At 18, he met Sandrane at a party and she got pregnant a year later. Alex has sex with other girls but doesn't use condoms with them because he thinks they are low risk.

He currently attends auto mechanic school (JAGAS) and lives with his family. He sees life as fun and care-free so he's primarily interested in sex. He engages in sex quite often, every week with other guys and girls. He also has threesomes with his neighbour and other guys and negotiates condom use. Alex may have two concurrent relationships, one with a female who he considers his girlfriend and the other with a man who is the f-buddy'.

When it comes to HIV, he has never been tested and thinks by looking at the partner's outward appearance, he is able to decide whether they are 'clean' (does not have an infection).

Alex defines himself as a bisexual/down-low. He continues to pursue men to sleep with and doesn't want people to know he is bisexual. He wishes to graduate from JAGAS and be able to take care of his body and baby.

In one year Alex has had 72 one time hook ups, 12 to 24 f-buddies and 1-2 relationships.

Down Low - over 30 years

Name: Winston
Age: 40 years
Address: Middle class community Barbican
Occupation: Lawyer

Winston has been married for 15 years and has two children. Winston is a successful attorney and owns a law practice.

In his early 20s, Winston experienced desires for a male partner but growing up in a religious household he has had to suppress this feeling. He went to school abroad and fooled around with other men but, was never in a stable relationship. After finishing his law degree, he returned home and felt rushed by his family to get married to a female and, so he did at age 26.

After establishing himself in his profession and having enjoyed some level of success, his feelings resurfaced when he met 18 year old Ricky who is sexy and seductive. Winston met Ricky through a mutual friend at a chess competition. Due to Ricky's personality and persuasiveness, he was able to get Winston's attention. They exchanged numbers and became close friends. The relationship eventually blossomed into an intimate one as Ricky blends in well with Winston's group of friends who share similar interest, topics of discussion etc. Ricky eventually got to understand Winston's family life after a period of time and they had a scheduled relationship.

Soon after Winston started to enjoy his sexuality again, he began having sex with other partners always using a condom but not with Ricky who is the steady partner. Winston got tested before marriage and has not been tested since.

In one year Winston has had 15 one time hook ups and 1 relationship.

1 BACKGROUND

Over the last 20 years, Jamaica has experienced a rapidly increasing HIV prevalence rate that has only recently begun to plateau. Despite the recent stabilization, the epidemic continues to pose a significant threat to the health and well being of the country and is among the top ten leading causes of mortality among Jamaican people of all age groups¹.

Among groups with high risk behaviour, the reported HIV prevalence rates are much higher than those observed among the general population. A study conducted among 201 men who have sex with men (MSMs) in 2007 in which they were interviewed and blood taken for HIV and syphilis tests, reported HIV prevalence rates among them as much higher than those observed among the general population, 31.8% compared to 1.6% for the general population.² As a result the island ranks second in the developing world and first in the Caribbean with the highest HIV prevalence rate among MSMs. .

Under Section 76 of *'The Offences Against the Person Act'*, anal sex is deemed a criminal offence in Jamaica and the island has become known for its homophobic dancehall lyrics and hostility to MSMs. Gay men are vulnerable to being beaten both by citizens, including family members, and the police, stoned and run out of their homes and communities. As a result many have ended up unemployed and displaced at some stage in their lives. It can be said that HIV prevalence among MSMs in Jamaica is not due to lack of awareness, knowledge and access to treatment but to social vulnerability which makes it difficult for them to benefit from the 'interventions'.³

Ivan Cruickshank, Programme Manager at the Caribbean Vulnerable Communities (CVC) noted in an article written by Patricia Watson of the Jamaica Observer daily newspaper of April 12, 2010 that the vulnerability of MSMs to HIV has been increased by threats of criminal indictment and socio-religious discrimination and that *"consequent to such discrimination, many MSMs are afraid of going to a pharmacy to purchase condoms and personal lubricant which are sometimes so precariously placed close to the cashier, in full view of other customers. Hence negotiation of safe sex becomes seriously compromised."*⁴

They are also often denied employment leaving many to resort to transactional sex to survive from day to day. The problem is not surprisingly exaggerated among those of lower socio-economic status.

¹ WHO, Mortality Country Fact Sheet 2006

² National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-.December 2007, MOH Jamaica

³ J.P Figueroa et al, High HIV Prevalence Among Hard to reach Gay Men in Jamaica is Associated with High Social Vulnerability. Abstract 7427 XVII International AIDS Conference Mexico 2008

⁴ http://www.jamaicaobserver.com/news/Red-Ribbion-series-April-12_7526347, download 16th February 2013

The purpose of this study is to provide information that can be used to develop messages and campaign for increasing condom access and availability and, adopting safer sexual practices among MSMs in Jamaica through correct and consistent condom use.

Overall the project sought to understand the type of sexual relationships and the behavioral determinants to condom use and health seeking behavior among MSMs in Jamaica.

Specifically, the study objectives were to:

- a. Identify beliefs relating to correct and consistent condom use and safer sexual behaviours/practices with different partners;
- b. Identify current strategies used by target audience members to overcome obstacles to the desired behavior;
- c. Describe the openings – when, where, and by whom target audience members can be effectively communicated with;
- d. Describe target audience members' past experiences with the desired behavior and alternative behaviors in the category;
- e. Describe the level of knowledge and sophistication with which target audience members approach decisions about the desired behavior and how the requests or demands of the partners impacts this;
- f. Understand current condom brand associations, specifically the associations made by MSMs regarding behaviours/users and non-behaviors/non-users.
- g. Gain insight into their current health seeking behavior and the challenges, if any, they face in accessing care from the public health system.

2. STUDY DESIGN AND SAMPLE

2.1. Participatory Ethnographic Evaluation and Research (PEER)

PEER⁵ was selected for this study because it is specifically designed for use with hard-to-reach populations that are likely to have limited or no “voice” within the larger society and require a substantial period of time to build trust and rapport with outside researchers. In this methodology the researchers are themselves members of the community being studied. PEER is also appropriate for researching sensitive issues and when researchers (and marketers) are looking for an insider’s perspective on issues related to risk behavior. PEER is a qualitative study using a relatively small number of direct interviews and one in which the strength of the findings are based on the homogeneity of the sample and thus the ability to interpret a single reality from all the emergent stories.

This study was conducted among men who have sex with men (MSMs) in the Kingston Metropolitan Area (KMA). KMA is a specific zoning which includes all areas in the island’s main parishes of Kingston and St. Andrew in addition to the Portmore community which is a large residential area adjacent to Kingston and is officially considered a dormitory for Kingston. All participants self identified as MSMs.

Ten (10) such men, aged 18-35 years, served as peer researchers and interviewed MSM peers from their social networks within this group. Peer researchers were not recruited as coming from a specific geographical area, beyond the broader urban KMA, but were instead recruited as being members of the MSM community. The criteria for peer research recruitment were based on: being members of the target group, willingness to participate, and basic literacy.

The Peer researchers were selected to be broadly representative of the target population, so providing a pool of researchers who could interview others to gather data on an even wider population. In accordance with the methodology, the study did not rely on a random or stratified sampling approach for validity.

Training took the form of a participatory workshop, led by facilitators from Hope Enterprises who had been previously trained in the technique by Options. A total of 10 Peer researchers and 2 supervisors were trained over a 5 day period. The peer researchers learnt a range of skills for developing and conducting informal interviews, and were observed practicing gaining informed consent. Themes guiding the research and interview discussion points were developed in collaboration with PSI/C. They include: (1) life circumstances, aspirations, fears and society vulnerability; (2) types of sexual relationships, including meetings points, frequency of contact and challenges for interaction; (3) general health seeking behavior, attitudes to consistent condom use, and association of risky behavior to social vulnerability. Important areas of probe surrounding these themes were identified in small group discussions with the PEER researchers during the training.

⁵ For further information on this study design please visit: www.options.co.uk/peer

2.2 PROCESS

Peer researchers were instructed to interview three friends on three separate occasions. Each interview covered one of the three identified themes. Interviews were conducted in the third person, with questions introduced in the form of, “what do your gay friends say about...”. Peer researchers were provided with paper notebooks in which to make notes after the interview, so providing detailed narrative data in most cases. They then met with a supervisor on a weekly basis to debrief on interview results. The supervisor recorded these sessions which were then transcribed as the detailed notes from the interview. These transcripts make up the final data set and are complemented by additional notes made by the research specialists during additional debriefing sessions with the peer researchers.

All peer researchers completed the project having conducted nine (9) in-depth interviews in total and were able to make notes after the interviews as required. That made up a total of 90 in-depth interviews with the target population: 10 peer researchers conducted 3 different interviews with 3 different friends ($10 \times 3 \times 3 = 90$).

Archetypes were developed by the consultants using stories to profile the main types of MSMs. In the final workshop the PEER researchers were asked to identify the main types of MSMs in Jamaica. Three main types were identified. These were then further divided by age, being <30 years and >30 years, so a total of 6 archetypes were created. Participants were then divided into two groups and asked to create stories highlighting the specific peculiarities of each archetype.

All data were analyzed by Hope Enterprises researchers. Emerging themes were identified and explored further during the final peer researcher workshop. Quotations from the data are *italicized* in the report. Quotations have in some cases been edited for clarity.

KEY FINDINGS

1. Education and financial independence are important for social acceptance

Education and money are very important to an MSM and his lifestyle. The acquisition of either education and/or money serves many purposes. It increases his sense of self-worth; creates a barrier between him and any possible societal discrimination; allows him to live an 'upscale' lifestyle.

Education is a valued achievement as well as it provides the MSM with the means to greater income. As an achievement it provides him with a sense of self-worth which emotionally counter-balances the negativity that social discrimination seeks to inflict in him. Education is also seen as giving him a social value which is accepted and respected and so is hoped to transfer respectability to him.

A high level of education is particularly important and is seen as the gateway to a better life in that it will increase his earning power locally and better equip him to migrate to a more tolerant society:

"it is important to have this education because when you are seen as gay and you don't have a certain level of education it is harder for you to get a job pretty much, with that education you can go anywhere in the world that is not homophobic..." (Femme, age 25, KMA)

Education, and the financial independence it affords the MSM, allows him to protect, and isolate himself physically from discrimination and he is thus able to live a more self fulfilling life, expressing himself as he wishes. Cars and gated communities were frequently mentioned as ways the MSM isolates, and so, protects himself:

... gay guys that have their money and their cars can dress how they want to dress and behave how they want to behave because they can just jump in their car and drive away." (Gay, age 21, KMA)

Being shown respect is of high importance to gay men particularly in the midst of the stigma and discrimination associated with homosexuality in Jamaica. Anal sex is seen as deviant and undesirable and the MSM therefore is devalued as a man. Many respondents expressed frustration with this definition of them, and hope educational and financial achievements would change this view of them and provide some acceptance.

They live with the ever present awareness of being discriminated against and the negative perceptions associated with their sexual orientation. As such the most prevalent and consistent fear they reported is that of having their sexual orientation become public knowledge or being 'outed':

"For every single friend he knows, the most important thing to them is staying discreet while living the life they want. They don't want to be outed by society but they still want to enjoy having sex with other guys" (Gay, age 25, KMA)

Many fear that the rejection of them would be immediate if their community, family or friends were aware of their sexual orientation:

He said that there was a couple who lived in an area and the people found out that they were gay so they went to get the men out and try to burn them" (Femme, age 27, KMA)

2. Sexual Roles

Three main sexual roles were identified in the study and were those which an MSM used to identify himself: top, bottom and verse. These categories correspond to their preference as it relates to anal penetration.

- **Tops:**
Tops prefer to be the one doing the penetration, and will not allow anyone to penetrate them
- **Bottoms**
Bottoms prefer to be penetrated and do not like to be the one doing the penetration
- **Verse** (pronounced 'versi'):
Meaning 'versatile' they will do the penetrating and allow themselves to be penetrated. Verses have three sub-categories:
 - Verse/Top: will do both but prefers to do the penetrating most of the time.
 - Verse/Bottom: will do both but prefers to be penetrated most of the time.
 - Verse/Verse: will do both with no preferences either way.

As reported by participants these three categories play a major role in an MSM choosing a sexual partner, and also form a part of his self identity as a gay man. For a sexual relationship to work successfully the two men should prefer sexual roles from differing categories to create compatibility.

Tops tend to be more masculine and dominant, and bottoms tend to be more feminine and submissive... but you can have a top that is feminine and a bottom that is masculine" (Femme, age 25, KMA)

Power distribution in relationships dependent on money and age

The distribution of power in MSM relationships is often dependent on money and age. The dominant partner is usually the person with the most money and who is usually the older person in the relationship. Of the two factors money is definitively more important as many MSMs reportedly want to be taken care of and be able to live lavish lifestyles.

Money plays such a key role that there are instances in which the local MSM will switch sexual roles to please the partner who is providing for him. The providers may also use money to control the relationship, in that they will threaten to, or actually, withdraw their financial support, if the partner does not comply with their wishes.

a local guy met a guy on Twitter, they have an open and abusive relationship but the guy buys him anything he wants and comes to Jamaica once or twice per year. The local guy said that the guy beat him and has rough sex with him but he will stay with him because he gets anything he wants. The local guy is a top but he lets the foreign guy use him as a bottom..." (Femme, age 27, KMA)

It is usual for older men (age 35 and up) to deliberately seek younger men, even a teenager not yet out of high school, even as a younger man will seek an older man mainly for financial support.

There was a relationship between a 19 yr old and a 40 yr old, they were together for six months. The 40 yr old used to take him to South Beach on vacation, fly him to Miami for Brittany Spears concert. Eventually it ended because the older man spent a lot of time at work and with his kids and the younger one did not want to share his attention. He was divorced but he had kids from his marriage. The guy was 19 and the 40 year old had kids aged 18 and 16" (Femme, age 23, KMA)

3. Sexual Networking

Where MSMs meet new sex partners

The three most common ways to meet new partners are:

- Internet via social media and dating websites;
- Through mutual friends;
- At parties;

The internet is the most used method and overall the MSM community is very 'technology savvy'. Reportedly, the MSM community extensively utilizes the social media websites of Facebook and Twitter, and other gay dating websites to meet new partners and keep up with social events within their community. These websites allow them to form groups within which they can feel safe. There are times when they will create accounts using fake names, until they feel safe enough to reveal their true identity to a prospective partner.

Facebook has groups for LGBT's and they feel safe enough to communicate and talk to other guys there" (femme, age 25, KMA)

Special parties hosted by and for gay men are also important places for socializing and meeting new partners.

MSMs attend social events where they can dress in clothes that would otherwise attract unwanted public attention, they can behave in any manner that makes them feel comfortable and they can openly express their attraction to each other.

some people love parties, it is the only place they can go to be free and open"
(Gay, age 21, KMA)

4. Main Relationship Types in the MSM Community

Regardless of age and socioeconomic status, MSMs engage in three different types of sexual relationships:

- **One time hook-up:**
A brief sexual encounter usually lasting one night, it is commonly called a one-night stand.
- **F-buddy:**
A sexual partner to whom there is no special/emotional attachment.
- **Man/boyfriend:**
A sexual partner to whom there is a special/emotional attachment.

Relationships with women also exist for those who are bisexual.

Although the MSM will only refer to their 'man/boyfriend' as a 'relationship', the other two types of partnerships are equally, if not more, prevalent. In the course of any one year an MSM will engage in sex with partners from all three categories.

It is noteworthy that the typical 'relationship with your man/boyfriend' lasts from 3 – 6 months. Although they say that they want a long-term relationship that provides stability, it is an uncommon occurrence within the community. The fear of discrimination and stigmatization play a major role in the perception that successful long-term relationships are not possible. They feel that having to keep the relationship a secret puts too much pressure on them, and so it is doomed to failure.

A long-term relationship is not possible in Jamaica because they are not able to be open and show.... It has to be secretive and on the down-low" (Gay, age 25, KMA)

The concept of a boyfriend is not worth the homophobia having to keep the relationship a secret and healthy at the same time" (Gay, age 27, KMA)

One time hook-up

This term is used by MSMs to denote someone you have a sexual encounter with once and may never see again. The number of one time hook-ups an MSM will engage in over the course of a year tends to vary with his age and the type of MSM that he is. As

participants have reported, for example, the bisexual male under 30 years will tend to have significantly more one time hook-ups than a femme over 30 years old. The young bisexual male may have as many as thirty, one time hook-ups within a year. Also in terms of sexual roles, tops tend to have more one time hook-ups (with any type of sexual category of MSM) than bottoms. This is because tops are often said to be more inclined to one-time sexual encounters than bottoms.

The connection for the one time hook-up is usually made through the internet (Facebook, dating websites), Black-Berry Messenger (BBM) or at parties. In the gay community 'reputation' is very important, and no one wants to be seen as *'careless, irresponsible or loose'*. In light of this fact, most of them will lie to each other, especially a potential partner, about the number of one time hook-ups they engage in.

Condom use with one time hook ups

MSMs rarely confess to not using a condom with a one time hook-up, because that is considered to be *'careless behavior'*. However, if the hook-up happens unexpectedly (unplanned) and there is no condom readily available, they will often make the choice to

some meet a nice guy and because in the heat of the moment him don't use any condom cause him just like him and want to go skin to skin" (Gay, age 25, KMA)

'take the risk and go ahead because it's just one time with this person'.

F-Buddy

F-buddy is similar to the heterosexual practice of 'friends with benefits'. The f-buddy is a more comfortable situation for the MSM because he relates to the f-buddy over a longer period of time, and develops an understanding that involves some level of trust. It is generally seen as a situation that is favorable for both parties, and is acceptable across all classes within the community.

This type of relationship enables the MSM to avoid a committed relationship, while still having easy access to sex when needed. It also enables the MSM to have an additional partner while in a committed relationship, to help alleviate any stress happening in the relationship.

Complications can however arise in this type of relationship when one partner becomes emotionally attached. It is noteworthy that the MSM will tend to have two or three f-buddies concurrently, whether he is single or in a committed relationship.

if they decide it will be an exclusive f-buddy relationship then they might not use condoms” (Gay, age 27, KMA)

F-buddies and condom use

Most men will say that ‘*you have to use a condom with a f-buddy*’ due of the nature of the partnership however, even within that reasoning there are inconsistencies in actual use. If the f-buddies trust that they are being exclusive with each other, or if they believe that they are both ‘clean’ (no diseases), they will decide not to use condoms:

On the other hand MSMs sometimes choose not to use condoms with the f-buddy, based on the fear that their partner will find out that they are cheating. This could happen because of the lingering odor some condoms carry:

Others do not use condoms because they are afraid of their partner. Some condoms carry a strong latex odor, even after you bathe... so most of them do not want to go back home to their partner (with the smell)... cause he might find out that they are cheating” (Femme, age 23, KMA)

There may also be situations of a man having several f-buddies, but because he has been with one for more than a year, he may use condoms inconsistently with that particular person because they have gotten to ‘*really know and feel comfortable with each other*’.

Man/Boyfriend

Boyfriend, manfriend or *'my people'* are the terms used to refer to a committed relationship. To be in a relationship that is *'dedicated, committed and loyal with no cheating'* is highly desired (*'we all want love'*), but rarely achieved.

Condom use in man/boyfriend relationships

A relationship is considered to be long-term once it has passed six months, and this is seen as a marker to be able to stop using condoms:

Similar to heterosexual relationships the issue of using condoms in a relationship impinges on issues of trust, and fear of being seen as cheating:

Some might think the other one want to use a condom because he is cheating.... That means he is cheating on you" (Gay, age 25, KMA)

Overall, the long term relationship is where condoms are least used. The ultimate goal is to be able to go *'bareback'*. In some relationships where an outside partner is agreed upon and allowed, a condom is used when engaging with this third partner:

Foreign Partners may fill any of the foregoing but they are usually a good source of income

In the MSM community another common type of relationship is the 'foreign' partner, referring to a man living in another country, usually the USA, Canada or the UK. This type of partnership is valued for more than one reason, but all those reasons tend to be interwoven with the potential financial gain for the local MSM.

They meet foreign partners online (Facebook, Twitter, dating websites), Black Berry Messenger (BBM), and at local parties. For example, they will meet a guy at a party and exchange BBM pins and find out that the guy lives overseas. Regardless of how they meet, the relationship will base itself in one of two ways: there is a love connection or they do whatever it takes to ensure there is some financial support from the foreign partner.

Condom use with the foreign partner is very dependent on the situation, and preference of the foreigner. The financial support that the foreigner provides, and the infrequency of his visits, tends to make the MSM feel the need to 'take the risk'. In this type of situation the MSMs primary concern is to keep the financial support in place.

Relationship with Females

The men who self-identify as gay or femme will not have an intimate/sexual relationships with women. They will have women as friends but they are not attracted to women and have no desire to have sex with women. There are, however large numbers of men who don't self-identify as gay or femme, and the MSM community refers to these men as 'down-low'. This category of MSMs is made up 'bi-sexual, thugs' (a man who often times engage in criminal or suspected of engaging in criminal behaviour) and gay-for-pay'. All the men in this category have intimate/sexual relationships with females. These men have differing types of self-identification. There are those who see themselves as bi-sexual; those who would prefer to be with a man but need to have a relationship with a female to disguise their sexuality; and those who see themselves as heterosexual but enjoy having sex with a man.

An important finding is that the men who are 'bi-sexual, thugs and gay-for-pay' do not consider themselves to be a part of the gay community, and as such do not resonate with either discrimination or intervention targeting the MSM community.

The participants reported that this is a widespread practice. In some cases, the gay man will ask his female friend to help him disguise his sexuality from his friends and family, but participants report that there seems to be disproportionately more females who are in relationships with men and have no idea that the man is gay.

Among this population of men who are sexually involved with both males and females, condom use with females was reported as almost non-existent. There seems to be a general attitude that sex with the female is low-risk and they trust her.

These men say that they always use a condom when having sex with another man, in order to protect their woman. However, these men are also very likely to have multiple 'one time hook-ups', and as has been shown earlier, these encounters are often

There is a strong chance they won't use condoms with the females... They trust the females and don't think of sex with the female as a high-risk situation"
(Femme, age 23, KMA)

unplanned and no condom is used.

5. HIV and AIDS

Many MSMs spoke of HIV and AIDS with fear and associated the conditions with isolation, exclusion, loss of life, loss of desirability, loss of status. Contracting HIV means a change in the life of the young MSM and in the current context of their life a curtailing of their sexual liberation and freedom. Often the disease was described as physically destroying the individual and according to the findings before physically destroying the person infected destroys the person socially making him a virtual outcast from the MSM community. For most, the MSM community represented the only community and space which allowed them full expression and accepted them totally.

The findings of this project however did not indicate that the person living with AIDS (PLWA) is ejected from the MSM community but rather reflected the perception of the

They associate it with people looking like they are dying, hair falling out, bad breath, meager down to the bone" (Gay, age 23, KMA)

young MSM. They used it to illustrate the extent to which the disease is seen as destroying one's status and reputation.

Cognitively most are aware that HIV is not a death sentence and that living with HIV and AIDS is very possible today. Despite this knowledge however, most harbour a deep fear and dread of the disease.

Spontaneous associations with HIV were usually extreme and negative and often included depression, revenge or suicide.

The silence of HIV:

This extreme fear contradicts and conflicts with their pleasure seeking behaviour and leads often to denial of risk or incorrect risk assessment, resulting in the non-use of condoms. All were aware of HIV and very concerned about the virus, and yet it was said to be a topic which is not discussed within the MSM community:

HIV is not spoken of much. Everyone is conscious of it but they don't speak of it much (Gay, age 23, KMA)

Within the MSM community HIV and AIDS is associated with high risk and inappropriate behaviour. Thus the HIV positive individual is described as being embarrassed and ashamed as contracting the disease is perceived as the result of an irresponsible lifestyle

They look down on people with HIV, they may say someone has HIV to make them look bad in a derogatory term they say it to make somebody feel ashamed of themselves but if it is a close friend they will treat them differently” (Femme, age 23, KMA)

Lost desirability and sexual appeal

HIV was seen as making the person less desirable and so limiting his ability to find sexual fulfillment and engage in spontaneous and exciting encounters. Ostracism and discrimination levelled against infected gay men was widespread however it was pointed out that all this could be tempered depending on his social and financial standing.

Others leveraged against the seriousness of the HIV prognosis by claiming that it is better than other terminal illnesses.

HIV Testing is feared and avoided because of the possibility of a positive result

There was a fear of testing among the majority and testing was said to be only considered by some when there was a strong belief or awareness that they have engaged in risky behaviour. The fear generally does not appear to be driven by fear of the needle or the process, but the fear of learning that they are HIV+. They are scared to know their status because of the added stigma associated with HIV.

if the person a come from foreign and give dem money, as long as the person a give them money, they don't care. In that sense once they are getting their money and whosoever is dominant and they say there is no condom that means there will be no condom. If there is condom usage, there will be condom usage because they are getting their money or whatever it is the person has for them or promise them.” (Gay, age 21, KMA)

6. Condoms and Lubricants

Barriers to condom use

The MSM has a pragmatic concept about using condoms – it is used as protection. He bases his usage on protecting himself when he believes he may be at risk. The complexity of his decision making in what he considers to be “risky” forms the root of all his barriers to condom usage.

The barriers extend across all elements of an MSMs lifestyle meaning some barriers are situational, some are attitudinal, and some are functional.

Situational Barriers

These barriers are created by external situations and circumstances. The three major situational barriers that they face are:

1. Trust in a long term relationship
2. Distribution of power in a relationship
3. Drug and alcohol use leading to sex at social events

Non use of condoms symbolizes trust in a long term MSM relationship. In all sectors of the MSM community the issue of trust in long-term relationships was the most commonly cited barrier to condom use. As reported by participants, regardless of age, socio-economic status, sexual roles or type, the MSM who considers himself to be in a relationship that is committed will stop using condoms as evidence of trust in that relationship. The opposite is also true, in that, once trust is gained in a relationship, having sex with a condom suggests a lack of trust, or may be interpreted as evidence of one partner ‘*cheating*’ on the other.

In MSM relationships, the partner who is dominant, older and/or wealthier usually determines the prevalence of condom use. Money, as noted earlier, plays a significant role in the distribution of power in relationships, and it is also a determining factor in deciding condom use.

Widespread use of drugs and alcohol at social events support risk behaviour

Alcohol and marijuana use were said to be prevalent at all gay social events, as they provide a means of relaxing and settling into an environment where each individual can be himself and remove the facade of his day to day life in the heterosexual world. The atmosphere of the parties coupled with the fact that the men have the rare opportunity to openly show their attraction towards each other, often leads to sex at the parties. The intake of alcohol and marijuana allows them to lose their inhibitions, which lowers commitment to condom use and their risk assessment. Although condoms may be present and available at parties, many will still have unprotected sex at these parties.

Accessing condoms can be an embarrassing experience

The local small shops in inner city communities, and in rural towns, were said to not provide privacy for customers when buying condoms. There was a tendency for the shopkeeper, or other staff to make jokes and remarks that can draw attention to the person buying the condoms. MSMs were reluctant to face these situations for fear of being ridiculed.

The MSMs have a preference for using flavoured and ribbed condoms, however they report feeling particularly self-conscious when buying condoms which are flavoured. There was a general complaint about condoms being placed out of reach behind the cashier's counter, and the MSM not wanting to have to say their preference out loud, for fear of being ridiculed

Attitudinal Barriers

MSMs express some opinions, beliefs and attitudes regarding their sex lives that create barriers to condom use. Their top-of-mind response is that they will use condoms because they know the risk of having sex without it, but the deeper and more realistic attitude is that there are many instances in which they will choose not to use condoms.

Loss of Pleasure

There is the widespread view that *bareback sex* is more pleasurable, and this will often lead them to 'take the risk' and have unprotected sex. In some instances, to ensure that their partner will agree to go *bareback*, the tops will complain that the condoms are too tight on their penis, and some will complain that using a condom is 'unnatural'. So they will forego the safety of the condom for the pleasure of 'skin-to-skin contact'.

and then you don't really want to go to the shop and the person say yow, what you a do with condom? You a go mash a work? (meaning have sex) You have shopkeepers and those in the shop that will create a scene and you don't want to draw attention especially if it's in the inner city community." (Gay, age 27, KMA)

Loss of opportunity to have sex

It is noteworthy that just as the MSM's fear of discrimination has shaped much of the way he lives his life, this fear also extends to some of his attitudes regarding sex, and contributes to some of his barriers to condom use. For many of them the sex act is a 'stolen' moment that happens spontaneously when an opportunity arises. For some the opportunity does not happen nearly as often as he would like, so there is a feeling of urgency to ensure that the 'opportunity' is utilised. This means that he will proceed with or without a condom. There is also a fear of getting caught in the sex act, so there is a need to get the desire satisfied quickly. Some complain that the urgency that accompanies the 'heat of the moment' sex act, can make it feel like a hassle to put on a condom far less use it correctly.

When engaging in a quickie sometimes and you know the hassle of putting on, pulling it and using it the correct way and if it burst you just can't bother to get another one and put it on. Putting it on is a hassle sometimes and putting it on the correct way is a hassle so we can't bother more time, so just don't use it cause you are in the heat of the moment and you just want to do your thing and feel nice." (Gay, age 25, KMA)

Functional Barriers

As an extension of the MSM's attitudes which create barriers to condom use, there are also barriers due to a lack of self-efficacy with condoms, and a limited exposure to the variety of brands and types that exist.

Some MSMs complained of not knowing how to use a condom correctly. They get frustrated if the condom does not go on the right way on their first try. The frustration is often twofold; they feel clumsy in front of the potential sexual partner, and the fumbling with the condom (and if it is too tight) causes them to lose their erection. This lack of skill with correctly using the condom may potentially cause them to lose the opportunity to have sex. This creates more anxiety for the MSM than the 'distant' possibility of becoming infected if they take a chance 'just this one time'.

Also they were saying that some people are not so handy in putting on the condom so they were saying that some people don't know how to put it on. So some people would open it up and lift it up and go so (demonstration) so the person was explaining that anybody would know that that is not the right way to put it on. So basically it had more to do with how to use it, kill the vibes because it takes a while to put it on; the bottom would be there laying down waiting for the top to come back and whatever" (Femme, age 23, KMA)

Inability to maintain an erection

A significant barrier to condom use is the view that interrupting the pleasure of the moment to put on a condom will often result in the loss of erection. The time taken to put on the condom is thought to 'break the vibes' or the mood of the moment, and also may cause one of the partners to re-think the act and not want to proceed. The nature of these stories makes it apparent that they are referring to sex with a one time hook-up or f-buddy, rather than the boyfriend/man. Although, they report using a condom with the one time hook-up and f-buddy almost always, these stories give a clearer picture of the prominent reality of the condom not being used.

Limited exposure to different brands

Another barrier is the limited exposure to different brands of condoms. There are a number of men in the MSM population who were said to have been introduced to only a few brands of condoms, and if they had a bad experience with these brands they do not try other condom brands. As reported by the Peer Researchers, they close their minds and conclude that they don't like condoms because of whatever created the bad experience for them. For example, the condom may have been too tight and so they lose their erection, but they do not go out to see if larger condoms are available. They tend to buy the popular brands of Long Love, Rough Rider and Slam, which they say can be uncomfortable for men with a large penis. Some advised that there are brands like Magnum and Trojan which are available in larger sizes and can give a more comfortable fit, but many men do not know about these brands.

Attitudes to lubricants

The moisture provided by lubricants was appreciated by some but seen as a negative by others. Advantages and disadvantages emerged based on sexual role. For the penetrating partner, lubricants were perceived as making sex comfortable as it enabled

People don't want to ask for either condoms or lubricants as it has a certain stigma attached, ... they think that it's going to be them be stereotyped as being a particular way or being a particular type of individual in the public's eye if they should do that." (Gay, age 21, KMA)

easier insertion into the anus. In fact for some, not needing a lubricant meant the receiving partner lacked the desired tightness in the anus for enhanced pleasure.

Using lubricants everything is easier, less pain, it's enjoyable for the top and bottom, mostly the bottom," (Femme, age 27, KMA)

Lubricants provide moisture for the receiving partner and so reduced the pain of intercourse for him:

you are having sex with someone and you don't have to use lube is because dem hole big, a good hole need lube'.(Meaning if a lube is not necessary, it's because the anus is too big, and so not very good as it is preferable for the anus to be tight) (Femme, age 23, KMA)

The application of too much lubricant however reduced the general sensation and friction of intercourse and so reduced the overall pleasure. Too much lubrication was a concern for some receiving partners for fear of it reducing their sexual prowess:

A major barrier to the use of lubricants emerged as the stigma associated with buying the product which is widely thought to be used only by MSMs. Many spoke of a reluctance to purchase lubricants for fear of being stereotyped as MSMs.

It was rationalised by some that the female sex organ has its own lubrication and therefore only MSMs need lubricants hence the product has become highly stigmatized from the MSMs perspective:

This reluctance to buy lubricants, despite an expressed need for them meant a variety of substitutes were used to provide lubrication during intercourse. Substitutes included: body lotion, cooking oil and, most popularly, saliva.

7. Accessing health care

MSMs would prefer to never have to seek health care from any public sector facility, whether hospital or clinic. They gave reports of experiencing discrimination and stigmatization from staff members when seeking services from the public health facilities. Discrimination by health care practitioners compounds the fear of testing through breach of confidentiality and lack of professionalism. The staff members and nurses in the clinics were said not to be careful about keeping the patient's information confidential, particularly where he is thought to be a homosexual.

They are very afraid of the stigma and discrimination because of their perceived sexual orientation. Nobody wants to go there unless it is absolutely essential and they have no other option. He said he followed a friend to the clinic and someone recognized him there and messaged him on Facebook shortly after and said that the people were bitching us after they left and he said things like that are a turn off

The incidents of discrimination were said to be prevalent at clinics, and the MSM will only choose to go to the clinic as a last resort. This is usually when he cannot possibly find the money to see a private doctor.

Private Sector as Service Provider

Health care in the private sector is preferred as they are treated with respect. MSMs will choose to see a private doctor because he feels that his personal information is kept private and confidential. They feel that even if the staff in the private doctor's office suspect that they are gay, the staff does not ridicule them in any way. They also feel more comfortable sitting in the privacy of the doctor's office to discuss whatever their health challenge may be. The challenge is that the cost associated with being treated by a private doctor can be high, but they will do whatever is necessary to be able to avoid going to the public sector facilities.

they will go to the private sector as long as dem have dem 'duty money' (lots of money) because it is more confidential. He said he was used to the private sector and the service was professional, he did a prostate exam with a male doctor and the doctor was very professional. He explained the procedure and all before proceeding. He said his orientation was never an issue.

RESEARCH TO ACTION

This study provides valuable insight for the design of BCC, IPC and Mass Media activities and interventions. A number of beliefs, knowledge, attitudes and social norms relating to condom use and safer sexual behaviours to be addressed were identified. Potentials ways in which the study findings could be applied programmatically include:

- **Behaviour Change Communication and Interpersonal Communication Activities and Interventions:**

Activities and interventions with MSMs should be harnessed using the ‘stages of change’ model which recognizes human behaviour as a process that allows for the approach of people on a one-to-one basis in consideration of individual needs. The essence of the interaction is based in building skill sets within the MSM community to become Peer Educators who then metaphorically walk with along the continuum of the ‘stages of change’ moving them towards healthier behaviours.

The interaction between the peer educator and MSM utilizes interactive learning simulations that promote self-risk perception and the identification of goals towards achieving healthier behaviours. The interaction and engagement should focus on:

- Correct and consistent condom use
- (one time hook up and f-buddy) Partner Reduction
- Personal risk assessment
- Knowledge about HIV and AIDS, other Sexually Transmitted Infections
- Sexual and Reproductive Health (male focused)
- Empowerment within (sexual relationships) – power dynamics within relationships

- **Mass Media Campaigns**

Mass Media campaigns should focus on general population sensitizing to the use of condoms and lubricants. Normalizing the use of condoms and lubricants will make it easier for anyone (including MSMs) to access without pointing fingers.

- **Dialogue with Public Health Care Providers:**

Engagement of public health care providers to restore concepts of non-judgmental, non-discriminatory engagement to patients as well as a responsibility to confidential services can be done on a one to one basis.

This will further allow for the mapping of public health care facilities that can be considered as safe for MSMs to access health care.

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