

**A CULTURAL APPROACH TO
HIV/AIDS PREVENTION AND CARE**

UNESCO/UNAIDS RESEARCH PROJECT

JAMAICA'S EXPERIENCE

COUNTRY REPORT

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Since the mid-eighties, the fight against HIV/AIDS has gradually mobilized governments, international agencies and non-governmental organizations. However, it became evident that despite massive action to inform the public about the risks, behavioural changes were not occurring as expected. The infection continued to expand rapidly and serious questions began to emerge as to the efficiency of the efforts undertaken in combating the illness. Experience has demonstrated that the HIV/AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies.

The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1994 initiated a new approach to the prevention and care of this disease. The first requirement stressed was the need for increased coordination between institutions. An emphasis was also made on the need to work on both prevention and treatment while considering the significant social factors involved. As a result UNAIDS was involved in several studies focusing on developing new methodological strategies with which to tackle the issue.

Following a proposal made by UNESCO's Culture Sector to the UNAIDS Programme, on taking a cultural approach to HIV/AIDS prevention and treatment for sustainable development, a joint project "A Cultural Approach to HIV/AIDS: Prevention and Care" was launched in May 1998. The goals were to stimulate thinking and discussion and reconsider existing tools with a cultural approach.

Taking a cultural approach means considering a population's characteristics - including lifestyles and beliefs - as essential references to the creation of action plans. This is indispensable if behaviour patterns are to be changed on a long-term basis, a vital condition for slowing down or for stopping the expansion of the epidemic.

In the first phase, of the project (1998-1999) nine country assessments were carried out in three regions: Sub-Saharan Africa (Angola, Malawi, South Africa, Uganda, Zimbabwe), Asia and the Pacific (Thailand and bordering countries) and the Caribbean (Cuba, Dominican Republic, Jamaica). The findings of these studies were discussed in three subregional workshops held in Cuba, Zimbabwe and Thailand, between April and June 1999. All country assessments as well as the proceedings of the workshops are published within the present Special Series of Studies and Reports of the Cultural Policies for Development Unit.

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EXECUTIVE SUMMARY

Recognition of the role of culture and the importance of the cultural context of the HIV/AIDS epidemic were integrated into the Jamaican program from 1986. The first communication campaign initiated by the Jamaica Information Service at the request of the Ministry of Health (MOH), was based on preliminary research and epidemiological data from groups that appeared to be at risk. Homosexual men, farm laborers who worked in Florida and commercial sex workers were identified for further investigation. Independent researchers carried out the research, and the results were used to develop vertical interventions for the target groups. Although this had to be restricted due to limited resources, vertical/targeted interventions were selected in order to ensure a fast response to what was considered a critical public health problem and vertical targeting could be catalysts for further action by these groups.

With regard to Men Who Have Sex With Men, the MOH wanted to work with this group. However, they recognized that it was necessary to identify their specific needs, and to take into consideration their perceptions of the HIV/AIDS situation. Participation and ownership were crucial. MOH and the USAID subcontractor, commissioned an independent study from a consultant in order to have a profile of the gay and bisexual men in Jamaica, and if possible, to help them develop a response to the problem.

This case study shows how this was done within the Jamaican context, and how, with the help of resource persons from the target group, an NGO was created that today is the most proactive NGO in the prevention of HIV/AIDS in Jamaica. The methodology of the study was: (1) in-depth interviews with older, more informed gay men, (2) focus groups with representative groups (including people of different ages and socioeconomic groups) of gay and bisexual men, and (3) the development of a survey questionnaire for further study. This exercise in itself, drew the attention of participants to a situation which they worked with in order to implement immediate solutions.

The most significant result of the study was that it acted as a catalyst for the participants. Encouraged by the openness and confidentiality, they sought to create a permanent situation that would help them and others in the future.

CULTURAL DYNAMICS

Anthropologists have described the Jamaican social environment as one of cultural pluralism (M.G. Smith 1951). This concept best describes the matrix of factors that affect the life and psyche of the Jamaican people, involving both race and class in a matrix interwoven with influences from the structure of a former plantation colony. To this matrix we can add sexuality. Early accounts of the society refer to the sexual relations between the planters, their slaves, indentured servants, as well as the service class/groups that fell between. There are various historical accounts of the culture of sexuality that sprung up and in some cases, dominated the relationships between the classes (Patterson 1967, Hall 1989, Bush 1982, Brathwaite 1976). For example, the role of black women as mistresses, and later, as in other islands (e.g. Haiti) the role of the muleteers as mothers of the planter's bastard children, are important when attempting to explain culture as we know it today. Not least of all, there was the use of the young men as studs, especially after the slave trade was prohibited, in order to ensure the multiplication of the slave population, which was naturally being depleted.

Traditional beliefs about fertility and sexuality in Jamaica today, are based on centuries of attitudes and practices that are difficult to erode. One example has been reflected in the perceptions and negative attitudes towards modern contraceptive methods, that have nothing to do with religion but rather with traditional culture. This includes attitudes towards the body and the belief that the body must be strong and clean. It is held that coitus is essential to the physical and mental health of men, although it is supposed to have a weakening effect. Women, on the other hand, coitus is important to avoid the danger of blocking natural vitality. The body's interior is regarded as mysterious and sacred, thus the "fear of losing things up there" is strong among Jamaican women (Brody 1981). Condoms are regarded as invasive objects that could slip off and disappear, causing sickness, sterility and even death by blocking off the tubes (MacCormack, Draper 1987).

In Jamaica, sexuality is also seen as a reason for existing. Women, it is held, must have children or must "have out their quota..." in order to rationalise their existence and to release their natural vitality (Durrant-Gonzalez 1982), whereas, young men must prove their masculinity by impregnating women (Chevannes 1998). Chevannes' recent study "Hold the Heifer, Loose the Bull...", commissioned by UNICEF/Jamaica, looked at gender and sexuality in the Caribbean.

Many of the rituals and characteristics demonstrating a man's masculinity were in fact, female characteristics or characteristics that reflected negatively on the welfare of women.

According to consultations in “*The Construction of Caribbean Masculinity: Towards a Research Agenda*” carried out at the Center for Gender and Development Studies, at the University of the West Indies (St Augustine, Trinidad), there is the bonding type of homophobia which in the Caribbean and elsewhere “...is a central organizing principle of the cultural definition of masculinity. Homophobia is more than the irrational fear of gay men, more than the fear that we might be perceived gay....Homophobia is the fear that other men will unmask us, emasculate us, reveal to us and the world that we do not measure up, that we are not real men...” (Kimmel 1996). In the end, the “fear of being seen as a sissy dominates the cultural definitions of manhood.”

According to Hillary Beckless (“Black Masculinity in Caribbean Slavery”, 1996) “Historical analyses of this construct of masculinity in the Caribbean and especially in Jamaica, describes colonial masculinity as a social form within a culture of violence which embraced all relations of social living and consciousness. It was the principal instrument of all contending parties; it held them together and it tore them apart...Creole black males were socialised as infants within this crucible of the death, blood and suffering. They learned to use it as it was used against them... Thus, implosive community violence remains an expression of subordinate black masculinity....the streets of communities, the language of social discourse, sexual relations, political dialogue and lyrics of popular music, shot through with violence, virtual and real”.

The connection between masculinity and violence which is linked to sexuality and sexual relations, has been further investigated. The 1996 World Bank/Robotham Study found that it was encouraged by the environment of the urban gangs and garrisoned communities. UNFPA sponsored qualitative studies of adolescents and found that young men in their views on sex emphasized aggression, whereas young women reflected fear (Hope Enterprises 1998).

Within this context, Jamaican men must prove themselves, struggling for power and in some cases, for survival, in relationships, in the wider community, and most of all, within their male bonding groups that must judge whether they are men or not.

The so-called inner-city don is a role model not only because of his ability to command and dispense largesse, but also because he is a living source of power – the power over life and over death, the ultimate man. Among the youth, a common name for the penis was rifle, according to the study by Chambers and Chevannes. In inner-city communities, the dream of many a young boy is to be able to own a gun, preferably for himself, but jointly with the crew if necessary. (Barry Chevannes)

The subculture of gay men is increasingly permeating manhood, subverting the accepted norms and thriving amidst the very shadow that has been

deliberately thrown over the subject of sexuality in order to increase its clandestine nature in Jamaica. As noted among Brazilian gay men, there was a much larger cohort of bisexual men than at first predicted. The culture itself, or rather the plural culture, with its emphasis on shifting class and race affiliations and denial, allowed bisexual men to move between orientations and be accepted, as long as the rituals of machismo were demonstrated. (Parker 1996).

THE GAY MOVEMENT IN JAMAICA

In September 1977, the Gay Freedom Movement (GFM) was born in Jamaica. According to GFM files, a group of men created an organization which met regularly and published a monthly newsletter, the *Gaily News*. There were four gay nightclubs in Kingston and Spanish Town as well as many house parties. There was much concern about homophobia, including an incident at the University of the West Indies where a gay male student was terrorized. In late 1978, the GFM sponsored a Gay Community Health Clinic to screen for STDs. Four clients appeared on the opening day with concerns about syphilis, gonorrhea, and herpes. During this time, the General Secretary of the GFM made presentations to medical students, the Jamaica Psychological Association, and international conferences as part of its educational outreach program.

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

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

The initial “AIDS scare” had a major impact on the Jamaican population and its attitude toward gay men. AIDS was considered “the gay disease,” and to many it was the consequence of loose, immoral living. These beliefs reflected the biblical prophecies as understood by the lower classes and rural populations. While Jamaicans express an abhorrence of male homosexuality, heard especially among the vocal middle class, there was also an apparent fascination with this behavior. *The Enquirer*, Jamaica’s only sex tabloid, begun in 1988, had the largest circulation of all newspapers. Content analyses of its items reveal that

most of the main feature stories focus on homosexuality. Some articles emphasize the pathos and suffering of gay men in Jamaica. Gay men had become less interested in belonging to a self-identified and publicly recognized group. Younger men expressed little need for support, and their social life became less focused, operating at various levels in a more liberal society. In 1987, the original leaders of the GFM remained concerned about HIV in their midst and collaborated with a doctor from the Ministry of Health in testing for HIV, as part of a health study of 125 homosexual and bisexual men in Kingston (Murphy et al. 1988). Results were reported to the men, but there were no publicly sponsored programs to provide follow-up information or counseling services. The number of annual AIDS cases increased dramatically from four to five cases annually, earlier to 32 in 1987 alone. The following years revealed continual increases: 30 cases, 1988; 66 cases, 1989; and 62 cases, 1990 (Mann et al. 1992).

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

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

STUDY: “JAMAICAN MEN WHO HAVE SEX WITH MEN

In 1991, the MOH commissioned a study from an independent researcher of Men Who Have Sex With Men. Although it was a qualitative research, the methodology consisted of:

1. In-depth interviews (one-to-one) with older, informed gay men,
2. Focus groups with a wider, more representative set of participants, including younger men from lower socioeconomic groups, and
3. In-depth interviews with a number of the participants to identify sexual habits and practices.

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

It is important to note that, due to the contemporary wide-spread use of the Jamaican Creole language, and to the vernacular of gay and street subcultures, certain terms and concepts used in Standard English were not understood by some of the respondents. This observation was particularly apparent among men who were younger and of a lower socioeconomic status. General terms, such as monogamy HIV, STDs and promiscuous, were not readily understood by these participants. Thus, the terms were either translated by the interviewers or interpreted in relation to the overall sense of the concept was solicited. It should also be noted that the words homosexual and heterosexual are relatively new to the majority of Jamaicans, especially to the general public. The phase three questionnaire, however, asked participants to describe themselves as “straight”, “gay”, or “bisexual” and the men generally did not have difficulty identifying themselves according to one of these terms.

The formative research of this study revealed the following indigenous names that are popularly used:

Indigenous Names	Meaning (Standard English)
Batty Man	Describing physical act by gay males ("buttocks Man")
Sodomite	Lesbian
Sport	Gay man
Him a such	"He is that way"
Spanish machete; Razor Blade; Him cut 2 sides	Bisexual
A friend of Dorothy's; A member of the church; He plays cricket.	Gay person

RESULTS OF THE MOH/AIDSCOM STUDY OF GAY MEN

- * This study indicates that there is a significantly large population of homosexual men in Jamaica. Of this population, there appears to be quite a large proportion of men who identify with being bisexual or, not using that term for themselves, nevertheless seek both male and female sex partners. It would be more accurate to view Jamaican male sexual expression as a fluid range of possibilities which are not necessarily bound by restrictive terminology. The problem for HIV/AIDS and STD prevention is that these diseases are easily spread through multiple mating patterns all social classes, ages, and genders.
- * Self-reported and anecdotal information from the study suggests that basic AIDS awareness and familiarity with condoms are both high among this population, but consistent and correct use of condoms is rare regardless of whether the sexual partner is male or female.
- * Given the historical and still quite current intolerance toward male homosexuality throughout much of Jamaican society, it is not surprising that many cases of HIV seropositivity and AIDS among men may be misreported.

Many of the cases that patients do not report may also be the result of heterosexual transmission.

- * Another possible factor for the low number of reported homosexual or bisexual cases of AIDS in Jamaica (in comparison with other Spanish- or English-speaking Caribbean countries) may be the result of the unfamiliarity with the terms to identify what is bisexual or homosexual behavior. Because reporting is mostly based on respondents' opinions, it is possible that many Jamaican men who have sex with men genuinely do not believe that they are gay because of their notions of homosexuality. Their understanding would be supported by a sociocultural framework with entrenched views on the appearance, behavior, and sexual acts of homosexuals.
- * For these reasons, HIV prevention planners need to acknowledge that the reported means of transmission of HIV in Jamaica may be distorted (as it is elsewhere in the world where homosexuality is highly stigmatized).
- * Prevention programs – including media messages, street outreach, and face-to-face interventions – are likely to be most effective when they are based on an assumption that male-to-male HIV and STD transmission are always possibilities and that male-to-male-to-female transmission is a logical reality in the Jamaican social and sexual setting.
- * The study emphasizes the need to target specific sub-populations with interventions designed to reflect their various needs and interests. Participants in this study strongly recommended that communication and education materials be developed that address their questions and concerns about sexuality, HIV/AIDS, and STDs in general, often in graphic detail.
- * Several of the men expressed interest in being involved with any such prevention programs, often a continuation of work they have informally conducted for several years.
- * Although the informational needs of many of these men may be largely met (with the exceptions noted above), it cannot be assumed that the necessary behavioral changes have also been fulfilled. As the study progressed and involved more and younger men, it became evident that as long as Jamaica continues to experience economic crisis, there is likely to be an increasing number of young men involved with same-sex activities for financial or social benefits. These men are least aware of HIV prevention strategies and are at high risk as a target population.

JAMAICA AIDS SUPPORT

Jamaica AIDS Support (JAS) is dedicated to preserving the dignity, rights and beliefs of each individual, specifically those living with the Human Immuno-deficiency Virus/AIDS without discriminating regarding colour, race, disability, gender, sexual orientation, class, age or religious belief. With this in mind, the organisation is dedicated to serving persons in need of education, care and support as a result of the AIDS crisis.

In 1991, Howard Daly and Joseph Robinson were summoned to the bedside of a neighbour who was dying of AIDS-related complications. They decided that no effort should be spared in making sure that he spent the rest of his life, however long or short, in dignity.

They called friends and asked them to help. Some cooked meals, others brought groceries, contributed cash, stayed by his bedside, read to him, massaged his feet or cleaned his apartment. They began to meet informally to discuss duty shifts, finances and how to get more information on caring for a person with AIDS.

Around the same time, Dr Heather Royes was commissioned by the Ministry of Health and USAID to do an in-depth study on high-risk groups in Jamaica in an effort to attract funding for education within these groups. Many of the people looking after the Person With Aids (PWA) mentioned earlier were part of Dr Royes' study and as the time passed they decided that with or without the funding from USAID they should formalize what they were doing.

Jamaica AIDS Support (JAS) became the name, "*Love, Action and Support*" our motto. The goals decided upon were:

1. To support and care for people with HIV/AIDS and
2. To educate and unite high risk groups.

Since 1991, Jamaica AIDS Support has been a registered non-profit organization operating in collaboration with the Ministry of Health's Epidemiology Unit and completed three years of USAID sponsorship. We have trained and updated approximately 30 peer educators who work with HIV-

infected persons and the wider community. The organisation has also conducted numerous safe sex and HIV/AIDS/STD workshops, distributed condoms and related literature on a wide scale and ran a public education campaign utilizing local celebrities. JAS is the only organisation in Jamaica to target the gay, lesbian and bisexual community.

In addition to the administrative office, in 1992 JAS opened a 12 bed hospice for persons living with HIV/AIDS, with specific priority given to those who have been displaced or destitute due to acts of discrimination or human rights violations. This necessitated the hiring of a corp of nursing staff, including registered and practical nurses. Since its inception, JAS has nursed over 200 clients. JAS also creates and conducts various support services in the form of educational programs and workshops (for schools, youth groups, churches, businesses and other community groups), community outreach, counselling, crisis intervention, referrals and HIV testing. In 1994 JAS began a volunteer buddy program called “*Friends*”. Participants are trained to give assistance to PWAs in the form of friendship or help with chores, etc. Two additional offices in Montego Bay and Ocho Rios work with male and female prostitutes, run support groups and provide home-based care to PWAs.

The only funding JAS receives is for the educational program. The hospice and support services receive no funding and exist solely through donations. With the end of USAID funding in June of 1996, the Dutch Government stepped in to provide six-month interim funding which was continued over the next three years.

The main services of JAS include education, support/counselling, care, treatment and advocacy. These are categorised as follows:

- 1. Public Education** specially designed for schools, churches, youth clubs, police, and others, as well as non-judgmental programs targeted at high-risk groups such as gay/bisexual men and women, drug users and commercial sex workers.
- 2. Hospice and Home Based Care** in 1992 JAS opened a 12-bed hospice for those living with HIV and AIDS, as well as their families and communities. This program not only follows up on appropriate medical treatment but gives counselling and support on death and dying.
- 3. Counselling Support and Testing** designed to help people explore their rights and choices through a “*Friends*” network where they are trained, counselled and often involved in fundraising and other activities.

4. **GLABCom** The gay lesbian and bisexual community program is an outreach program for support groups, with education, counselling, sports and training workshops.
5. **Beach Boys and Commercial Sex Workers** This component provide services to men and women who sells sex, targeting in particular the tourist meccas of Montego Bay and Ocho Rios with a drop-in center in Kingston.
6. **Life Skills Inner City Youth Outreach** aimed at using the performing arts to raise self-esteem and empower young people to choose healthy lifestyles.
7. **Children Affected by AIDS (CABA)** In association with the Ministry of Health's Children's Services Division and the Jamaica Foundation for Children, JAS has formed CABA which operates as a working group of the National AIDS Committee's Care and Counselling Subcommittee. Extensive sensitization and training workshops were held for 158 staff members, including superintendents, housemothers, caregivers, auxiliary staff and children's officers, for 13 government and private homes in five different parishes. Feedback from the workshops is now being used to develop policy recommendations to the Ministry of Health.

THE MINISTRY OF HEALTH'S RESPONSE

The Ministry of Health continued their investigations into the socio-cultural and behavioural status of target groups. This allowed them to develop interventions that were effective and cost efficient. A UWI student, Rossi Hassad (Hassad 1994), did the second study on gay men in collaboration with JAS. It indicated a high level of knowledge and awareness of safe sex by JAS members although behaviour had changed moderately. In 1994 HOPE Enterprises commissioned by MOH, used Hassad's study as a basis for focus groups and the findings were made available to JAS to design their own prevention program. The result of the HOPE study highlighted some of the following:

- *The psychic pain of family rejection and the society's hard line against gays.*
- *The difficulty of maintaining gay relationships in a society that offered absolutely no support and was indeed hostile to this. This made monogamy difficult and the risk higher.*

- *The research also revealed the issue of receptive sex and low condom use. The need/desire by men to be “entered”, was not something that was easily admitted. It seem to mirror too much the woman’s submissive role in sex and life. Their dilemma as men was to be entered (penetrated) but not to be like women. This sometimes led to unprotected sex, as the man who received, in being “female” had less power to insist and ask for condom use. It was complex and wrapped up with the contradictions of heterosexual patterns, the ones that gays had to use as a blueprint, so to speak, for sexual relations*
- *The issue of low self-esteem and self-worth was also uncovered. This made men value themselves less and perhaps exerted less energy in protection. Basically, JAS would have to say how they addressed these.*

The MOH took the position that intervention would involve, if not be lead by, the target group. Additionally gay men were very organized and articulate and had some credibility with the gay community. Hence the MOH used its influence to have funding placed within the NGO JAS and for them to decide on how to approach these issues.

The Ministry also commissioned research on other target groups:

Commercial Sex Workers

- Early intervention and research recognized women commercial sex workers as a priority. Quantitative research was done “Women’s Health Study” in 1989. In this study women were also offered medical attention, assessment, a serosurvey was done to assess the burden of the disease in that community at the time. That early study was also complemented by HOPE Enterprises qualitative study (1992) and some of the findings revealed were unlike other countries. The women in Jamaica were not likely to group together as they did not wish to be identified in this way (e.g. Suriname where they formed the NGO MAXI LINDER). The MOH then designed a ‘drop-in’ centre that was confidential and it was their place to come to. They had education sessions on STDs and HIV also on issues of survival on the streets and condom use. Sometimes the women brought their friends and men with them. This was encouraged. This also helped to bring together women who worked on the street, not those who worked in clubs and who had less social support because of this.
- MOH extended this intervention to deal with CSWs who were on cocaine and crack among other drugs making links with projects which focused on addiction for support. Drug addiction increased women’s risk, as they were less insistent on condom use. They did the training of peer educators, who worked the streets educating other women on issues dealing with condom use

and how to protect themselves from STDs. The MOH took the position, in spite of prostitution being illegal, to support women in this process and to make it as safe as possible and not alienate them and endanger their economic survival. Issues of skills building and alternate form of earnings were discussed. It was difficult though because they simply earned more selling sex. A few focus groups were done to explore issues related to women's risk in the commercial sex trade. Results included:

- Women tend to enter the trade after a period of unemployment and failed attempts to find a job. Poor women live on the periphery of prostitution always had this as an unspeakable option. When they entered the trade it was usually after through a friends introduction.
- The violence that these women were exposed to on the streets. Being beat up and cut up by men after they had sex in order not to pay for the sex. We learnt how the rules on the street for successful transactions. That it was called being "in business" we tried to learn the terms and language used and used them ourselves in the process in the training of peer educators, in the preparation of sessions for the drop-in centre
- The women's need for confidentiality. Not wanting their children to know what they did for a living. The heavy judgment of the society which used and demanded their services. The sense of pride and achievement some of them felt in earning money to educate siblings, build houses for their mothers, some still hope that somehow one night they would meet a man who would taken away from this. A Cinderella complex in the face of such a brutal reality? Others were lesbians and sex with men was work, as indeed it is for all.

Farm-workers

Some of the earliest focus groups MOH did with HOPE Enterprise looked at the lives of farm-workers who spent 3 to 11 months away from home cutting cane, picking apples, away from families, existing under difficult conditions, emotionally and sexually deprived.

Through these focus groups MOH learnt of the difficulty of being away from home, the cultural dislocation in strange place, among whites, the racism, the brutal back breaking work and the simple painful loneliness. Their situation was relieved by being able to purchase consumer goods, saving money to improve their lives at home and sex prostitutes who were also a part of their survival. Feeling adrift, suspecting or knowing that one's woman was possibly if not definitely having sex with someone else at home. He told us that sometimes after such a grueling time in the US, a farm worker could come home to find his woman pregnant with another man's child and faced with having to accept it to be able to keep his life and family intact. We produced one of the best films ever

made on AIDS called “Safe Travel”, written and directed by Trevor Rhone. It is the life of the farmworker, of difficult rural poverty, of loving and hope. If you just play a bit of it, it would simply illustrate the approach. This video was used in education sessions with farm-workers, copies were also sent to centres in Florida.

Use of Cultural Projects in HIV/AIDS Prevention

In developing the HIV/AIDS prevention program in Jamaica, the Ministry of Health the main implementing Agency was cognizant of the cultural environment in which behaviour change would take place. The MOH therefore utilized the following strategy to incorporate culture:

- Targeted Community Intervention (TCI) used the innovative techniques to reach the residents of the targeted low-income communities. These included interpersonal street corner “reasoning”, drama workshops, comedy performances by popular Jamaican comedians and music by well-known local D.Js, in addition community drama groups were formed. Jamaica comedians involved were Owen “Blacka” Ellis and Claudette Richardson-Pious.
- Through the Public Relations strategy, public endorsement of HIV prevention strategies was secured from popular dance hall singers Beenie Man, Buj Banton and Lady Saw among others. Other Reggae performers mainly Tony Rebel, Nadine Sutherland also voiced Public Service Announcements (PSAs) which were aired on both television stations. Additionally, pre-recorded prevention messages were played consistently in the dance halls. Television exposure was garnered at no cost to the Program.
- The performing art group “ASHE”, was also used by the Ministry of Health to promote Peer Education on such topics such as AIDS, drugs and relationships. ASHE group comprises of 100 young people. They presented a musical show called “Vibes in World Sexuality” in local schools.

ASHE

One of the founders of JAS, Joseph Robinson, paralleled JAS’ development by founding the ASHE Ensemble in 1992, along with Paulette Bellamy. This group of young performers was first commissioned by JAS to create a dance/music production on the worlds of Sexuality for young people.

The result was VIBES in a World of Sexuality, a production which has been performed in over 50 countries (including recently in Holland at the UNFPA ICPD +5 Review at the Hague) and has, through its live performances and videos, been exposed to over ten million young people.

ASHE provides training through a unique method of role-playing, acting, music and dance, on life skills for reproductive health, sexuality, STDs, HIV/AIDS and drugs (lifestyle factors). It is now used for guidance counselors as well as for young people and teachers. The productions include VIBES, NUFF RESPECT, HUSH and SOLID, They have won 5 theater awards, 3 music industry awards, induction in the US Caribbean Hall of Fame for Excellence in inner cities, proclamation by the City Council of New York and by the City Council of Miami.

- Drama competition in schools.
- Musical Road Shows targeting high risk parishes. This made use of popular music and drama artists.
- Jamaica is an oral culture and understanding this aspect enabled the program to design and implement elements to fit within this culture. The dance hall disc jockeys, for example, yield tremendous influence on Jamaican society as their lyrics both reflect social attitudes and influence ideas and behaviours.

Their influence is island-wide, with the creates impact in low-income urban areas from which the artistes originate, although they also command attention from middle-class Jamaican particularly among teenagers and young adults under the age of 35.

CONCLUSIONS AND RECOMMENDATIONS

1. By recognizing the cultural context of target groups and interpreting their attitudes and perceptions of programs, it is possible to create an atmosphere of trust and active/positive responses to HIV/AIDS care and treatment, as well as effective prevention campaigns.
2. Sociocultural research by itself does not provide solutions, but must be incorporated into action-oriented programs thus maintaining credibility and effectiveness.
3. High-risk groups can be used to organize and extend services to other groups at risk. They can be intermediaries to other hard-to-access groups.

4. NGOs and other independent support groups can play an important role in pioneering care and treatment with families, especially if involved from the inception.
5. The Culture of Sexuality in the Caribbean requires more research and can become a Pan Caribbean effort.

Recommendations for Future Research and Strategies

1. Further research should be done on gay men in Jamaica – and strategies to incorporate them into the main program should be developed. The research should look at bisexual men and men who have sex with men for money, barter or social mobility. It should be based on studies on Masculinity in the Caribbean.
2. Research on commercial sex workers is now crucial, in order to move towards action (e.g. MAXI LINDER in Suriname). This could be coupled with studies on Migration and Movement of Peoples, as well as the preliminary work done on CSW and presented at the Workshop on “*Commercial Sex Workers in the Caribbean*” sponsored by CAFRA and the Centre for Gender Studies, UWI in Kingston 1998.
3. The Culture of Sexuality, including the construct of masculinity and femininity, must be further investigated and included in mainstream programs for HIV/AIDS. There already exists data on these topics as well as reproductive health information, historical and social narratives etc.
4. Health care providers in the formal sector should be trained in cultural/sexual orientations to sensitize them to a variation of human behaviours.

Strategies targeted at high-risk groups must be:

- Based on relevant cultural information and variables
- Contain elements of popular culture or sub-cultures
- Utilise cultural channels appropriately
- Non-judgemental and positive towards target groups
- Contain authentic participatory elements that encourage involvement and ownership by target groups.

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