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To cite this article: Eduard J. Beck, Kenika Espinosa, Tanisha Ash, Peter Wickham, Christine Barrow, Ernest Massiah, Ben Alli & Cesar Nunez (2017): Attitudes towards homosexuals in seven Caribbean countries: implications for an effective HIV response, AIDS Care, DOI: [10.1080/09540121.2017.1316355](https://doi.org/10.1080/09540121.2017.1316355)

To link to this article: <http://dx.doi.org/10.1080/09540121.2017.1316355>



Published online: 24 Apr 2017.



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## Attitudes towards homosexuals in seven Caribbean countries: implications for an effective HIV response

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### ABSTRACT

Between 2000 and 2015, the number of people newly infected with HIV in the Caribbean decreased by 76% and HIV-related deaths by 42%. The number of people living with HIV (PLHIV) on anti-retroviral therapy (ART) increased from near zero to 50% (44% to 57%) in 2015. In many Caribbean countries communities of men-who-have-sex-with-other-men (MSM) have higher incidence and prevalence of HIV. They are often stigmatized and subjected to both social and institutional discrimination. This study compared attitudes of the general public obtained through public opinion polls 2013–2014 towards homosexuals and willingness to socialize with them in seven Caribbean countries. Informants were asked if they “hate, tolerate or accept” homosexuals and if they would socialize with them. In St. Vincent 53% indicated they “hate” homosexuals, compared with 12% in Suriname; the converse was observed for those who “accept” homosexuals; 63% of St. Vincent informants would not socialize with homosexuals, compared with 25% in Suriname. Findings for the other 5 countries fell within these ranges. Women were more likely to accept and socialize with homosexuals, as were informants with a tertiary education and “passive” religious believers. These groups are less likely to adhere to a culture of “compulsory heterosexuality” or “hyper-masculinity” dominant among Caribbean men. The homophobic views expressed by these cultures result in stigma and discrimination by members of the “general” public towards MSM. This negatively affects the involvement of MSM in successful national HIV responses. Public messaging, communications campaigns and educational measures need to be employed to change the culture of “compulsory heterosexuality” or “hyper-masculinity” that result in stigma and discrimination of homosexuals to improve early access to services by MSM. Repeat use of well performed opinion polls is one method that can be employed to monitor progress over time in “key” and “general” populations.

### ARTICLE HISTORY

Received 31 August 2016  
Accepted 28 March 2017

### KEYWORDS

Hyper-masculinity; homophobia; stigma & discrimination; structural factors; Caribbean HIV response

### Introduction

Between 2000 and 2015, the annual number of people newly infected with HIV in the ten Caribbean countries with the highest burden of HIV decreased by 76% (74% to 77%) from 42,800 (35,400 to 53,400) to 10,400 (8200 to 14,000), while annual HIV-related deaths decreased by 42% (36% to 44%) from 24,800 (17,200 to 34,600) to 14,500 (9700 to 22,100). The number of PLHIV decreased by 34% (28% to 36%) from 436,100 (335,400 to 549,600) to 285,900 (240,700 to 350,000) (AIDSinfo, 2016) while the percentage of PLHIV on ART increased from near zero to 50% (44% to 57%).

Coverage of prevention of mother-to-child-transmission (PMTCT) increased from 10% (9% to 11%) to 69% (62% to 74%) of pregnancies between the years 2000 and 2015. Four of the 10 countries, had PMTCT

coverage rates greater than 95% in 2015, while more effective ART regimens have been used since 2010. Successful collaborations between healthcare professionals, policy-makers and civil society members have been important factors contributing towards these achievements (AIDSinfo, 2016).

While 88% of PLHIV reside in four countries – Haiti, Dominican Republic, Jamaica and Cuba – the smaller Caribbean countries also have substantial numbers of PLHIV. For four of the seven countries of this comparative study, the prevalence of PLHIV varied between 1.1%–1.5% (Table 1) (AIDSinfo, 2016). Twenty-five percent of Caribbean MSM were estimated to be living with HIV in 2011 (Beyrer et al., 2012). Few of the smaller Caribbean countries have such information but mode of HIV transmission studies (MOTs) performed in the Caribbean countries with the largest number of PLHIV, indicate that

**Table 1.** Demographic characteristics of informants polled in countries.

Demographic characteristics	St. Vincent (%)	Grenada (%)	Guyana (%)	Trinidad and Tobago (%)	St. Lucia (%)	Belize (%)	Suriname (%)
Prevalence of people living with HIV in 2015	N/A	N/A	1.5 (1.4–1.6)	1.2 (1.1–1.3)	N/A	1.5 (1.4–1.7)	1.1 (0.9–1.3)
Respondents interviewed	<i>n</i> = 788	<i>n</i> = 800	<i>n</i> = 1034	<i>n</i> = 1100	<i>n</i> = 785	<i>n</i> = 773	<i>n</i> = 757
<i>Sex</i>							
Women	50	49	47	49	51	52	49
Men	50	51	53	51	49	48	51
<i>Racial background</i>							
Afro	67	68	37	47	74	41	37
Mixed	25	20	26	13	18	40	18
Indo	4	8	26	23	3	11	25
Other	4	4	10	17	5	8	21
<i>Age group</i>							
18–30 years	35	37	42	34	37	38	43
31–50 years	35	35	34	34	33	36	34
51 and over	30	28	24	32	30	26	23
<i>Education</i>							
Primary	20	18	14	15	21	35	12
Secondary	45	41	37	46	43	38	42
Technical/ Vocational	11	9	18	16	12	10	21
Tertiary	24	32	31	22	24	19	26
<i>Employment status</i>							
Employed full-time	25	30	52	41	34	27	46
Employed part-time	11	11	6	10	9	9	9
Other Employment	43	43	37	41	38	49	41
Unemployed	21	16	5	8	19	15	4
<i>Religion</i>							
Catholic Christian	11	44	0	25	52	48	33
Protestant	33	29	20	24	11	17	9
Evangelical Christian	25	13	42	12	13	10	24
Muslim	1	2	10	8	1	1	12
Hindu	0	1	16	14	0	1	12
Other	30	11	12	17	23	23	10
<i>Religious status</i>							
Active	56	59	58	56	59	44	45
Passive	44	41	42	44	41	56	55

Note: N/A = not available.

in the Dominican Republic and Jamaica 30% of newly infected people were MSM, (UNAIDS, COPRESIDA and DIGECITSS, 2011; UNAIDS, 2014a), compared with 8% in Haiti (Lamarre Georges, 2014) and 3% of Cuban PLHIV were MSM (República de Cuba, 2014).

Country stakeholders need to “know their epidemic” and identify communities that are disproportionately affected with HIV to improve the effectiveness and efficiency of biomedical, behavioral or structural interventions. However, for HIV responses to be successful the “general” population also need to be engaged. The norms, mores, views and opinions of the general public comprise part of the structural factors or fabric that are socially embedded (Plummer, 2009) and influence a country’s HIV response. These include norms and opinions on sex, sexuality and punitive laws that affect key and vulnerable populations. Perceived or actual stigma and discrimination affects access to and use of services and stigma occurs at individual, community and societal levels and these sectors interact in a dynamic way (Leslie, 2000).

Across the world MSM are stigmatized and subjected to both social and institutional discrimination (Pew Global Attitudes Project, 2014). Eleven countries in the

Caribbean have “buggery/sodomy laws” prohibiting anal sex between men. These laws are part of a British colonial legal heritage and strengthened through local mores, values and socialization. Many MSM fear public exposure and are likely to access appropriate health or social services late in their disease course if at all (McLean et al., 2012; Ayala et al., 2013). The aim of this study was to compare attitudes of the general public towards homosexuals in seven Caribbean countries and whether they were willing to socialize with homosexuals.

## Methods

Attitudes towards and socialization with homosexuals were obtained using public opinion polls in seven Caribbean countries: Trinidad and Tobago (2013); Grenada (2013); Guyana (2013); Belize (2013); St. Lucia (2013); Suriname (2014) and St Vincent (2014). They were performed by the *Caribbean Development Research Services Incorporated* (CADRES) a regional research organization that has conducted social, economic and political research throughout the Caribbean. Informants were asked to classify themselves in terms of age and sex. Informants were also asked to state their religious

affiliation. They were then asked whether they considered themselves “an ‘active follower’ of your religion”. The responses were categorized as “Yes, active”, “No, passive” or “Unsure/won’t say.”

Two questionnaires were used. The first focused on attitudes towards homosexuals and was used in Guyana (2013). The instrument was then broadened, while retaining the questions on attitudes towards homosexuals, to include domestic violence, child abuse and sexual reproductive health. This instrument was applied in Trinidad and Tobago (2013), Grenada (2013), Belize (2013), Suriname (2013), St Lucia (2014) and St Vincent (2014). The survey was administered face-to-face by interviewers of the same sex.

Four studies on *Attitudes towards Homosexuals* preceded and informed the studies that provided the information for this analysis. These were performed in Barbados in 2004 and 2013, Guyana and Trinidad and Tobago in 2013 (Anonymous, 2004; Anonymous, 2013a, 2013b, 2013c). In 2012 representatives from the Guyanese Society Against Sexual Orientation Discrimination (SASOD), Trinidad and Tobago’s Coalition Advocating for Inclusion of Sexual Orientation (CAISO), The United Gays & Lesbians Against AIDS Barbados (UGLAAB), CADRES, University of the West Indies and UNAIDS met in Port of Spain. The 2004 Barbados study was discussed and its methodology refined for the 2013/4 studies. This included the use of specific questions and terms like “hate” “accept” and “tolerate” and “homosexual” that were considered most appropriate for the polls.

One of the authors [EM] spoke with relevant policy-makers of the seven countries to obtain approval to conduct the polls and provided feedback on the results. Participants in a CADRES public opinion poll are told of the nature of the poll and verbal permission to participant is sought. Informants could decline to participate at any stage during the interview or decline to answer specific questions. National samples of between 800 and 1000 informants were generated and each of the polls had a margin of error  $\pm 5\%$ . Sample sizes were based on the premise that a 95% confidence level can be achieved with a sample between 800 and 1000 informants (Babbie, 2001).

The polls employed a stratified random sample of each polling divisions in each constituency of each country with age and sex as primary strata. Interviewers were instructed to adhere to protocols that demanded quotas for both of these demographic variables, and produced sample sizes similarly divided by sex and three age categories: 18–30 years; 31–50 and 51 years and older. To ensure representative geographical coverage, interviewers were assigned areas based on a random selection of polling divisions in each constituency of each country. In each instance, interviewers selected 12, 24, 36 or 48

households in a random manner (one in three) and conducted one face-to-face interview at each of 12, 24, 36 or 48 households. No interviews were conducted in public areas, like bars or among community groups, in order to obtain national views and opinions based on a standard geographical distribution of households.

Respondents could complete the survey form themselves if such a request was made. Potential respondents were informed about the type of questions contained in the survey and their approval was sought prior to proceeding. Participation in the survey was voluntary and respondents were asked all questions. If questions were either irrelevant or respondents either did not know or would not say, respondents could indicate accordingly and that response was recorded.

Informants were asked on their attitude towards homosexuals. The question that was asked in all seven countries was whether the informants “accept, tolerate or hate homosexuals”. Some of the categories and responses were dichotomized including “accept/tolerate” or “hate”. A second question that was asked in all countries except Guyana was whether informants would socialize with a homosexual. Informants were asked if they would “hang-out in public” or “lime” with homosexuals? “Liming” is a Caribbean expression for socializing. Some of the results are presented in terms of percentages with 95% confidence intervals (CIs). The confidence intervals were calculated using recognized formulae (Eberly College of Science, 2016).

Epi-info 7 was used to perform the non-parametric analyses and cross-tabulations to generate  $X^2$  values. Univariate and multivariate logistic regressions were performed using IBM Statistics 20 software (IBM, 2012). The dependent variables were “hate” and “accept/tolerate” and the model tested the likelihood to “hate” homosexuals. The variables initially entered into the multivariate model included countries, sex, age categories, religion, employment status, education, race and religious attitude. Backward stepwise selection was used as the procedure for the final model as variables with  $p > 0.05$  were eliminated.

## Results

The percentage of PLHIV varied between 1.1% and 1.5% for the countries with this information (Table 1). The demographic characteristics of the informants did not differ substantially across the seven countries and the proportion of men and women were similar (Table 1). In St Vincent, Grenada, St. Lucia and Belize fewer self-identified Indians were interviewed and more informants of African descent. Each of the samples was equally distributed across all age-categories, apart from

Guyana and Suriname with more younger informants (Table 1). Educational levels were similarly distributed across countries except for Belize that had the greatest percentage of informants with only primary school and fewer with tertiary education (Table 1). The proportion of self-identified “active” believers was higher than “passive” believers in all countries except Belize and Suriname (Table 1).

### Attitudes towards homosexuality

The responses from informants whether they “hate”, “tolerate” or “accept” homosexuals varied across countries. Fifty-three percent of respondents in St. Vincent said they “hate” homosexuals compared with 12% in Suriname; the converse was observed for those who said that they “accept” homosexuals. (Figure 1). Women were significantly more accepting or tolerant than men in all countries (Table 2). When stratified by age, younger Guyanese and Trinidadians more likely to “accept/tolerate” (Table 2). These included younger men from Trinidad & Tobago and St. Lucia and younger women from Guyana. No other significant sex and age-group differences were observed. In Trinidad & Tobago and Suriname, “passive” believers “accept/tolerate” significantly more than “active” believers (Table 3).

Based on the multi-variate model, informants from Suriname and Belize were less likely to “hate” compared with those from Guyana and St. Lucia; informants from Grenada, Trinidad & Tobago and St. Vincent were more likely to “hate” homosexuals compared with informants

from Guyana (Table 4). Men were more likely to “hate” compared with women as were people with “active” religious beliefs. People with tertiary education were less likely to “hate” (Table 4).

### Socializing with homosexuals

Informants from all countries except Guyana were asked if they would “hang-out in public” or “lime” with a homosexual. While 25% of the St Vincent informants said that they would, 63% said they would not lime with a homosexual; converse responses were obtained in Suriname (Figure 2). Women were more likely to lime with a homosexual (Table 5), while in St. Vincent, Trinidad & Tobago and St. Lucia younger respondents were more likely than older respondents to lime with homosexuals (Table 5).

Younger women from St. Vincent, Trinidad & Tobago and St. Lucia were more likely to lime with homosexuals compared with older women while only younger men from Trinidad & Tobago more willing to lime with homosexuals. In St. Vincent, Trinidad & Tobago and St. Lucia “passive” believers were more likely to lime with a homosexual, but this was not observed in the other three countries (Table 5).

### Attitude and socializing

Men and women who “accept/tolerate” a homosexual indicated that they “will lime” with them (Table 6).

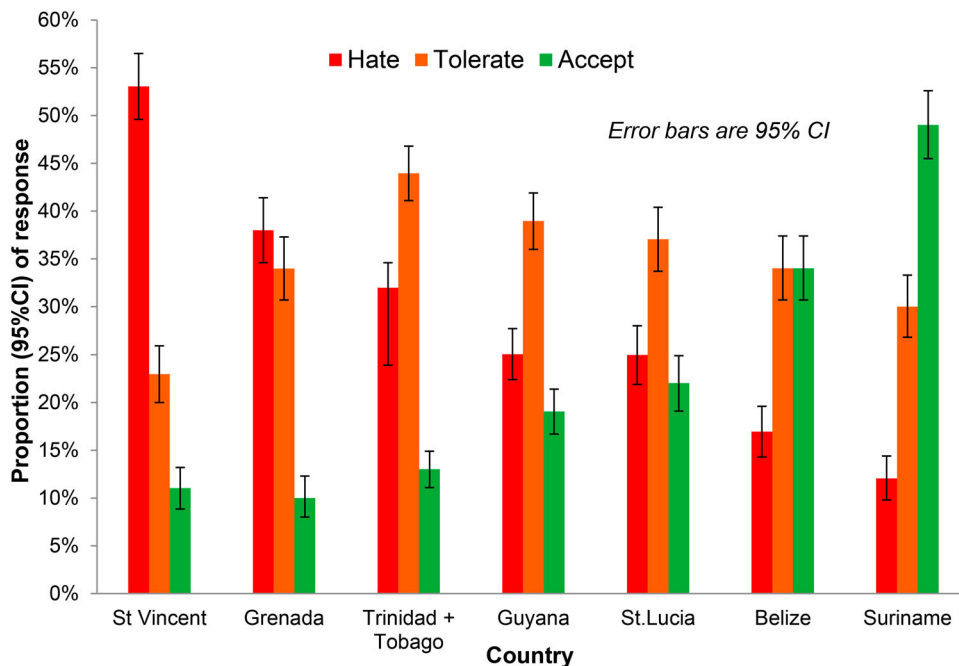


Figure 1. Responses by informants to the question to “hate, tolerate or accept” homosexuals in different Caribbean countries.

**Table 2.** Percentage (number) responses of informants on attitude (“accept/tolerate” vs “hate”) by gender and age group.

Percentage (number) responses of informants on attitude (“accept/tolerate” vs “hate”) for men and women by country															
	St. Vincent (N = 679)		Grenada (N = 644)		Guyana (N = 863)		Trinidad and Tobago (N = 972)		St. Lucia (N = 660)		Belize (N = 647)		Suriname (N = 691)		
	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	
Men	30% (N = 107)	70% (N = 248)	48% (N = 160)	52% (N = 173)	66% (N = 266)	34% (N = 139)	57% (N = 282)	43% (N = 209)	61% (N = 198)	39% (N = 128)	75% (N = 236)	25% (N = 77)	82% (N = 288)	18% (N = 63)	
Women	48% (N = 157)	52% (N = 167)	60% (N = 186)	40% (N = 125)	74% (N = 338)	26% (N = 120)	70% (N = 339)	30% (N = 145)	80% (N = 266)	20% (N = 68)	86% (N = 285)	14% (N = 48)	92% (N = 310)	8% (N = 28)	
	$\chi^2 = 23.1 p < 0.0001$		$\chi^2 = 8.5 p < 0.004$		$\chi^2 = 6.4 p < 0.02$		$\chi^2 = 16.2 p < 0.0001$		$\chi^2 = 27.3 p < 0.0001$		$\chi^2 = 10.1 p < 0.0001$		$\chi^2 = 13.2 p < 0.0001$		
Percentage (number) responses of all informants on attitude (“accept/tolerate” vs “hate”) by age-group and country															
Years	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	
18–30	44% (N = 105)	56% (N = 133)	56% (N = 141)	44% (N = 110)	71% (N = 260)	29% (N = 105)	68% (N = 223)	32% (N = 103)	67% (N = 168)	33% (N = 81)	81% (N = 198)	20% (N = 48)	87% (N = 262)	14% (N = 41)	
31–50	34% (N = 83)	66% (N = 159)	55% (N = 124)	45% (N = 101)	74% (N = 217)	26% (N = 75)	66% (N = 223)	34% (N = 113)	72% (N = 152)	28% (N = 58)	78% (N = 184)	22% (N = 51)	87% (N = 208)	13% (N = 30)	
>51	38% (N = 76)	62% (N = 123)	48% (N = 82)	52% (N = 88)	62% (N = 127)	38% (N = 79)	56% (N = 172)	44% (N = 138)	72% (N = 143)	29% (N = 57)	83% (N = 138)	17% (N = 28)	86% (N = 129)	14% (N = 21)	
	$\chi^2 = 2.0 p = 0.16$		$\chi^2 = 2.5 p = 0.11$		$\chi^2 = 4.3 p < 0.04$		$\chi^2 = 11.6 p < 0.0007$		$\chi^2 = 0.9 p = 0.36$		$\chi^2 = 0.23 p = 0.63$		$\chi^2 = 0.02 p = 0.9$		

**Table 3.** Percentage (number) of all responses on attitude (“accept/tolerate” vs “hate”) by religious status and country.

	St. Vincent (N = 679)		Grenada (N = 644)		Guyana (N = 863)		Trinidad and Tobago (N = 972)		St. Lucia (N = 660)		Belize (N = 647)		Suriname (N = 691)	
	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate
Active	41% (n = 132)	60% (n = 194)	57% (n = 198)	43% (n = 151)	70% (n = 314)	30% (n = 134)	61% (n = 308)	39% (n = 200)	73% (n = 253)	27% (n = 96)	82% (n = 204)	18% (n = 45)	83% (n = 232)	17% (n = 46)
Passive	38% (n = 104)	62% (n = 169)	50% (n = 121)	50% (n = 120)	73% (n = 239)	27% (n = 90)	68% (n = 274)	32% (n = 130)	69% (n = 162)	31% (n = 74)	81% (n = 271)	19% (n = 62)	90% (n = 323)	10% (n = 34)
	$\chi^2 = 0.3 p = 0.61$		$\chi^2 = 2.2 p < 0.14$		$\chi^2 = 0.49 p = 0.49$		$\chi^2 = 4.7 p < 0.03$		$\chi^2 = 0.83 p = 0.36$		$\chi^2 = 0.0 p = 0.95$		$\chi^2 = 6.4 p < 0.02$	

**Table 4.** Multivariate logistic regression model investigating attitude (“hate” vs “accept/ tolerate”) as dependent variable with independent variables described Table 1.

Variables	B	Odds Ratio	95% C.I.for EXP(B)		P-value
			Lower	Upper	
Country					
Guyana*					<0.001
Belize	-0.762	0.467	0.355	0.613	<0.001
St. Lucia	-0.045	0.956	0.75	1.219	0.716
Grenada	0.732	2.079	1.649	2.621	<0.001
St. Vincent	1.293	3.645	2.892	4.595	<0.001
Suriname	-1.075	0.341	0.256	0.455	<0.001
Trinidad and Tobago	0.268	1.307	1.058	1.615	0.013
Sex					
Men	0.651	1.918	1.678	2.192	<0.001
Education					
Tertiary					<0.001
Primary	0.844	2.326	1.894	2.856	<0.001
Secondary	0.594	1.811	1.525	2.152	<0.001
Post-Secondary	0.271	1.311	1.044	1.647	0.02
Religious status					
Active	0.137	1.147	1.003	1.311	0.046
Constant	-1.72	0.179			<0.001

Note: Variable(s) entered on step 5: Country, Sex, Education, religious status.

\*Guyana used as base-line.

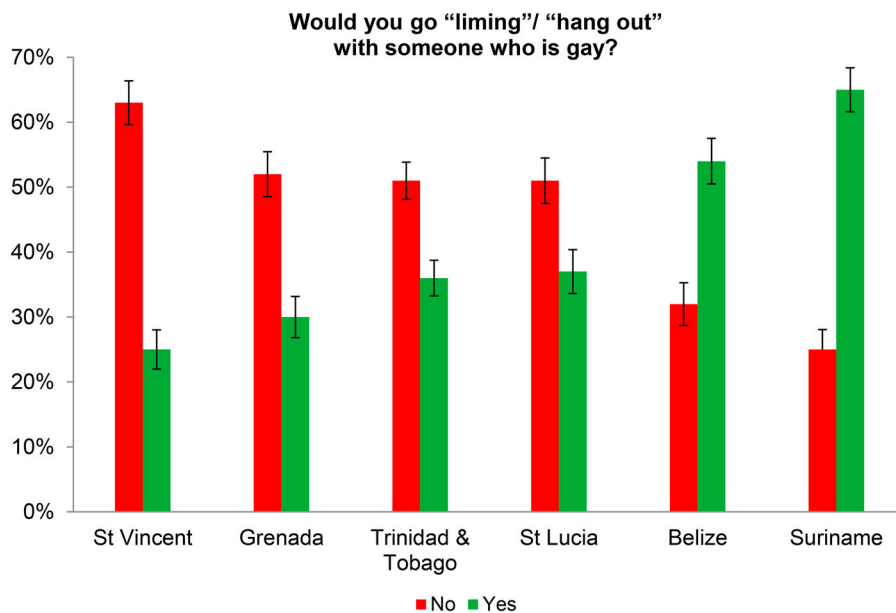
However, 24% to 52% of men in Suriname and St. Lucia respectively indicated that while they “accept/tolerate” homosexual, they “will not lime” with them. Women have similar trends but proportions were lower compared with men: 12% in Suriname to 33% in Trinidad & Tobago.

## Discussion

The number of informants that indicated that they “hate” homosexuals and their willingness to “lime” with them varied across the countries surveyed. Countries with higher percentages of informants that “hate” homosexuals also had the higher percentage

who “will not lime” with them. Suriname and Belize were the countries with the lowest proportion of informants who “hate”, the highest percentage who “accept” homosexuals and they had the highest percentage of “passive” believers. Significant proportions of men and women indicated they “accept/tolerate” homosexuals but “will not lime” with them. Men were more likely to “hate” homosexuals compared with women, especially those without a tertiary education and were “active” believers. Women were more willing to socialize with homosexuals compared with men.

The sample sizes for the Caribbean polls were similar to those used for the polls conducted by the Pew Research Center (Pew Global Attitudes Project, 2014).



**Figure 2.** Responses by informants to the question “will you or will you not hang-out/lime” with homosexuals in different Caribbean countries.

**Table 5.** Percentage (number) of all responses on socializing (“will lime” vs “will not lime”) by sex, age-group, religion and country.

Percentage (number) of all responses on socializing (“will lime” vs “will not lime”) by sex and country												
	St. Vincent (N = 679)		Grenada (N = 644)		Trinidad and Tobago (N = 972)		St. Lucia (N = 660)		Belize (N = 647)		Suriname (N = 691)	
	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime
Men	18% (N = 64)	82% (N = 295)	30% (N = 100)	70% (N = 234)	31% (N = 153)	69% (N = 345)	31% (N = 105)	69% (N = 230)	53% (N = 167)	47% (N = 149)	64% (N = 216)	36% (N = 122)
Women	40% (N = 133)	60% (N = 197)	43% (N = 131)	57% (N = 177)	53% (N = 247)	47% (N = 218)	54% (N = 185)	47% (N = 161)	72% (N = 252)	28% (N = 96)	81% (N = 273)	19% (N = 62)
	$\chi^2 = 42.5 p < 0.0001$		$\chi^2 = 10.5 p = 0.001$		$\chi^2 = 48.7 p < 0.0001$		$\chi^2 = 33.1 p < 0.0001$		$\chi^2 = 26.4 p < 0.0001$		$\chi^2 = 25.3 p < 0.0001$	
Percentage (number) responses of all informants on socializing (“will lime” vs “will not lime”) by age-group and country												
Years	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime
18–30	36% (N = 86)	64% (N = 153)	39% (N = 94)	61% (N = 146)	50% (N = 164)	50% (N = 162)	47% (N = 116)	53% (N = 129)	63% (N = 158)	37% (N = 94)	77% (N = 225)	23% (N = 66)
31–50	24% (N = 60)	76% (N = 189)	36% (N = 81)	64% (N = 142)	48% (N = 160)	52% (N = 173)	43% (N = 99)	57% (N = 129)	64% (N = 155)	36% (N = 87)	68% (N = 163)	32% (N = 77)
>51	25% (N = 51)	75% (N = 150)	32% (N = 58)	68% (N = 123)	25% (N = 76)	75% (N = 228)	36% (N = 74)	64% (N = 133)	61% (N = 103)	39% (N = 66)	71% (N = 102)	29% (N = 41)
	$\chi^2 = 6.8 p < 0.01$		$\chi^2 = 2.4 p = 0.12$		$\chi^2 = 41.2 p < 0.0001$		$\chi^2 = 6.3 p = 0.01$		$\chi^2 = 0.12 p = 0.73$		$\chi^2 = 3.2 p < 0.08$	
Percentage (number) responses active and passive believers on socializing (“will lime” vs “will not lime”) by country												
	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime	Will lime	Will not lime
Active	31% (N = 103)	69% (N = 233)	37% (N = 125)	63% (N = 213)	37% (N = 186)	63% (N = 320)	39% (N = 141)	61% (N = 218)	62% (N = 166)	38% (N = 102)	70% (N = 192)	30% (N = 82)
Passive	25% (N = 68)	76% (N = 209)	35% (N = 88)	65% (N = 163)	46% (N = 188)	54% (N = 217)	51% (N = 122)	49% (N = 118)	64% (N = 216)	36% (N = 119)	76% (N = 261)	24% (N = 83)
	$\chi^2 = 22.4 p < 0.001$		$\chi^2 = 0.2 p = 0.69$		$\chi^2 = 83 p < 0.005$		$\chi^2 = 22.4 p < 0.0001$		$\chi^2 = 0.3 p = 0.6$		$\chi^2 = 2.3 p = 0.12$	

**Table 6.** Percentage (number) responses on attitude (“accept/tolerate” vs “hate”) and socializing (“will lime” vs “will not lime”) by sex and country.

	St. Vincent (N = 679)		Grenada (N = 644)		Trinidad and Tobago (N = 972)		St. Lucia (N = 660)		Belize (N = 647)		Suriname (N = 691)	
	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate	accept + tolerate	hate
Men												
Will lime	58% (N = 53)	1% (N = 3)	60% (N = 80)	8% (N = 12)	49% (N = 130)	8% (N = 17)	48% (N = 85)	10% (N = 12)	71% (N = 149)	8% (N = 6)	76% (N = 202)	9% (N = 5)
Will not lime	42% (N = 39)	99% (N = 241)	40% (N = 54)	92% (N = 147)	51% (N = 133)	92% (N = 185)	52% (N = 93)	90% (N = 103)	29% (N = 60)	92% (N = 71)	24% (N = 63)	91% (N = 50)
	$\chi^2 = 149 p < 0.0001$		$\chi^2 = 89 p < 0.0001$		$\chi^2 = 87 p < 0.0001$		$\chi^2 = 42 p < 0.0001$		$\chi^2 = 89 p < 0.0001$		$\chi^2 = 87 p < 0.0001$	
Women												
Will lime	73% (N = 100)	9% (N = 14)	68% (N = 106)	12% (N = 14)	67% (N = 207)	24% (N = 32)	71% (N = 169)	10% (N = 6)	85% (N = 220)	7% (N = 3)	88% (N = 254)	13% (N = 3)
Will not lime	27% (N = 37)	91% (N = 142)	32% (N = 49)	88% (N = 101)	33% (N = 104)	76% (N = 100)	29% (N = 68)	90% (N = 57)	15% (N = 40)	93% (N = 42)	12% (N = 36)	87% (N = 20)
	$\chi^2 = 149 p < 0.0001$		$\chi^2 = 89 p < 0.0001$		$\chi^2 = 65 p < 0.0001$		$\chi^2 = 76 p < 0.0001$		$\chi^2 = 115 p < 0.0001$		$\chi^2 = 76 p < 0.0001$	



Increased sample size might have improved the precision of the study findings, though many of the differences were already found to be statistically significant. In some countries, younger informants were over-represented and older ones under-represented. The polls were performed in a limited number of Caribbean countries, six with a British colonial background and Suriname that has a Dutch colonial background.

That more men “*hate*” homosexuals may be related to the prevailing Caribbean cultures of “compulsory heterosexuality” (Plummer, 2013) or “hyper-masculinity” (Crichlow, 2004). Within these cultures, men are supposed to have multiple female partners. As some homosexual men in the Caribbean are married as a cover for their relationships with other men, all men who have one steady female partner are suspected of being homosexual and stigmatized for insufficient interest in women: “one-burners” (Plummer, 2013). As summarized by Crishlow (2004) “*I found a desperate assurance in my hyper-masculinity through religion, sports, aggressiveness, loudness, having many intimate woman friends, and practicing occupations or trades constructed as “manly” in my family and the community at large*”.

Plummer (2005) reminds us that “*homophobia is only secondarily and indirectly concerned with sexual practice*” and is expressed in a variety of ways. While strong peer-group pressure is a major factor that according to him sustains this culture of “compulsory heterosexuality”, he considers that other factors also operate. These include some religious beliefs or practises, including opposition to the use of condoms, reinforcement of “hyper-masculinity” while some beliefs may deepen sexual stigma and homophobia (Plummer, 2009).

Stigma can be defined as an attribute considered by dominant sections of society to be strongly discrediting (Herek, 2004; McLean et al., 2012; Ayala et al., 2013; Pew Global Attitudes Project, 2014). It develops through rules or sanctions against a perceived deviance, such as same-sex practices, and leads to discrimination within socially defined power situations. Individuals who have experienced stigma are likely to report low levels of access to services (Fay et al., 2011; Sayles, Wong, Kinsler, Martins, & Cunningham, 2009). Some studies have observed strong associations between discrimination, denial of healthcare services, sexuality-based blackmail, and fear of seeking access to healthcare services (McLean et al., 2012; Ayala et al., 2013; Rutledge, Abell, Padmore, & McCann, 2009). The UNAIDS Global AIDS Update 2016, indicated that

the design and delivery of HIV prevention services are limited by a reluctance to reach out to key populations. In many countries, they are pushed to the fringes of society by stigma and the criminalization of same-sex

relationships, drug use and, sex work. This marginalization limits their access to HIV services. (UNAIDS, 2016a)

Though not many prosecutions are made on the basis of the “buggery laws”, they remain on the statute books (Gaskins, 2013) and reflect and reinforce a persistent degree of stigmatization and discrimination against these men (Leslie, 2000; Herek, 2004). However, the Chief Justice of Belize recently ruled that such laws “*violated the rights to human dignity, privacy, freedom of expression, non-discrimination and equality before the law. The Court’s decision means that consensual, private sex acts between adults—regardless of sex or sexual orientation—are no longer illegal in Belize*” (UNAIDS, 2016b).

An appeal against Section 53 is currently in progress and supported by some religious leaders (Parks, 2016). At a recent Caribbean Conference of Faith Leaders some participants, however, indicated that they would no longer support this appeal, while others continue to pursue it. One of the recommendations coming out of the Conference was “*noting areas of litigation that may challenge religious values and the responses required to harmonise principles and practices around human rights, human sexuality and human dignity*” (PANCAP, 2017). It was agreed to “*establish a Regional consultative group working virtually toward the implementation of the recommendations*” of the Conference (PANCAP, 2017).

In 2013, the Pew Research Center performed opinion polls on the degree of acceptance of homosexuality in 39 countries excluding the Caribbean. Broad acceptance was observed in North America, the European Union, and much of Latin America, but widespread rejection of homosexuality was observed in predominantly Muslim nations, Africa and parts of Asia and Russia. Acceptance seems particularly widespread in countries where religion is less central in people’s lives. Women were consistently more accepting of homosexuality than men, and younger respondents offered more tolerant views than older ones. In poorer countries, with high levels of religiosity and lower educational systems, few believe homosexuality should be accepted by society (Pew Global Attitudes Project, 2014). In a recent Jamaican poll, 88% of 1087 persons interviewed indicated that homosexuality should not be accepted, 70% did not support equal rights for homosexuals, while 26% indicated that they “hate” them (UNAIDS, 2016c), findings that are in line with past Jamaican polls (Boxill et al., 2011; Boxill et al., 2012).

The Caribbean and Pew Research Centre polls reinforced the utility of opinion polls to assess public opinion on health issues or other policy issues (Public Opinion Polls, 2016). However, to obtain more detailed causal information, in-depth surveys, like the

*Demographic and Health Surveys* (DHS) (ICF International, 2006), are required to complement these polls. Such surveys can provide greater insights into health-related associations that can form the basis of developing indicators that can be monitored over-time through the use of opinion polls.

To build on the successes achieved to date by the Caribbean HIV response, it is necessary to involve communities that are disproportionately infected and affected by their HIV epidemic. It also requires understanding of the views and opinions of the “general” public regarding these communities. Opinions about sexuality and homosexuality comprise part of the structural factors that influence a country’s response to its HIV epidemic. Based on such understanding, public messaging, communications and educational campaigns can be reshaped and targeted more effectively for the elimination of stigma and discrimination, resulting in a more effective, efficient, equitable and acceptable HIV response. Sexuality, embraces concepts like identity, attraction and behavior (De Cecco & Shively, 1984). As demonstrated by the CARIMIS survey (UNAIDS, 2014b), Caribbean men who have sex with other men vary in terms of their identification from “gay”, “homosexual”, “bisexual” to “straight”. A need therefore exists for the development and implementation of sophisticated educational messages and programs, so that these different men can identify with these messages. Furthermore messages for key-populations should be complemented by producing messages for the wider “general” population as part of a comprehensive HIV response to reduce stigma and discrimination.

### Acknowledgement

The authors thank the Norwegian Government for part funding the study, with the remainder of the resources coming from UNAIDS. We appreciate the contribution of all informants that participated in the country polls as well as the following individuals who contributed to the completion of this work: Otilia St. Charles, Michel de Groulard, John Hassell, Kris Hind, Julia Jarno, Sundhiya Mandalia, Cedriann Martin, Kwame Mitchell, and the reviewers of earlier drafts of this paper. This paper reflects the views of the authors and not necessarily UNAIDS.

### Disclosure statement

No potential conflict of interest was reported by the authors.

### Funding

This work was supported by Norwegian Ministry of Foreign Affairs.

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