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Authors

Harris, Orlando O
Jarrett, Sharlene

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Beyond Homophobia: How Do Jamaican Men Who Have Sex with Men Build Communities, Affirm Identity, and Mitigate Homophobia?

Orlando O. Harris, PhD, RN, MPH, FNP*
Sharlene Jarrett, PhD, MSc

Jamaican men who have sex with men (MSM) have experienced widespread stigma and discrimination. Much of the research on Jamaican MSM has focused on HIV risk behaviors. We examined the social and romantic relationships of Jamaican MSM and how these factors fostered a sense of community in an anti-homosexual environment. Qualitative in-depth interviews were conducted with 30 MSM ages 18 to 29 years. Women and familial matriarchal figures were more likely to accept someone identified as homosexual and provide protection against homophobia. Jamaican MSM affirmed their identity by providing emotional support and safe spaces, which aided in building a sense of community. Relationships with friends and intimate partners were a source of love and validation as opposed to simply sexual gratification. The social and romantic relationships of Jamaican MSM transcended the social boundaries of homophobia, affirmed sexual identity and orientation, and served as facilitators across most general societal and cultural interactions.

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Keywords: homophobia, identity affirmation, Jamaica, men who have sex with men, sexuality, social support

Jamaica has been labeled one of “the most homophobic places on earth” by international human rights

and lesbian, gay, bisexual, and transgender (LGBT) organizations (Padgett, 2006). In evidence, the Jamaica Forum for Lesbians, All-Sexuals and Gays, a local rights advocacy organization, has documented many cases of violence toward men who have sex with men (MSM) and other sexual minorities (Human Rights Watch, 2014; Logie et al., 2016). Emblematic of the pervasive homophobia in Jamaican society, a popular genre of music known as dancehall often promotes violence toward MSM (Hope, 2010). The legal landscape also engenders homophobia (Lovell, 2016; Reid, 2017). The buggery (sodomy) law, a remnant of British colonial rule, criminalizes anal sex and carries a punishment of 10 years in prison at hard labor (Jamaica Ministry of Justice, 2009). While heterosexual couples may also engage in anal intercourse, the only cases prosecuted concern sexual intercourse between men. Moreover, law enforcement officers use the charge to threaten or blackmail MSM when found to be engaging in any form of intimacy with other men

Orlando O. Harris, PhD, RN, MPH, FNP, is a Postdoctoral Fellow, University of California, San Francisco, School of Medicine, Center for AIDS Prevention Studies, San Francisco, California, USA. (*Correspondence to: . Orlando.Harris@ucsf.edu).

Sharlene Jarrett, PhD, MSc, is Jamaica HIV Epidemiology Technical Advisor, University of California, San Francisco, School of Medicine, Global Health Sciences, San Francisco, California, USA.

(Human Rights Watch, 2014). Others use the law to deny Jamaican MSM employment, education, and housing (Harris, 2014; Logie et al., 2016).

Jamaican MSM experience stigma and discrimination from families, churches, education, and other social institutions (Andrinopoulos, Figueroa, Kerrigan, & Ellen, 2011; West & Cowell, 2015). Stigma and discrimination have also been cited as drivers of the HIV epidemic, where the prevalence is 32% among MSM, compared with 1.6% in the general population (Figueroa et al., 2013; Figueroa et al., 2015). Stigma and discrimination has decreased MSM engagement with HIV testing services, the continuum of care, use of public health facilities, and disclosure of HIV status and sexual behaviors to medical providers (Rogers et al., 2014). This context depicts Jamaican MSM as victims, and promotes a narrative that most would rather leave the island through asylum than build communities at home in Jamaica (Anderson et al., 2009). The prevailing narrative in the literature (using keywords such as Jamaica, MSM, social support, intimate partners, asylum, and migration) describes Jamaican MSM experiences with homophobia, stigma and discrimination, HIV knowledge, and other epidemiological data. Missing from the literature is the narrative of MSM who have chosen to remain on the island, receive support from family and friends, and find love from intimate partners.

Several studies have documented the state of the HIV epidemic for Jamaican MSM (Figueroa et al., 2015; Figueroa, 2014). There is also evidence that fear of violence limits self-acceptance and expression among MSM in Jamaica (Logie et al., 2016). However, less is known about how everyday experiences of MSM shape a sense of self, sexual identity, and social support. Moreover, less is also known about how homosexual stigma affects the formation of personal identity. The goal of this qualitative analysis was to describe the experiences of Jamaican MSM as they explored and affirmed their sexual identities, how they used their social and romantic relationships to build strong communities, and the ways in which they have mitigated antihomosexual violence. This article can inform researchers, policymakers, and public health practitioners on the importance of building on the strengths of the community in order to engage hard-to-reach MSM in HIV prevention and treatment programs.

Methods

This qualitative analysis was generated from the lead author's dissertation, which examined the social and cultural determinants of HIV risk among young Jamaican MSM (Harris, 2014). The dissertation research explored the social and cultural climate (current discourses in the society about homosexuality), sexual identity development, relationship and support systems, and the psychosocial impact of homophobia. Individual interviews and a focus group discussion were used to understand these experiences among Jamaican MSM (Krueger & Casey, 2015). Ethical approval was obtained from the Research Subjects Review Board of the University of Rochester Medical Center and the Ethics Committee of the University of the West Indies, Mona Campus in Kingston, Jamaica.

Participants and Recruitment

Men interested in participating in the study were eligible if between 18 and 30 years of age, biologically male, and sexually involved with another man in the previous 6 months. Those who met the eligibility criteria and were interested in participating provided verbal and written consent. Participants ($n = 20$) were offered a date and location for a 90-minute semi-structured individual interview. One single focus group discussion ($n = 10$) with men not previously interviewed was conducted shortly after the completion of all individual interviews.

Participants were recruited using purposive sampling techniques and through peer referrals from several parishes across the island (Kristensen & Ravn, 2015). Purposive sampling was chosen as the preferred sampling method because of the stigmatized environments in which many of these participants explored their sexuality and the sensitivity of the topics of interest in the study. We posted study promotion materials at locations frequented by the population (i.e., health centers, university campuses, and LGBT organizations). Others were recruited through contacts with the lead author at MSM-related social events in the Kingston metropolitan area. Participants were remunerated \$20 USD for their time and travel. All

interviews and the focus group discussion were facilitated by the lead author, a Jamaican American nurse practitioner familiar with the MSM community and culture, and fluent in Creole/Patois (Milner, 2007).

Measures

An interview guide was drafted prior to the start of the study to provide systematic sequencing of the questions (Milner, 2007). However, the facilitator accommodated variations based on the flow of conversation (Krueger & Casey, 2015). The guide was developed based on previous research with Jamaican MSM and ethnographic materials that explored homosexuality and masculinity within the Jamaican cultural context (Chevannes, 2001; Figueroa et al., 2013; Hope, 2010). The guide was edited to account for new perspectives that emerged from interviews (i.e., discrimination at the community level, acceptance or rejection of feminine men, navigation of factors that may impact personal safety). After saturation was reached, a confirmatory focus group discussion was held to resolve disagreements and clarify complex ideas (i.e., social and cultural constructs of sex and sexuality) that were identified from the individual interviews (Carlsen & Glenton, 2011). For example, some individual interview participants indicated that the removal of the island's sodomy laws would improve societal acceptance of homosexuality; however, during the larger focus group discussion ($n = 10$), participants believed removal of the law could create more tensions for gay and bisexual men. The single focus group discussion allowed us to explore these nuanced impressions among a group of young men with different lived experiences.

The approach chosen for our research project and the construction of the relevant study materials was informed by the Social Ecological Model (Golden & Earp, 2012; McLeroy, Bibeau, Steckler, & Glanz, 1988). The Social Ecological Model, a reexamination of the ecological model first introduced in the late 1970s (Bronfenbrenner, 1979) offered five sources of influence on health behavior (McLeroy et al., 1988): intra-personal, interpersonal, institutional, community, and policy. The model recognizes the multifaceted and interactive effects of individual and environmental factors contributing to health behaviors (negative or positive).

In this study, we used all components of the social ecological model to examine participants' behaviors as well as explore other factors that were beyond their immediate control (Larios et al., 2009). At the individual level we explored the sense of self as a same-sex desiring man and the process for accepting or affirming sexual identity. Interpersonal factors included relationships with partners, friends, and family members. We explored factors contributing to social and sexual networks at the organizational level, as well as the social support received from persons in and outside of social spaces at the community level. We also employed the model to further explain how sexual identity affirmation, homophobia, violence, stigma, and discrimination affected the lives of Jamaican MSM and expounded on how they were able to build supportive communities within this social context.

Data Collection and Analysis

The study began in Spring 2013. Participant interviews and the focus group discussion were conducted in private and public spaces around Kingston. Interviews were conducted in the language the participant felt most comfortable using (i.e., Standard English or Jamaican Creole/Patois). Participants suggested that flexibility between languages made it easier to discuss sensitive subjects (Merriam et al., 2001).

Qualitative data management and analysis was done in ATLAS.ti, version 6.2 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany). Individual interviews and the focus group discussion were audio-recorded and transcribed verbatim by the researcher or an ethics oversight committee-approved transcriptionist. For the protection of participants and to ensure confidentiality, a pseudonym was assigned to each transcript.

A stepwise approach was used in the analysis for the development and extraction of codes from the transcripts (Braun & Clarke, 2006), tagging key thoughts and ideas, grouping common thoughts into categories (Ryan & Bernard, 2003), and presenting the data in narrative thematic statements (Hsieh & Shannon, 2005; Ryan & Bernard, 2003). The analysis included weekly consultations with experts in qualitative methods to strengthen the rigor and validity of the study findings (Burla et al., 2008). We also conducted

two peer debriefings and member-checking consultation sessions with community stakeholders to ensure that the findings were a true representation of the lived experiences of Jamaican MSM (Polit & Beck, 2008).

Results

Participant Characteristics

Demographic characteristics of participants are listed in Table 1. Respondents' ages ranged from 18 to 29 years, with an average of 22 years. Most were recruited from the metropolitan area of Kingston and surrounding parishes. A majority had some

high school or college education. Sources of income ranged from commercial/professional employment, self-employment, working in a trade, or full-time students with financial support from parents. The majority identified as gay or bisexual. The average age of first sexual intercourse was 15 years, and ranged between 7 and 24 years. One quarter had experienced forced or coerced sexual intercourse.

The following results organize Jamaican MSM experiences in three subsections: (a) ways in which MSM became aware of and explored sexual identity and approaches to affirm identity; (b) the roles family, friends, and other members of their social network played in building a sense of community; and (c) the strategies MSM used to mitigate the homophobia they had experienced.

Table 1. Sociodemographic Characteristics of the Sample (N = 30)

Variables	n	%
Age (mean = 22.40 years)		
18-20 years	8	26.7
21-24 years	16	53.4
25-29 years	6	19.9
Parish of residency		
St. James	1	3.3
St. Catherine	7	23.3
St. Andrew	5	16.7
St. Thomas	1	3.3
Kingston	16	53.3
Levels of education completed		
Grade school	1	3.3
Some high school	8	26.7
High school diploma	4	13.3
Some college	9	30.0
College degree	8	26.7
Primary source of income		
None	8	26.4
Employment (receive a paycheck)	11	36.3
*Self-employed	11	36.3
Sexual orientation		
Gay	18	60.0
Bisexual	12	40.0
Age of first sexual experience (years; mean = 15.73)		
7-14	12	39.6
15-19	13	42.9
20-24	5	16.5
Been forced to have sex	12	40.0

Note. *Self-employment included persons who were consultants, dance teachers, hairdressers, Web and fashion designer, or engaged in sex work.

Identity exploration. Exploration of same-gender attraction for some participants occurred at an early age, and acceptance of their sexual orientation evolved from a process of exploration, research, and experimentation. Some participants reported realizing their attraction to the same gender as early as the beginning of their primary education. For some, childhood games helped them explore same-sex attraction and understand gender social norms. For example, one participant reported playing a popular Jamaican childhood game, *Dolly House*, where he would play the role of the mother, while another male played the role of father and other peers played the roles of children. These games helped them role-play the gender dynamics they observed between their parents and other adults in their communities.

I realized that I was [gay] when I was about 4 years old. I had some [male] friends that usually come over [to] the house where we usually play games together ... parts of that included us exploring with each other in different ways. We played hide and go seek, dolly house, stuff like that. It was around that age that I knew I was different. Mark (age 23)

The full meaning of this feeling of differentness was not always clear. Participants reported that sexual experimentation with female partners was often part of the identity exploration and one of the ways in which they assessed whether or not they were attracted to the opposite gender. For some of these

men, those experiences led them to accept a bisexual identity, while for others it confirmed their homosexuality.

I realized I was gay when I was around 12 years old. I realized it because at the time when I looked at girls and at that age you know they want to have sex with you. You will try [having sex] one little time and not really like it. So, from there, you find out having sex with boys must be what really excites you ... so you must be gay. Zack (age 21)

Confirming a gay identity did not always resolve internal conflicts. Acknowledging a sexual orientation that is contrary to what was viewed as socially and culturally acceptable was perceived to be un-Jamaican. To cope with the internal conflict, their sexual orientation, and their identities as Jamaican men, some accepted the notion of having a dual identity. Several participants expressed that the only way for them to resolve these “conflicting” identities was for them to emigrate from Jamaica:

In the [Jamaican] society, homosexuality is not tolerated, so persons usually seek asylum. They can't express their lifestyle in ways that are comfortable for them. Some leave the country to get away from family to be themselves. I feel the same way, too! You never asked me if I wanted to leave the country someday. My answer if you had asked would have been yes. Barry (age 22)

Some participants struggled with accepting their sexual orientation, while others embraced it as part of their overall identity as a Jamaican gay or bisexual man. Those participants who struggled with accepting their sexual orientation reported mental health challenges such as suicidal ideation, depression, and cutting as a means of coping. Additionally, some of those participants also reported internalizing society's negative perceptions of homosexuals and redirecting those negative attitudes toward others who were more open about their sexual orientation. Acceptance of having same-sex desires or identifying as a gay or bisexual man came only after the participant was able to resolve many of those internal and external conflicts.

I came to terms with my sexuality at age 14. That was after a lot of internal stigma and a whole lot of struggling with who I am and the feelings I had. The harder I tried fighting to be who I wasn't, the more depressed and suicidal I became. So, I felt that it was time to be me. Everything is not perfect but I don't question who I am anymore. I accepted me. I am gay. Ken (age 24)

The internal conflicts many experienced were not resolved until much later in adolescence or shortly after entering adulthood, after extensive research, conversations with trusted friends within their networks, or interactions with other gay and bisexual men outside of Jamaica via social media platforms.

I wasn't exposed to a lot of details about homosexuality when I was younger. I was basically doing my research back in high school about the topic. Now I know and fully understand that it is perfectly normal. So now I don't have a problem being me anymore. I don't let the church or society dictate who I should be and how I must feel about myself. Barry (age 22)

The Internet, a frequently used medium, provided a mechanism to find other young people (in and outside of Jamaica) who were ostensibly dealing with the same issues; however, television shows, such as MTV's *True Life* and *Queer as Folk*, allowed participants to observe and model same-sex relationships. These resources served as a catalyst for some participants to investigate, explore, and ultimately accept their sexual orientation.

When I was 11 years old I was part of a dancing group. I remembered watching this older guy change. I wasn't sure I understood what it meant at the time but probably in the 8th grade, the whole sexual identity thing started to play in my head. I started watching this gay TV show (*Queer as Folk*) and I liked seeing the relationships the guys had; the nakedness and how the two main characters made each other feel safe, loved, and special. I wanted that for me. Aaron (age 24)

Building community. Participants built community in different ways. Families, social networks, and intimate partners were important members of their communities. They reported relying on family members who were supportive regardless of their sexual orientation. Those individuals were often a matriarchal or strong female figure. They provided safe spaces, offered emotional support, encouragement, and a sense of belonging. The decision to come out or reveal their sexual orientation to that individual was weighted against whether they perceived that they would be accepted or rejected.

I am very close with my mom. We talk about everything. Since we are close I would talk to her about my boyfriend. When I first told her I was gay, she said she already knew. I guess it is right when they say that moms are always the first to know. Nick (age 23)

Another participant expressed that, while his mother voiced concerns about his gender-nonconforming behaviors, his aunt reacted differently and accepted him.

My aunt knows and accepted that I am gay. When I was younger I use to behave like how I am behaving now, you know, like a [feminine] girl. Most of the time my mother would be like, “stop behaving like a girl” and everybody else would say the same thing. My auntie now, she just accepted me for who I am. She would say, “you are my nephew and I love you.” She said things that made me feel comfortable. She hasn’t said anything negative to me that would make me say, “oh God, not you too,” you know! Oshane (age 18)

While mothers or other matriarchal figures were identified as a major source of support, some participants indicated having caring relationships with their fathers. The presence of their fathers provided them with strong role modeling related to masculinity and fatherhood, as well as emotional and financial support.

Right now, my dad is the most important person in my life. He is important because he provides for me and looks out for me. The more I get to understand him is the more I see that he really

loves me and works hard and put out a lot of effort to ensure that I am ok. If I have children I would want to be like my dad. My father always wanted to help and give me advice even when I don’t want it. Roy (age 20)

Roy described a loving and caring relationship with his father; however, he offered no insight into how his father would respond to his homosexual identity. Another participant explained that, while his father knew about his homosexual identity, he refused to discuss it openly; instead, his father encouraged him to protect himself from sexually transmitted infections and people with antihomosexual sentiments.

My father knows I am gay. He always tries to not talk about it, he would just say—“oh, protect yourself and be safe on the streets.” He doesn’t want to mention the whole gay thing. Sometimes I really want to talk to him about what I am going through [emotionally] but I try not to because he still has too much hope for me. In a sense, he feeling like there is still hope of him getting grandchildren, me having girlfriends, or a wife—which I know is not going to happen. Gary (age 26)

Participants who reported being displaced from the homes of their biological families described forming caring, protective heteronormative parental relationships with other younger, sometimes homeless, MSM. These individuals designated as “mothers” or “gay fathers” not only provided socially inclusive spaces for younger MSM, they also provided basic life necessities such as food and shelter. While the dynamics on the streets were fluid, moving from one abandoned location to another, the “family” was held together by older MSM and those with more street experience.

They [displaced gay youth] create their own families ... kind of like regular mother and father but on the street, they have a gay mother and a gay father. Those parents might have 10 children that they are responsible for. So, the parents might get food and feed the lot. The children may do sex work on their own and give the “parents” money to take care of each other. Steve (age 25)

Close friends, regardless of sexual orientation, also provided emotional support for issues of acceptance, family neglect and abuse, and suicidal ideation. These friends provided care, guidance on how to navigate sexuality-based oppression, and counsel—all of which were withheld by members of their biological families.

I remember one day my mom came home and found me with another guy in the house. She was so upset. I ran out the house because of how angry she was towards us. I felt so awful to the point that I wanted to walk into the path of a moving truck. But a friend of mine who I confided in talked me out of hurting myself. He told me that I shouldn't let her get to me and to be careful next time. Frank (age 26)

In addition to providing care and guidance, older MSM who had experienced homophobia from their communities had a unique perspective about homosexual violence. They often shared those perspectives with younger MSM in an effort to promote and create strategies that enhanced their safety. For example, they highlighted the dangers of engaging in sexual intimacy in their biological parents' homes and offered alternative MSM-friendly locations (e.g., hotels, motels, mangroves).

Romantic relationships between partners were used as a tool for affirmation of sexual orientation at times when some felt that they had no support from members in their immediate families, neighborhoods, and institutions such as schools and churches:

My boyfriend had my back. He always wanted to know where I was, what I was doing, where I was going, how I was feeling, or if I needed anything. If I did he would get it for me ... I felt loved. I met him a while back when we were in high school and been together ever since. I just remember holding his hands and not wanting to let go. He meant a lot to me. It was never about sex for us. We never did anything until we were around 20 years old. Omar (age 23)

For other participants, romantic relationships provided them with the love and encouragement they never received from their biological families due to

their sexual orientation. These relationships also validated their identity or gender-nonconforming behaviors. As opposed to just sexual gratification, romantic relationships provided consistent and effective social support.

At the time when I was going through my whole depression and crazy thoughts [suicidal ideation], the guy I am involved with now, he is a thug—gangster youth, he was the kind of person who guided me through it all. If it wasn't for him, I am not sure if I would have made it. Alex (age 26)

Omar and Alex (above) demonstrated the importance of romantic relationships in building strong bonds between partners. Of note, both respondents were also describing age-concordant relationships with somewhat equal power dynamics. Similar support structures were also reported among participants who were in age-discordant relationships (i.e., had older partners). Based on our analysis and in the context of community building, we did not observe any difference in power dynamics due to the age of participants and their partners.

Mitigating homophobia. Jamaican MSM used their social networks to mitigate institutional and social barriers erected as a result of state-sponsored homophobia and homo-exclusion. Our participants used peer groups, sometimes including older men, to teach protective strategies against violent homophobia. They reported relying on more experienced men in their networks to teach them skills to cope with anti-homosexual aggression, condom negotiation, tips for equitable compensation when engaging in sex work, and other life skills. One important strategy used to counteract the negative impact of homophobic aggression/violence was the use of large groups.

When we were in high school we supported each other. I went to an all-boys school and there were a lot of other gays there. We found each other and formed sort of an alliance. Other boys in the school would call us names. They called us fags and battyboy. You know what the best thing was? We had strength in numbers. I mean they would try to put you down verbally

but never physically because of our numbers. So, it got lame after a while and they just leave you alone. Wade (age 20)

Older, more experienced MSM also provided directions on how younger MSM could maximize safety, particularly if effeminate or gender nonconforming, by avoiding unwanted attention. The example below illustrated how one participant incorporated those skills and advice:

In most cases I would try to act masculine in public. I try to create an edgy version of myself around those I know are against homosexuality. Basically, I just act tough rather than acting like the real [effeminate] me. I dress more like a man ... Nothing to draw attention to myself. Frank (age 26)

Frank highlighted the role of hegemonic masculinity in Jamaican society. Gender-nonconforming or effeminate men were perceived to be un-Jamaican because they did not appear to adhere to traditional gender norms. Participants who did not fit the narrow definition of masculinity reported being more likely to experience antihomosexual violence; therefore, they developed creative techniques to mask their homosexual or gender-nonconforming identities.

Female partners provided some social cover against homophobia and antihomosexual violence by deflecting suspicion of homosexuality. Some participants entered into relationships with women because of social pressures from family and community; others entered these relationships because of a mutual attraction.

At one point, I remembered when I was around 12 or 13 my mother said to me, “you don’t have a girlfriend yet?” I told her no. Then she said, “what happen to that girl that I saw you with?” So, because of my mother I got closer to the girl. She was just a friend. I guess I did it more so for my mother and for cover than for myself. Garry (age 26)

Discussion

Our study describes the experiences of Jamaican MSM in affirming sexual identity, using social and

romantic relationships to build strong communities, and mitigating antihomosexual violence. We show that Jamaican MSM have been able to live and love; affirm their sexual identity through validation from family, friends, and intimate partners; form supportive social systems and strong communities within their networks; and learn creative life and safety skills to mitigate the negative impact of antihomosexual attitudes they experienced. This was in contrast to a prevailing narrative that depicted MSM and other sexual minority groups in Jamaica as victims and highlighted weaknesses in the community rather than its strengths. We built on the current literature about the lived experiences of Jamaican MSM to move the conversation beyond homophobia, stigma, and discrimination. We highlighted the ways that Jamaican MSM maintained strong communities, affirmed sexual identity, and coped with the negative impact of homophobia.

The awareness of same-sex attraction occurred at different stages of development for the men in our study. For many of our participants, exploration and awareness of same-sex attraction was not grounded in sexual activity but rather in sexual identity. Many participants explored same-sex attraction and gender social norms using benign childhood games to experiment with both male and female peers. Successful formation of sexual identity rested on a number of factors: (a) having a supportive environment that facilitated the exploration, (b) positive emotional response after same-sex attraction had been disclosed, and (c) a diminished risk of social isolation. These factors were reflected in the narratives of our participants and were consistent with literature on the coming-out process for LGBT individuals outside of Jamaica (Maiorana, Rebchook, Kassie, & Myers, 2013; Schrimshaw, Downing, & Cohn, 2016).

Our findings further highlight the internal and external conflicts that Jamaican MSM negotiated in order to understand, accept, and affirm their sexual identities. Caribbean sexuality is rather complex in that the two main factors that separate Caribbean men from each other is their sexual activities and desires—which makes it easier for state-sponsored policy and legislation that discriminates against MSM activity (Kempadoo, 2009). Consequences of the laws and policies against homosexual conduct

are maladaptive coping strategies that reinforce negative perceptions of self and others. To counter many of those maladaptive strategies, Jamaican MSM have accepted the notion of having a dual identity (i.e., being Jamaican and gay) a strategy that harmonizes both identities (Crawford, Allison, Zamboni, & Soto, 2002). These findings emphasize the need for targeted interventions that provide psychological resources and social support for men who may encounter difficulty harmonizing multiple identities.

Women, most often mothers and other female family members, but also female friends and influential women in their respective communities, were central to Jamaican MSM support systems. The men in our study conveyed the important role women played in terms of providing supportive spaces for them to express their sexual orientation or gender-nonconforming behaviors without fear of violence and discrimination. The role of women in positively affirming same-sex identities for gay and bisexual men has been extensively documented in the literature and, as a result, the findings in our study were not surprising (Carnelley, Hepper, Hicks, & Turner, 2011). Female relationships were crucial to the formation and acceptance of a same-sex identity and were also significant in promoting positive mental health for those individuals who feared rejection and neglect (Boon & Miller, 1999).

Participants described the accepting or affirming influences of their fathers, even though their sexual orientation did complicate, to an extent, the father-son relationship—a theme that has been consistent throughout the literature on parents of LGBT youth (Jadwin-Cakmak, Pingel, Harper, & Bauermeister, 2015). While some fathers recognized and accepted their son's homosexual identity, many refused to openly discuss it. An example of this was illustrated by the narrative of one participant who described his father's attitude toward his sexual orientation as one of "not wanting to talk about it;" instead, he received messages about how to protect himself from diseases or physical violence. This suggested to him that his father was aware of the antihomosexual attitudes in the society. However, his father's refusal to discuss his sexual orientation openly likely reflected his reluctance to fully accept his son's ho-

mosexual identity. These findings were also consistent with existing literature on gay and bisexual youth interactions with and disclosure of same-sex attraction to their fathers (White, Sandfort, Morgan, Carpenter, & Pierre, 2016).

A significant strength of the Jamaican MSM community was illustrated through the use of social networks to create a stronger sense of community, which formulated new meaning into what was considered home and family. The men in our study discussed growing up hearing negative statements about LGBT individuals, which were reinforced by popular culture, and peer-to-peer interactions in education institutions and religious communities (Boxill, Galbraith, Mitchell, & Russell, 2011; Logie et al., 2016). Further, they were taught from a young age that homosexuality was not accepted in Jamaica and to expect a negative response for the revelation of same-sex attraction (Schrimshaw et al., 2016). Peer groups provided a mechanism for young MSM to have mutual support, safety against antihomosexual aggression, and fellowship. These findings were similar to research involving Black MSM in the United States who built strong communities to counter the negative effects of marginalization and structural inequalities (Arnold & Bailey, 2009; Wilton, 2009).

Jamaican MSM supported each other on issues related to homelessness, parental neglect, and financial needs. Some participants described peers creating heteronormative parental structures to support younger MSM who had been neglected by their parents. Peer-to-peer parenting was not unique to Jamaica. Black gay men and transgender women in the United States have created similar family structures to support each other by providing safe spaces that not only affirmed their sexual orientations, but also provided food, shelter, and other basic life necessities (Balaji et al., 2012; LaSala & Frierson, 2012). The skills taught through peer-to-peer interactions showcased the strength of the community, and demonstrated how public health practitioners could leverage these strengths to facilitate effective HIV behavior change interventions.

Our findings are among the first studies that highlight how Jamaican MSM used romantic relationships to validate sexual identity, gain emotional support, cope with the void experienced as a result of parental

neglect, and manage mental health challenges such as depression and suicidal ideation (Bauermeister, Ventuneac, Pingel, & Parsons, 2012). Targeted inclusive intervention programs for Jamaican MSM and their partners should build on the theme of resiliency that is highlighted in our findings and use innovative approaches to bring the strengths of these relationships to better serve the community through the health sector, education institutions, and other government social services (Herrick et al., 2011).

The men in our study used social networks to protect them from homophobia and homophobic violence. Here, again, the role of female relationships was noted as an important source of social protection in a culture that privileged heteronormativity and traditional hegemonic masculinity. Mob-style violence has been used to correct deviations from societal norms of maleness and masculinity (Nichols, 2013; Sieczkowski, 2013). Therefore, older Jamaican MSM can be used to teach younger MSM how to strategically bend rules governing hegemonic masculinity, particularly those who are effeminate or gender nonconforming, and how to avoid areas that pose a risk to personal safety as a method of deflecting antihomosexual aggression.

Limitations

This study had several limitations. First, participants were primarily from the metropolitan areas of Kingston and St. Andrew. Significant MSM populations have been noted in other areas of Jamaica, specifically the tourism capitals of Ocho Rios and Montego Bay. Opportunities for affirmation of identity and community formation may vary for MSM in other areas of Jamaica. However, the MSM population is characterized by mobility, and so, while interviews were conducted in one geographic region, participants originated from several areas of the island. Second, our study was limited to young MSM ages 18 to 29 years. Conceivably, the experience of affirmation, community building, and mitigating homophobia may vary for generations of Jamaican MSM. However, the lessons learnt about identity formation in this group of young adults are likely more relevant to young Jamaican MSM who are currently negotiating these developmental issues.

Conclusion

While there remain challenges in the protection of the rights of LGBT individuals in Jamaica, we acknowledge that the society and culture is progressively changing. Local advocacy organizations such as the Jamaica Forum for Lesbians, All-Sexuals and Gays have contributed to a profound shift in the society by providing capacity building and sensitivity training to key stakeholders throughout the island (Persard, 2016), and has increased the visibility of positive images of LGBT Jamaicans. The Ministry of Health has also embraced and advanced policies directed toward improving the health of MSM and transgender individuals. The buggery law, a law that was enacted to curtail same-sex sexual behaviors, is being challenged in the island's Supreme Court by a Jamaican citizen (Lavers, 2015).

Clinical Implications

Nurses, researchers, and public health practitioners must build on the strengths of the community in order to get hard-to-reach Jamaican MSM to participate in research, HIV prevention, and treatment services. Public health practitioners and clinical providers must also use existing social structures, such as biological families or community “mothers” and “fathers” to provide supportive and healthy socialization for young Jamaican MSM. Interventions to increase positive and affirming biological parental relationships are urgently needed. Moreover, adequate scale-up and implementation of interventions targeting the social networks of Jamaican MSM would be prudent to any comprehensive HIV prevention or treatment program.

Government and community-based organizations must consider funding and design MSM-inclusive youth drop-in centers and social spaces that support building positive peer relationships. Our findings suggest that supportive environments for young Jamaican MSM not only provide protection from antihomosexual violence, they also support healthy identity development and provide a community where young MSM can access support for HIV testing, sexually transmitted infection prevention,

and navigation of health care systems, including finding MSM-friendly practitioners.

Key Considerations

- Jamaican MSM continue to experience profound homophobia, stigma, and discrimination. Despite these experiences, many have thrived in their personal and professional lives, and have built strong communities to counter the negative effects of marginalization and structural inequalities.
- Local groups such as Jamaica Forum for Lesbians, All-Sexual and Gays, along with Jamaica AIDS Support for Life, a community-based health care organization, are advocating for the rights of sexual and gender minorities as well as providing capacity building and sensitivity training to key stakeholders throughout the island.
- Jamaica has a thriving MSM community. However, efforts to date are insufficient at addressing their social and health-specific needs. Innovative recruitment or outreach strategies that create supportive environments are needed to change the trajectory of the epidemic by engaging hard-to-reach MSM in HIV research, prevention, and treatment programs.
- More research is needed that focuses on developing or adapting existing HIV prevention and treatment interventions that utilize the strengths and support structures of the Jamaican MSM community.

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The authors report no real or perceived vested interests that relate to this article that could be construed as a conflict of interest.

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