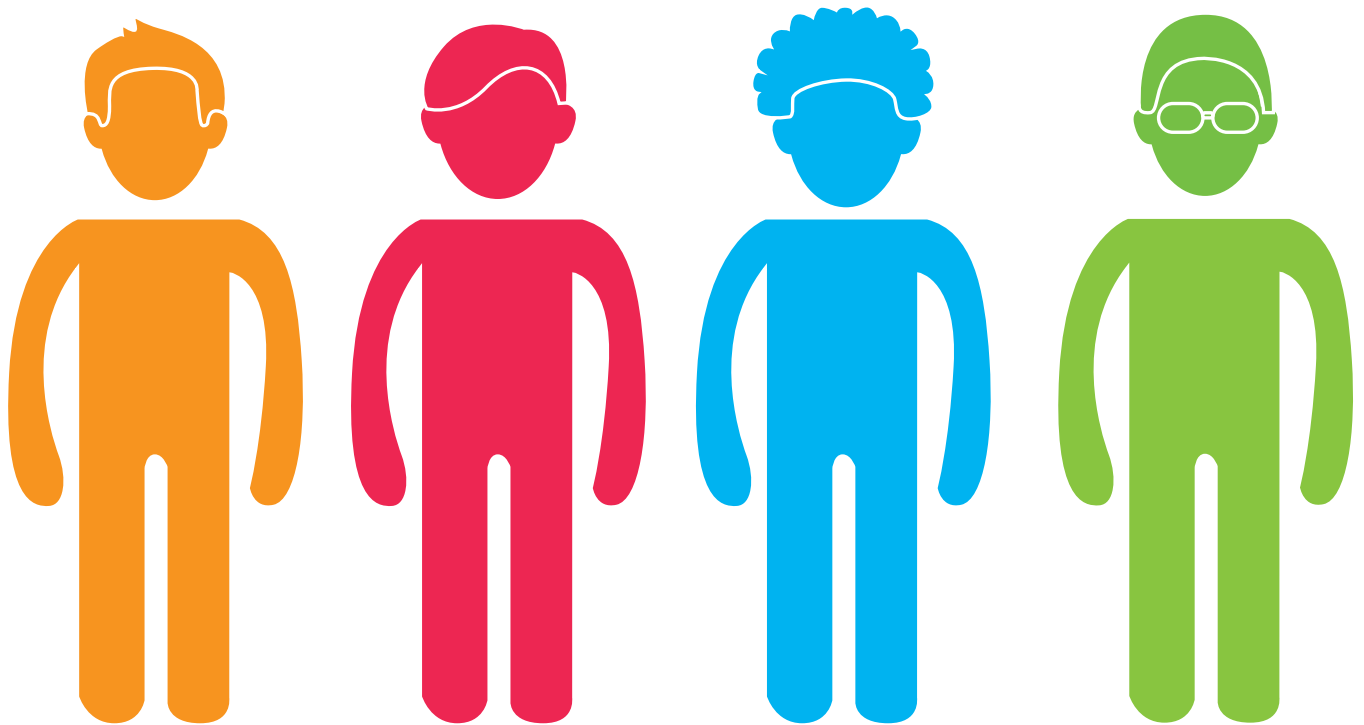


**CARIMIS:**  
**The Caribbean Men's Internet Survey**



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# Key terms

The following key terms are used throughout this report.

Anal sex	Sex in which one partner inserts his penis into the other partner's anus, with or without ejaculation
Antiretroviral therapy	Medication taken by those with diagnosed HIV to manage their infection and maintain immune functioning
Casual partner	Sexual partners with whom respondents had sex with once only and men with whom they had sex with more than once but do not think of as a steady partner
Condom failure	Breakage or slippage of a condom during anal or vaginal intercourse
Gay	Refers to men with a sexual identity based on having sex with other men.
Gender	The socially constructed roles, behaviour, activities and attributes that a given society considers appropriate for men and women.
HIV status concordance	Whether or not men share the same HIV status as their sexual partner (concordance = same status; discordance = different HIV status)
Internalized homonegativity	Negative feelings that a man who has sex with men has about homosexuality that are believed to stem from negative societal stereotypes and attitudes
Outness	The extent to which men are out: open about their attraction to other men to their friends, family and colleagues
Recreational drugs	Any drugs used for recreational purposes: not including prescription drugs or those available commercially for the treatment of ailments
Sex	Physical contact to achieve orgasm (or close to orgasm) for one or both partners
Sexual identity	The term that people use to describe themselves in relation to the sex to which they are attracted. While the two are often related, a person's sexual identity is not necessarily determined by whether they have sex with men or women (or both)
Steady partner	Boyfriends or husbands. Men with a steady partner do not consider themselves single. This category does not include partners who are simply sex buddies: individuals with whom men have repeated sex but who are not considered a boyfriend or husband
Transgender person	A person with a gender identity that differs from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance)
Viral load	The amount of HIV in a person's blood. The higher the viral load, the more rapidly immune functioning is reduced

# Foreword

The Caribbean Men's Internet Survey (CARIMIS) serves a fundamental purpose for the people of the Caribbean. It offers a glimpse into the lives of men about whom relatively little is known. It offers a chance to learn about the realities and aspirations of some men who have sex with men, to note commonalities and to begin to come to terms with differences.

There are too few opportunities for this. The lives of men who have sex with men often remain hidden because of prejudice, violence, shame and secrecy. In all but one Anglophone Caribbean country, sex between men remains criminalized. Further, throughout the region, HIV adds another layer of stigma for this diverse group. Many people in the Caribbean have had difficulty having honest, open and rational dialogues about the diversity of men's sexuality and how the risk of acquiring HIV infection can be reduced for men, women and transgender people alike. CARIMIS gives the region an opportunity to openly and forthrightly discuss issues related to sexuality, sex, safety and building better societies.

The conversation is overdue. Men who have sex with men are a largely neglected part of the Caribbean's HIV response. Although the region has made great progress in tackling the HIV epidemic, this group continues to be both disproportionately affected by HIV and underserved by prevention programmes. Rates vary from one country to another, but men who have sex with men in this region are between 6 and 20 times more likely than people in the general population to be living with HIV. The Caribbean cannot truly address the epidemic if it continues to marginalize this group. The mandate for meaningful action is clear and urgent.

This study points to programming priorities and areas of inquiry for further research. It also demonstrates that the Internet can bolster our connection with hard-to-reach populations. A word of caution: the respondents in this study are not representative of all men who have sex with men in the Caribbean. They are, on average, more educated and more likely to access private health care services. Nevertheless, even this group faces challenges with homophobic abuse, condom use and coping with HIV. On the other hand, HIV testing and treatment access for the men who have sex with men in this sample is high, and many of these men know how to safeguard their health and that of other people. CARIMIS points to both the diversity of men who have sex with men and the universality of some challenges.

UNAIDS Caribbean encourages governments, national AIDS programmes and civil society organizations to use these data to start a country-level dialogue. CARIMIS helps these stakeholders to identify many of the human rights and health challenges facing men who have sex with men in their countries. It can contribute to developing targeted legal and public policy responses that accelerate the protection of fundamental rights and progress toward the end of AIDS. In a context of declining resources for HIV, the economic and moral imperative to address the needs of men who have sex with men is stronger than ever before.

Ernest Massiah  
Director, UNAIDS Caribbean Regional Support Team

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# Executive summary

## What is CARIMIS about?

The Caribbean Men's Internet Survey (CARIMIS) was the region's first online study of men who have sex with men. It was meant to test a web-based technique for behavioural surveillance to determine whether the Internet could help gather more strategic information about men who have sex with men in the Caribbean. It also aimed to attract involvement from more and different respondents than those who typically participate in face-to-face surveys. The findings provide policy-makers and those involved in HIV programming with some of the data they need to develop effective laws, policies and interventions. It is also intended to be a launch pad for increased understanding and dialogue about the issues men who have sex with men face in the Caribbean.

## Who responded?

The study targeted men who are 18 years or older, live in the Caribbean and are either attracted to men, have sex with men or think they might do so in the future. Transgender people were included. A total of 3,567 men who have sex with men living in 33 Dutch-, English-, French- and Spanish-speaking Caribbean countries and territories completed the questionnaire. Respondents ranged from 18 to 79 years old, with a median age of 29 years.

Most CARIMIS respondents are highly educated. Almost half (47%) the respondents were university graduates, 50% had attained secondary or post-secondary education and 3% had either primary-level or no formal education.

## What are the limitations?

Because the sample was generated online, it excluded men who have sex with men without Internet access, who may have exhibited other sociodemographic and behavioural characteristics. All data are self-reported, and factors such as respondents' ability to recall and their individual interpretations of particular questions may affect the findings. Some respondents with low literacy levels reportedly found the survey too long and complicated. In a few instances, these participants had to be assisted in reading and answering the questions.

## What it is like for men who have sex with men to live in the Caribbean?

Some CARIMIS respondents are open about their sexuality. About half the respondents (52%) had come out to few or none of their family members, friends, work or school colleagues. Those who were more out to people in their various social circles were more likely to have had sex with men only in the past year. The survey found strong correlations between the degree to which respondents were out and factors including negative self-perception (internalized homonegativity), vulnerability to abuse and access to HIV services. Many of these men who have sex with men want stable relationships. Many respondents desired emotional connection, freedom from psychological and social barriers and safety in the context of sex.

## The Internet is a new frontier for reaching educated men who have sex with men.

A substantial group of respondents (55%) had never visited a gay community centre, organization or social group, while 35% have frequented gay or gay-friendly cafés, bars or discos. Predictably, most of the sample had visited a web site specifically for gay or bisexual men (93%), including 84% who did so in the past month. More than two thirds (69%) of respondents had used the Internet to access information about HIV and sexually transmitted infections in the past year.

## Stigma and discrimination

Many CARIMIS respondents experience intimidation, verbal abuse and violence because of their sexuality. Within the past month, 33% of respondents had been stared at or intimidated, while 23% experienced verbal insults or name-calling because people knew or presumed they were attracted to men. About one in ten (11%) reported being physically assaulted in the past five years. Younger men and those who were out to most of their friends, family and work or school colleagues were more vulnerable to intimidation and verbal abuse. Many of these men who have sex with men have negative feelings about their sexuality. Men who have sex with men with internalized homonegativity accept negative social attitudes about same-sex attraction. This is linked with stress, worse sexual health outcomes and higher rates of behaviour associated with HIV risk. In this study, it was measured using an eight-item scale and a range of questions including whether homosexuality is morally acceptable and whether they would change their sexual orientation if they could.

## **Health and HIV**

This group has high testing access, but there are several gaps. The majority (80%) of survey participants had been tested for HIV at least once. Significantly, 84% of those who have never tested thought that they were definitely or probably HIV negative. Younger men and those who had sex with both men and women were more likely to have tested in the past year. Many (44%) tested with private doctors. Although only 19% tested with nongovernmental organizations or a community centre, this group had more opportunities to talk about their sex with men.

**This group has high treatment coverage, but there was not enough awareness about viral load.** Nine per cent of the sample said that they have been diagnosed with HIV. Of these, most (89%) had visited a doctor in the past six months to monitor their HIV infection. It is noteworthy, however, that one quarter of this group did not know their viral load. The majority (70%) had initiated antiretroviral therapy at some point, and almost all of these (96%) were still receiving treatment.

**Some CARIMIS respondents living with HIV had concerns about test confidentiality.** Among the respondents who were diagnosed with HIV, 22% were not satisfied with the level of confidentiality they experienced.

**One in ten of the respondents had a sexually transmitted infection in the past year.** More than one quarter (28%) of the respondents had ever been diagnosed with a sexually transmitted infection other than HIV, including 10% who had received this diagnosis within the previous 12 months.

**The incorrect or non-use of lubricants is contributing to condom failure.** More than one quarter (27%) of CARIMIS respondents had a condom tear or slip off at least once during anal intercourse in the past 12 months. One in three reported behaviour that could lead to condom failure, including not using lubricant at all or using oil-based lubricants with latex condoms.

**Some of the respondents have unprotected sex without knowing their partner's HIV status.** One in five who had unprotected anal sex with a steady partner in the past year did not know that partner's HIV status. Overall, 28% said they had unprotected anal intercourse with a non-steady partner of whose HIV status they were unsure.

## **Sexual identity and practice**

More than half (58%) of CARIMIS respondents described themselves as gay or homosexual, 24% said they were bisexual and 2% said they were straight. Another 15% indicated that they do not usually use a term to describe their sexual identity.

The majority (91%) had sex with a man in the past year, and 23% had sex with both men and women during that duration. A minority, 2%, reported having had sex only with women. Nine per cent of the sample said they were attracted to transgender people, and 3% said that they had sex with a transgender person in the past year.

Although how a man describes his sexual identity is strongly related to the sex of his sexual partners, there was sometimes dissonance. For example, 6% of those describing themselves as gay had sex with a woman in the previous 12 months, and 24% of those describing themselves as heterosexual had sex with men only over the same period.

# 1. Why was this survey needed?

**The Caribbean AIDS response has made significant strides.** The rate of people becoming newly infected is declining faster here than in any other region. Of the people living with HIV who need treatment, 67% get it. The number of people dying from AIDS-related causes has declined steeply as well (UNAIDS, 2013).

**Yet key populations remain underserved.** Despite these successes, certain communities continue to bear a disproportionate HIV burden while receiving insufficient attention and investment. The 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (United Nations General Assembly, 2011) notes that many national HIV prevention strategies inadequately focus on populations that evidence shows are at higher risk. Governments have committed to identifying the specific populations that are key to their epidemic and response, based on the epidemiological and national context.

**Although men who have sex with men have a high risk of acquiring and transmitting HIV infection, many are not reached by prevention programmes.** Data on HIV among men who have sex with men are currently available for only a few larger countries. The Global AIDS Response Progress Reporting shows an HIV prevalence of 7% in Suriname, 11% in the Dominican Republic, 19% in Guyana, 20% in Trinidad and Tobago and 33% in Jamaica (UNAIDS Caribbean, 2011). There is a deficit of research and surveillance on how the HIV epidemic affects men who have sex with men, especially in smaller Caribbean countries.

In the Global AIDS Response Progress Reporting, relatively few countries report on indicators relating to men who have sex with men. Critically, many prevention programmes in the Caribbean target general populations without sufficient attention to the needs of men who have sex with men (UNAIDS Caribbean, 2011). There is also evidence that funding to prevent and treat HIV infection consistently fails to reach programmes designed to control the epidemic among men who have sex with men (amfAR, 2012).

**Gathering reliable information on men who have sex with men is challenging.** Getting data about the prevention needs and behaviour of this group is difficult. The stigma connected to homosexual activity and the absence of a sampling frame mean that random sampling is challenging, if

not impossible. Surveys of sexual behaviour among men who have sex with men in the Caribbean have mainly been conducted in larger countries using traditional sampling methods.

The Caribbean Men's Internet Survey (CARIMIS) attempted to bridge this gap by using an Internet-based, multi-language survey method. This was the region's first online study of men who have sex with men. It provides data for planning interventions. Questions addressed HIV and sexually transmitted infection testing and diagnosis; sexual experiences, partners and behaviour; information about sexually transmitted infections; stigma, discrimination and homophobia; substance use; and sexual happiness.

## 2. Methods, survey recruitment and limitations

### Survey design and instrument

The CARIMIS survey was conducted throughout the Caribbean using a secure survey web site and direct marketing approach to systematically recruit Internet-using men who have sex with men. The instrument used was a 30-minute anonymous, structured questionnaire that collected data regarding demographics, knowledge about HIV and sexually transmitted infections, HIV testing, treatment and sexually transmitted infection history, discrimination, drug-use behaviour and sex life. Many of the questions were drawn from the European Men-Who-Have-Sex-with-Men Internet Survey (EMIS).

### Ethical clearance

The study received ethical clearance from the Ethics Committee of the London School of Hygiene & Tropical Medicine and the Governments of Dominica and Trinidad and Tobago.

### Pilot testing

The survey was available in four languages (English, French, Haitian Creole and Spanish). Stakeholders from national AIDS programmes and civil society throughout the Caribbean reviewed and revised the survey instrument. Pilot tests were conducted in the Dominican Republic, Haiti, Jamaica and Trinidad and Tobago. Participants revealed that an Internet survey would make them more likely to answer questions about their sexual behaviour honestly but expressed concerns about the length of time required to complete the questionnaire.

### Recruitment

From 11 November 2011 through 6 June 2012, the online questionnaire was available on a secure web site (<http://www.carimis.org>). Subjects were predominantly recruited online through a direct marketing approach, mostly through gay social media and dating sites for men who have sex with men ([www.adam4adam.com](http://www.adam4adam.com), [www.gayromeo.com](http://www.gayromeo.com) and [www.manhunt.net](http://www.manhunt.net)). The web sites posted banner advertisements linking directly to the survey landing page, which offered the option of completing the survey. One web site ([www.manhunt.com](http://www.manhunt.com)) also sent direct e-mails to its Caribbean membership. In addition, information about the survey was disseminated via Facebook advertisements and, in some countries, through mainstream media outlets, such as newspapers, radio talk shows and television magazine programmes. Pocket-sized cards displaying the survey web site were produced in Dutch, English,

French and Spanish for dissemination to potential respondents. No money or goods were offered.

### Eligibility

People who are male, residing in the Caribbean, at least 18 years old and sexually attracted to men were eligible to take part in the survey. Participants could refuse to answer any survey question except for age, sex and residence.

### Security

Participation in the survey was voluntary and anonymous; no identifying information was collected from participants. The web site and its supporting technology underwent a rigorous certification and accreditation process to assure security. All survey pages featured a “quick hide” button for participants who needed to exit the survey site immediately. After using the quick hide button, the participant could not use the “back” button in his Internet browser to re-enter the survey. There was also an “emotional help” button for participants who experienced stress or other adverse reactions while taking the survey. This resource included country-specific links to local referral services for the respondents who required emotional or medical support. Any participant who exited the survey early was required to complete the survey from the beginning upon re-entry.

### Data review

At the end of the survey, Sigma Research downloaded and cleaned the data set to remove any responses from participants who do not reside in the Caribbean or do not meet other eligibility criteria. Sigma Research and UNAIDS collaborated on the data review and analysis processes.

### Limitations

All data are self-reported, and limitations such as respondent’s ability to recall and their individual interpretations of particular questions may affect the findings.

Because the sample was generated online, it excluded men who have sex with men without Internet access, who may have exhibited other sociodemographic and behavioural characteristics.

The survey phase was scheduled to run for 12 weeks. However, delays in placing advertisements on the chosen sexual networking web sites for men who have sex with men led to an extension of the survey period to about seven months.

To increase the response rate throughout the region, country stakeholders such as national AIDS programmes and civil society were asked to share information about the study with prospective respondents and, in a few cases, facilitate participants in completing the survey by using their computers. The effect of this is that the proportion of self-identified gay or homosexual men probably increased.

Finally, some respondents with low literacy levels reportedly found the survey too long and complicated. In a few instances, participants had to be assisted in reading and answering the questions.

## How to read this report

This report describes and analyses responses to all survey questions. It compares responses to certain questions according to key demographic criteria: age (in 10-year bands); the sex of sexual partners in the past year; HIV testing history (diagnosed HIV-positive, last test negative, never received HIV test result); level of educational attainment (low, medium and high); level of “outness” (how open men were regarding their attraction to men to friends, family and colleagues); and main language (Dutch, English, French – Haiti, French areas other than Haiti and Spanish). Differences in responses from men in these different groups were established using chi-square analysis ( $\chi^2$ ) or analysis of variance (ANOVA) where appropriate. Where differences were statistically significant (less than a 5% chance that the differences observed occurred entirely by chance), the relevant data are shown within a shaded box in the table. This report focuses exclusively on significant differences. All findings have been rounded to the nearest whole number, which sometimes results in columns in tables adding up to slightly more or less than 100%.



# 3 Sample description

## FIVE KEY POINTS

1. A total of 3,567 men from ages 18 to 79 took part, making this the largest ever survey of MSM in the Caribbean.

2. More than half (58%) of CARIMIS respondents described themselves as gay or homosexual while 24% said they were bisexual. The majority (91%) had sex with a man in the last year, including 23% who also had sex with a woman.

3. Almost half (47%) were university graduates, 50% attained secondary or post-secondary education and three percent had primary or no formal education.

4. More than half (52%) were out to few or none of their friends, family, work or study colleagues regarding their attraction to men.

5. Most of the sample had visited a website specifically for gay or bisexual men (93%), including 84% who did so in the last month.

## Country of residence

Researchers recruited men from all Caribbean countries and territories except for Puerto Rico. The largest samples of men were living in Haiti (n = 541), Trinidad and Tobago (n = 471), the Dominican Republic (n = 436) and Jamaica (n = 313).

Table 3.1.  
Country of residence of CARIMIS respondents

Country of residence	n	% of sample
Anguilla <sup>1</sup>	6	0.2
Antigua and Barbuda <sup>1</sup>	68	1.9
Aruba <sup>3</sup>	121	3.4
Bahamas <sup>1</sup>	152	4.3
Barbados <sup>1</sup>	157	4.4
Belize <sup>1</sup>	112	3.1
Bermuda <sup>1</sup>	51	1.4
Bonaire <sup>3</sup>	4	0.1
British Virgin Islands <sup>1</sup>	19	0.5
Cayman Islands <sup>1</sup>	31	0.9
Cuba <sup>2</sup>	204	5.7
Curacao <sup>3</sup>	19	0.5
Dominica <sup>1</sup>	28	0.8
Dominican Republic <sup>2</sup>	436	12.2
French Guiana <sup>4</sup>	12	0.3
Grenada <sup>1</sup>	47	1.3
Guyana <sup>1</sup>	154	4.3
Guadeloupe <sup>4</sup>	40	1.1
Haiti	541	15.2
Jamaica <sup>1</sup>	313	8.8
Martinique <sup>4</sup>	48	1.3
Saba <sup>3</sup>	2	0.1
Saint Barthelemy (Saint Barts) <sup>4</sup>	6	0.2
Saint Eustatius <sup>3</sup>	2	0.1
Saint Kitts and Nevis <sup>1</sup>	33	0.9
Saint Lucia <sup>1</sup>	59	1.7
Saint Maarten <sup>3</sup>	25	0.7
Saint Martin <sup>4</sup>	17	0.5
Saint Vincent and the Grenadines <sup>1</sup>	33	0.9
Suriname <sup>3</sup>	97	2.7
Trinidad and Tobago <sup>1</sup>	471	13.2
Turks and Caicos Islands	13	0.4
United States Virgin Islands <sup>1</sup>	246	6.9

[1 = English language area; 2 = Spanish language area; 3= Dutch language area; 4= French language area]

## Sex at birth and current gender identity

The survey asked respondents what their sex at birth (male or female) was as well as their current gender identity (from a series of options from which to choose) (Table 3.2).

Table 3.2.  
Sex at birth and current gender identity

Sex at birth	Gender identity % (n)					TOTAL % (n)
	A Man	A Woman	Transgender or transsexual: male to female	Transgender or transsexual: female to male	Intersex	
Male	97 (3467)	<1 (4)	1 (43)	<1 (2)	1 (42)	99 (3558)
Female	<1 (6)	0 (0)	<1 (1)	<1 (2)	0 (0)	<1 (9)
Total	97 (3473)	<1 (4)	1 (44)	<1 (4)	1 (42)	100 (3567)

The vast majority of respondents (97%) were born male and now identify as men. A small fraction of respondents (3%) described themselves as transgender or transsexual male-to-female, transgender or transsexual female-to-male or intersex. Four respondents who currently identify as women were born male, and six respondents were born female but identify as men.

This report adopts the category transgender person, which includes any respondent who currently identifies as transgender or transsexual male-to-female (n = 44), transgender or transsexual female-to-male (n = 4) or intersex (n = 42) or who describes a difference between their sex at birth and their current gender identity (n = 10). Altogether, 100 CARIMIS respondents can be considered transgender people.

## Language profile

Respondents were residents of one of five language areas (Table 3.3).

Table 3.3.  
Language profile of the CARIMIS sample

Language area	n	% of whole sample
Dutch	270	8
English	1993	56
French – Haiti	541	15
French – other	123	3
Spanish	640	18
<b>Total</b>	<b>3567</b>	<b>100</b>

The largest proportion of men (56%) came from predominantly English-language areas, although a significant number of men reside in Spanish-language areas (18%) and Dutch-language areas (8%). Given the particularly large sample of men from Haiti (15% of the total sample) and the particularly high HIV prevalence in this country, the responses of respondents from Haiti were analysed separately from the responses from other French-language areas (3%).

## Age

Respondents were 18–79 years old, with a median age of 29 years (mean 31.5, standard deviation 10.5). The following table shows the age profile in five-year bands as well as 10-year bands.

Table 3.4.  
Age profile of the CARIMIS sample

Age groups	n	% of the total	Age groups	% of the total
18–19	239	7	18–19	17
20–24	923	26	20–29	46
25–29	725	21	30–39	25
30–34	495	14	40–49	15
35–39	383	11	50+	7
40–44	300	8		
45–49	231	7		
50–54	128	4		
55–59	71	2		
60+	57	2		
<b>TOTAL</b>	<b>3552</b>	<b>101</b>	-	<b>100</b>

For the purpose of the analysis described in this report, respondents were grouped into the 10-year bands displayed in the right column of Table 3.4.



## Educational attainment

Respondents were asked to identify their highest level of educational attainment. As Table 3.5 illustrates, the men surveyed fell into three broad categories of educational attainment. Those with no schooling (<1%) or primary school only (3%) were classified as having low educational qualifications (3% total). Those who indicated they were university graduates (47%) were classified as having high educational attainment. Those who reported secondary or post-secondary education were classified as having medium educational attainment (50%).

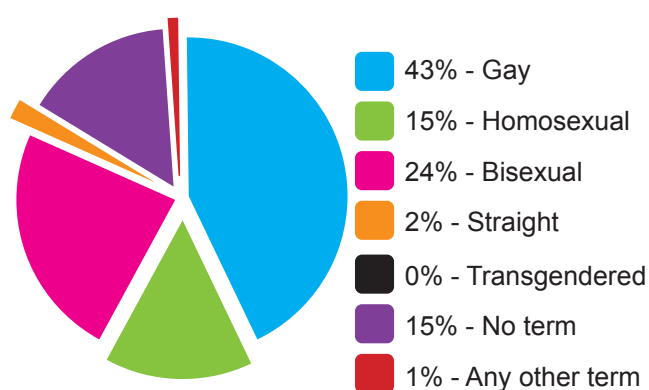
**Table 3.5.**  
Level of educational attainment among the CARIMIS sample

Highest level of education completed	n	% of the total	Education groups	% of the total
None	14	<1	Low	3
Primary	89	3		
Secondary	673	19	Medium	50
Post-secondary	1094	31		
University Graduate	1661	47	High	47
<b>TOTAL</b>	<b>3531</b>	<b>100</b>		<b>100</b>

The sample included men who had sex with another man in the past year as well as men who had not done so but who identified as gay, bisexual or some other non-heterosexual identity.

All men were asked “What term do you usually use to describe yourself sexually?” and were offered seven options. As Fig. 3.1 illustrates, a plurality of men described themselves as gay (43%, n = 1,526), followed by homosexual (15%, n = 530), bisexual (24%, n = 836), straight or heterosexual (2%, n = 71) and transgender or transsexual person (<1%, n = 15).

**Fig. 3.1.**  
Sexual identity profile of CARIMIS respondents (%)



Fifteen per cent of the respondents (n = 541) said “I don’t usually use a term” or used some other term (1%, n = 40). Among respondents who indicated they used a term other than the choices offered in the survey, the most common terms cited were pansexual (n = 3), queer or queer fluid (n = 3), curious (n = 2), bicurious (n = 2) and “I don’t like labels” or “I’m not sure about the labels” (n = 2).

Most respondents indicated that they were attracted “only to men” (57%, n = 2039), followed by “mostly to men and sometimes to women” (28%, n = 992), and “both to men and women equally” (11%, n = 396), “mostly to women and sometimes to men” (3%, n = 116) and “only to women” (<1%, n = 15). Sexual identity was strongly associated with sexual attraction.

When asked whether they were attracted to transgender people, most respondents (91%, n = 3215) said they were not, but 9% (n = 317) said they were.

Finally, the respondents were asked to identify the sex of their sexual partners within the past year (Table 3.6). As respondents could select one or more options, the responses described in Table 3.6 exceed 100%.

**Table 3.6.**  
Sex of all sexual partners in the past year

Sex of sexual partners	All respondents	
	n	%
Men	3192	91
Women	825	24
Transgender people	112	3
No sexual partners	236	7

The overwhelming majority of men (91%) had sex with a man in the previous year, and 24% said they had sex with a woman. Only a small proportion of respondents (3%) had sex with a transgender person, and 7% of men said they had sex with no one during the past year. Since few respondents reported sex with a transgender person in the past year, their responses cannot be statistically compared to those of other men.

For the purposes of analysing the results of the survey, the respondents were categorized into one of three groups (Table 3.7). The table does not include the 251 men who said they had not had a male or female partner in the past year.

**Table 3.7.**  
Sex of sexual partners in the past year for demographic comparison

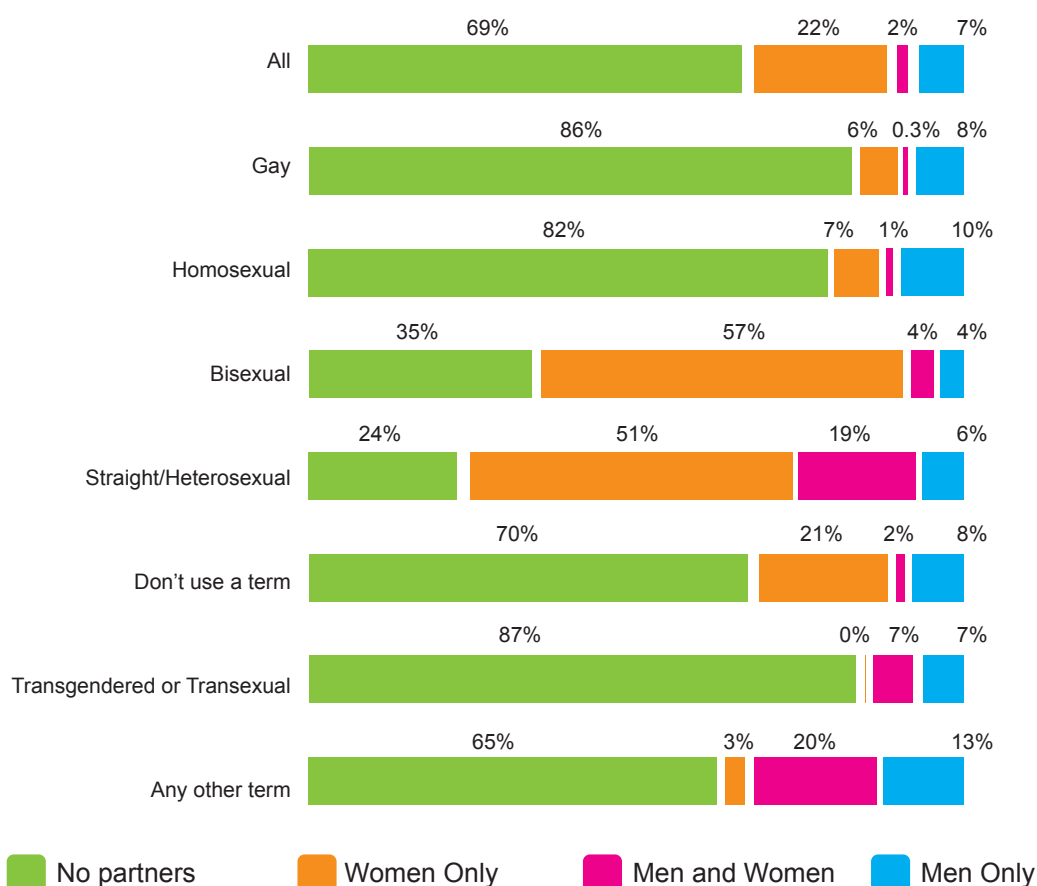
Male and female sexual partners	Respondents sexually active with men or women in the past year	
	n	%
Men only	2416	74
Women only	69	2
Both men and women	750	23
<b>TOTAL</b>	<b>3235</b>	<b>99</b>

Most respondents (74%) had sex only with men in the past year. Nearly a quarter of respondents (23%) had sex with both men and women in the previous year, with 2% reporting sex only with women.

As expected based on previous research (Hickson et al., 2010), sexual identity was strongly but not perfectly associated with the sex of the respondents' sexual partners. For example, as Fig. 3.2 reveals, whereas 86% of the respondents who described

themselves as gay only had sex with men, 6% actually had sex with a woman in the previous year. Similarly, 24% of men describing themselves as straight or heterosexual actually had sex only with men in the past year.

Fig. 3.2.  
Sexual identity and Gender of sexual partners in the previous year



### Places men who have sex with men visit

As Table 3.8 reveals, a substantial portion of the respondents have never visited gay-specific physical spaces. For the respondents, the Internet appears to be the primary means of engaging with other gay and bisexual men, reported by 84% of all men in the previous month.

Table 3.8.  
Venues and sites visited by respondents in the countries in which they live

(In the country you live in now), when did you last visit ...	n (missing)	% in the past month	% in the past 12 months	% in the past 5 years	% >5 years ago	% never
A gay community centre, organization or social group	3521 (46)	25	14	4	2	55
A gay or gay-friendly café, bar, disco, nightclub or gay sex party in a private home	3511 (56)	28	21	6	4	35
A cruising location where men meet for sex (street, roadside service area, park, beach, baths and lavatory)	3506 (61)	19	11	4	4	63
Any web site for gay and bisexual men, including dating, information and pornography sites	3512 (55)	84	7	1	1	7

## Level of outness to family, friends, work and study colleagues

**Table 3.9.**  
Knowledge of sexual attraction to men among family, friends and work or study colleagues

Who knows you are attracted to men?	n (missing)	% all or almost all	% more than half	% less than half	% few	% none
Family, friends and work or study colleagues	<b>3474 (69)</b>	22	15	11	35	17
Family	<b>3403 (140)</b>	27	8	7	23	35
Friends	<b>3453 (90)</b>	29	16	9	28	19
Work colleagues	<b>3361 (182)</b>	18	10	7	20	45
People at school	<b>3268 (275)</b>	14	9	7	25	45

A majority of men surveyed were out to few (35%) or none (17%) of their family, friends or work or study colleagues (Table 3.9). Men who were out to most of their family, friends and colleagues were more likely to have had sex only with men within the past year (85%) compared with those out to less than most (61%). Respondents out to less than most of their family, friends and colleagues were more likely to have had sex with both men and women within the past year (27%) compared with respondents out to most (12%).

**Table 3.10.**  
Level of outness by the sex of sexual partners in the past year

Demographic characteristic	n (missing)	Outness	
		Most	Less than most
<b>Sex of the partners in the past year</b>			
Men only		85	61
Women only	3400 (167)	1	3
Both men and women		12	27

As Table 3.11 indicates, most respondents who were attracted to transgender people had not disclosed their attraction to friends, family, study and work colleagues.

**Table 3.11.**  
Knowledge of sexual attraction to transgender people among family, friends and work or study colleagues

Who knows you are attracted to transgender people?	n (missing)	% all or almost all	% more than half	% less than half	% few	% none
Family, friends and work or study colleagues	<b>300 (17)</b>	12	4	11	23	57
Family	<b>296 (21)</b>	6	6	7	10	72
Friends	<b>297 (20)</b>	7	7	9	21	60
Work colleagues	<b>292 (25)</b>	5	5	7	13	75
People at school	<b>290 (27)</b>	4	2	7	15	76

## Relationship status

Slightly less than half (45%, n = 1598) the respondents said they were involved in a relationship at the time they completed the survey. The majority of respondents who said they were in a steady relationship at the time they completed the survey were in a relationship with a man (89%), including 14% who were in a relationship with more than one man (Table 3.12).

One in seven respondents (14%) said they were in a relationship with a woman, including 1% who said they were in a relationship with more than one woman. Less than 1% of respondents said they were in a relationship with a transgender person.

**Table 3.12.**  
Relationship status of respondents

Are you currently in a steady relationship?	% of the respondents who said they were in a relationship (n = 1598)		
Yes, with a man	75	Any relationship with a man	89
Yes, with more than one man	14		
Yes, with a woman	12	Any relationship with a woman	14
Yes, with more than one woman	1		
Yes, with a transgender person	1	Any relationship with a transgender person	1
Yes with more than one transgender person	<1		

More than half (54%) of the respondents' relationships with men had lasted for one year or more versus 80% of relationships with women and 40% of those with a transgender partner (Table 3.13). On the whole, relationships with women were likely to have lasted longer than relationships with men.

**Table 3.13.**  
Length of time in a steady relationship

Country of residence	Relationship with a man (%)	Relationship with a woman (%)	Relationship with a transgender partner (%)
Less than 1 year	46	20	60
1–5 years	34	29	40
More than 5 years	20	51	0
n (missing)	1408 (11)	217 (4)	15 (0)



# 4. HIV and sexually transmitted infection testing and diagnosis

## FIVE KEY POINTS

1. Four-fifths of survey participants (80%) had tested for HIV at some time in their lives, of which 11% had diagnosed HIV (9% of the sample).
2. One in ten men who had a steady male partner was in an HIV sero-discordant relationship.
3. Among men who tested negative for HIV, approximately one-third (37%) said that they had been given an opportunity to talk about the sex they have with men the last time they tested.
4. The majority (89%) of HIV-positive men had seen a health professional for monitoring their HIV infection in the last six months, however quarter (25%) of these were not aware of their viral load.
5. More than a quarter (28%) had received a diagnosis of a sexually transmitted infection (STI) other than HIV, including ten percent who had an STI diagnosis in the last year.

## HIV testing history

### Establishing HIV status

All but 35 respondents provided information on their HIV testing history. Four fifths (80%) had received an HIV test result at some point in their lives, with the vast majority of prior testers (89%, or 71% of the entire sample) receiving a negative test result the last time they tested. Overall, 9% of all men had received an HIV-positive diagnosis, which is 11% of the men that had ever tested for HIV.

**Table 4.1.**  
**HIV testing history**

All but 35 respondents provided information on their HIV testing history. Four fifths (80%) had received an HIV test result at some point in their lives, with the vast majority of prior testers (89%, or 71% of the entire sample) receiving a negative test result the last time they tested. Overall, 9% of all men had received an HIV-positive diagnosis, which is 11% of the men that had ever tested for HIV.

HIV testing history	n	% Total
Diagnosed with HIV infection	306	9
Tested and last test HIV negative	2494	71
Never received an HIV test result	732	20
<b>Total</b>	<b>3532</b>	<b>100</b>

Testing history varied significantly by all of the demographic groups listed in table 4.2 (next page).

**Table 4.2.**  
HIV testing history by key demographic groups

HIV testing history	N (missing)	% never received an HIV test result	% tested positive	% last test negative
<b>Age</b>				
18-19	3159 (48)	52	2	47
20s		22	6	72
30s		17	10	73
40s		12	17	71
50 +		14	11	75
<b>Education</b>				
Low	3497 (70)	35	10	55
Medium		25	9	66
High		15	8	77
<b>Language</b>				
English	3532 (35)	21	10	69
French – Haiti		19	4	77
French –other		16	12	72
Spanish		22	8	71
Dutch		23	8	69
<b>Outness</b>				
Most	3445 (122)	15	14	71
Less than most		24	5	71
<b>Gender of partners in last year</b>				
Men only	3220 (15)	19	10	71
Women only		33	6	61
Both men and women		22	4	73

In general, older men are more likely to have tested and more likely to have been diagnosed with HIV. More than half (52%) of respondents aged 18 or 19 had never received an HIV test result, which probably reflects their shorter periods of sexual activity. However, as table 4.5 shows (below), men aged 18-19 were most likely to have tested in the last year.

Men with high levels of education were considerably more likely to have received a test result and less likely to have diagnosed HIV. Men with lower education had the lowest rates of testing (35% had never received a test result) and the highest rates of positive diagnosis (10%).

While having tested did not vary greatly by the country of residence grouped by the main language spoken, those from Dutch speaking countries were most likely to have never tested (23%) and those from French speaking areas other than Haiti (16%) and Haiti (19%) were least likely to have never received a test result. Men from French speaking countries other than Haiti were most likely to have diagnosed with HIV (12%) compared to English speaking (10%) Spanish speaking areas (8%), Dutch speaking areas (8%) and Haiti (4%).

Men who were Out to most people were also most likely to have taken an HIV test and considerably more likely to have diagnosed HIV. Similarly, men who had sex only with men were considerably more likely to have tested for HIV and more likely to have diagnosed HIV.

All respondents were also asked if they had ever been forced or tricked into taking an HIV test. A considerable proportion (8%) reported this had happened to them, and a further 4% were unsure if it had.

Men who had tested HIV positive were considerably more likely to report ever having been forced or tricked into taking an HIV test compared to men tested negative and those who have never received a result (13% vs. 8% vs. 4%). Men with lower levels of education were also significantly more likely to say they had been tricked or forced into testing (15%) compared with men who had higher levels of education (10%) and a medium level (6%). Men from French speaking Haiti were significantly more likely to say they had been tricked or forced into testing (13%) compared to those from English speaking areas (6%). There were no other significant differences between groups.



## Perceptions of HIV status

Prior to any questions about their HIV testing history all men were asked 'What do you think your current HIV status is?' Table 4.3 below displays their responses according to their self-reported HIV testing history (as described in section 4.1.1).

**Table 4.3.**  
Perceived HIV status by HIV testing history

Assumed HIV status	% never received an HIV test result	% by HIV testing history		
		% tested positive	% last test negative	% last test negative
Definitely negative	58	2	74	65 (2284)
Probably negative	26	0	21	20 (707)
Not sure or don't know	15	1	4	6 (210)
Probably positive	2	3	1	1 (38)
Definitely positive	<1	93	<1	8 (289)

Overall, almost two thirds (65%) said they were definitely negative and another fifth (20%) said they were probably negative. Of the remainder, 6% reported they did not know or were unsure; 1% said they were probably positive and 8% said they were definitely positive.

As expected, among the majority of respondents who had tested for HIV, their assumed HIV status coincided with their last HIV test result (if applicable). That is, 95% of those that had a negative result at their last test believed themselves to be definitely or probably negative; and 96% of those tested positive believed themselves to be probably or definitely positive. There were, however, 2% of men who said they had tested positive for HIV but then said they believed themselves to definitely be HIV negative.

Predictably, the proportion of men who were not sure about their status was higher among those who never tested (15%) than among those whose last test was negative (4%). Similarly, the proportion who assumed themselves to be HIV positive was higher among men who never tested (2%) than among men whose last test was negative (1%). It is worth noting that among those who had never tested for HIV, 84% perceived that they were definitely or probably HIV negative.

## Recency of HIV testing

Those men who reported their last test was negative (n=2494) were asked a series of questions relating to when and where they last tested and their satisfaction with the experience of testing for HIV.

**Table 4.4.**  
Length of time since last negative HIV test

Recency of HIV testing among men who last tested negative	% (n) of men tested negative
Less than 1 year	82
1-5 years	14
More than 5 years	4
<b>N (missing)</b>	<b>1955 (539)</b>

The majority (82%) of men whose last HIV test was negative had tested in the previous 12 months.

If recency of testing negative is collapsed into 'tested within the last 12 months' and 'tested more than 12 months ago' then it is possible to compare this by key demographic groups.

**Table 4.5.**  
Time since last negative HIV test by key demographic groups

Time since last negative HIV test by key demographic groups	N (missing)	% tested negative in the last 12 months	% tested negative more than 12 months ago
<b>Age</b>			
18-19	1950 (544)	95	5
20s		87	13
30s		78	22
40s		71	29
50 +		74	26
<b>Education</b>			
Low	1944 (550)	88	12
Medium		84	17
High		80	20
<b>Language</b>			
English	1955 (539)	78	22
French – Haiti		96	4
French –other		78	22
Spanish		79	21
Dutch		77	23
<b>Outness</b>			
Most	1914 (580)	80	20
Less than most		83	18
<b>Gender of partners in last year</b>			
Men only	1806 (495)	80	21
Women only		71	29
Both men and women		90	10

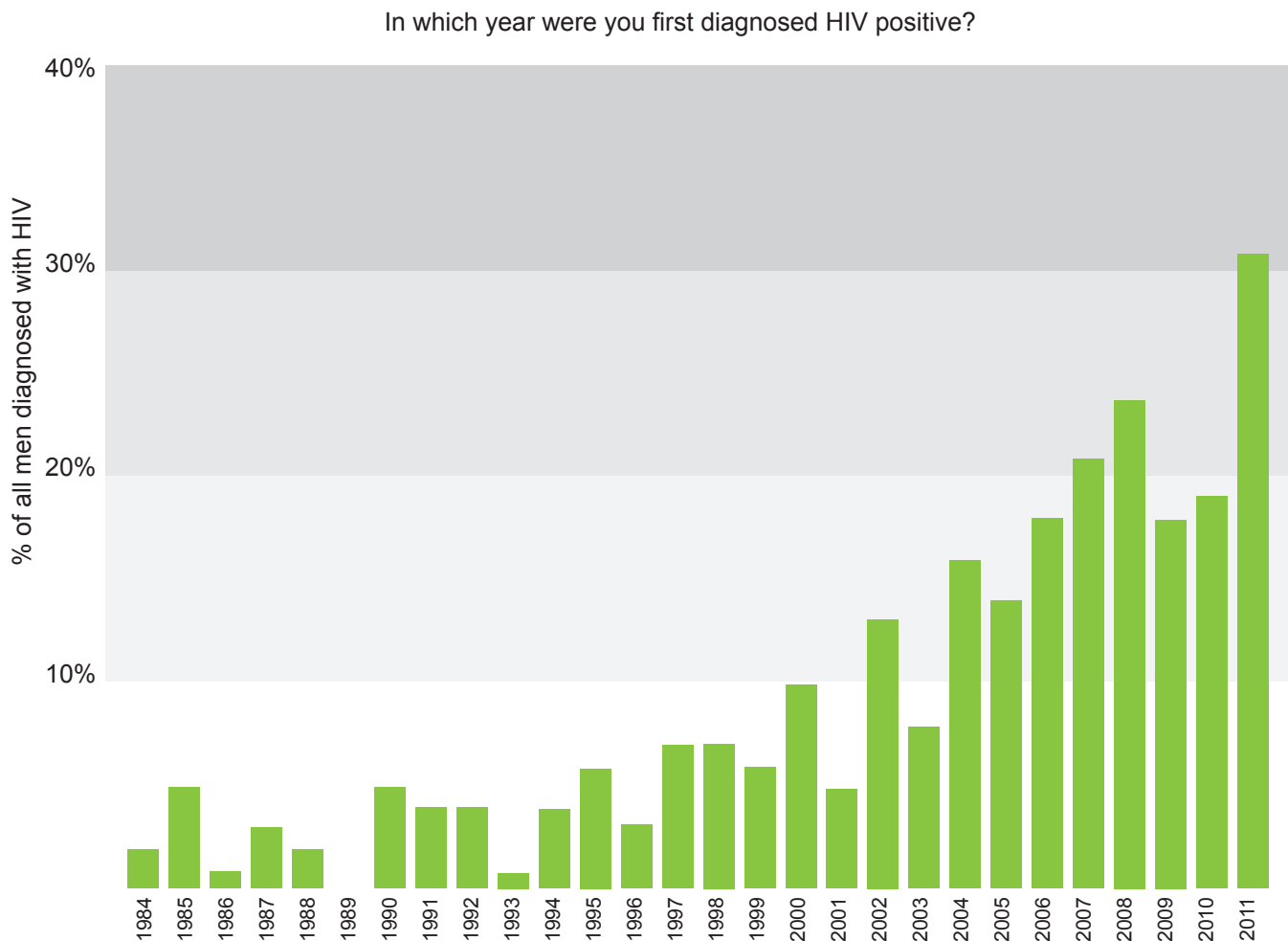
Whether men had tested negative in the last 12 months or longer ago, did not vary significantly by education or Outness. Younger men (under 30) were more likely to have tested in the previous year compared to older men. Those from French language areas not including Haiti were most likely to have been tested in the last year (96%) compared to those in Spanish (79%), English (78%), Haiti (78%) and Dutch speaking countries (77%). Behaviorally bisexual men were most likely to have tested in the last year (90%) compared to exclusively homosexually active men (80%) and those who had sex exclusively with women (71%)

The 306 respondents who said they had tested positive for HIV were asked in what year they received their diagnosis.

Half (51%) of all men with diagnosed HIV had been diagnosed in 2005 or more recently, a quarter (27%) in 2009 or more recently, 12% had been newly diagnosed in 2011 or early 2012 (approximately the previous year). The survey was originally designed to close prior to 2012 but ran into June 2012, so those filling the survey out in 2012 who had been diagnosed in 2012 were only given the option to answer as recently as 2011, this may explain the slightly high proportion reporting a first diagnosis in 2011.

Whether men were newly diagnosed (in 2011 or more recently) or had been diagnosed more than 18 months prior to the survey did not vary by education, Outness, gender of sexual partners, or language area. As expected, year of diagnosis did vary by age with younger men more likely to be newly diagnosed reflecting the increased time for older men to be exposed, infected and diagnosed.

**Fig. 4.1.**  
Year of first HIV diagnosis



### Perceived future access to HIV testing

Participants who did not report being HIV positive were asked about their confidence in getting an HIV test in the future, if they wanted one. The majority of all men were either very confident (68%) or quite confident (19%) they could get a test in the future. Those who had received a negative test result were significantly more confident they could get another test, which reflects their success in accessing at least one previous test.

### HIV status concordance with main sexual partner

Among respondents who said they were in a relationship, those in a relationship with a woman or with a man were similarly likely to know their own and their partner's HIV status – either concordant or discordant (80% and 82% respectively) (Table 4.6). The survey revealed that 17% of the respondents in a relationship with a man, 15% of those in a relationship with a woman and 27% of those in a relationship with a transgender person did not know whether they shared the same HIV status as their partner. A small proportion of people across all partner sex groups (2–3%) reported not wanting to know whether their HIV status was concordant with their partner. A similar proportion of those with male and female partners said they were unaware of whether their partner was concordant with their own HIV status, although those with a transgender partner were more likely to say they did not know.

**Table 4.6.**  
Seroconcordance of HIV status with longest regular male, female or transgender partner (percent)

Do you and your partner share the same HIV status?	Male partner		Female partner		Transgender partner	
	All respondents	Those in a relationship with a man	All respondents	Those in a relationship with a woman	All respondents	Those in a relationship with a transgender person
Yes we have the same HIV status (either both positive or both negative)	28	71	5	79	<1	60
No, one of us is positive and the other is negative	4	9	<1	3	<1	13
Do not know	7	17	1	15	<1	27
Do not want to know	1	3	<1	2	0	0
No male partner	–	–	94	–	99.6	–
<b>n (missing)</b>	<b>3513 (54)</b>	<b>1394 (25)</b>	<b>3534 (33)</b>	<b>217 (4)</b>	<b>3538 (29)</b>	<b>15 (0)</b>

## HIV test setting

For respondents who said they had tested for HIV and received their result, excluding the 246 respondents who said they tested for HIV “overseas”, most tested at a private physician’s office (44%) or a doctor in the public sector (26%) (Table 4.7). Testing through public sector channels was more common among respondents testing HIV-positive (34%) than those testing negative (25%). Nearly one in five respondents overall (19%) received their test result at a nongovernmental organization or community centre. Only a small proportion of respondents had tested at a mobile medical unit (7%), at a blood bank while donating blood (4%) or via a home testing kit (1%).

**Table 4.7.**  
Setting of HIV testing and diagnosis in the Caribbean

HIV test setting	All those who tested		First HIV diagnosis		Last HIV test negative	
	n	%	n	%	n	%
A doctor in private practice in my country	1108	44	118	44	990	44
A doctor in the public sector in my country	655	26	91	34	564	25
In a nongovernmental organization or community centre in my country	477	19	39	15	438	19
Mobile medical unit in my country	168	7	9	3	159	7
At a blood bank, while donating blood in my country	103	4	8	3	95	4
I used a home testing kit	32	1	3	1	29	1
<b>n (missing)</b>	<b>2543 (257)</b>		<b>268 (38)</b>		<b>2275 (219)</b>	

As indicated in Table 4.8, those tested overseas were more likely to be older, with high education, from English-speaking countries, to be out to most people, to be exclusively homosexually active and to have been diagnosed with HIV.

**Table 4.8.**  
Demographic characteristics of respondents who tested for HIV overseas

Demographic characteristic	N (missing)	Where respondents tested (%)	
		Country of residence	Overseas
<b>Age</b>			
18-19	2779 (21)	4	1
20s		47	34
30s		26	29
40s		16	22
50 +		7	14
<b>Education</b>			
Low	2771 (29)	3	1
Medium		49	34
High		49	65
<b>Language</b>			
English	2789 (11)	54	75
French – Haiti		17	3
French –other		4	3
Spanish		18	14
Dutch		8	5
<b>Outness</b>			
Most	2721 (79)	39	46
Less than most		61	54
<b>Gender of partners in last year</b>			
Men only	2743 (57)	71	79
Women only		2	1
Both men and women		21	17
<b>HIV testing history</b>			
Last test HIV negative	2721 (79)	90	85
Diagnosed with HIV		11	15

## HIV test experience: talking about sex with men

Somewhat more than one third (37%) of the respondents who tested negative at their last HIV test said they had been given an opportunity to talk about the sex they have with men, and 4% did not remember (n = 2470, missing 24). Those who were out to most of their friends, family and colleagues were more likely to report having had an opportunity to talk about sex with men with staff at the testing venue (49%) than those who were not (40%). Respondents from Haiti were more likely to report being given an opportunity to talk about sex (46%) than those from Dutch-speaking areas (40%), other non-Haiti French-speaking countries (40%), English-speaking areas (37%) and Spanish-speaking areas (31%). Respondents who had sex with men exclusively in the past year were more likely to report having had the opportunity to talk about sex with men with staff at the testing centre (40%)

than respondents who have sex with men and women (32%) or respondents who had sex with women only (18%).

For respondents who tested HIV-negative, the testing venue was strongly associated with the opportunity to discuss sex during the testing episode (Table 4.9). Almost two thirds (63%) of respondents who tested HIV-negative at a nongovernmental organization or community centre had the opportunity to discuss their sex with men at their last test. However, only a third of their respondents last testing negative by a doctor in a private practice (32%) or a doctor in the public sector (32%) had the opportunity to talk about their sex with men.

**Table 4.9.**  
**Respondents testing HIV-negative who had an opportunity to talk about sex with men by HIV test setting**

HIV test setting	Had an opportunity to talk about sex with men (%)
A doctor in private practice in my country	32
A doctor in the public sector in my country	32
In a nongovernmental organization or community centre in my country	63
Mobile medical unit in my country	35
At a blood bank, while donating blood in my country	13
I used a home testing kit	21
<b>n (missing)</b>	<b>2165 (10)</b>

Among respondents who tested HIV-positive, more than half had an opportunity to talk openly about sex, including sex with men, when they were first diagnosed with HIV (Table 4.10). However, one third were not given this opportunity. The opportunity to talk openly about sexual behaviour in general, or about sex with men specifically, did not vary by age, the sex of sexual partners, language area, education or outness to family, friends and colleagues among respondents diagnosed with HIV infection.

**Table 4.10.**  
**Respondents who had an opportunity to talk openly about sex and sex with men**

When you were first diagnosed HIV positive ...	n (missing)	No (%)	Yes (%)	I don't remember (%)
Did you have an opportunity to talk openly about the type of sex you have?	302 (4)	34	61	5
Did you talk about the sex you have with men?	299 (7)	40	59	1

## Satisfaction with HIV testing

Excluding respondents who could not recall their satisfaction with their testing experience (n = 146), 34% of all respondents who had tested negative and 21% of all respondents testing positive said they were not offered any counselling during their testing episode. Among respondents who remembered their most recent testing experience (excluding those who received no counselling or could not remember, n = 1085), the vast majority (94%) said they were satisfied or very satisfied with the testing service's protection of their confidentiality (Table 4.11).

Respondents who were diagnosed with HIV were notably less satisfied with confidentiality protection, with 22% of HIV-diagnosed men expressing dissatisfaction versus 4% of respondents who tested negative.

**Table 4.11.**  
Satisfaction with HIV testing services

HIV test setting	n	Very satisfied or satisfied (%)			Dissatisfied or very dissatisfied (%)		
		All respondents who received a test result	Diagnosed positive	Last test negative	All respondents who received a test result	Diagnosed positive	Last test negative
How satisfied were you with the way the testing service kept your confidentiality?	2638	94	78	96	6	22	4
How satisfied were you with the counselling you received? [among those who received it]	1704	91	77	93	9	23	7

Among the respondents who remembered receiving counselling during their HIV test, 91% were satisfied or very satisfied. However, the respondents diagnosed with HIV infection were significantly less likely to be satisfied or very satisfied (77%) than the respondents who tested negative (91%).

## HIV treatment and care

Access to HIV monitoring, care and treatment is essential for all individuals who have been diagnosed with HIV infection. Among 298 respondents diagnosed with HIV infection, 89% saw a health professional for monitoring their HIV infection within the past six months (Table 4.12). Half (50%) reported having been seen by a health professional in the past four weeks, although 10 (3%) reported having never been seen by a health professional for HIV-related monitoring.

**Table 4.12.**  
Length of time since the last visit to a health professional for monitoring HIV infection

When did you last see a health professional for monitoring your HIV infection?	%	
	Actual	Cumulative
In the past 24 hours	5	5
In the past 7 days	12	17
In the past 4 weeks	33	50
In the past 6 months	39	89
In the past 12 months	4	93
In the past 5 years	1	94
More than 5 years ago	2	96
Never	3	3
<b>n (missing)</b>	<b>298 (8)</b>	

The majority (70%, n = 217) of respondents living with HIV had taken antiretroviral therapy at some time, though 30% (n = 89) had never done so. Among those having taken antiretroviral therapy, 96% said they were taking it at the time they completed the survey. Overall, 67% of the respondents diagnosed with HIV were taking treatment at the time they completed the survey. Among the 13 respondents who had taken treatment at some stage but were not currently doing so, six cited a desire to avoid side effects as their reason for discontinuing therapy, two said they could not afford treatment, and one each for not currently needing treatment, feeling it is not necessary, not wanting to be reminded of HIV every day and another reason. Among the 89 respondents diagnosed with HIV infection who reported never having taken antiretroviral therapy, the most common reason cited was their belief that treatment was then unnecessary (Table 4.13). (Respondents could choose more than one option.)

**Table 4.13.**  
Reasons for not taking antiretroviral therapy

Why have you never taken antiretroviral therapy for your HIV infection?	%
I don't need antiretroviral therapy at the moment	73
I feel it is not necessary	14
I'm afraid people will notice	12
To avoid the side effects	11
I don't want to be reminded about HIV every day	8
I can't afford the treatment	5
The treatment is not available in the country I live in	3
Another reason	6
<b>n</b>	<b>89</b>

## HIV viral load

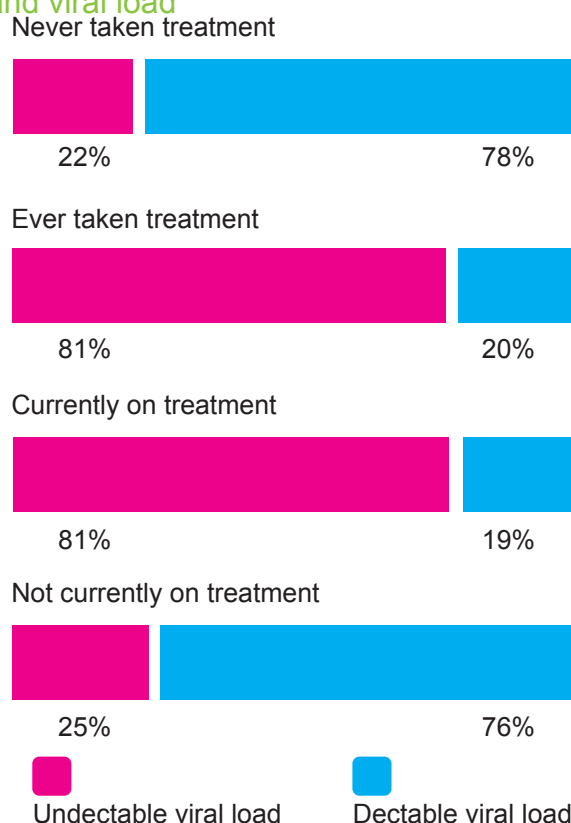
Among the 287 respondents who reported having seen a health professional for monitoring HIV infection, 23% were unaware of their viral load, did not remember having had a viral load test or had not had it measured previously (Table 4.14). One in 12 (8%) had been told their last result but could not remember it. Six respondents (three from Belize, and one each from Bahamas, Haiti and Suriname) said viral load testing was not available in their country.

**Table 4.14.**  
Viral load testing and results among respondents diagnosed with HIV infection

What was the result of your viral load test the last time you had your HIV infection monitored?	n	%
Undetectable	144	50
Detectable	70	24
I was told but I don't remember the result	24	8
It was measured but I was not told the result	11	4
It was not measured	12	4
I don't remember	12	4
I don't know what it is	8	3
Does not apply to me because viral load testing is not available in my country	6	2
<b>Total n (missing)</b>	<b>287 (1)</b>	

Of the respondents who received a viral load test and remembered their result, 67% had an undetectable viral load on their last test. The virus remained detectable in 33% of men. As Fig. 4.2 indicates, respondents who had taken HIV treatment (either currently or in the past) were much less likely to have a detectable viral load (19%) than those not currently on treatment (76%).

**Fig. 4.2.**  
Association between antiretroviral therapy and viral load





## Sexually transmitted infections other than HIV

For the survey sample as a whole, 72% had never been diagnosed with a sexually transmitted infection other than HIV (Table 4.15). One in 10 of the respondents (10%) had been diagnosed with a sexually transmitted infection in the past 12 months.

**Table 4.15.**  
Recency of diagnosis with sexually transmitted infections other than HIV

When was the last time you were diagnosed with a sexually transmitted infection?	%	
	Actual	Cumulative
In the past 24 hours	<1	<1
In the past 7 days	1	2
In the past 4 weeks	1	3
In the past 6 months	4	7
In the past 12 months	3	10
In the past 5 years	9	19
More than 5 years ago	9	28
Never	72	72
<b>n (missing)</b>	<b>3524 (43)</b>	

The respondents who had ever been diagnosed with a sexually transmitted infection varied significantly demographically. Respondents in their twenties and thirties were most likely to have been diagnosed with a sexually transmitted infection in the preceding year, although older respondents, having had a longer sexually active life, had higher cumulative rates of sexually transmitted infections (Table 4.16).

**Table 4.16.**  
History of sexually transmitted infection diagnosis by key demographic groups

Demographic characteristic	N (missing)	% ever diagnosed with a sexually transmitted infection other than HIV	% diagnosed with a sexually transmitted infection other than HIV in the past 12 months
<b>Age</b>			
18-19		8	6
20s		21	11
30s	3511 (56)	31	11
40s		42	8
50 +		48	5
<b>Education</b>			
Low	3489 (78)	36	28
Medium		26	10
High		29	9
<b>Language</b>			
English	3524 (43)	28	8
French – Haiti		16	13
French –other		60	30
Spanish		29	9
Dutch		28	7
<b>Outness</b>			
Most	3435 (132)	38	12
Less than most		22	8
<b>HIV status</b>			
Last test negative	3503 (64)	16	8
Diagnosed positive		65	27
Never received a test result		27	8
<b>Sex of partners in the past year</b>			
Men only	3214 (21)	30	9
Women only		15	7
Both men and women		26	13

Those with lower educational attainment were most likely to have been diagnosed with a sexually transmitted infection and to have received this diagnosis in the preceding year. Respondents residing in French-speaking areas other than Haiti were significantly more likely than respondents from other areas to have been diagnosed with a sexually transmitted infection in the preceding year. Those who were out to most people were more likely to have been diagnosed with a sexually transmitted infection and to have received this diagnosis within the preceding year. Respondents who had sex exclusively with men were more likely to have been diagnosed with a sexually transmitted infection than those who have had sex with only women or with both men and women. Respondents diagnosed with HIV were considerably more likely to report having been diagnosed with a sexually transmitted infection in the preceding year than respondents who had tested negative and respondents who had never received an HIV test result.

The 973 men diagnosed with a non-HIV sexually transmitted infection reported a range of sexual health problems (Table 4.17). The most common symptoms reported in the past 12 months were anal or genital discharge (20%) or anal or genital warts (20%).

**Table 4.17.**  
Experience of symptoms associated with sexually transmitted infections by history of sexually transmitted infection testing

Sexual symptoms associated with sexually transmitted infections	n (missing)	% of those ever diagnosed with a sexually transmitted infection other than HIV	n (missing)	% of those diagnosed with a sexually transmitted infection other than HIV within the past 12 months
Anal or genital discharge	936 (37)	27	319 (20)	20
Anal or genital warts	951 (22)	20	332 (7)	20
Anal or genital sores or ulceration	936 (37)	9	329 (10)	10
Have you been treated and cured for your sexually transmitted infections?	962 (11)	83	333 (6)	74

Of the respondents who had reported having a sexually transmitted infection, 83% reported being treated and cured (Table 4.18). Among those who had been diagnosed in the previous year, slightly fewer (74%) reported being treated and cured, perhaps because treatment was ongoing in response to a recent diagnosis. The respondents who reported having ever had an sexually transmitted infection diagnosed and had their infections treated and cured were more likely to be older than the respondents who had not had their infections treated and cured. They were also more likely to come from English- or Spanish-speaking countries and less likely to come from French- or Dutch-speaking countries.

**Table 4.18.**  
**Diagnosis and treatment of sexually transmitted infections by key demographic groups**

Demographic characteristic	N (missing)	Ever had a sexually transmitted infection diagnosed and been treated and cured for sexually transmitted infections	
		No	Yes
<b>Age</b>			
18-19		4	2
20s		44	33
30s	957 (16)	25	29
40s		23	23
50 +		6	14
<b>Education</b>			
Low		4	4
Medium	955 (18)	52	45
High		44	51
<b>Language</b>			
English		44	61
French – Haiti		14	7
French –other	962 (11)	14	6
Spanish		17	19
Dutch		11	7
<b>Outness</b>			
Most		44	52
Less than most	942 (31)	55	49
<b>Sex of partners in the past year</b>			
Men only		70	76
Women only	950 (23)	1	1
Both men and women		24	20
<b>HIV testing history</b>			
<b>Not received an HIV test result</b>		13	12
<b>Last test HIV negative</b>	961 (12)	63	69
<b>Diagnosed with HIV</b>		24	19



# 5. Sexual experiences, partners and behaviour

## FIVE KEY POINTS

1. The average age of first sexual experience with another man was 17-years-old.
2. Over three-quarters (78%) of those who were sexually active had at least one steady male sex partner.
3. One in five men did not know the HIV status of the steady sexual partner with whom they last had unprotected sex.
4. A quarter (24%) of all men had sex with at least one woman in the previous year.
5. More than a quarter of men had experienced condom breakage or slippage in the previous 12 months. This figure rose to nearly half among men with low levels of education.

## Experience of sex with men

Table 5.1.  
Recency of sex, anal sex and unprotected anal sex among all respondents (percent)

HIV test setting	Recency of any sex with a man		Recency of anal sex with a man (with or without condoms)		Recency of unprotected anal sex with a man	
	Actual	Cumulative	Actual	Cumulative	Actual	Cumulative
Within the past 24 hours	20	20	13	13	7	7
Within the past 7 days	30	50	23	36	12	19
Within the past 4 weeks	20	70	15	51	10	29
Within the past 6 months	15	85	15	66	14	43
Within the past 12 months	5	90	6	72	8	51
Within the past 5 years	3	93	5	77	11	62
More than 5 years ago	1	94	2	79	7	69
Never	6	6	21	21	32	32
<b>n (missing)</b>	<b>3523 (44)</b>		<b>3475 (92)</b>		<b>3419 (148)</b>	

Nearly all (94%) of the respondents had experienced sex with men, including 70% who had sex with a man within the previous four weeks. The sample included some men who said they had never had sex with a man although they identified as gay, bisexual or some other non-heterosexual identity. Among survey participants, 79% of all men had experienced anal intercourse with a man at some time, and 69% had experienced unprotected anal intercourse. More than one quarter (29%) of the respondents had engaged in unprotected anal intercourse within the previous four weeks.

## First sexual experiences with men

Among the respondents who had ever had sex with another man, the first sexual experience ranged from childhood to 54 years old, with a mean age at first sex with a man of 17 years. One quarter (25%) reported having their first same-sex sexual experience at 14 years or younger, with another quarter (25%) having their first sexual experience at 19 years or older.

Sexual contact at a very young age may include experimentation with peers and may involve sexual contact such as masturbation. Having their first sexual experience with another man at a younger age was more common among:

- the respondents with low education (median 15 years versus 17 years for those with medium or higher education);
- those who are out to most people (16 years) versus those who are out to fewer people (17 years); and
- the respondents with diagnosed HIV (16 years) versus those testing negative (17 years) and those who had never received an HIV test result (17 years).

The median age of first sexual experience with a man was lowest among men from Dutch-speaking areas (16 years) and highest among men from French-speaking areas outside Haiti (18 years).

Among the respondents experiencing anal intercourse with a man, the age of the first experience ranged from childhood to 55 years old. The median age at first anal sex with a man was 18 years old (mean 18.7), although 25% described their first same-sex anal intercourse at 15 years old or younger. Having their first same-sex anal intercourse experience at a younger age was more common among:

- respondents with low education (15 years) versus medium (17 years) and high education (19 years);
- those who were out to most people (17 years) versus those who were out to fewer people (18 years); and
- respondents diagnosed with HIV (17 years) versus respondents who had tested negative (18 years) and those who had never received an HIV test result (18 years).

Age at first anal intercourse with a man did not significantly vary by the country of residence grouped by major language.

## Sex with a steady male partner or partners

The 91% of respondents who reported having any kind of sex with men within the past 12 months were asked about the sex they had with steady male partners, who were defined as “boyfriends or husbands” but not recurrent partners who did not fall into those categories. The responses were differentiated between all respondents and those who reported various kinds of sex with a man in the previous year (Table 5.2).

Table 5.2.

Proportions of respondents with steady male partners, steady male anal intercourse partners and steady male unprotected anal intercourse partners during the past 12 months

No. of steady partners	% of steady partners		% who had anal intercourse		% who had unprotected anal intercourse	
	All respondents	Respondents who are sexually active	All respondents	Respondents with steady partners	All respondents	Respondents with steady anal intercourse partners
No steady partner	30	22	39	12	59	33
Any steady partner(s)	70	78	61	88	41	67
1	32	36	31	44	27	44
2	13	15	13	18	7	11
3	9	9	7	10	3	5
4–6	9	10	6	9	2	4
7–9	2	2	1	2	1	1
10+	5	6	3	5	1	2
<b>n (missing)</b>	<b>3506 (61)</b>	<b>3175 (17)</b>	<b>3451 (116)</b>	<b>2141 (55)</b>	<b>3412 (155)</b>	<b>2077 (39)</b>

The majority of respondents (70%) reported one or more steady male sex partners in the previous 12 months, with 61% having one or more steady male anal intercourse partners and 41% having such partners in which anal intercourse was unprotected. Among respondents who reported one or more steady male anal intercourse partners in the past year, 17% had sex more than 50 times in the past year, 25% reported sex 11–50 times and 29% 3–10 times. Only 7% of respondents with a steady partner had not had anal intercourse at all with that partner during the past year. Just under half (46%) of respondents who had a steady anal intercourse partner had not used a condom for anal intercourse with their steady partner in the past year (with those having more than one steady partner asked to respond based on experiences with their most recent partner).

As Table 5.3 indicates, only 4% of the respondents who said they did not use a condom the last time they had sex did so with a sexual partner who they knew had a different HIV status to them. However, a further 20% who did not use condoms the last time they had anal intercourse with their steady partner were uncertain whether they had the same HIV status.

**Table 5.3.**  
Use of condoms during the last anal intercourse session with a steady male partner

Concordance of current or most recent sexual partnership	The last time you had anal sex with your steady male partner, did you use a condom? (%)	
	No	Yes
Yes, we have the same HIV status (either both positive or both negative)	76	60
No, one of us is positive and the other is negative	4	11
Don't know whether we have the same status or not	20	29
<b>n (missing)</b>	<b>1928 (188)</b>	

## Sex with non-steady male partners

For purposes of the survey, “non-steady partners” were described as “men you have had sex with once, and men you have sex with more than once but who you don't think of as a steady partner”. The responses were differentiated between all respondents and those who reported specific kinds of sex with a non-steady male partner (Table 5.4). In the previous 12 months, almost two thirds (62%) of all men reported one or more non-steady male sex partners, and more than half (54%) had one or more non-steady male partners with whom they had anal intercourse.

**Table 5.4.**  
Proportions (percent) of respondents having non-steady male sexual partners and non-steady male anal intercourse partners

No. of non-steady partners	Non-steady sex partners		Non-steady anal intercourse partners	
	All respondents	Respondents who are sexually active	All respondents	Respondents with steady partners
No steady partner	38	31	46	12
<b>Any non-steady partner(s)</b>	<b>62</b>	<b>69</b>	<b>54</b>	<b>88</b>
1	13	15	13	21
2	10	11	9	14
3	9	10	9	14
4–6	13	15	12	19
7–9	4	5	3	5
10+	13	14	9	15
<b>n (missing)</b>	<b>3500 (67)</b>	<b>3169 (23)</b>	<b>3453 (114)</b>	<b>2138 (47)</b>

Respondents who had at least one non-steady partner with whom they had anal intercourse were asked whether they had unprotected intercourse and, if so, their understanding of the HIV serostatus of partners with whom they had unprotected intercourse. A majority (57%) of the respondents surveyed had not engaged in unprotected anal intercourse with a non-steady male partner in the past year. However, 21% of the respondents diagnosed with HIV infection engaged in unprotected anal intercourse with someone they thought was HIV-negative within the previous 12 months.

A small fraction (2%) of respondents whose last test was negative engaged in unprotected anal intercourse with a non-steady male partner they thought to be HIV-positive within the past 12 months. More than one quarter of the respondents (28%) said they had unprotected anal intercourse with a non-steady male partner of whose status they were unsure. Anal intercourse with an individual of uncertain HIV status was more common among respondents who had not received an HIV test result themselves (49%) versus respondents whose last test was negative (25%) and those diagnosed with HIV infection (18%).

**Table 5.5.**  
Proportions of seroconcordance of non-steady male partners during unprotected anal intercourse by HIV testing history

Seroconcordance in unprotected anal intercourse	HIV testing history (%)			Total (n missing)
	Had not received an HIV test	Diagnosed with HIV	Last HIV test negative	
Evidence of serodiscordant unprotected anal intercourse	–	21	2	4 (69)
Evidence of unprotected anal intercourse with a partner of unknown status (but no evidence of serodiscordant unprotected anal intercourse)	49	18	25	28 (512)
Evidence of only seroconcordant unprotected anal intercourse	–	10	13	11 (113)
Did not engage in any unprotected anal intercourse	51	51	60	57 (1035)

## Buying and selling sex

Sixteen per cent of all men had been paid (with money, drugs, goods or services) or had paid for sex with men in the previous 12 months (Table 5.6). Whether men who had sex with men had paid for or had been paid for sex in the previous 12 months did not vary significantly by age. Respondents who had sex only with men in the past year were more likely to have bought or sold sex (17%) than those who had sex with women and men (15%) and those who had sex only with women (4%). Respondents with lower education were more likely to have bought or sold sex in the previous year (22%) than those with medium (16%) or high education (13%). Those who were out to most of their friends, family and colleagues were more likely to have bought or sold sex within the past 12 months (19%) than those not out to most (13%). Those who had been diagnosed with HIV were more likely to have bought or sold sex (24%) than those whose last test was negative (15%) and those who had never tested for HIV (12%).

**Table 5.6.**  
Experience of buying or selling sex to men

In the past 12 months, how often have you given or received money, goods, drugs or services to a man to have sex with you?	All men	Those who have ever had sex with men
Not at all	85	84
<b>Any payment for sex in the past 12 months</b>	<b>16</b>	<b>17</b>
1–5 times	11	12
6–10 times	2	2
more than 10 times	3	3
<b>n (missing)</b>	<b>3508 (59)</b>	<b>3313 (255)</b>



## Sex with women

Almost half (45%) of all respondents reported never having any kind of sex with a woman, 24% had done so within the past 12 months and 34% in the past five years (Table 5.7). Men with lower education (38%) were much more likely than those with medium (24%) or high educational attainment (23%) to report having sex with a woman in the previous year. Respondents who were out to most people were much less likely to report sex with women than those out to fewer people (12% versus 30%) as were those in country groups in which the main language was Dutch (14%), Spanish (16%), or English (21%) or (non-Haitian) French (27%) compared with Haiti (47%). Respondents diagnosed with HIV were much less likely to report sex with women (12%) than respondents testing negative (24%) and those untested (27%).

A fifth of all respondents (22%) had vaginal or anal intercourse with one or more women in the previous year (Table 5.8). A small proportion (8%) had a female sexual partner within the past year but did not have vaginal or anal sex with them.

**Table 5.8.**  
Proportion (percent) having women vaginal or anal sex partners in the previous 12 months

Number of women vaginal or anal sex partners	All respondents	Respondents sexually active with women in the past 12 months
None	78	8
<b>Any female sex partner</b>	<b>22</b>	<b>92</b>
1	12	52
2	4	16
3	2	9
4–6	2	10
7–9	<1	2
10+	1	3
<b>n (missing)</b>	<b>3494 (73)</b>	<b>817 (8)</b>

Nearly two thirds (64%) of those who had vaginal or anal intercourse with women always used condoms (Table 5.9).

**Table 5.9.**  
Use of condoms during vaginal or anal sex with female partners

In the past 12 months, how often have you used condoms when you had vaginal or anal sex with women?	%
Never	19
Sometimes	17
Always	64
<b>n (missing)</b>	<b>751 (5)</b>

**Table 5.7.**  
Experience and recency of sex with women

	Last had any kind of sex with a woman (%)	
	Actual	Cumulative
In the past 24 hours	5	5
In the past 7 days	5	10
In the past 4 weeks	4	14
In the past 6 months	5	19
In the past 12 months	5	24
In the past 5 years	10	34
More than 5 years ago	22	56
Never	45	45
<b>n (missing)</b>	<b>3502 (65)</b>	

## Sex with transgender partners

As Table 5.10 reveals, a small proportion (7%) had ever had any kind of sex with a transgender person, including 5% who had done so within the previous 12 months. Since few respondents reported having had sex with a transgender person, the responses cannot be analysed by demographic groups.

**Table 5.10.**  
Experience and recency of sex with a transgender person

	When did you last have any kind of sex with a transgender person?	
	Actual%	Cumulative%
In the past 24 hours	<1	1
In the past 7 days	<1	2
In the past 4 weeks	<1	3
In the past 6 months	<1	4
In the past 12 months	<1	5
In the past 5 years	<1	6
More than 5 years ago	<1	7
Never	95	95
<b>n (missing)</b>	<b>3439 (128)</b>	



As Table 5.11 shows, a small fraction of respondents (3%) reported having had vaginal or anal sex with a transgender person in the past 12 months.

**Table 5.11.**  
Numbers of transgender vaginal or anal sex partners in the previous 12 months

Number of transgender vaginal or anal sex partners	All respondents	Respondents sexually active with a transgender person in the past 12 months
None	97	15
<b>Any transgender sex partner</b>	<b>3</b>	<b>85</b>
1	1	41
2	1	19
3	>1	7
4–6	<1	9
7–9	<1	1
10+	<1	8
<b>n (missing)</b>	<b>3434 (133)</b>	<b>107 (5)</b>

Among the small number of respondents (n = 91) who reported vaginal or anal sex with a transgender person in the past year, nearly two thirds (63%) always used condoms (Table 5.12).

**Table 5.12.**  
Use of condoms during vaginal or anal sex with transgender partners

In the past 12 months, how often have you used condoms when you had vaginal or anal sex with transgender partners?	%
Never	19
Sometimes	17
Always	64
<b>n (missing)</b>	<b>751 (5)</b>

## Using condoms safely

Nearly one quarter of the respondents (26%) said that they had unprotected anal intercourse at some point in the past 12 months solely because they did not have a condom (Table 5.13). Unprotected anal intercourse solely because of a lack of condoms was more common among respondents who had low levels of education (47%) than among those with medium (27%) and high education (22%). The respondents from Spanish-speaking areas were also significantly more likely to say that they had unprotected anal intercourse solely because they did not have a condom (31%) than the respondents from Dutch-speaking (26%), English-speaking (25%) or French-speaking areas apart from Haiti (23%) and Haiti (18%). The respondents diagnosed with HIV were more likely to say they had unprotected anal intercourse because they did not have condoms (32%) than those who have tested negative (23%).

**Table 5.13.**  
Recency of unprotected intercourse solely because condoms were not available

	When was the last time you had unprotected anal sex solely because you did not have a condom?	
	Actual	Cumulative
In the past 24 hours	3	3
In the past 7 days	5	8
In the past 4 weeks	5	13
In the past 6 months	8	21
In the past 12 months	5	26
In the past 5 years	7	33
More than 5 years ago	5	38
Never	63	63
<b>n (missing)</b>	<b>3340 (227)</b>	

Among the 2522 men who said that they (as the insertive partner) had worn a condom when having anal intercourse in the past 12 months, many reported condom use behaviour that increases the likelihood of the condom breaking or slipping (Table 5.14). More than one third of men (34%) who had insertive anal intercourse did not use lubricant with a condom within the past year, and a 38% used only saliva, while 34% said they used an oil-based lubricant with latex condoms. About one in six men (16%) said they had used a condom that was too large or too small for their penis.

**Table 5.14.**  
Behaviour that facilitates condom failure among men who have insertive anal intercourse

Have you done any of the following when you have worn condoms in the past 12 months?	n (missing)	Yes (%)	No (%)
Not using lots of lubricant on the outside of the condom	2484 (38)	39	61
Using saliva as a lubricant	2491 (31)	38	62
Using an oil-based lubricant (such as Vaseline® or moisturizer) with latex (rubber) condoms	2480 (42)	34	66
Using a condom without lubricant	2500 (22)	34	66
Having anal sex for more than half an hour without changing the condom	2487 (35)	30	70
Putting lubricant inside the condom before putting it on	2486 (36)	19	81
Using a condom that is too large or too small for my penis	2482 (40)	16	84

The prevalence of condom use behaviour that increases the odds of condom failure varied by demographic group (Table 5.15). The overwhelming majority of respondents with lower educational levels (94%) reported at least one of the types of behaviour that might facilitate condom failure versus 80% of the respondents with medium educational attainment and 79% of the respondents with high educational attainment. Respondents who had both male and female sexual partners within the past year were significantly more likely to report at least one condom failure behaviour (89%) than those who had sex only with men (77%) or only with women (70%). Respondents from Spanish-speaking areas were more likely to report at least one type of behaviour that might lead to condom failure (88%) than respondents from Haiti (86%), English-speaking countries (76%), other non-Haitian French-speaking countries (76%) and Dutch-speaking areas (75%).

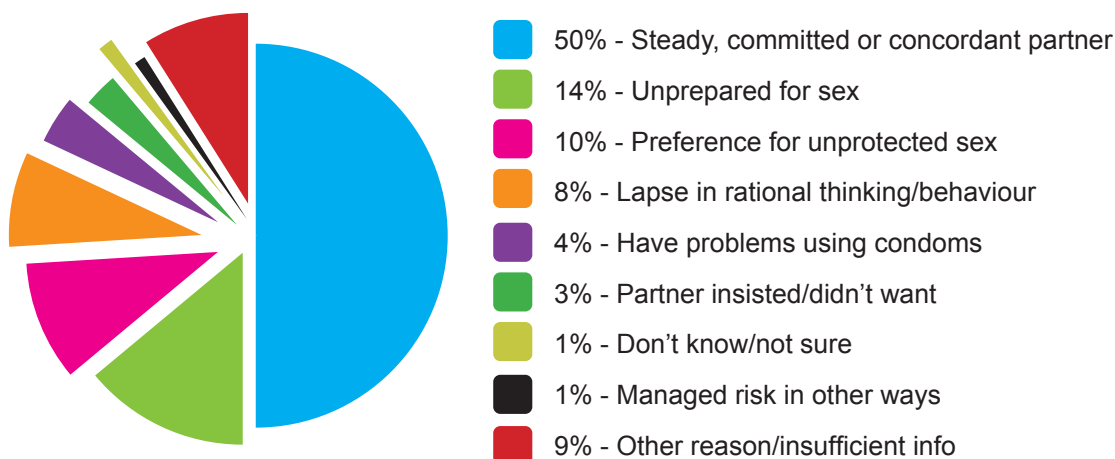
**Table 5.15.**  
Behaviour that might facilitate condom failure by key demographic groups

Respondents who report one or more types of high-risk behaviour for condom failure (%)			
<b>HIV status</b>			
Diagnosed positive	79	<b>Outness</b>	
Last test negative	80	Most	79
Never received a test result	80	Less than most	80
<b>n (missing)</b>	<b>2486 (36)</b>	<b>n (missing)</b>	<b>80</b>
			<b>2486 (36)</b>
<b>Education</b>		<b>Sex of partners in the past year</b>	
Low	94	Men only	94
Medium	80	Women only	80
High	79	Both men and women	79
<b>n (missing)</b>	<b>2481 (41)</b>	<b>n (missing)</b>	<b>2481 (41)</b>
<b>Age (years)</b>		<b>Language</b>	
18–19	8	English	76
20–29	83	French – Haiti	86
30–39	81	French – other	76
40–49	75	Spanish	88
50+	64	Dutch	75
<b>n (missing)</b>	<b>2493 (29)</b>	<b>n (missing)</b>	<b>2501 (21)</b>

Among respondents reporting using a condom during insertive anal intercourse (n = 2522), 27% (n = 664) said the condom they used had torn or slipped off at least once in the past 12 months. Condom failure was more common among respondents with lower levels of education (46%) than among respondents with medium (28%) and high levels (24%); respondents who had tested positive for HIV (34% versus 28% of those testing negative and 19% of those never tested); and respondents from English-speaking areas or Haiti (29% each) versus 23% from other French-speaking areas, 22% from Spanish-speaking areas and 20% from Dutch-speaking areas.

Respondents who reported at least one of the types of behaviour that may facilitate condom failure (Table 5.14) were nearly three times more likely to have experienced condom failure during anal sex within the past 12 months.

Fig. 5.1.  
Reasons for not using a condom during the last incident of anal intercourse percent



## Reasons for unprotected anal sex

The survey asked the 979 respondents who said they did not use a condom the last time they had anal intercourse to explain the reasons why a condom was not used via a free-text response box. Among the 937 men who responded, seven key themes emerged (Fig. 5.1).

### (1) Unprotected anal intercourse with a steady concordant partner (50%, n = 461)

Around half the respondents explained that their unprotected sex occurred within a steady, committed or trusting partnership. In some instances, this partnership was well-established and “official”, in that men referred to their sexual partners as husbands or long-term boyfriends, while other times they referred to friends whom they knew very well and trusted that the sex would be safe. In all instances, a theme of HIV seroconcordance (and thus a lack of HIV transmission risk) was either explicitly expressed or was strongly implied. Sometimes respondents said they had tested together and were sure of each other’s status, whereas other times they had asked or told one another in more general terms.

*In a committed relationship with one faithful partner.*

*I am in a steady, loyal relationship with my husband since two years and we are both HIV-negative and don't have sexually transmitted infections.*

*With my steady partner and both do our HIV test every three months and check for sexually transmitted infections.*

*Because both of us knew we were negative.*

*My partner and I are both undetectable. With an undetectable viral load the risk of reinfection is extremely low and a risk we are willing to take.*

### (2) Unprepared for anal intercourse (14%, n = 126)

A significant proportion of respondents reported that unprotected anal intercourse occurred when they did not have condoms available, had not felt able to purchase or obtain them or were otherwise

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unprepared for anal intercourse. Most often, respondents simply said that they did not have any condoms or could not easily obtain them, while a few also said that they felt unable to purchase them or were too embarrassed to do so. Even though many respondents were aware of the risk of HIV and sexually transmitted infections, an overwhelming desire to have anal intercourse overcame personal concerns about the possibility of disease transmission.

*I wasn't carrying condoms.*

*I didn't have any and we both wanted to do it very badly.*

*It was not available nearby and I feel embarrassed buying condoms because people watch you.*

*Too young to purchase one.*

### (3) A preference for unprotected intercourse (10%, n = 95)

Some respondents said they preferred sex with men without condoms. Reasons cited included a preference for the physical sensation of condomless sex, a desire to deposit or receive ejaculate internally or a general dislike of condoms. Many of these respondents said that sex without condoms was more erotic or simply felt better. It is possible that respondents who said they preferred unprotected sex may also have been in committed and/or seroconcordant sexual partnerships or used other risk-reduction tactics, but their responses provided insufficient information to infer this.

*I enjoy when my partner ejaculates in me.*

*Me and my friend want to, and like skin on skin.*

*It is more fun and exciting without a condom.*

*Because it feels way better fucking a guy without a condom!*

#### **(4) Lapse in rational thinking or behaviour (8%, n = 71)**

A small proportion said that they did not use condoms the last time they had anal sex because of a lapse in rational thinking or behaviour. Most often they implied that they were overwhelmed by feelings of sexual desire, which caused them to engage in behaviour they knew to be risky or felt were inappropriate. Respondents sometimes drew on commonplace discourse (such as “I just got carried away with the moment”) to rationalize their behaviour, or they described their own behaviour as illogical and therefore without reason. In a few cases, respondents said they were under the influence of alcohol or drugs at the time they had sex, which influenced their ability or desire to negotiate safer sex.

*I let myself be carried away by it.*

*It was something that happened in the moment. It happened just like that and we let ourselves be carried away.*

*We were way too drunk to think to use one.*

*At the time it was so intense that it just happened.*

#### **(5) Problems using condoms (4%, n = 32)**

A few respondents said they did not use condoms the last time they had anal intercourse because they or their sexual partner had problems using them. In most cases, the problems described related to maintaining an erection while wearing a condom, but some receptive respondents also described the sensation of being penetrated by a man who is wearing a condom as being uncomfortable. A lack of experience in using or negotiating condoms with a sexual partner was occasionally cited as the reason they were not used. A very small number of respondents said they discarded the condoms they were attempting to use after they kept breaking or slipping.

*I don't use it because I don't get a full erection. When I put the condom on, the penis gets soft.*

*The guy's dick was not staying up with the condom on.*

*I had on a condom, but I had trouble getting it in. I took off the condom to slide it in.*

*Condom was uncomfortable; it did not fit properly and was too tight and burst easily. I am fortunate or unfortunate to be well endowed and can't find condom that fits comfortably.*

#### **(6) Partner insisted or did not want to use condoms (3%, n = 30)**

A small, but not insignificant, number of respondents said the reason they did not use condoms was that their sexual partner did not want to use one or insisted on not using them. In a very small proportion of cases, respondents said they felt coerced into having unprotected sex.

*My partner refused to use a condom.*

*Because I was a virgin and my partner told me it would hurt more if we used a condom.*

*The person did not want me to fuck him with a condom.*

*Because I get drunk and the man did it without my consent.*

#### **(7) Managed risks in other ways (1%, n = 9)**

A tiny fraction of respondents who did not use a condom the last time they had anal intercourse said they used other methods to reduce the risk of transmitting HIV or sexually transmitted infection. In most cases, they described withdrawal before ejaculation by the insertive partner. In a handful of cases, respondents described explicit HIV testing to ensure seroconcordance (but without any indication that they were part of a regular or steady sexual partnership) or rationalized the risk because they were having sex with someone they understood to be a virgin.

*Very limited anal contact – no ejaculation.*

*He was a virgin who had not had sex before.*

*Simple, I live above a testing station. We both go down get tested on the spot and if negative have unprotected sex back upstairs. If the partner tests [positive] I do not have sex at all, ever. Rapid HIV testing sticks should be available free.*



# 6. Information about HIV and sexually transmitted infections

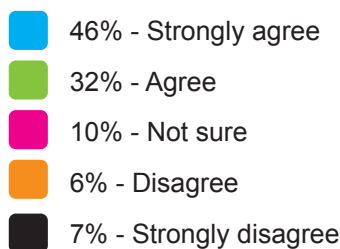
## Knowledge about HIV diagnosis, testing and treatment

Most respondents strongly agreed (46%) or agreed (32%) that they were satisfied with what they know about HIV and other sexually transmitted infections (Fig. 6.1). However, 23% said they were not satisfied (or were not sure) with what they know about HIV and other sexually transmitted infections.

No significant differences in satisfaction levels were found according to HIV status, language area, outness or the sex of sexual partners. However, respondents with lower levels of education were significantly more likely to disagree or strongly disagree that they were satisfied with what they knew about HIV and sexually transmitted infections (22%) than men with medium (12%) or high levels of education (12%).

Fig. 6.1. Knowledge about HIV diagnosis, testing and treatment

I'm satisfied with what I know about HIV and STIs



## FIVE KEY POINTS

1. More than three-quarters (78%) of men said they were satisfied with what they know about HIV and other STIs.
2. More than two-thirds of men (69%) had used the internet to access information about HIV and STIs in the last year.
3. A minority, 13%, had never seen or heard any information about HIV or STIs specific to MSM.
4. More than three-quarters (83%) of men had used newspapers or magazines to access information about HIV and STIs within the last year.
5. One in ten men had used a telephone helpline to access information about HIV in the last year. Helpline use was higher among men from Haiti.

## Sources of information about HIV and sexually transmitted infections

A modest fraction (13%) of respondents had never seen or heard any information about HIV or sexually transmitted infections specific to men who have sex with men, and 36% had obtained such information within the previous seven days (Table 6.1). The survey suggests that men who have sex with men access HIV-related information from a variety of sources. Most respondents accessed information about HIV and sexually transmitted infections via newspapers or magazines, with 84% reporting having used newspapers or magazines for this purpose in the past 12 months. As Table 6.2 shows, 69% looked for information about HIV and sexually transmitted infections on the Internet within the same time frame, whereas only 10% had called a telephone helpline.



**Table 6.1.**  
**Recency of accessing information on HIV and sexually transmitted infections through various media**

When was the last time you...	n (missing)	Past month (%)	Past 12 months (%)	Past 5 years (%)	>5 years ago (%)	Never (%)
Saw or heard any information about HIV or sexually transmitted infections specifically for men who have sex with men?	<b>3528 (39)</b>	51	29	5	2	13
Saw any information about HIV or sexually transmitted infections in a magazine or newspaper?	<b>3523 (44)</b>	54	29	4	2	10
Actively looked for information about HIV or sexually transmitted infections on the Internet?	<b>3517 (50)</b>	36	33	8	3	20
Called a telephone helpline for information about HIV or sexually transmitted infections?	<b>3517 (50)</b>	6	4	2	2	85

Respondents who had tested HIV-positive were more likely to have seen or heard information about HIV or sexually transmitted infections within the past year (85%) than respondents whose last test was negative (82%) or who have never tested (75%). Respondents who were out to most of their friends, family or colleagues were slightly more likely to have seen information specific to men who have sex

with men than those who were not out (83% versus 79%). Respondents who had sex only with women in the past year were significantly less likely to have seen or heard information on HIV or sexually transmitted infection specifically for men who have sex with men (62%) than respondents who had sex only with men (82%) or both men and women (82%).

**Table 6.2.**  
**Sources of information on HIV and sexually transmitted infections within the past 12 months by key demographic groups (percent)**

Demographic characteristic	Saw or heard any information about HIV or sexually transmitted infections specifically for men who have sex with men	Saw any information about HIV or sexually transmitted infections in a magazine or newspaper	Actively looked for information about HIV or sexually transmitted infections on the Internet	Called a telephone helpline for information about HIV or sexually transmitted infections?
<b>Age</b>				
18-19	73	78	68	7
20s	79	83	70	14
30s	81	87	70	10
40s	84	89	69	7
50 +	87	89	62	1
<b>n (missing)</b>	<b>3516 (51)</b>	<b>3511 (56)</b>	<b>3505 (62)</b>	<b>3505 (62)</b>
<b>Education</b>				
Low	75	77	67	35
Medium	80	85	68	10
High	82	85	72	9
<b>n (missing)</b>	<b>3493 (74)</b>	<b>3490 (77)</b>	<b>3505 (62)</b>	<b>3484 (83)</b>
<b>Language</b>				
English	79	86	74	6
French – Haiti	82	84	49	36
French –other	85	87	66	7
Spanish	82	83	75	6
Dutch	80	85	69	4
<b>n (missing)</b>	<b>3528 (39)</b>	<b>3523 (44)</b>	<b>3505 (62)</b>	<b>3484 (83)</b>
<b>Outness</b>				
Most	83	86	74	9
Less than most	79	85	67	12
<b>n (missing)</b>	<b>3438 (129)</b>	<b>3434 (133)</b>	<b>3429 (138)</b>	<b>3428 (139)</b>
<b>HIV status</b>				
Last test negative	85	87	86	10
Diagnosed positive	82	86	69	11
Never received a test result	75	81	64	9
<b>n (missing)</b>	<b>3508 (59)</b>	<b>3503 (64)</b>	<b>3497 (70)</b>	<b>3497 (70)</b>
<b>Sex of partners in the past year</b>				
Men only	82	86	72	7
Women only	62	80	62	20
Both men and women	82	85	62	13
<b>n (missing)</b>	<b>3224 (11)</b>	<b>3220 (15)</b>	<b>3216 (19)</b>	<b>3216 (19)</b>

Older respondents were more likely to have reported seeing information but were less likely to have actively looked for it, whereas those in their twenties and thirties were most likely to have used a helpline.

Respondents in Haiti and other French-speaking areas were significantly less likely to have actively looked for information about HIV or sexually transmitted infections on the Internet (49% and 66%) than those in Dutch-speaking (69%), English-speaking (74%) or Spanish-speaking areas (75%). However, respondents in Haiti were considerably more likely to use a telephone helpline for such information (36%) than those in other areas (4% to 7%).



# 7. Stigma, discrimination and homophobia

## FIVE KEY POINTS

1. Within the last month nearly a quarter (23%) of respondents experienced verbal insults or name-calling while one-third (33%) had been stared at or intimidated because people knew or presumed they were attracted to men.
2. About one in ten (11%) reported being physically assaulted in the last five years.
3. Nearly half (49%) of men with diagnosed HIV said they have very often avoided telling others their HIV status.
4. One in five (20%) men with diagnosed HIV had often been shunned or avoided socially and sexually when his HIV status was known.
5. Internalised Homonegativity is more common among MSM in the Caribbean than in Europe. It is especially high among younger men, those who have not tested for HIV, those who had sex with women only or with both men and women and those who are less out.

## HIV-related stigma

HIV-related stigma is prevalent across the Caribbean region. Among the 306 respondents who said they had been diagnosed with HIV infection, 49% said they had very often avoided telling others that they were living with HIV (Table 7.1). More than one fifth (21%) of the respondents said they had often or very often been treated less favourably when others learned that the respondent is living with HIV. Nearly half (47%) the respondents diagnosed with HIV infection said they have seen or read things in the media about people with HIV that they found hurtful, and 20% reported that they had been shunned or avoided socially and sexually when it was known they had HIV. Roughly 1 in 14 (7%) of the respondents diagnosed with HIV said they had sometimes or often been denied medical help because they had HIV.

The experience of HIV-related stigma did not differ significantly according to outness or the sex of sexual partners in the past year. Respondents with high levels of education were more likely to say they had avoided telling others they had HIV than respondents with medium or low levels of education. Respondents from French-speaking areas were less likely to often read hurtful things in the media (21% Haiti and 40% other French-speaking countries) than men from Spanish-speaking (39%), English-speaking (52%) and Dutch-speaking areas (47%).

**Table 7.1.**  
Experiences of HIV-related stigma

How often have you experienced each of the following:	n (missing)	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Very often (%)	Does not apply (%)
I have avoided telling others that I have HIV	<b>302 (4)</b>	9	8	20	12	49	2
I have been treated less favourably by others when they have learned that I have HIV	<b>299 (7)</b>	32	18	14	8	13	15
I have seen or read things in the media about people with HIV that I find hurtful or offensive	<b>301 (5)</b>	11	12	28	20	27	3
I have been shunned or avoided socially and sexually when it was known that I have HIV	<b>298 (8)</b>	36	11	16	7	13	17
I have been denied medical help because I have HIV	<b>301 (4)</b>	74	7	4	2	1	12

## Experiences of homophobic abuse or assault

As Table 7.2 illustrates, one third (33%) of the respondents had been stared at or intimidated because people knew or presumed they were attracted to men within the past month. Almost half of these respondents (48%) had experienced such intimidation within the previous year. Nearly a quarter of the respondents (23%) had experienced verbal insults or name calling in the past month. One in nine (11%) respondents said they had been punched, kicked or beaten within the previous five years.

**Table 7.2.**  
Experiences of homophobic abuse or assault

Because someone knew or presumed you are attracted to men, when was the last time you were...	n (missing)	Past month (%)	Past 12 months (%)	Past 5 years (%)	>5 years ago (%)	Never (%)
Stared at or intimidated	<b>3523 (44)</b>	33	15	8	6	37
Verbally insulted or called names	<b>3520 (47)</b>	23	17	12	11	36
Punched, kicked or beaten	<b>3515 (52)</b>	4	4	3	5	83

Collapsing these responses and examining homophobic experiences altogether, certain demographic groups of men who have sex with men are more at risk for such abuse. Younger respondents were most likely to report all forms of abuse or assault within the past year (Table 7.3). Those with low levels of education were significantly more likely to have experienced abuse or assault within the past year than the respondents with medium or high levels, with 35% of the respondents with low educational attainment having been punched, kicked or beaten because they are attracted to the same sex. Respondents who reported sex with both men and women within the previous year were significantly more likely to have been kicked, punched or beaten within the past year (14%, n = 101) than respondents who had sex only with men (6%) or only with women (6%).

While respondents from Haiti and other French-speaking areas were less likely to have been stared at or intimidated within the previous year (40% and 44%) than respondents living in English-speaking (53%), Spanish-speaking (45%) and Dutch-speaking areas (46%), respondents in Haiti were significantly more likely to have been punched, kicked or beaten within the previous year (32%, n = 168) than respondents residing in all other areas. As might be expected given their greater visibility with the community, the respondents out to most of their friends, family or work colleagues were more likely to have been stared at or intimidated, or been the victim of verbal abuse than those not out to as many people.

**Table 7.3.**  
Experiences of homophobic abuse within the past year by key demographic groups (percent)

Demographic characteristic	Stared at or intimidated in the past year	Verbally insulted or called names in the past year	Punched, kicked or beaten in the past year
<b>Age</b>			
18-19	57	58	9
20s	56	47	13
30s	46	38	6
40s	38	26	4
50 +	32	23	1
<b>n (missing)</b>	<b>3510 (57)</b>	<b>3507 (60)</b>	<b>3502 (65)</b>
<b>Education</b>			
Low	62	56	35
Medium	54	48	9
High	44	32	7
<b>n (missing)</b>	<b>3489 (78)</b>	<b>3486 (81)</b>	<b>3482 (85)</b>
<b>Language</b>			
English	53	46	5
French – Haiti	44	45	32
French –other	40	25	7
Spanish	45	27	3
Dutch	46	31	3
<b>n (missing)</b>	<b>3523 (44)</b>	<b>3520 (47)</b>	<b>3515 (52)</b>
<b>Outness</b>			
Most	54	47	9
Less than most	47	37	9
<b>n (missing)</b>	<b>3436 (131)</b>	<b>3434 (133)</b>	<b>3428 (139)</b>
<b>HIV status</b>			
Last test negative	46	47	8
Diagnosed positive	48	39	7
Never received a test result	53	42	13
<b>n (missing)</b>	<b>3502 (65)</b>	<b>3499 (68)</b>	<b>3494 (73)</b>
<b>Sex of partners in the past year</b>			
Men only	52	42	6
Women only	25	24	6
Both men and women	42	35	14
<b>n (missing)</b>	<b>3223 (12)</b>	<b>3220 (15)</b>	<b>3217 (15)</b>

## Internalized homonegativity

To assess the degree of internalized homonegativity, researchers used a validated scale to measure (Ross & Rosser, 1996) that was recently revised (Smolenski et al., 2010). Some items were reverse coded to prevent acquiescence response bias. For the purposes of this study, any respondent who failed to respond to any item of the survey was excluded from analysis.

Using a seven-point scale from “strongly agree” to “strongly disagree”, with an added option for “does not apply”, men were asked to respond to the following statements.

- I feel comfortable in gay bars or gay parties.
- Social situations with gay men make me feel uncomfortable.
- I feel comfortable being seen in public with an obviously gay person.
- I feel comfortable discussing homosexuality in a public situation.
- I feel comfortable being a homosexual man.
- Homosexuality is morally acceptable to me.
- Even if I could change my sexual orientation, I wouldn't.

Altogether, 2274 respondents provided a response to all seven items and were included in the data analysis. The mean internalized homonegativity score for the whole sample was 2.22, which is significantly higher than the mean score of 1.50 obtained in the comparable European Men-Who-Have-Sex-with-Men Internet Survey (EMIS) in 2010 (Berg et al., 2013). (A higher score indicates greater levels of internalized homonegativity.)

As Table 7.4 indicates, respondents who had not tested for HIV had, on average, a significantly higher mean internalized homonegativity score (2.56) than those whose last test was negative (2.18) and those who had tested positive (1.75). Those out to most of their friends, family and work colleagues had roughly half the levels of internalized homonegativity (mean score of 1.42) than those out to less than most (mean score of 2.75). This significantly higher score among those who have not come out to as many people may reflect the difficulty that some respondents have in accepting and communicating their attraction to other men, which has a negative impact on how they consider homosexuality more broadly.

**Table 7.4.**  
Mean internalized homonegativity scores by key demographic groups

Internalized homonegativity score		Internalized homonegativity score	
<b>HIV status</b>		<b>Outness</b>	
Diagnosed positive	1.75	Most	1.42
Last test negative	2.18	Less than most	2.75
Never received a test result	2.56	<b>n (missing)</b>	<b>2713 (854)</b>
<b>n (missing)</b>	<b>2761 (806)</b>		
<b>Education</b>		<b>Sex of partners in the past year</b>	
Low	1.85	Men only	1.97
Medium	2.24	Women only	3.25
High	2.21	Both men and women	2.83
<b>n (missing)</b>	<b>2749 (818)</b>	<b>n (missing)</b>	<b>2553 (682)</b>
<b>Age (years)</b>		<b>Language</b>	
18–19	2.31	English	2.27
20–29	2.39	French – Haiti	2.56
30–39	2.29	French – other	1.94
40–49	1.87	Spanish	2.02
50+	1.58	Dutch	1.67
<b>n (missing)</b>	<b>2765 (802)</b>	<b>n (missing)</b>	<b>2774 (793)</b>

On average, younger respondents had a significantly higher internalized homonegativity score (such as respondents 20–29 years old = 2.39) than men older than 50 years (1.58). Internalized homonegativity was also significantly higher among respondents who partnered only with women in the past year (3.25) and those who had both male and female partners (2.83) than among respondents whose sexual partners in the past year were exclusively men (1.97). The mean internalized homonegativity score did not differ statistically significantly according to level of educational attainment.

In terms of language groupings, respondents from Haiti had, on average, the highest internalized homonegativity score (2.56), compared with respondents from English-speaking (2.27), Spanish-speaking (2.02) and other French-speaking countries (1.94). Respondents from Dutch-speaking areas had a significantly lower mean internalized homonegativity score (1.67) than respondents from all other areas.

## Socialization and isolation

**Table 7.5.**  
Socialization and isolation among respondents

	n (missing)	Strongly disagree (%)	Disagree (%)	Neither or not sure (%)	Agree (%)	Strongly agree (%)
I sometimes feel lonely	<b>3540 (27)</b>	12	11	10	39	29
I know where to go if I want to make some new friends	<b>3532 (35)</b>	13	14	25	32	17

A large proportion of respondents agreed (39%) or strongly agreed (29%) that they sometimes feel lonely. More than one in four respondents (27%) disagreed or strongly disagreed with the idea that they knew where to go if they wanted to make friends.

Respondents' feelings of loneliness varied by demographic group. Loneliness decreased with age, with the average age of those reporting occasional feelings of loneliness being 28 years (versus 30 years for those who did not experience loneliness). Those with medium education were most likely to report feeling lonely (70%) compared with high (65%) and low educational attainment (61%), and respondents

who were out to few people or no one were more likely to report loneliness (69%) than respondents who were out to most (63%). Respondents from English-speaking areas were more likely to express loneliness (72%) than those from Spanish-speaking areas (66%), Dutch-speaking areas (63%), French-speaking countries other than Haiti and men living in Haiti (51%). Respondents diagnosed with HIV were more likely to report feeling lonely (74%) than those who were untested (73%) and those whose last test was negative (65%). Respondents who had sex with both men and women were more likely to express loneliness than exclusively homosexually active men in the past year (70% versus 56%).

Younger respondents and respondents who were not out within their social circles were more likely to say they did not know where to go to make friends. More than one third of the respondents from Haiti (36%) disagreed that they knew where to go to make new friends, which was a higher proportion than respondents from English-speaking (28%), Spanish-speaking (28%) and Dutch-speaking (19%) countries as well as respondents from French-speaking countries other than Haiti (23%). Respondents who had sex only with men were more likely to disagree that they knew where to go to make friends (27%) than respondents who had sex only with women (19%) or both men and women (19%).





# 8. Substance use

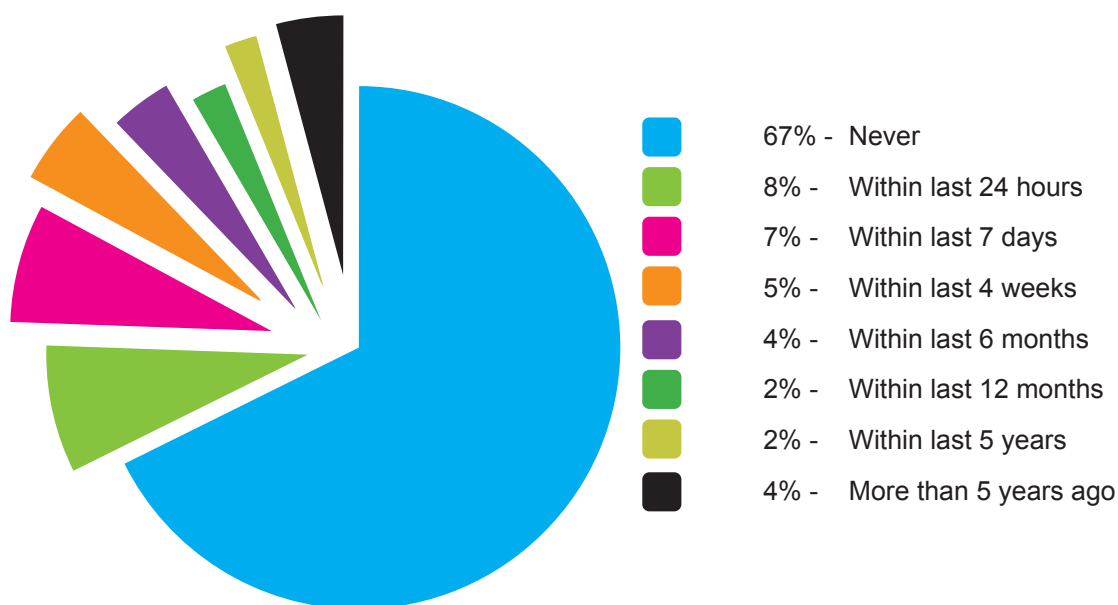
## FIVE KEY POINTS

1. Two-thirds of respondents report never having used drugs.
2. One in six (15%) had used drugs in the previous week.
3. Drug use in the last year was more common among men with diagnosed HIV.
4. The most commonly used drugs were cannabis, cocaine and poppers.
5. One in six men (14%) said they had tried to stop using drugs but had not been able to do so.

## Recency of recreational drug use

One third (33%) of respondents reported previous drug use. Among the 1157 respondents who reported having used drugs, 15% reported substance use in the past seven days, and 26% said they had used drugs in the past 12 months (Table 8.1).

Fig. 8.1.  
Recency of recreational drug use



Although drug use among respondents did not vary significantly by age, other demographic differences emerged. Respondents with low levels of education were significantly more likely to report drug use in the past year (38%) than respondents with medium levels (27%) or high levels (26%). Drug use in the previous year was highest among respondents from French-speaking areas other than Haiti (39%) – more than four times as prevalent as in Haiti (9%). Respondents who were out to most of their friends, family and colleagues were much more likely to report drug use in the past year than respondents who were not (37% versus 21%).

In addition, respondents diagnosed with HIV were significantly more likely to have used drugs in the past year (36%) than respondents whose last test was negative (26%) or who had not tested (25%).

Table 8.1.  
Drug use within the past 12 months by key demographic groups

	Respondents who used drugs within the past 12 months (%)	Respondents who used drugs within the past 12 months (%)
<b>Age (years)</b>		
18–19	30	
20–29	26	
30–39	26	
40–49	27	
50+	31	
<b>n (missing)</b>	<b>3514 (53)</b>	
<b>Education</b>		
Low	38	
Medium	27	
High	26	
<b>n (missing)</b>	<b>3492 (75)</b>	
<b>Language</b>		
English	32	
French – Haiti	9	
French – other	39	
Spanish	25	
Dutch	23	
<b>n (missing)</b>	<b>3527 (40)</b>	
<b>Outness</b>		
Most		37
Less than most		21
<b>n (missing)</b>		<b>3438 (129)</b>
<b>HIV status</b>		
Diagnosed positive		36
Last test negative		26
Never received a test result		25
<b>n (missing)</b>		<b>3508 (59)</b>
<b>Sex of partners in the past year</b>		
Men only		29
Women only		19
Both men and women		27
<b>n (missing)</b>		<b>3226 (9)</b>

## Most commonly used recreational drugs

Among the 1134 respondents with histories of drug use who answered questions about the types of drugs they used, cannabis was by far the most commonly used drug, with 49% of the respondents to this question (or 16% of the sample overall) reporting previous use (Table 8.2). Cocaine and poppers were a distant second and third among drugs previously used.

In addition to those displayed in Table 8.2, other drugs mentioned include GHB/GBL (gammahydroxybutyrate/gammabutyrolactone), acid, Viagra®/Cialis®, speed/LSD and magic mushrooms. Although alcohol is not technically a recreational drug, 479 men (42% of those who had used drugs, 13% of the total sample) mentioned alcohol.

Table 8.2.  
Recreational drugs commonly reported by respondents

Drug mentioned	n	% of those who have used drugs	% of all respondents
<b>Cannabis</b>	558	49	16
<b>Cocaine</b>	94	8	3
<b>Poppers</b>	52	5	2
<b>MDMA (ecstasy)</b>	33	3	1
<b>Crystal methamphetamine</b>	18	2	1
<b>Ketamine</b>	6	1	<1%
<b>Other drugs</b>	37	3	1

## Attempts at stopping recreational drug use

Among the 1145 respondents reporting previous drug use who responded to questions about efforts to quit, 14% reported having tried to stop, suggesting a need for interventions to assist men in addressing their substance use concerns. Such need was more common among respondents who have tested positive for HIV (22% versus 11% of those who have tested negative); respondents who are out to most of their friends, family and work colleagues (17% versus 12% who are out to less than most) and respondents with low levels of education (45% versus 16% medium and 10% high). Men from Haiti were significantly more likely to have a need for support to quit (39%) than men from Dutch-speaking (19%), English-speaking (13%), Spanish-speaking (11%) or other French-speaking areas (11%).

## Impact of alcohol

A small group (8%) said that they sometimes, often or very often lost time from their favourite activities (Table 8.3). A slightly smaller proportion (5%) said that their drinking sometimes, often or very often made their home life unhappy.

**Table 8.3.**  
Effects of alcohol use

How often have you experienced the following:	n (missing)	Responses (%)					Does not apply (%)
		Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Very often (%)	
I lose time from my favourite activities because of drinking	<b>3512 (55)</b>	52	11	5	2	1	30
My drinking makes my home life unhappy	<b>3481 (86)</b>	55	6	3	1	1	33

Those indicating that they sometimes, often or very often lose time from favourite activities because of drinking were more likely to be out to most of their friends, family and work colleagues (10%) than those not (6%) and more likely to have low levels of education (29%) than respondents with medium education (7%) or high education (6%). No other statistically significant differences were observed.



# 9. Sexual happiness

## Happiness with sex life

More than one in four respondents (26%, n = 877) said they were not happy with their sex life. The respondents who were not out to most of their family, friends and colleagues were significantly more likely to be unhappy with their sex lives (30%) than those who were out to most (21%).

Respondents who had sex only with men in the past year were significantly more likely (28%) to be unhappy with their sex lives than respondents who had sex with both men and women (18%).

Respondents who had tested positive for HIV, those whose last test was negative and those who had never tested did not differ significantly in sexual happiness.

Respondents who said they were not happy with their sex life were asked why, presented with 13 possible options (and the ability to select as many of the options as applicable) and presented with a free-text option to enter their own explanation. As Table 9.1 indicates, more than half (61%) of the respondents who were unhappy with their sex life expressed a desire for a steady relationship. However, a sizable proportion of respondents (15%) said that problems in their steady relationship were contributing to their unhappiness with their sex life.

## FIVE KEY POINTS

1. Approximately three-quarters (74%) of all respondents said they were happy with their sex lives.
2. Common causes of unhappiness with sex life included wanting a relationship, worries about catching STIs and a lack of sexual confidence.
3. Relationships and emotional connection with other men are highly valued by many MSM.
4. One in seven (14%) do not find it easy to say “no” to sex they do not want.
5. The same proportion of men (14%) said they were not able to negotiate sex they were comfortable with.

**Table 4.14.**  
Viral load testing and results among respondents diagnosed with HIV infection

Reasons for not being happy with sex life	% of men not happy with their sex life	% of all men
I want a steady relationship with someone	61	16
I worry about picking up HIV or other sexually transmitted infections	46	12
I am not as sexually confident as I want to be	36	9
I am not having any sex	34	9
I would like more sex with the man or men I have sex with	24	6
I would like more sexual partners	21	5
I worry about having too many sexual partners	20	5
I have problems in my steady relationship	15	4
I have problems getting or keeping a hard-on (erection)	14	4
My sex drive is too low	11	3
I worry about passing on HIV or other sexually transmitted infections	9	3
My health problems interfere with sex	6	2
My partner's health problems interfere with sex	3	1
Other reasons	10	3

More than one in three respondents (34%) said their unhappiness with their sex life stemmed from the fact they were not having sex. Nearly a quarter of men (24%) said they would like more sex with their current male sex partner, and 21% said they desired more sexual partners. Roughly one in five (20%) said they were unhappy with their sex life because they were having too many sexual partners.

In addition to the 13 options offered by the survey, respondents gave other reasons for their dissatisfaction with their sex life. These included difficulties in meeting other gay men, inability to be free or open due to fear of homophobic harassment,

internalized feelings of shame at being attracted to men; fear of rejection; and fear that their family or community might find out about their homosexuality.

Demographic analyses were undertaken for the top five most commonly reported reasons for unhappiness with sex. Respondents who were not out to most of their friends, family or work colleagues were significantly more likely to worry about contracting HIV or other sexually transmitted infections (49%). Respondents with comparatively low outness scores also said they were less sexually confident than they would like to be (40%) compared with those who are out to most people (26%) (Table 9.2).

**Table 9.2.**  
Reasons for not being happy with sex by key demographic groups

Demographic characteristic	n (missing)	I want a steady relationship with someone (%)	I worry about picking up HIV or other sexually transmitted infections (%)	I am not as sexually confident as I want to be (%)	I am not having any sex (%)	I would like more sex with the man or men I have sex with (%)
<b>Age</b>						
18-19	<b>868 (9)</b>	63	37	28	43	19
20s		64	51	40	37	22
30s		60	43	30	30	26
40s		60	40	38	33	25
50 +		49	41	33	24	36
<b>n (missing)</b>						
<b>Education</b>						
Low	<b>868 (9)</b>	42	50	17	25	33
Medium		64	44	34	38	23
High		58	48	34	30	26
<b>n (missing)</b>						
<b>Language</b>						
English	<b>874 (3)</b>	63	46	36	37	22
French – Haiti		39	36	42	6	21
French –other		46	43	31	23	37
Spanish		61	52	36	31	34
Dutch		62	40	28	32	21
<b>n (missing)</b>						
<b>Outness</b>						
Most	<b>857 (20)</b>	57	38	26	32	26
Less than most		63	49	40	35	24
<b>n (missing)</b>						
<b>HIV status</b>						
Last test negative	<b>869 (8)</b>	60	40	40	39	26
Diagnosed positive		58	16	29	18	19
Never received a test result		62	51	25	34	25
<b>n (missing)</b>						
<b>Sex of partners in the past year</b>						
Men only	<b>778 (3)</b>	66	45	35	30	25
Women only		44	31	44	31	19
Both men and women		44	60	41	22	34
<b>n (missing)</b>						

Respondents who had not tested for HIV were more likely to say they were worried about acquiring HIV or other sexually transmitted infections (51%) than respondents who had tested positive (40%) or those whose last test was negative (16%). Respondents who had tested HIV-positive were more than twice as likely as men whose last test was negative to say they were unhappy because they were not having sex (39% versus 18%). Respondents who reported sex only with men in the past year were more likely to say they wanted a relationship (66%) than those

having sex only with women (44%) or with both women and men (44%). Respondents who had sex with both men and women in the past year were much more likely to say they were worried about contracting HIV or other sexually transmitted infections (60%) than those who had sex only with men (45%) or only with women (31%). Haitian respondents were least likely to say they wanted a steady relationship compared with other French-speaking areas and those from other language areas.

## The meaning of the best sex

Asked to describe their idea of the “best sex”, 3152 respondents answered, providing a free-text response. Their rich and diverse answers were rigorously analysed following careful translation into English. Nine key themes emerged, with the percentage and number of men who expressed each theme identified in parentheses (and depicted graphically in Fig. 9.1).

### 1. Relationship formulation (33%, n = 1039)

Sex within a relationship of some kind was most commonly cited when respondents expressed their idea of the best sex. About three quarters of the respondents who expressed this sentiment described, or strongly implied, a desire for a monogamous, committed relationship with one other person. Often this related to a boyfriend, while others specified their desire for a husband or sex within marriage. A very small number responded that they desired a committed relationship with a woman, in which case their response was also coded as “ideal sex of sexual partner” (see item 7 below). A minority described a desire for an open relationship (one primary partner but casual sex with other people, either together or separately) or for a loose sexual partnership. Typical responses include the following.

*Being with the right person in a monogamous relationship.*

*One committed person who you have sex with all the time.*

*Having a partner with great sex life and also having protected and safe no strings attached sex from time to time with other occasional partners.*

### 2. Emotional or sexual connection (32%, n = 1019)

Nearly one third of men (32%) cited emotional or sexual connection with another person, or some element of mutuality, as their idea of the best sex. In most instances, respondents talked about a desire for sex with another person that was loving, intimate, tender, respectful or trusting or in which partners took account of one another’s feelings to make each other happy. Typical responses include the following.

*Being in a committed relationship and that person loves you and you are both having sex and you trust each other.*

*For me the best sex life is to give yourself to another man for love.*

*I can say that the best sex life is faithfulness, dialogue, understanding and mutual respect.*

### 3. Sex free from psychological or social barriers (18%, n = 580)

A significant number of respondents said their best sex would occur in an environment in which they are free from psychological or social barriers and able to have sex in the way they wanted. Some described existing social barriers such as HIV-related stigma or, more often, extensive homophobia. Others described wanting to feel sexually confident or assertive, a desire to have guilt-free sex or a need to overcome internalized homonegativity. In essence, respondents mentioning this theme

expressed a desire to feel better about oneself as a gay man or to live in a world in which homosexuality or bisexuality is more accepted. Typical responses included the following.

*Where I didn't have to have sex with my woman every week just to hide my true sexual feelings for men. I hate it but I hate doing it to her because I don't want to break her heart but I have no feelings at all for her.*

*Being free and open to decide which sex or both sexes you like without being judged or stereotyped.*

*Everyone can live, satisfying their sexual desires without envy, criticism or attack to those who have a different lifestyle.*

### 4. Sex free from physical harm (18%, n = 561)

Nearly one in five respondents (18%) who offered their thoughts about the best sex expressed a desire for sex that is free from physical harm. Most often, such responses evinced a desire for sex without the risk of contracting or transmitting HIV or other sexually transmitted infections. In a smaller number of cases, respondents described a desire for sex that was consensual and without the risk of physical assault. Responses that talked broadly about “safe sex” or “safety” were assigned to this theme, as were responses that specifically mentioned condoms (based on the assumption that this related to a desire to avoid sexual infections). Typical examples include the following.

*My idea of the best sex life is to protect myself each time I have sex.*

*One in which we don't have to worry about catching sexually transmitted infections.*

*To have a steady partner, to always use a condom or to get tested for HIV every six months if you do not use condoms and always be honest.*

### 5. Volume or variety (15%, n = 496)

For one in seven respondents (15%), the best sex was described in terms of volume (how often they want it) or variety (the kinds of sex they want to have). Some respondents stated a desire for regular sex or sex more frequently than was already the case and stated a desire for varied, exploratory or experimental sex. Sometimes their responses referred to the variety of sexual acts they would like to perform; in other instances, they focused on the variety of men with whom they would like to have sex. Typical responses include the following.

*Having sex twice a day every day of the week.*

*Multiple steady partners in a very active sex life.*

*Having a very active sexual partner who is open to try new things.*



## 6. Type of sex, action or behaviour (11%, n = 335)

Just over 1 in 10 respondents (11%) described specific sexual acts, actions or behaviour when articulating their idea of the best sex life. Most often, this involved a preference for anal or oral sex, for receptive or insertive anal intercourse (being the top or the bottom) or simply for sex that involves touching, kissing or cuddling. Typical responses include:

*Cuddling and slow tender passionate intercourse.*

*Giving or receiving oral sex.*

*Having five or six good looking young men who frequently want me to top them. One a day would be just about right.*

## 7. Ideal sex of sexual partners (7%, n = 216)

In describing their ideal sex life, a significant minority of respondents specifically mentioned the ideal sex of their sexual partner. In some instances, this appeared to reflect a desire for a purely heterosexual life (although they were attracted to or had experience of sex with men), whereas other responses described a wish for sex with both men and women (either at the same time or separately over a longer period of time). A small number answered the question saying only “gay sex” or “man on man” sex. Typical responses coded within this theme include the following.

*Sexual intercourse with men and women.*

*Being straight and not being attracted to the same sex.*

*With a man.*

## 8. Idealized physical attributes (4%, n = 110)

Some respondents talked specifically about the ideal physical attributes of a sexual partner in answering the question. Their responses sometimes related to broad “types” of men (such as bears, twinkies or jocks) who have a particular physical appearance, or they were more detailed and described specific physical features that were desirable. Examples include the following.

*Tall toned slightly hairy ample sized penis.*

*Someone with a big thick cock and who knows how to use it.*

*With an incredible hot guy.*

## 9. Settings and physical spaces (1%, n = 31)

A small number of respondents described their idea of the best sex in terms of sexual contact in specific settings or physical spaces. Typical examples include the following.

*On the beach.*

*Making love in the shower.*

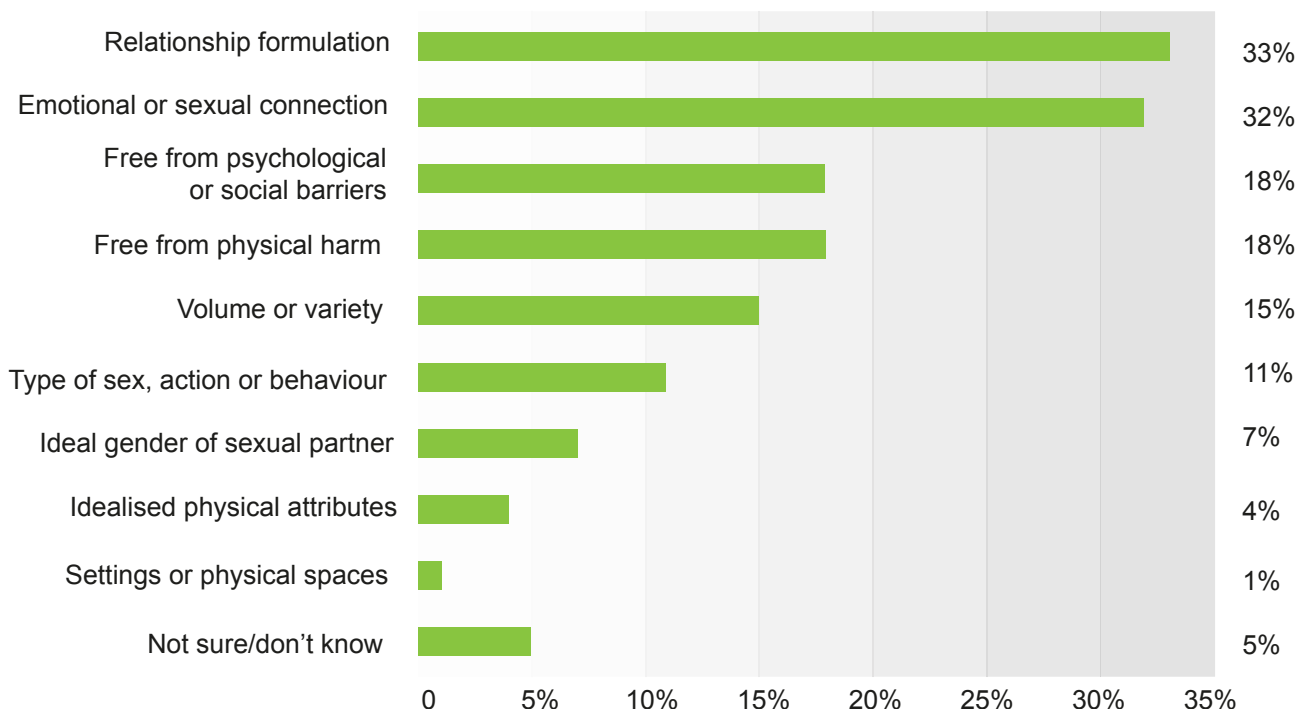
*Soft music, candlelight, wine, bed with rose petals and a hot bodybuilder with me in bed.*

## 10. Not sure or don't know (5%, n = 146)

A fraction of respondents said they did not know what their idea of the best sex was, providing responses such as, “I don't know”, “I have no idea” or “I have never thought about it”.

An additional 6% (n = 201) of responses contained insufficient information to be assigned to one of these themes or were not responsive to the question. These responses were excluded from further analysis.

Figure 9.1.  
Men's idea of the best sex percent



The responses are, in many ways, strikingly similar to those collected during the European Men-Who-Have-Sex-with-Men Internet Survey (EMIS), where responses were in English (Bourne & Hammond, 2012). As in EMIS, the CARIMIS survey found that the top two responses related to sex in a relationship (in their various forms) and sex that had an element of emotional or sexual connection. Significantly more CARIMIS respondents discussed their idea of the best sex in terms of sex that is free from social or psychological barriers than was the case in EMIS (18% versus 8%). The findings from the two surveys seem to suggest that, proportionately, many more men who have sex with men in the Caribbean are conscious of societal pressures, homophobia and internalized homonegativity (see sections 7.2 and 7.3) as they conceptualize their idea of the best sex.

## Sexual happiness and sexual negotiation

Feeling able to manage sexual safety and being able to refuse sex if it is not desired are key components of good sexual health for all men. As Table 9.3 indicates, about one in seven respondents (15%) did not agree that the sex they had was always as safe as they wanted it to be. A similar proportion (15%) said they did not find it easy to say no to sex they did not want.

**Table 9.3.**  
Agreement with statements about sexual negotiation

	n (missing)	Strongly agree (%)	Agree (%)	Neither or not sure (%)	Disagree (%)	Strongly disagree (%)
The sex I have is always as safe as I want it to be	<b>3532 (35)</b>	39	34	12	7	7
I find it easy to say no to sex I don't want	<b>3505 (62)</b>	44	30	12	7	7

Respondents diagnosed with HIV were significantly more likely to say the sex they had was not as safe as they want (22%) than respondents whose last test was negative (14%) or who had never tested (13%). There was no significant difference in responses to the second statement according to HIV status and no significant difference in responses to either statement according to the level of outness to friends, family and colleagues.

While 15% of respondents with high levels of education said they did not agree the sex they had was as safe as they wanted it to be, this figure rose to 21% for men with low education. A similar difference between high and low education was observed when respondents were asked whether they find it easy to say no to unwanted sex (15% versus 20%).

Respondents who had only had sex with women in the previous year were more likely to say that they did not find it easy to say no to sex they did not want (18%) than respondents who had sex only with men (14%). Respondents from Haiti were significantly more likely to say they did not agree that the sex they had was always as safe as they wanted it to be (21%) than those from other French-speaking countries (16%), English-speaking areas (15%), Spanish-speaking areas (12%) and Dutch-speaking areas (11%). Similarly, Haitian respondents were most likely to say they did not find it easy to say no to sex they did not want (19%) compared with respondents from Spanish-speaking (16%) or Dutch-speaking areas (15%), other French-speaking areas (14%) and English-speaking countries (12%).



# 10. Summary of key findings and recommendations

## Sample description

- CARIMIS respondents are highly educated. Almost half (47%) of the respondents were university graduates. Half had attained secondary or post-secondary education, and 3% had either primary-level or no formal education.
- Sexual identity and practice are diverse. The majority (58%) of CARIMIS respondents described themselves as gay or homosexual. About one quarter (24%) said they were bisexual. Another 15% of the respondents indicated that they do not usually use a term to describe their sexual identity. The majority (91%) had sex with a man in the past year, and 23% had sex with both men and women during that time.
- The Internet is one way to connect with educated men who have sex with men. A substantial portion of respondents (55%) have never visited a gay community centre, organization or social group, while 35% have gone to gay or gay-friendly cafés, bars or discos. Predictably, most of this sample had visited a web site specifically for gay or bisexual men (93%), including 84% who did so in the past month.
- About half are out and half are not. Some respondents (52%) were out to few or none of their family members, friends, work or school colleagues. Those who were more out to people in their various social circles were more likely to have had sex with men only in the past year. Outness was associated with a higher vulnerability to homophobic abuse, but it was also linked with lower degrees of internalized homonegativity and an increased likelihood of having been tested for HIV.

## HIV and sexually transmitted infection testing and diagnosis

- Educated men who have sex with men have access to testing. The majority (80%) of men had received at least one HIV test result. Significantly, 84% of those who have never tested thought that they were definitely or probably HIV negative.
- Testing experiences vary. Younger respondents and those who had sex with both men and women were more likely to have tested in the past year. Most respondents tested via doctors in a private practice (44%) or in the public sector (32%). Although only 19% tested with nongovernmental organizations or community centres, this group had more opportunities to talk about their sex with men.

- Treatment access is high, but there are concerns about viral load knowledge and confidentiality. Nine per cent of the respondents indicated that they had diagnosed HIV infection. Most of these respondents had accessed HIV monitoring and care in the past six months, and 67% were taking antiretroviral therapy at the time they completed the survey. However, 23% were not aware of their viral load, and 22% were dissatisfied with confidentiality in testing settings.
- Sexually transmitted infections are an issue. More than one quarter (28%) of all men had been diagnosed with a sexually transmitted infection other than HIV, including 10% who had received this diagnosis within the previous 12 months.

## Sexual experiences, partners and behaviour

- Not all gay men have anal sex. Experience of anal sex was commonplace, but 21% of the respondents said they had never had it.
- Men who have sex with men have long-term relationships. Nearly three quarters of the respondents (70%) had at least one steady male partner within the previous year. Among those who reported experience of anal sex within the previous 12 months, 20% said they had sex with a steady partner without a condom and without knowing whether they shared the same HIV status.
- Some men who have sex with men have diverse sexual partners. Nearly a quarter (24%) of all respondents had sex with one or more women in the previous 12 months, and 5% had sex with at least one transgender person within the same time.
- Condom failure is frequent. A high proportion of men (27%) reported condom failure (breakage or slippage) within the previous year. Significant numbers of men reported a range of behaviour that can contribute to condom failure.
- Some men who have sex with men are unprepared for safer sex. One group (14%) reported that they did not use condoms the last time they had anal sex because they did not have any condoms at the time.

## Understanding HIV and sexually transmitted infections

- There are high levels of satisfaction with knowledge of HIV and sexually transmitted infections. More than three-quarters of men (78%) said they were satisfied with what they knew about HIV and sexually transmitted infections.
- The Internet is a trusted source for information on safer sex for many men who have sex with men. The respondents appear to access information about HIV and sexually transmitted infections from a variety of sources. The vast majority (84%) had seen information about HIV or sexually transmitted infections in a newspaper or magazine in the previous 12 months, and 69% had actively sought information on the Internet within the same time. Respondents who had sex with both men and women as well as those from Haiti were much more likely to have used telephone helplines for information about HIV and sexually transmitted infections.

## Stigma, discrimination and homophobia

- HIV-related stigma is prevalent across the Caribbean. A perception or experience of stigma caused nearly half the respondents diagnosed with HIV to frequently keep their HIV status hidden. One in five (20%) report having been often shunned or avoided when their HIV status was known.
- Homophobic intimidation and abuse are common in the Caribbean. Many respondents had experienced not only being stared at or intimidated but also being verbally insulted or called names. A smaller group had been physically attacked.
- Caribbean men who have sex with men have high levels of self-stigma. Compared with a similar study of internalized homonegativity carried out in Europe, Caribbean men were on average much more likely to have negative feeling about themselves.

## Substance use

- Most CARIMIS respondents have never used drugs (67%). The drugs most commonly used were cannabis, cocaine and poppers (accounting for 62% of total drug use). Drug use was higher among respondents diagnosed with HIV, which is broadly in accordance with similar surveys conducted in other parts of the world.

- Drug-use is problematic for a small group of men who have sex with men. One in seven respondents said that they had tried to stop using drugs but had been unable to do so.

## Sexual happiness

- Most men who have sex with men are happy with their sex lives but some of them have challenges. Just over three quarters (76%) of the respondents said they were happy with their sex lives. Those not out to many of their friends, family and colleagues were most likely to be unhappy with their sex lives, but unhappiness was common across all key demographic groups. Many respondents cited concern about acquiring or passing on HIV or another sexually transmitted infection as the reason they were unhappy, as was a lack of sexual confidence.
- Many of the aspirations of these men who have sex with men are commonplace. The most common desires were for sex within a loving relationship and sex that included a sense of emotional connection or intimacy.

## Recommendations

UNAIDS Caribbean encourages stakeholders to collaborate on developing recommendations and action points based on country-level findings. The following broad recommendations apply widely.

- Men who have sex with men are not a homogeneous community. Prevention programming and other interventions for men who have sex with men must respond to the unique needs and dynamics of sub groups. Further subgroup analysis of men who have sex with men in the Caribbean is required to contextualize their experiences related to variables such as sexual identity, degree of outness, age and education levels. This will help determine which groups need more support.
- Men who have sex with men with low education are more vulnerable. Although this survey did not have many respondents with primary-level or no formal education, it consistently found higher degrees of vulnerability among survey respondents from this group. This includes increased susceptibility to homophobic abuse and assault, higher levels of dissatisfaction with knowledge of HIV and sexually transmitted infections and more behaviour that that could lead to condom failure. Initiatives for sexually transmitted infection and HIV prevention, social protection and health care access must be specifically tailored for this subgroup.

- HIV and sexually transmitted infection doctors need to talk with their clients about sex. Training for health care workers should be scaled up region-wide in both the private and public health care sectors regarding the need to explicitly discuss men's sex with men during HIV testing, diagnosis and other types of health counselling.
- Undetectable viral load must be promoted as a treatment goal. Although there are lessons to be learned from increasing treatment access and adherence among men who have sex with men, there are still gaps to be addressed. Men who have sex with men should be empowered to request a viral load test and be knowledgeable about the result, since undetectable viral loads have positive consequences for both individual and public health.
- Lubricants are a key aspect of safer sex education and practice. Targeted interventions are needed to improve safer sex knowledge and skills among men who have sex with men. Apart from an emphasis on condoms, this should include a strong focus on correctly using and ensuring access to lubricants. In addition, country-level efforts are required to understand and address gaps in access to and use of all safer-sex commodities among men who have sex with men.
- Sex education for men who have sex with men is needed in the context of intimacy. Many men who have sex with men have long-term relationships. Information and awareness surrounding safer sex, HIV and sexually transmitted infection testing and communication about health are needed in relation to intimacy and steady relationships.
- Homophobic abuse is a common experience for many men who have sex with men. Anti-discrimination advocacy and engagement surrounding tolerance and nonviolence must be coupled with practical interventions to improve the safety of men who have sex with men. Further, efforts to eliminate prejudice towards men who have sex with men and people living with HIV should be coupled with psychosocial support and interventions regarding self-perception.
- The Internet has become a significant source for information and networking among certain men who have sex with men. Online approaches for knowledge-sharing, counselling and research should be explored, especially for subgroups of men who have sex with men that are difficult to reach through conventional approaches to research, education and support.



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