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Challenges and opportunities: Confronting the HIV/AIDS Among Caribbean Youth

Introduction

Despite the presence of HIV/AIDS in Caribbean for over two decades, issues of denial, stigmatization, ostracism and social isolation (Lawson, Gardezi, Calzavara, Husbands, Myers, and Tharao, 2006) continues to afflict individuals within the society. The denial of these issues affects the decline in HIV transmission rates and individuals seeking access to treatment. Although, thousands have lost their lives and loved ones to this epidemic, there continues to be widespread disbelief that this illness can happen to anyone, especially those who are having unprotected sex. HIV/AIDS is not a democratic disease; once contracted, it has a declining health impact on the individual and their financial resources. As new populations are being continually impacted by HIV/AIDS, we can now confidently claim that no one is exempt from this pandemic and although abstinence has been touted as a policy for youth, we know that this is not a viable option as many youth will, like those before them, engage in sexual intercourse. In this presentation, we choose to concentrate on the youth population in the Caribbean. Caribbean youth, in particular, warrant close examination given the changing nature of the HIV/AIDS crisis facing most countries in the region today. Due to cultural and economic forces, Caribbean youth are the most "at-risk" group to contract HIV/AIDS. There are many factors making it difficult to curtail the spread of HIV/AIDS, the fear of being stigmatized by a positive test result, disclosing that one is homosexual (gay), the inability to negotiate the use of a condom in sexual relations, sexual abuse, molestation and violence are major factors that contribute to the spread of the disease. In addition, silence (*The Economist,* 2000) has become the most difficult issue, as individuals

who fear verbal of physical harassment do not speak about their status (Tharao, Massaquoi, and Telcom, 2004). The silence must be broken in order to tackle and curtail HIV/AIDS transmission rates. Silence is a social issue that is of concern, not just for the youth, but everyone in society.

In this paper, Caribbean youth is defined as females and males between the ages of 13-30. We select this age range to reflect the reality of when sexual activity begins. This population (13-30), also reflects the prospective social and economic productivity of the youth. It is during this age range that most youth enter the job market and make important life-style changing decisions. This paper focuses predominantly on the English speaking Caribbean, but will also draw on similar trends in other part of the region and Latin America. The paper uses a gender analysis to focus on the three main objectives: 1). To examine the prevalence and consequence of HIV/AIDS on the youth population. 2). To tease out the power relationships in the context of HIV/AIDS. 3). To explore a set of strategies that will aid individuals to make informed decisions to curtail transmission of HIV/AIDS. The paper therefore examines these objectives through a case study method which helps us to understand the micro-relationships that underlie the transmission and spread of HIV/AIDS at the local and transnational level, to explicate the impact on people's lives in a very real way.

General HIV/AIDS Literature Review

The diverse nature of the Caribbean region in size, population, and economic development make it difficult to make generalizations; however, there are certain socio-cultural and economic truisms that serve as a springboard to discuss the challenges of HIV/AIDS in these countries. Caribbean youth is among the fastest growing population in the HIV demographic. In 2005, it was estimated that 330,000 people were living with HIV and AIDS in the Caribbean. About 83 per cent of AIDS cases are diagnosed in people between ages of 15 and 54, almost half of these cases are

diagnosed in people ages 25 and 34 about half of the new HIV infections are occurring among young people ages 15-24. These figures suggest that given the incubation period of eight to 10 years for the HIV infection to develop into AIDS (PAHO/WHO, 1998; The Spread of HIV AIDS, p.13). HIV/AIDS has now become the leading cause of death among men ages 15-44 in the English speaking Caribbean. The alarming spread of HIV in the Caribbean youth population mirrors the Caribbean population in Canada and North America. In Canada, young people under the age of 25 account for half of the new HIV and AIDS infection (http://www.natap.org/20006/news). Recent reports in Canada suggest that Blacks are 7 times more likely to have HIV. In the U.S. Black youth ages 13 through to 19 make up about 70 percent of HIV/AIDS, and are only 17 percent of America's teen population. It is important to keep in mind that these figures are only estimates derived from actual test results. The fear of a positive result, under-reporting and sporadic testing are affect youth's testing behaviour. The full extent of HIV/AIDS epidemic will come to full realization in the next decade. Keeping this is mind, to reduce the number of cases, it is important that we continue to take aggressive action to ensure that communities are taking a proactive approach to sex education and promoting condom use and regular testing.

There are various reasons as to why Black and Caribbean youth become sexually active. Some researchers (Crichlow, 2006; LaBoy, 2006) cite the music subculture, the sexual content of television shows, the Black Entertainment Television (BET), and the sexualized styles of youth clothing and peer pressure as having an impact on the youth becoming sexually active. For example, Hip Hop, Rap, and dancehall subcultures have been cited as influencing early sexual behavior in Caribbean youth. Parents have long suggested that these music genres have a negative impact on their children. They cite the suggestive lyrics and lurid videos as having a socializing influence on young people's sexual behaviour, but youth culture in the movies and on television, and the music subcultures

in general have always been blamed for influencing young people's sexuality. In his presentation at the Toronto HIV/AIDS conference in 2006 Crichlow, a Professor at University of Ontario Institute for Technology, posit that music does indeed influence Black youth who get most information about sex from the music and discussion with peers. Crichlow (2006) sees the inability to accept and openly discuss sex and homosexuality as a deeper problem facing Black communities in the United States, Canada and the Caribbean. In the early years of the HIV/AIDS pandemic, it was presented as a "gay disease", but despite contrary evidence, people continue to hold on to this ideology and become comfortable in believing heterosexuals are somehow immune. To still think about and present HIV/AIDS as affecting only gay men promotes a lie and gives youth a false sense of security about the disease. Crichlow (2006) explains that "our youth have not yet begun to understand the seriousness of HIV because our young people see themselves as immune" to it. Similarly, speaking at the HIV conference in Canada in 2006, Professor Miguel Munoz Laboy, a professor of Sociomedical sciences at Columbia University found in his study of three urban areas in Harlem that youth aged 16-21, who had sexual intercourse were most likely to listen and dance to hip hop. Laboy explains that participants in his study were predominantly Blacks and Latino from communities with deep socioeconomic and education issues and so, their behaviour could not be attributed solely to music. Indeed, in our own research, we found that this taboo about talking about sex permeates among Caribbean people and so, ignorance about HIV causes and its transmission remain a mystery for many as parents believe that to speak about sex will encourage children to try it.

The second cause of HIV/AIDS transmission is related to the first, that is, the prevalence of unprotected sex. "In Latin America and the Caribbean, unprotected sexual contact is the main transmission mechanism for HIV/AIDS. More than half of all the AIDS cases that have occurred in the Caribbean region to date were the result of unprotected sexual intercourse between men and

women. In the English speaking Caribbean, heterosexual contact accounts for approximately 60 per cent of reported AIDS cases, while in the Latin Caribbean it represents about 50 per cent" (The Spread of HIV/AIDS in the Caribbean). The issue around unprotected sex is embedded in socio-cultural behaviour and economics. In terms of the economics, we now know that HIV/AIDS in the Caribbean, as in North America is connected to poverty, where households on the poverty line are less likely to have access to adequate treatment. In the Caribbean, unemployed youth and women tend to have a lower participation in the labour market, therefore, the problem of finding money to either buy condoms or treat the illness is a major issue to preventative measures. The problem is even more difficult for young women and single mothers who have little means of supporting themselves. In terms of socio-cultural sexual behaviour, the emphasis on virility, hyper-sexual activities and promiscuity in the Caribbean (and Latin America) makes it difficult for youth to aspire to live a monogamous lifestyle. Thus, young men are forced to engage in sexual activity at an early age to prove their masculinity and heterosexuality. It is important to empower youth with a sense of self-esteem and pride so that they feel equal in their relations and exhibit agency in all decisions.

Third, homosexual relation, men having sex with men, is the most difficult subject to discuss as youth fear such discussions may lead to the accusation that they are gay. The prevalence of homophobia in Black communities in the Caribbean, United States and Canada, continue to be denied and ignored. Youth are at risk of contracting the virus because some men will undoubtedly hide whether they are HIV positive due to the stigma attached to this label. The studies conducted in African and Caribbean communities by the African and Caribbean Council on HIV/AIDS (ACCH) in Ontario and the African and Caribbean HIV/AIDS Community Capacity Building Project suggest that religious beliefs, and norms, homophobia or the denial of homosexuality within communities and the resulting silence about health and sexuality are issues affecting the responses to HIV/AIDS. The

research also highlights gossip and fear within these communities leads to isolation among HIV positive people and discourages others from getting tested, seeking treatment and supportive services. Among those who suffer the most in silence are married women and women in long-term stable relationships. Some women are resisting this silence through reckless behaviour. For instance, recently, a Jamaican newspaper report that when a young woman discovered that she was HIV positive through her partner, she decides to have intercourse with anyone who desires her, thereby spreading the disease to dozens of unsuspecting men. Again, the issue arises about condom use as a means of protection. Most young people are having a difficult time negotiating condom use with their partners, which creates additional problems around trust and fidelity. Some men believe their partner mistrusts them, or even use this request to wear a condom to question the woman's own fidelity.

Fourth, mother-to-child transmission is the fastest growing AIDS population in the Caribbean (see Richards, 1999; Stecklov, 1999). This is important in that there will be a large population of young people who, potentially, will be without parents—something we must assume since there is no evidence of a cure in sight of HIV/AIDS. The prevalence of mother-to-child transmission in Haiti and Jamaica is alarming and should be curtailed. Similarly, in Canada, a report by De Robert Remis looking at women in Montreal who attended an abortion clinic between 1989 and 2000 found that 60 percent of the observed HIV cases were among women born in Haiti. These women accounted for only 6.4 per cent of all the women tested at the clinic. These findings suggest that the prevalence of mother-to-child transmission is high within the Haitian community in Montreal (Interagency Coalition on AIDS and Development, 2002, p.1).

Finally, HIV/AIDS transmission through intravenous drug use is growing among youth. In the Caribbean, this is especially problematic on Islands that are more economically advanced.

Commercial sex workers in these Islands are another at-risk population, where the spread of HIV is rampant. Some islands have made accommodations for sex workers and their health care; however, by large, sex trade workers operate under the radar. In many Islands, migrant workers may also unknowingly transmit the disease given their transitory nature. Also, declaring one's HIV status could be problematic when it is dependent for work. Therefore, it might be easier for such workers to move on to new locale.

Composite Case Study Method

The case study method seems to be the best in satisfying concerns about authenticity, activism, and rigorous scholarship. In the case study, theory and policy cannot be separated, nor can we ignore issues around power dynamics, which is most observable at the micro-level. The composite case study in this paper allows us to amplify and contextualize the often isolated narratives of the individual informants. Essed (1991) posits that the researcher/investigator "rely on the subjective reality constructions because the complexity, depth and multitude of experiences cannot simply be observed" (p.59). In employing the composite case study, we also wish to form a theory and resulting methodology that recognizes and incorporates "difference." In so doing, we may balance competing voices without subscribing to hierarchy of oppression, without privileging formal writings as "received knowledge," while informants voices simply illustrated or contradict scholarly works (Dei, James, Karumanchery, James-Wilson and Zine, 2000). Thus, the composite study also allows us to speak personally and specifically without claiming universality, nor an anti-theoretical stance which might privilege experience without critical reflection. Theory and practice cannot be separated; nor could we neglect the fact that as researchers, we cannot ignore issues of power. In leaving our own identities in the research process unexplored, we leave the research open to dominant ideologies about race, class,

and gender as invisible, which can be redefined by people, places and things it does not want to hear or see. And through the renaming process or not naming at all, the invention of truths, that is, what is being told becomes normal, neutral, universal because this is simply the way it is (Mirza, 1997).

CASE STUDY 1: The Single Mother: Power Dynamics

Martha is a 24 year old African-Caribbean woman, who lives with her mother and two sister in a small village in Island A, South of Barbados where everyone knows each other. Martha completed secondary school with several CSEs and has a 4 year old son. She works as a clerk in the public sector, but also helps her mother attend to the family plot growing fruits and vegetables for home consumption. By most account, Martha is considered "well-brought up" and "good wife material." For the past two months, Martha began to feel ill, oftentimes with flu-like symptoms, followed by rapid weight loss. It has been rumoured that Martha has "AIDS," but her family has not discussed it with anyone. Martha has had a secret relationship with a man 20 years her senior, who is in a common-law relationship with another woman, but the relationship ended when she tells him her diagnosis. As Martha's health worsens, she stays at home, confirming the rumors. She is too weak to go to work, and the family is struggling to get the medical help she desperately needs. Martha is ostracized by the community afraid of "catching something."

Martha confronts a plethora of problems. Her immediate problem is getting proper health care, but she cannot afford the costs and does not want her illness to become public knowledge so she remains in hiding. Martha is afraid that she will be opened up to ridicule since she is already stigmatized. To some extent, her silence buys her some dignity, but the point is that Martha is dying in silence.

Martha found it difficult to request condom use from Oscar, but assumes that he will be respectful and protect her. It is unknown whether Ocar's other partner has HIV/AIDS, but we can assume she does. Thus, Martha takes the blame for her predicament and is resolved to die in silence in order to protect her son. Consequently, Oscar is absolved from his responsibility, a fact that allows the cycle of HIV/AIDS transmission to continue. Martha's case mirrors a similar situation in Toronto, Canada. In a widely publicized case involving a Black ex-professional football player, who is convicted of knowingly infecting six women with HIV despite having a wife and family at home. The White women took their case to court where he is convicted for attempted murder. It is interesting that his wife stood by him throughout the trial. In Canada (and the United States), unlike the Caribbean, knowingly infecting someone with HIV/AIDS results in a charge of manslaughter with the penalty of a monetary fine and jail time. Under the criminal law, a person diagnosed with HIV/AIDS has the duty to tell prospective partners of his or her condition and must take the necessary precaution to stop transmission of the disease. This is unlike most Caribbean countries where there is little or no penalty for people such cases.

The ramifications of Martha's illness to her family are enormous. Her son's future is jeopardized since he has no support (financial or emotional) from his father, and his grandmother has little means to support him financially. Thus, the family looses a valuable contributor to their household income. Martha's younger sisters might be forced to leave school to earn an income, or worse, leave the country to work abroad so that they can support the family. For the sisters, post secondary education might not be an option in the immediate future. Alternatively, Martha might attempt to travel abroad to seek medical help since she has relatives in North America and England, but it is highly unlikely since the Visa necessitates a medical exam—one that she will certainly fail.

Possible Alternative Solutions

At the local level, education about HIV/AIDS will help to break the cycle of silence and stigma. This could take place in community centers, churches, dancehalls and schools. The music industry can take some responsibility in that direction such as distributing condoms with records and raising awareness to this issue in their music. At the community level, the facts about HIV/AIDS must be taught by a trusted teacher, pastor or elder n the community in an informal atmosphere so as to create comfort level for further engagement.

At the national level, the government in Country A must take a public stand to fight HIV/AIDS. People's livelihoods are at risk and there is little or no support from government to help with treatment. Aggressive campaigns and written policy making clear requirements about informing one's partner and voluntary testing is necessary to ensure that people comply with ethical standards. Aggressive campaigns to provide free testing, free condoms and reduce prices for drugs must be pursued and make public to create a sense of transparency. At school, teachers must be educated to discuss HIV/AIDS at the level they teach. HIV and AIDS must become part of health and teacher education programs. Finally, government and other activist organizations must seek coalition with sister Islands and international organizations to access better resources and information to combat HIV transmission. For instance, in North America and the U.K, Black and Caribbean communities are facing similar issues; there is a need to build coalition. It is the only way in which the silence can be broken in these communities.

CASE STUDY 2: Power Relations in Transnational Context

Katrina is a 16 year old Torontonian recently diagnosed with HIV/AIDS. Katrina lives in Toronto with her family, who occasionally sends her to vacation with relatives in the Caribbean during

the summer. During a routine medical check up, Katrina found out that she was HIV positive. Katrina is close to completing high school, but now she is worried about her future. Her family had high expectations for university studies and can't understand why or how she got into this situation. Katrina revealed that her parents do not approve of dating at her age; worried about the ramifications, she kept quiet. She attempted to disclose her illness to Albert, but he refused to take any responsibility and even questioned Katrina's fidelity. Like most teenagers, Katrina attended sex education classes, but felt that she can handle the situation. She did not believe that protection was necessary because she "trusts Albert" and did not think it was necessary to ask him to wear a condom. Katrina knew little about Albert's personal or sexual history and is facing the burden of her diagnosis alone.

Katrina's situation bears much similarity to Martha, both women though educated, put much of the responsibility for protection in the men's hands. These women did not have the skills or the inclination to negotiate condom use. For instance, Albert conveniently questions Katrina's fidelity while refusing to bear any responsibility for her HIV infection. We can also argue that Albert is unaware about his HIV positive status, and like many men, have not taken a test. Research indicates (The HIV Endemic Task Force, 2003) that young men do not have regular medical examination. In the Caribbean, where medical examination is quite expensive, it is not a priority for most. Given their age difference, Albert has the advantage in sexual negotiation and Katrina did not want a confrontation him even though she was aware of the potential danger to her health.

Possible Alternative Solutions

Katrina needs counseling and family support. A peer support group for teens who are HIV positive can help her cope and deal with stigma at school and in the larger society. She also needs to be reassured that with care, she can still have a fulfilling life. Her liberal family also needs counseling and

information about HIV/AIDS. Another issue for Katrina is informing future potential sexual partners about her condition**.** In Canada, Katrina has a legal duty to inform potential sexual partners otherwise, she risks imprisonment. Research has shown that in Canada, half of the HIV infection is spread by those who are newly diagnosed. This statistic is similar in many Caribbean countries (such as Jamaica, Haiti, Trinidad). The recent story in Jamaica where the young wife decides to spread HIV to anyone who desires her shows the kind of desperation women face as a coping mechanism.

In the long term/future, Katrina must learn to manage her illness both at school and in the workplace. The kind of work she undertakes might be determined by her condition. For instance, will she be putting others at risk in the work place. At school, to what extent should Katrina tell friends, teachers, and counselors? Should she be prepared to encounter resistance from others? If Katrina takes proactive action, she can take care to manage her health with the help of family, friends and medical community. The problem facing youth is the issue of disclosure and confidentiality and must be tackled with sensitivity if we are to get behind the curtain of silence.

<u>CASE STUDY 3</u>: Sex with Men: The Tourist Connection

Matthew is a single 20 year old HIV positive male, who works for a multi-national banking corporation in Island C. Matthew has had a few girlfriends but nothing permanent. On the surface, he appears to have everything going for him: good looks, good job and great friends. His God fearing life makes him to be every mother's dream son-in-law. Recently, he notices that he is constantly ill with recurring flu-like symptoms. After visiting his physician, his blood work is tested positive for HIV. Matthew is in shock and remains silent about his condition. He is fearful that he will be ostracized from both family and friends. Matthew believes that he contracted AIDS from a tourist whom he met

at a bar in the city. This person has since left the Island for North America and Matthew has little contact with him over the past few months. He is in a dilemma about possible course of action.

Matthew's situation highlights the HIV/AIDS with connection tourism and migration. In terms of tourism, the Caribbean economy is highly dependent on that industry for foreign currency, and many governments down play sex tourism in the region. However, in some Islands, sex tourism is more obvious than others. For instance, "rent a dread" is quite fashionable on some islands. In most Caribbean countries, prostitution is illegal and so this is not often seen as taboo. Religion plays an important role about attitudes toward sex and homosexual relationships are frowned upon in the Caribbean and men risk loosing their lives if they are suspected of having such relationships. It appears that Matthew tries to hide his homosexuality by appearing "normal" possible until his encounter with the tourist. Matthew is alone and feels compel to keep his illness a secret; he decides on a drastic course of action. He leaves his country for North America. Matthew's dilemma mirrors most Black men in North America who are either homosexual or have sex with men. This is one of the primary ways in which HIV is transmitted to Caribbean and Black women.

Possible Alternative Solutions

Matthew's situation highlights the transnational nature of HIV/AIDS in the Caribbean which is rarely discussed. Quite often, Caribbean youth who engaged in sexual relations with foreigners do not have equal bargaining power. There is no compulsion among tourists to reveal their HIV/AIDS status, thus putting unsuspected locals at risk. Furthermore, when money is involved it is likely that some tourists will pay more for not using a condom and engaging in high-risk sexual activities. We cannot forget that the first HIV/AIDS case in Haiti was transmitted by a European tourist. The tourist industry is salient to any discussion of HIV/AIDS given its migratory character,

which can make tracking difficult. Matthew needs expensive health care, which is not always available in his country. This makes it difficult for treatment to be effective. The reliance on drugs to treat HIV/AIDS in the Caribbean put many more people at risk as they are insufficient to meet local needs. In going to North America, Matthew might have better access to drugs and medication, but the fact that he keeps his illness secret will continue to put others at risk. His migration to North America does not solve the problem; it only prolongs the silence around homosexuality in the Caribbean community. Denial is not protection as it leaves everyone vulnerable to infection. Caribbean youth need feel safe so that they can disclose their sexuality without fear of reprisal or judgment. This is a social issue that requires participation and commitment from all in order to get to the root causes of HIV/AIDS transmission among youth.

From Challenges to Opportunities

These cases show that HIV/AIDS poses many challenges to Caribbean youth. These challenges are in and of themselves driven by the gendered nature of the HIV/AIDS pandemic and power dynamics in intimate relationships (Davies, 2005). Some of these challenges are not new, but the issue for Caribbean societies is how to deal with them in such a way that would give youth a sense of empowerment and normality. Silence and lack of action is not the solution as it will only lead to needless death and destruction. This silence reinforces the violence among women and men who are in positions of unequal relationships. The Caribbean is in a unique position to address HIV in that it has the benefit from learning from Africa, Asia, Europe and North America, where the disease has reached epidemic proportions. Despite unique cultural factors in the Caribbean, there is much that is similar with Africa, for example, where information about sex and sexuality is at the root of the problem (Davies, 2005). We have already seen the devastation around the world where generations

are lost and with loss of generations come loss of culture, and opportunities for national building. The future of the Caribbean lies with the resilience of its young people. With young people gone, so is the loss of human capital potential that have enormous consequences for the economy. For instance, the loss to the agricultural and tourist industries would be enormous. Likewise, the loss to education in terms of talent pool could destroy the Caribbean labour pool. Yet, it is astounding that to a great extent, Caribbean governments and society in general have yet to acknowledge HIV/AIDS as a looming threat to its youth population. The silence and resulting inaction has given many a false sense of security that HIV/AIDS is not their problem. This is one area where policy must lead the way in initiating national action.

What can Caribbean governments do? The Caribbean is rich in abundance of medicinal plants, but there has been little research or discussion presented to the public in the HIV/AIDS discourse. Governments must use this inexpensive resource that is not only cheap, but renewable. There needs to be some avenues of dialogue (such a website) for the public to share stories of local medicinal remedies of what works. Alternatively, there are some documented actions taken by many countries, such as Barbados and the Bahamas, with limited results. In keeping with these countries, we stress the need for massive education on the ground level that involves schools and the community. Children, beginning from 11 years old should be taught in school the basics about HIV/AIDS transmission. We know that many children are already sexually active by age 13; it is important that they learn about the disease before hand so that they are armed with useful knowledge to protect themselves. Outside the classroom, the general public also must be educated about the fundamentals of HIV/AIDS transmission. The myth about HIV/AIDS as a homosexual disease must be squashed. A more fundamental approach is the inclusion "gender-based violence…into HIV/AIDS programmes across the Caribbean" (Davies, 2006). The silence and stigma of rape, incest, and homophobia

encourages a heterosexual culture of irresponsibility and entitlement. As Davies (2005) suggests, "men must critically re-examine notions of Caribbean manhood and be willing to challenge those aspects of it that are negative" (p.571).

This brings us to our next point: protecting oneself. The use of condoms must be impressed upon everyone, but the issue we encounter in this paper is the power imbalance in relationships that makes it difficult for women to negotiate the use of condoms with their partners. A different approach is needed to educate men and women where they can discuss in informal groups in the presence a respected member of the community such as elders, community health care providers, teachers, and church leaders, who can facilitate these discussions. A valuable lesson that youth must be taught is the age old advice about responsibility and how to respect their bodies, but this is only possible in an environment of forgiveness and trust.

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