Sexuality Research, Sexual Politics and Sexual Rights in the Anglophone Caribbean

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The problem of sex

Throughout Caribbean history sex has been framed as a moral, social, demographic and health problem. Sexual expressions are denounced as rampant promiscuity evident in blatant homosexuality, sex work, predatory male hyper-heterosexuality, lewd gyrations of women in carnival and dance hall, and teenage girls with so-called "sugar daddies". The dominant authorities of church and state portray sex as a threat to social order and morality – the cause of overpopulation, violence and disease. The racialized imagery of sexuality provides justification for law and policy to reach beyond social control to regulate sex and family life.

Streams of migration from Europe, Africa, India and elsewhere, and colonialism that passed through French, Spanish, Dutch and British hands have generated a Caribbean complex of ethnicities, religions and laws all, in turn, shaping a diversity of sexual cultures. And yet, a one-size-for-all hegemonic twin ideology of patriarchy and heteronormativity underpinning imperial authority drove post-Emancipation and post-Indenture nation-building designed to 'civilize' Caribbean men and women into responsible, upright citizens. At its core was compulsory heterosexuality rooted in nuclear family structures with an appropriately gendered division of labour and the policing of women's sexuality – within rigid race-class boundaries and inside the marriage bed. The social engineering project was not new – already during slavery, religious authorities had embarked on a moral crusade to promote marriage and stamp out 'concubinage' and 'promiscuity' – but it went into high gear after World War II with the arrival of social welfare 'experts' whose recommendations for family restructuring centred the promotion of marriage with the aim of reducing what were seen through an ethnocentric lens as shockingly high rates of illegitimacy. The experiments were doomed, based as they were on a misconception of the meaning and significance of marriage within Afro-Caribbean culture (Barrow, 1995).

From the mid-1950s, social policy shifted from family reconstruction to fertility control. In response to alarmist Malthusian predictions of population explosion, family planning associations were established across the region

and achieved remarkable success in reducing birth rates, along with maternal and child mortality – though they steered well clear of abortion. Then, in the 1980's and 1990's, HIV&AIDS re-triggered perceptions of uncontrolled, deviant sexuality and reignited moral panic. Official hands were raised in horror as research revealed a plethora of sexual 'risk' practices. The response, epitomised in the ABC formula into the 2000s, again prescribed sexual regulation as urgent and, although presented in neutral public health language, was imbued with conservative morality – Abstinence for young persons followed by Being faithful in marriage, and Condoms for "sexual dissidents who insisted on having sex otherwise" (Barrow et al., 2009, p. xxxi). Up to then, families and women's bodies had been the primary sites of sexual regulation, but HIV&AIDS redirected the spotlight towards male homosexuals and sex workers whose 'abhorrent' sexual practices were not only generating concentrated epidemics, but also infecting mainstream populations. To this day, deviations from heteronormativity are criminalised by law and stigmatised in society. Across the Caribbean, new waves of reactionary faith threaten to derail gains in sexual and reproductive rights and impede further progress. Appeals are made daily by politicians, priests and other moral authorities for the restoration of 'traditional values' rooted in Christian morality and family life.

Against this historical and contextual background, this paper maps trends and tensions in sexuality research, politics and rights in the Anglophone Caribbean. A broad review of research to date is followed by the interrogation of sexual rights by juxtaposing laws and cultures around issues of gender-based violence (GBV), the age of consent and marriage, abortion, same sex relations and sex work. The third section of the paper deepens the analysis in relation to stigma, social exclusion and the denial of sexual rights among gay men and sex workers, women and girls. The paper ends with a discussion of rising religious conservatism and the contradictory discourses of sexual rights advocacy, righteous resistance, political will and public opinion.

Sexuality research: state of art

Despite the rich complexity of sexual cultures in the Caribbean, sexuality was until recently a taboo subject for research. Early anthropology was preoccupied with 'The Negro Family' – with 'matrifocality', 'male marginality' and 'mating patterns' that transgressed the nuclear ideal – the objective being either to confirm or refute labels of family 'breakdown' and 'dysfunction'. Central to this ethnography is the conventional image of sex and gender fused and polarized – 'respectability' is to women as 'reputation' is to men (Wilson, 1969) – and a 'double standard of sexual morality' encoding modesty, monogamy, marriage and motherhood for women; sexual freedom and agency for men. Homosexuality, male and female, was accorded no more than a glimpse, as if non-existent, and the focus was almost exclusively on Afro-Caribbean populations.

As feminist research took shape, black feminine identity inscribed as 'respectability' was vehemently contested with revelations of women's economic, personal and sexual autonomy. Racialized images of enslaved women as mere 'victims' of white male sexual predators' systemic exploitation of their labour and their bodies were challenged by evidence of agency in their rejection of sexual advances and the suppression of reproduction, in licentious bodily displays and blatant moves on white planters, in bearing coloured children for manumission and social mobility, and engaging in prostitution or running brothels for sailors and pirates in urban centres. Indian women, too, practiced resistant sexuality. Arriving in Trinidad under Indenture mostly as independent workers, not under the control of husbands and male kin, they took advantage of the unbalanced sex ratio heavily weighted towards men to negotiate sexual relations – this, despite the ensuing high risk of violence and murder. Hardly surprising, is the fixation of colonial authorities on the 'Indian Woman Problem' – on women's claims to economic, social and sexual independence and their resistance to hegemonic expectations of conformity to docile domesticity.

Today's women are also perceived to be disrupting feminine norms by privileging career over domestic duty, travelling independently between islands as sex workers and escorts, celebrating and flaunting their sexuality in 'bashment', carnival and dancehall performances, and in overt lesbianism (Barrow, 2009; Cooper, 2004; Hope, 2006; Puri, 2004; Wekker, 2006). But when scholarship crosses into praise-songs for women's resilience and empowerment, it also obscures their every-day struggles in the context of patriarchy as they head households, shoulder double burdens and survive sexual violence.

By contrast, relatively recent masculinity studies portray men either as 'problems' or as 'victims'. The constructs of 'marginal male' and 'reputation' highlighted men's limitless sexual freedom and prowess with 'plenty women' and 'children all about' as proof of virility. From this starting point, research branched either towards a discourse of men 'at risk' and 'in crisis' – that is, apparently emasculated by restrictions on their social mobility due to the educational success and economic empowerment of women gained at their expense – or one of performative, predatory 'hyper-heterosexuality' encoded as the source of child sexual abuse, HIV, homophobia and gender-based violence (GBV). Black masculinity then, was written against femininity – men against women – within a binary, essentialist, a-historical frame that ignored gender diversity. More nuanced contemporary versions of masculinity grapple with the complexities of race, class, age and sexuality in contexts of high unemployment and unequal gender and power relations (Glave, 2008; Lewis, 2003; Reddock, 2004; Smith, 2011).

Negative social constructs of male and female sexuality also prevailed in studies of sexual violence. Violence against women (VAW) was initially trivialised within a psycho-social frame as what happens to women when men get drunk and temporarily lose control, more often than not as a result of provocation from their partners. Subsequently however, the research focus drew attention to the social context of violence, specifically to the construct of masculinity centred on sexual control over women, and, concomitantly, the ways in which women's agency is perceived in the public mind to be subverting gender norms (DeShong & Haynes, 2015, p.10). Although child sexual abuse is understudied, two landmark projects highlight public awareness of the issue as 'serious and extensive' and as 'escalating', and reveal cultures of 'sexually abusive males', 'complicit females' and 'patriarchal values' that privilege male status over the protection of children, along with ineffective legal and institutional systems for reporting and response (Jones & Trottman Jemmott, 2009; Reid, Reddock & Nickenig, 2014). But scholarship has yet to reframe sexual violence against the background of historically constructed and embedded patriarchy and unequal relations of power across gender and generation.

From as early as the mid-1950s, demographic studies refuted stereotypes of unbridled sexuality and resistance to contraception with evidence of positive responses in declining birth rates – this despite religious opposition. In Barbados, the empowerment of women to lower their fertility, take advantage of new educational and employment opportunities in a diversifying economy and, thereby, realign gendered family relations was described as nothing short of 'a social revolution' (Handwerker, 1989). Later, the response to HIV&AIDS triggered an extensive wave of research across the region. Initial public health notions of personal 'sexual risk' and the promotion of behaviour change to safe sex practices were reframed as 'social vulnerability' as researchers grappled with the structural drivers of HIV and demonstrated how these were rooted in gender inequality, GBV, homophobia, social exclusion and the denial of sexual rights (Barrow et al., 2009). A plea has, however, been made for child sexual abuse at policy level still to be viewed as a public health issue, as well as one of child rights, in order to direct attention to teen pregnancy, mental illness, drug and alcohol abuse, STI and HIV (Jones and Trottman Jemmott, 2009, p.248).

Caribbean research has also tackled same-sex sexualities – mainly with gay men (Carr, 2003; Glave, 2008; Gosine, 2009; Murray, 2009), less so lesbians (Wekker, 2006). Bisexual and trans persons are also barely visible, even though lesbians are reported to engage in heterosexual relations including marriage (Wekker, 2006) and gay men are widely assumed to have sex with women. The challenge to heteronormativity and homophobia shapes much of this research as it contests stigma and violence against LGBTQI persons and media images of gay men as 'deviant' and 'predatory', and as transmitters of HIV. By contrast, lesbians are less stigmatized, being seen as low risk HIV transmitters and less of a threat to the moral order.

Sex work studies have tended to adopt the narrow lens of mainstream research by focusing on visible locations – streets, brothels and clubs – though some have ventured into sex tourism and sex work in mining areas of Guyana (Kempadoo, 2009a, pp.42-3). Sex work is portrayed mainly as part-time, flexible and autonomous (Kempadoo, 2009a, p.38) and emphasis placed on conditions of work, exploitation and vulnerability – on harassment by police and immigration officers, and exposure to violence and HIV. The health, wellbeing and rights of sex workers and their, albeit constrained, negotiating agency features in some studies (Sharpe & Pinto, 2006, pp.251-7), as does a review of laws that criminalize sex work (Robinson, 2007), though there is little information on when and how, if at all, these are enforced (Kempadoo, 2009a, p.56). There is minimal evidence of male sex work and then, within a heterosexual frame as young men are drawn into sex tourism, for example, by women who 'rent-a-dread' in Jamaica. Interestingly, it seems that they do not self-define as sex workers – distancing themselves from stigmatizing labels the like of which attach to females and confirming a hyper-sexualized masculinity in their status as 'black male studs'. As Kempadoo (2009a, pp.56-7) points out, studies have yet to tackle the power relations and networks of interdependence between sex workers and their pimps, managers and clients, just as they need to position sex work within the context of high levels of female unemployment, harsh economic conditions, migration and tourism. Furthermore, systematic explorations of the intersections between sex work, sex trafficking and the global sex trade remain as unfinished business on the research agenda.

Finally, recent studies of sexual citizenship are challenging the traditional concept as enshrined in law and defined by race, property and manhood, by promoting an inclusive embodied citizenship that embraces sexual rights (Lazarus, 2015, p.113; Smith, 2011). Yet, the State and the law, bolstered by fundamentalist religion, reinforce a patriarchal construct that privileges heterosexuality with marriage and procreation as the natural, wholesome, God-given purpose for sex, thereby denying citizenship to LGBTQI persons, sex workers and other 'outcasts' (Lazarus, 2015; Robinson, 2009). Research conclusions underscore how deeply the dominant, heteronormative language of Caribbean citizenship normalises moral and social propriety, and resists sexual autonomy, diversity and equal rights.

Over the last fifty years or so, scholars have explored the complexities and contradictions of sexuality across the regional landscape, in the process shifting the conceptual lens from conjugality and family structure, demography and disease towards unpacking the social constructs of femininity and masculinity, interrogating the intersections of sexuality, gender, power and violence and, most recently, interrogating sexual diversity and reconfiguring citizenship. Despite these advances, gaps and concerns persist. As in society, so in research,

sex continues to be framed as problematic – as the source of overpopulation, HIV, stigma, violence and social exclusion. These discourses are sustained by monolithic images of patriarchy and heteronormativity that privilege hyper-sexual masculinity, subject women and girls to violence and infection, stigmatize LGBTQI persons and criminalize their sexualities. Much has been written on men's heterosexual activity, and GBV studies have measured rates and types of violence and interrogated laws. Recent research has also begun to hear the voices of women on their sexual experiences and agency (DeShong & Haynes, 2015, p.8) and, to a lesser extent, also listened to men. But intimacy, desire and pleasure remain invisible except, somewhat paradoxically, in research centred on taboo lesbian and gay relationships.

On a more positive note, studies that now distinguish sexuality from gender, though acknowledging the interplay between them, and embrace previously 'invisible' populations such as sex workers and trans persons, have begun to open up a deeper understanding of the range and fluidity of sexual expressions, identities and relations and to challenge normalised gender profiles (Glave, 2008; Murray, 2009; Smith, 2011; Wekker, 2006). But the ongoing challenge for research is also to unravel the links between sex, gender, race and power – very little is known, for example, about how sexuality is mediated by race and ethnicity in the Caribbean. Under-researched too, are the gendered intersections of sexual agency, vulnerability and violence situated between exoticised, racialised images of anything-goes sexual praxis and the straight sex of religious fundamentalism. A mandate for future research is a clearer understanding of these sexual complexities within the context of globalisation – in particular, the impact of social media and the information revolution, popular culture and commoditisation, social inequality and poverty, mass migration and international tourism, and the intensification of late capitalism.

A gulf between research, activism and policy persists. NGO and governmental representatives may well be justified in their complaint that research findings are too abstract and obscure, since much sexuality research does, indeed, assume a discursive, desk-review format so that recommendations for policy and intervention are lacking or difficult to operationalize. Some research on LGBTQI and sexual citizenship has, however, championed law reform and the elimination of stigma and discrimination. Another positive development is the inclusion of women's and men's voices in the research process, but this remains concentrated in personal testimony. Exceptions can be found in health, human rights and HIV related research though, even here, translation into policy for the reduction of sexual and social vulnerability remains problematic.

Sexual politics and sexual rights

Sexuality in law and culture

Caribbean law and the legal profession are revered as the embodiment of highest ethical principles and, although laws still reflect colonial foundations, post-Independence reforms have aligned them with local social realities. Modern law has also become less concerned with controlling female (and male) bodies and more with the protection and rights of citizens – women and children in particular. Family diversity has, for instance, been acknowledged by abolishing illegitimacy and granting equal legal status to all children, and by recognizing common law and visiting unions. Concomitantly, however, these reforms have further entrenched heterosexual sex for procreation and more firmly outlawed gay sex and sex work (Robinson, 2009).

This section explores law reform, along with culture change, in relation to GBV; ages for sexual consent, access to health services and marriage; abortion; 'buggery'; and sex work.

Gender-Based Violence

Gender-based violence (GBV) persists in many forms, including child abuse, intimate partner violence (IPV), violence against LGBTQI persons and sexual harassment. Reports estimate the proportions of women who have survived violence at the hands of male partners at anywhere between 30 and 69 per cent (ECLAC/UNIFEM, 2003) and suggest that there is little difference in rates across class and ethnicity (Kempadoo, 2009b, p.3). Also reported is the prevalence of child sexual abuse – that girls, children with disabilities and those living on the street are at greater risk, that this violence takes place mainly in the so-called safe spaces of home and school, and that the main perpetrators are 'family members' including 'step fathers, mothers' boyfriends and biological fathers' (Jones & Trottman Jemmott, 2009, pp.100, 225, 230). In all probability, sexual violence is under-estimated – the reluctance to report incidents being attributed to trivialisation by the police and legal authorities, and the fear of public shaming, further intensified violence and the forfeiture of male financial support. In Barbados, although three-quarters of the respondents to a survey depicted domestic violence as 'a major problem', the same proportion attributed non-reporting to the belief that 'the investigation would take too long and go nowhere' (UNICEF, 2014, p.32).

Local feminist mobilisation in tandem with UN global initiatives to end violence against women and girls has triggered public awareness campaigns, education and counselling programmes, and the overhaul of laws across the region. That said, research has also uncovered a disturbing cultural normalcy and social acceptance of sexual violence against women and girls, including incest (Caribbean Development Research Services Inc., 2009; Jones & Trottman Jemmott, 2009, p.226), driven by assumptions of male sexual entitlement and buttressed by misogynist myths claiming that women provoke IPV with skimpy clothing, flirting, infidelity and the refusal of sex and are to blame both for instigating and tolerating it (DeShong & Haynes, 2015, pp.6-7, 9). Sex with underage girls is often not perceived as child abuse (Jones & Trottman Jemmott, 2009, pp.222-3) and perpetrators can and do advance the 'honest belief' defence (that they were of the opinion that the girl-child in question was above the age of consent) and provide monetary settlements to mothers to forestall official reporting (UNICEF, 2013, p.35). But attitudes are changing – the sexual abuse of girls and boys is considered unacceptable and no longer can men beat women with impunity, though conclusions are mixed on attitudes towards violence against gay men (Gosine, 2009, pp.99-103; White & Carr, 2005, p.357).

Though the enactment of legislation has been slow and enforcement has posed serious challenges (UNICEF, 2013, p.20), all countries have child protection laws and most have protocols and hotlines for the mandatory reporting of child abuse. However, up to 2012, only Grenada, Montserrat, and Trinidad and Tobago had national plans of action against child abuse and only the latter had completed a comprehensive review of the relevant laws (UNICEF, 2013, p.27, 46).

Legal processes for sanction and recourse are fraught with lengthy delays, often involving intimidating cross examinations in public courts that deter survivors of violence, although the establishment of Family Courts in several countries is a significant step forward. Court decisions, however, tend to privilege family unity and position women as responsible for keeping families intact, rather than protect them and their children from further violence (DeShong & Haynes, 2015, p.7). Other disturbing signs relate to social media in the form of cell phone pornography and the distribution of sexual images of children, the use of the internet by predators to approach and groom children, and child sex tourism in the form of paedophile networks servicing cruise ships (Jones & Trottman Jemmott 2009, p.225). Caribbean laws and policies have yet to address these issues effectively.

Age of Sexual Consent, Access to Health Services and Marriage

Young people navigate legal inconsistencies in the ages of entitlement to various activities including sex and marriage. The Caribbean norm for sexual consent is 16 years of age. In Trinidad and Tobago, however, the Children's Act of 2012, proclaimed in 2015, raised the age of consent to 18 in line, it was argued, with the standardised CRC definition of the child. This is problematic – it blurs the distinction between say a nine-year-old girl and an adolescent 17 years of age, and denies the sexual agency of adolescents in accordance with the CRC's emphasis on children's evolving capacity for decision-making on matters affecting them. There is also mounting research evidence confirming early sexual initiation, before the age of 16 for more than half of those who have had sex (Allen, 2013, pp.4-5) – behaviour that, with any rise in the age of consent, will be increasingly criminalized. Consensual sexual relations become child sexual abuse, even though the 'young person's defence' may exempt them.

A general policy across the Caribbean also denies independent access to health services (that is, without the presence of a parent or guardian) until the age of 18 years – the age of majority. Although a recent review of legislation reveals no clear laws or guidelines on the issue (Allen, 2013, pp.134-137), health care professionals consider themselves at risk of legal action if they are in breach, and young persons under the age of 18 may avoid seeking sexual and reproductive services.

In most countries, the legal age for marriage is 16 years. Until recently in Trinidad and Tobago, however, the 'marriage exception' made legal provision for Muslim girls to marry from the age of 12 and Hindu girls from 14, though few child marriages actually took place. Raising the age of consent there reopened the debate on child marriage, with government and the Catholic hierarchy referring to 'legalised statutory rape' and calling for law reform, while the faiths concerned continued to resist. The outcome was a rise in the legal age of marriage to 18 in 2017.

These contradictions within the law and between law and reality are not unique to the Caribbean. While proclaiming child protection objectives, legislation also confuses young people, curtails their sexual wellbeing and rights and leaves young girls, in particular, at sexual and health risk.

Abortion

Information on the prevalence of abortion is unreliable, though a recent estimate puts this as 39 per 1,000 women (15 to 44 years) and identifies nearly half (46 per cent) as 'unsafe' (Allen, 2013, p.60). Data from Trinidad and Tobago claim a total of 19,000 abortions annually, with between 3,000 and 4,000 women subsequently treated at public hospitals for the effects of mismanaged abortions. These are cited as being among the top ten causes of hospital admissions (DAWN, 2004, p.133) and the leading cause of maternal morbidity (Martin et al., 2007). Given the illegal and covert nature of abortions across most countries of the region, the figures more than likely underestimate the reality. Women who have neither the access to quality health services, nor the funds to travel are most at risk (Martin et al., 2007; Nunes, 2012).

Safe abortion is essential to the sexual health of women and adolescent girls and globally enshrined as a universal right. Yet, restrictive abortion laws persist. At one extreme, Dominica permits abortion only when the life of the pregnant woman is at risk. Other countries, including the Bahamas and Grenada, have extended this to include her physical health, while others have added her mental health. Most liberal are Barbados, where the Medical Termination of Pregnancy Act, 1983, permits abortion on social and economic grounds, and Guyana where restrictions have been removed, allowing abortion *on request*. Even in countries with restrictive laws, there are medical practitioners who terminate pregnancies, but they face severe penalties. Though rarely enforced, laws mandate up to ten years imprisonment for medical practitioners and often also sanction the women concerned.

Mobilization around abortion rights continues but has been somewhat overshadowed by 'new' sexual rights issues and strengthened religious resistance, especially from the Catholic, Muslim and Evangelical faiths. Not surprisingly, in the two countries with the most open abortion laws, Barbados and Guyana, Catholicism is a minority religion.

Abortion Law and Practice

From the early 1970s, the legalisation of abortion in Guyana was spearheaded by the Pro-Reform Group (PRG) consisting of lawyers, doctors, religious officials and members of women's organizations. After a series of false starts and delays, advocacy intensified and the Medical Termination of Pregnancy Act was passed in 1995. The strategic approach adopted by the PRG was to promote abortion law reform, not as an issue of women's sexual and reproductive rights, but as critical to their health in that it would reduce high rates of maternal mortality and morbidity for which mismanaged abortions were a leading cause, strengthen family planning and, importantly, limit further abortion (Collins, 2016; Nunes & Delft, 1995, pp.14-15). The group opted for public education and information (Nunes & Delft, 1995, p.14), rather than political action and confrontation, to convince those in opposition that abortion is pro-life and that restrictive law does nothing to reduce the incidence.

Implementation, however, was protracted. Public hospitals and health centres resisted compliance and continued to deal with the side-effects of "botched" abortions (Collins, 2016, pp.69-70). Services were readily available in private clinics for those with the means; it was poor, rural women who were denied access. This changed, however, as the Georgetown Public Hospital began to provide abortions as did the Guyana Responsible Parenthood Association (GRPA), though these services are still not well known.

Following the passage of legislation, the campaign weakened and opened space for the resurgence of conservative, patriarchal principles of family life with women scripted as child bearers for the nation. Thus, abortion was rewritten as anti-family and anti-nation (Collins 2016, p.73), thereby undermining the opportunity to use the momentum of abortion law reform as an entry point for women's sexual and reproductive rights.

In general across the Caribbean, early promising signs of abortion advocacy have all but disappeared and the issue has fallen off the legal and social policy agenda under the weight of anti-abortion lobbying and the pressing demands of other sexual rights. As a result, in most countries a woman's right to the autonomous choice to terminate her pregnancy remains severely compromised.

Same Sex Relations

Throughout the Caribbean, 'buggery' (the colonial legal term for anal sex) is written into law as a sexual offence – deemed 'unnatural' by law and as an act of 'gross' or 'serious indecency', even in consensual and

in male-female relations. Penalties are severe and have tended to strengthen in recent years. For example, by introducing gender neutrality into the law, some jurisdictions now criminalise consensual intimacy between adult females (Robinson, 2009, p.14). Paradoxically, in Barbados with a reputation for relative tolerance, anal sex carries the penalty of life imprisonment, while in Jamaica, considered to be most homophobic, it is 10 years (Kempadoo, 2009a, pp.35-36).

Few Caribbean countries have implemented legal reforms, notably Belize, The Bahamas, and Trinidad and Tobago. In Belize, for example, this occurred after the Chief Justice, in August 2016, ruled that Section 53 of the Criminal Code (which referred to "carnal intercourse against the order of nature" including anal sex punishable by up to ten years imprisonment) was inconsistent with the Constitution.

Sex Work

Sex work defies respectable femininity and any related activity is highly criminalised – including procuring, soliciting or loitering in a public place for the purposes of prostitution; aiding prostitution or encouraging persons to become prostitutes; the use of premises as a brothel; and living off the earnings of prostitution (Kempadoo, 2009a, p.16; Robinson, 2007, p.9). Sex workers may also be perceived to contravene the law as immigrants, for same sex practices and for HIV infection in some countries that criminalise non-disclosure (Robinson, 2007, pp.23-24).

Though penalties have been welcomed in relation to coercive and commercial sex with minors, they have also strengthened restrictions against consenting adults. For example, prostitution *per se* was not traditionally a crime (though vagrancy laws criminalized the sale and purchase of sex in public places) but the definition of 'prostitution' now includes men and 'soliciting' covers private spaces – a move deemed difficult to justify (Robinson, 2007, pp.9, 48). A further complication is the divergence of opinion on the direction law reform should take. Those for whom prostitution is an expression of gender inequality, inherently degrading and violent, argue for legal abolition. Others claim that consensual adult sex work can reaffirm individual autonomy and self-determination and should be given the same protections and rights as any other 'work'.

Sanctions are unevenly enforced. The tendency among police is to ignore evidence of sex work, but there are also reports of bribes in exchange for protection or suspending arrest (Robinson, 2007, pp.35-36). Perhaps most common, though, are raids on clubs and brothels with the purpose of rounding up, arresting and deporting

immigrant sex workers, who are explicitly barred as 'prohibited immigrants' or 'prohibited aliens' by immigration laws (Kempadoo, 2009a, p.16), while their clients are largely overlooked.

In summary, law reform relating to sexual rights across the Caribbean has been protracted and uneven, and remains incomplete. The emphasis on regulation to ensure moral rectitude has, to some extent, given way to protection and rights especially in reforms that address violence against women and children. Yet these have also consolidated traditional notions of appropriate sex as heterosexual and confined to familial conjugal relationships for reproduction, not for sale. Despite positive developments in a few countries, sex between men and also between women, and sex work have been further outlawed and penalized. Additionally, although laws for protection depict persons as subjects of rights, no longer as passive minors or second-class citizens, they have also re-inscribed women as 'vulnerable' and as 'victims'. Raising the age of sexual consent, barring adolescents from independent access to sexual health services, and criminalizing abortion entrench state patriarchy and deny the sexual agency and rights of women and girls.

Stigma, Social Exclusion and Sexual Rights

Gay Men and Sex Workers

Not surprisingly in this resolutely heterosexual context in which nuclear family centred morality still prevails and religious conservatism grows, same-sex and sex for money are condemned as socially deviant. A review of media content in Barbados revealed an anti-gay public discourse marked by a string of labels – 'immoral', 'dangerous', 'corrupt', 'perverted' and 'sin' (Murray, 2009). Across the region, epithets stigmatize the 'battyman', 'chi-chi man' and 'buller' and misogynist, homophobic dancehall lyrics call for the murder of gays and lesbians (Gosine, 2009, pp.99-100). Homophobic intensity connects with the construction of black masculinity centred on heterosexual prowess and the stigma of 'softness' in men (White & Carr, 2005, p.8).

Unworthy of legal protection, gay men and sex workers confront stigma daily. It is systemic in the refusal, or even termination, of employment and housing, and evident in inter-personal relations with co-workers, school mates, fellow worshippers, prison inmates, family members and the general public (Barrow & Aggleton, 2013). In health centres, too, the judgmental views of service providers translate into the denial of care and treatment, and breaches of confidentiality. Discrimination takes the form of shunning, scorning and avoidance, or outright violence. In Jamaica, gay men are primary targets, but lesbian and trans persons have also reported 'vicious

beatings by police, relatives and community-members, some of which have resulted in death; and homelessness after being driven from their communities by angry neighbours' (White & Carr, 2005, p.349). Attacks are justified as 'batty judgements' and delivered with impunity (Carr, 2003). Sex workers also experience violence, physical and sexual, and from many sources including clients, partners, law enforcement officials and sex work business operators (Kempadoo, 2009a), often in private, though not necessarily any less harmful. Stigmatized and outlawed, gay men and sex workers avoid reporting such incidents.

Stigma is intensified by association with HIV (Barrow & Aggleton, 2013). Gay men and sex workers, 'at fault' for self-infection through devious sexual practices, are further outcast as 'vectors' of HIV to the general population (Carr, 2003; Gosine, 2009). Homosexuality also intersects with paedophilia – in the public mind, gay men prey on young boys (Atluri 2001). The psychological impact of stigma and shame manifests in self-harm, suicidal tendencies, drug/alcohol dependence and risky, exploitative sexual relationships (White & Carr, 2009, p.349) along with the avoidance of family, health and social services, churches and other sources of support. Young men struggle with their emergent gay and transgender identities often with no one to whom they can turn.

As elsewhere, Caribbean sex workers are highly mobile. Although trafficking and abduction are reportedly low and moving across national borders may provide anonymity and some escape from stigma, sex workers are also exposed to the double jeopardy of being foreign and engaged in sex work which makes them vulnerable to arrest and deportation (Kempadoo, 2009a, pp.45-46). Social isolation coupled with freedom from home-based constraints may also drive risky sexual exchanges.

In some ways, too, research and policy have compounded stigma by portraying gay men and sex workers as 'victims', thereby undervaluing their agency and self-empowerment. In HIV&AIDS responses, for example, labels like MARPS (Most-At-Risk-Populations) and MSM (men-who-have-sex-with-men), though adopted with good intention, reinforce stigma. While epidemiologists claimed that replacing the stigmatizing 'gay man' marker with MSM would direct attention to risky sexual practices, the label also reduces persons to their sexual practices, denies sexual identities and ignores the structural drivers of HIV (Gosine 2009). Though articulated as politically neutral, MSM reinforces dominant heteronationalism.

Women and Girls

As elsewhere, Caribbean mainstream gender ideology is framed as a heterosexual binary with dual gender morality – what is fame for men is shame for women. In translation, this is deeply contradictory. Men want, are

entitled to and get unbridled sex with many women within and 'outside' socially approved relationships; women are into love, marriage and motherhood, preferably in that order. Male sex is carefree, active and dominant; femininity inscribes sex as constrained, monogamous, passive and a danger to health and reputation. A young girl's sexuality is shameful and taboo; by contrast, hetero-socialisation promotes her brother's early sexual initiation, greeted with great relief by anxious parents as evidence of performance as a 'real man'. Across the region, the politics of respectability obscures female sexuality and denies women's agency and pleasure.

But Caribbean women have resolutely resisted these hegemonic constructions of domesticity and respectability. The married woman, at home nurturing her children with dinner ready on the table for her working husband, remained an illusion of empire, and today's women are negotiating equality with non-violence (along with fidelity and intimacy) into their relationships with men (Barrow forthcoming). Indian women, too, have challenged patriarchy. While colonial policy worked in tandem with their menfolk to prescribe seclusion and submission in the quest to reconstruct traditional Indian ideals, Indenture had given women 'new freedoms'; resistance was especially evident in their negotiations for their daughters' education (Mohammed, 1995, pp.34-42).

As feminist scholarship exposed the underside of marriage as bondage and subordination, confinement to home and exposure to intimate partner violence (IPV), it also revealed women's sexual agency. Lesbianism was celebrated in relationships between adult women as 'mati' (Wekker, 2006) and 'zami', and as 'macocotte' – that is, friendships with sexual experimentation between adolescent girls. In exotic dance performance, Indian women celebrate their sexuality in chutney (Puri, 2004) and in matikor – a pre-wedding fertility performance during which women engage each other in sexually suggestive dancing and good-natured ribaldry (Kanhai, 1999, p.226). In Jamaica, dancehall is depicted as an expression of female erotic sexuality celebrating the body with 'bling' – flashy jewellery, revealing clothing and extravagant hairstyles. Such 'slackness' is presented as a salute to women's sexual agency – a defiant counter culture, a subversive confrontation with conservative gender morality, and a challenge to restrictive feminine norms (Cooper, 2004; Hope, 2006). But it also commodifies the female body and exploits women's sexuality (Hope, 2006, p.75; Tafari-Ama, 2006, pp.172-177). Puri's (2004) research, too, reveals the double edge of chutney-soca in portraying both the pleasure of oral sex for Indian women and their exposure to sexual violence.

Adolescent Girls: Sexual Sub-cultures of Suppression, Agency and Rights

Adolescent girls in Barbados are confronted by a contradictory mix of sexual messages and social constructs. Their emerging sexuality is denied by parents, teachers, priests and health service providers who privilege a restrictive feminine orthodoxy that encodes abstinence and virginity, and points towards a respectable future in marriage and family life (Barrow, 2009, pp.220-221). They are too young and immature to be sexually active and any evidence of sexual expression labels them as 'fast' and 'force-ripe'. Yet their peer group and popular culture celebrates youthful sexuality encoded as 'bashment' – a compelling, liberating alternative with girls empowered as risk-takers, rather than passive victims (Barrow, 2009, pp.221-222). In Jamaica, similarly, 'Rude Girls' mirror the 'Rude Boy' construct by appropriating images of male sexual agency and power into their own identity landscapes (Tafari-Ama, 2006, pp.44-45). Indo-Trinidadian girls and young women, while accommodating wifehood and motherhood that epitomize morality, femininity and 'respectability', simultaneously negotiate 'appropriate womanhood' towards equality, autonomy and freedom to make their own decisions (Hosein, 2004).

'Bashment' promises sexual freedom and empowerment, while 'respectability' offers security, social acceptance and a 'good' future. But both prove elusive. Research has uncovered evidence of high risk sexual practices including transactional liaisons with older men in which girls have weak, if any, negotiation capacity and are exposed to unprotected sex, teen pregnancy and HIV – in Barbados, twice the rate of that for adolescent boys (Barrow, 2009, pp.216-218). In the context of patriarchal power and unequal relations of gender and generation in which families, schools, churches and social policy project moral disapproval rather than provide protection, 'poor Black women and girls end up as the most disadvantaged constituencies' (Tafari-Ama, 2006, p.85). Neither the construct of 'respectability' nor that of 'bashment' addresses the sexual rights of young women or provides signposts for them to negotiate their own paths to sexual maturity free from stigma, harm and violence.

Overt, assertive demonstrations of sexuality by women and girls are also perceived as a threat to family life and social order. Stigma and shaming as 'whores' and 'wenches', 'Jezebels' and 'jamettes', and even IPV are justified as restoring appropriate gender norms and legitimizing male superiority and control.

Sexual Rights Advocacy

During the last two decades, vibrant NGOs across the Caribbean have advocated for the sexual rights of their constituent populations – LGBTQI persons and sex workers in particular – despite the challenges of severe funding constraints, the struggle for social recognition and occasional vociferous public denunciation.

The Guyana Sex Work Coalition (GSWC)

GSWC was formed in 2008 to promote the rights of female, male, trans and migrant sex workers by providing counseling, support and protection against arbitrary arrest, violence and extortion; to pressure for access to health and social support services; to intervene with police, prison officers and service providers to reduce discrimination and violence against sex workers; to advocate for the recognition of sex work as work, and challenge the myth that all sex work is inherently gender violent; and to empower sex workers to have a voice in public forums for social inclusion and human rights.

The regional profile of the GSWC was enhanced by the formation of the Caribbean Sex Work Coalition (CSWC) as an umbrella group with an extensive mandate to include sex workers across the English-, Dutch- and Spanish-speaking Caribbean and advocate for the decriminalization of sex work, zero tolerance for the sexual exploitation of children, the prevention of coercive human trafficking for sex, and improved health care and treatment. Despite the challenge of depleted donor funding, the work of the CSWC continues and has been enhanced by official inclusion in the Regional Coordinating Mechanism (RCM) of CARICOM.

Sources: http://www.nswp.org/featured/caribbean-sex-work-coalition; Kempadoo, 2009a, p.55.

In Jamaica, NGO sexual rights advocacy is especially evident, possibly in response to the perception of highest levels of homophobia there (Gosine, 2009, pp.99-100).

The Jamaica Forum for Lesbians, All-Sexuals and Gays (J-FLAG)

J-FLAG was founded in 1998 to advocate for the human rights of lesbian, gay, bisexual and transgender people. Its Vision is: 'The creation of a Jamaican society that respects and protects the human rights and inherent dignity of all individuals irrespective of their sexual orientation and gender identity: a Jamaica where there is the **freedom to be**, for all people' (emphasis in original).

J-Flag engages directly with local partners and international human rights organisations to promote legal reform, advocacy, education, social services and support. On legal reform, J-Flag has initiated public discussions and submissions on the Sexual Offences Act with a view to making it gender neutral and more all-inclusive, and to ensure redress for survivors of sexual violence. To sensitise and inform the public on issues of discrimination and violence, J-FLAG has prepared a range of tools including e-learning guides and manuals, a newsletter and social media messages, and promoted essay and debating competitions. Homelessness among LGBTQI persons has been addressed with the provision of care, counseling and support, including opportunities for skills training. A support group for parents of LGBTQI persons has been set up, as has an internship programme and advocacy training for LGBTQI persons.

Source: Jamaica Forum for Lesbians, All-Sexuals and Gays, 2014.

Complementing the work of country-based advocacy, the Inter-American Commission on Human Rights (IACHR) has actively petitioned for compliance with international treaties to promote freedom of expression and the rights of women, girls and PLHIV (Roberts, 2013). A recent symposium under the sponsorship of the University of the West Indies, the Pan-Caribbean Partnership against HIV and AIDS (PANCAP) and UNAIDS brought together a wide range of stakeholders to address issues around HIV and human rights with a view to sensitizing Caribbean policymakers and the judiciary, advocating for the inclusion of HIV within current human rights and social services programmes, and reducing stigma and discrimination against PLHIV (Alleyne, 2013, pp.3-4).

Sexuality and HIV Response Programming

The initial global HIV&AIDS response framed the epidemics as an emergency and as a biomedical problem. Public health discourse centred liberal principles of individual autonomy, personal risk and moral responsibility, and

interventions combined medical treatment with public education. The logic was simple: armed with knowledge of HIV transmission, rational individuals would avoid infection – and save their lives – by changing behaviour and adopting safe sex practices. Those already infected would be treated with anti-retroviral drugs (ARVs).

The treatment response made headway in prolonging lives among persons already infected. In Barbados, for example, AIDS-related mortality has been reduced by 80 per cent since 2001 and mother-to-child transmission was down to zero by 2010. But the prevention through education strategy was less successful. There was little, if any, decline in new infections and HIV was spreading to women and youth. The disconnect between knowledge and practice – the so-called 'KAP gap' – and the realisation that knowledge, though necessary, is not sufficient for sexual behaviour change demanded a fundamental rethink – a deeper understanding of sexual risk by searching for the structural drivers of HIV. Research and policy responses then turned attention to the complexities of patriarchal power and gender inequality, stigma and discrimination, sexual abuse and GBV, poverty and social exclusion, and the denial of sexual and human rights (Barrow et al., 2009).

Meanwhile, medical research was advancing. In 2008, a consensus statement proclaimed that HIV positive persons on effective ARV treatment with undetectable viral loads have a negligible risk of transmitting infection. Treatment as Prevention (TasP) captured the imaginations of HIV practitioners. In the absence of a cure or vaccine and with frustration over stubbornly persistent rates of new infection, the promise of TasP was far-reaching. The appeal lay in its simplicity and effectiveness – treatment prevents infection; and apparent ease of implementation – with HIV redefined, no longer as an emergency but as a manageable chronic disease, all that was required was the extension of what was already in place, namely the upscale of testing and ARV treatment, including pre- and post-exposure prophylaxis, male circumcision and prevention of mother-to-child transmission (PMTCT). Undetectable equals untransmittable (U=U) and PLHIV can lead 'normal' sexual and family lives. TasP pledged prevention for whole populations, the community viral load would be significantly reduced and, by extension, the 'End of AIDS' was in sight (UNAIDS, 2015). The tension between HIV treatment and prevention evaporated as treatment became prevention.

But TasP is predicated on mass increases in testing, the link to treatment for all who test positive, adherence to treatment, and ultimately, undetectable viral loads. And, as research from Barbados and Jamaica shows, at every stage the cascade is disrupted by stigma and discrimination, gender inequality and sexual violence, poverty and social exclusion (Barrow & Barrow, 2015). Importantly, too, across the Caribbean, the cost of universalizing testing and treatment has come at a time of sharp declines in donor funds and governmental

struggles to meet budgetary obligations. Constrained funding has led to drug stockouts and shortages, and intermittent treatment which, in turn, drives drug resistance and higher cost treatment. As the Global Fund pulled out of "middle income countries", so it lost leverage to direct funding to hard-to-reach populations and, more broadly, to urge political will towards changing local discriminatory laws and practices.

Initial TasP euphoria and sloganeering was toned down and attention directed to key populations where the impact might be most effective, such as pregnant women living with HIV, sero-different couples and sex workers (World Health Organisation, 2012, p.15). TasP, it was recognized, could only realise its potential within a 'combination prevention' paradigm that integrates biomedical, behavioural and social dimensions, and therefore addresses both individual risks and underlying structural vulnerabilities to HIV infection in specific contexts (Hankins and de Zalduondo, 2010). Even so, with re-biomedicalisation and the retreat to a clinic-centred public health model, the unique promise of holistic HIV&AIDS programming is being lost – that is, the deployment of a response to disease as the entry point for the elimination of stigma and GBV, and the promotion of gender equality and universal sexual rights.

Moral Momentum

Throughout the world, reactionary religious movements have strengthened resistance to sexual rights. In the Caribbean, these forces are both traditional in the form of the Catholic Church in particular, and relatively new as an increasingly powerful fundamentalist Evangelism, an offshoot of US conservative moral politics. Since the closing years of the 1990s, righteous resistance has threatened to undermine the work of NGOs and to derail progress on the UN inspired global agenda for sexual and reproductive rights (DAWN, 2004, p.13). The primary targets are abortion and LGBTQI rights, most recently gay marriage.

The Catholic Church versus Abortion Rights

The Catholic Church, the largest and most powerful denomination in Trinidad and Tobago, has led the anti-choice movement by reacting forcefully to all calls for abortion law reform and by successfully harnessing other faiths in the promotion of hard-line views that frame abortion as an issue of religion and morality, not public health and sexual rights.

In 2000, the NGO, Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE), with a track record of sexual and reproductive health advocacy with special focus on the reduction of unsafe abortion, called for a review of the law and proposed that women be granted terminations on request. To this end, the agency drafted a Model Abortion Bill and spearheaded a public education and communication campaign.

In 2002, ASPIRE issued a plea to the government of Trinidad and Tobago to provide clarification on how the existing law impacts women's health, and to initiate public dialogue on the decriminalisation of abortion. The request was ignored until 2006 when a written response from the Ministry of Health clarified the law as permitting abortions only when the mother's life was threatened. The then Prime Minister added: "My Government does not support abortion … and I do not propose to talk about it every five minutes".

Sources: A.S.P.I.R.E http://ttaspire.weebly.com; Martin et al., 2007

Confrontation between the State, religion and advocacy also emerged in Guyana where abortion law, as mentioned, is the most liberal. Though Catholics are in the minority, faith-based opposition to law reform was evident in prayer vigils and public marches. But it backfired as demonstrators adopted alien tactics and 'picketed doctors' offices, calling them murderers and holding dismembered dolls smeared in red ink on poles, and even carrying tiny symbolic coffins' (Nunes & Delft, 1995, p.15). Given the rise of religious fundamentalism, it is quite possible that the passage of the Barbados abortion legislation would have been a much more tortuous process today.

The response from Caribbean FBOs to sexual rights has been extremely cautious, though somewhat nuanced. But even the smallest signs of religious tolerance are being overshadowed by vocal righteous groups intent on social cleansing.

The Jamaica Coalition for a Healthy Society (JCHS)

JCHS was formed in 2012 by those who envision 'a Jamaican society in which Judeo-Christian values nourish and enrich the social, spiritual, physical, emotional and mental health of society' and who are 'committed to being cultural watchmen and bearers of God's truth and love'. The Coalition's outreach is strengthened by transnational partnerships and an attractive and appealing website.

In a recent letter to members of parliament the Coalition expressed 'strong support for retaining and enacting laws and policies that protect the sanctity of life, marriage and family as traditionally defined'. Among its demands were:

- Retention of the definition of marriage … namely the voluntary union of one man and one woman,
- Age-appropriate sex education that is compatible with our laws and preserves the traditional distinction between male and female in accordance with the design of the human body,
- Retention of laws against buggery and abortion,
- Maintaining or increasing the age of consent.

Paradoxically, the Coalition legitimizes its stance by aligning with public voices opposing violence against women, children and LGBTQI persons, and by positioning itself as protector of the weak and promoter of social unity.

Sources: Jamaica Coalition for Healthy Society, www.jchs.org.jm/ ; Lazarus, 2015.

Using strong, emotive language to proclaim their mission to protect and preserve 'traditional values' during this era of 'moral turbulence and decay', these groups privilege a mythical past founded on Christian family morality to counter the 'threat' of modern liberal secularism – denounced as Western imperialist bullying seeking to impose a 'deviant' sexual agenda on the Caribbean (Barrow & Aggleton, 2013, p.37; Lazarus, 2015, p.123).

Sexual Politics: Political Will and Public Opinion

Public ideological battles over abortion and LGBTQI rights pit progressive NGOs and advocates against a reactionary and increasingly vociferous religious conservatism. Positioned in between, most Caribbean political leaders have aligned with populist rhetoric that affirms heterosexuality and patriarchy, under the impression that this reflects public opinion. More comfortable with rights of women and children, they lend their voices to anti-violence campaigns, but condemn or chose to ignore homosexuality, abortion and sex work. As Nunes (2012, p.60) contends in relation to abortion rights for poor and marginalized women, when religious morality demonstrates, 'very few politicians and fewer professionals show the courage to lead a charge for fairness and justice'. Rowley (2011, pp.119-120, 124-5) adds that one cannot assume that women in powerful positions in government are ideologically and politically committed to feminist issues such as abortion. In St. Lucia, for

example, the vociferous opposition to a bill calling for the liberalisation of abortion law was led by the female Minister of Gender and Home Affairs who repeatedly denounced her colleagues as 'murderers' and 'child killers'. In contrast, abortion law reform in Barbados was successfully spearheaded by Billie Miller, the female minister responsible for health, with "a campaign of 'silent' advocacy" during which she met with a variety of stakeholders including church and community leaders and governmental officials (DAWN, 2004, p.58.) In general though, political leadership tends, at most, to reiterate tolerance rhetoric with its persuasive aura of virtue and social justice. But tolerance does no more than require us to put up with 'others', even as they are labelled 'deviant' and 'undesirable', thereby further entrenching stigma and homophobia (Barrow & Aggleton, 2013). Governance then, is more about policing the moral boundaries of the nation, than promoting equal sexual rights and social inclusion.

Paradoxically though, public conservatism may well have been over-estimated. Research on sexual rights issues reveals a complex range of opinions including more liberal attitudes of empathy and support. In relation to abortion in Trinidad and Tobago, for example, a 2007 national survey reported 71 per cent of the population in support of broadening the grounds for abortion, though not all were fully pro-choice. Significantly, too, 74 per cent of Catholics approved of abortion law liberalization despite the hard-line view of their church hierarchy (Martin et. al., 2007, p.6).

The results of a series of public opinion polls reflected endemic homophobia throughout the region, but at varying levels and with less intensity than might be expected (Beck et al., 2017; Boxill et al., 2012; Caribbean Development Research Services Inc., 2013a, 2013b, 2013c). Polls conducted across seven Caribbean countries (namely, Belize, Grenada, Guyana, St. Vincent and the Grenadines, St. Lucia, Suriname, and Trinidad and Tobago) revealed that, on average, 66.1 per cent of informants claimed to 'accept' or 'tolerate' homosexuals, while 31.9 per cent self-reported 'hate' towards them (Beck et al., 2017). In another survey, Jamaican respondents scored relatively high on 'hate/repulsion' at 46 per cent and low, at 9.5 per cent, on 'acceptance' (along with 'support/ nurture/admiration/appreciation') (Boxill et al., 2012). Lewis (2003, p.109) came to similar conclusions in positioning St. Thomas, Trinidad and Barbados as most tolerant and Jamaica, St. Vincent and St. Lucia as least. At one extreme, Muslims and Rastafarians were most homophobic, while mainstream Christian adherents were most tolerant with a less than might be expected distinction between evangelicals and non-evangelicals (Caribbean Development Research Services Inc., 2013a, 2013b, 2013c).

In Jamaica, where male homosexuality was condemned as morally wrong and as contributing to the decaying social fabric by 88 per cent of respondents, a high proportion (77 per cent) was in favour of retaining laws that criminalize buggery (Boxill et al., 2012). The corresponding average for Barbados, Guyana and Trinidad and Tobago was 56 per cent. Interesting, too, are the not insignificant proportions in favour of amending laws to allow consensual same sex practices in private, averaging 23 per cent in Barbados, Guyana and Trinidad and Tobago with Jamaica at 21 per cent (Boxill et al., 2012; Caribbean Development Research Services Inc., 2013a, 2013b, 2013c). And only 35 per cent of respondents in Jamaica felt that laws should penalize sex in private between two men (Boxill et al., 2012).

The link between homophobia and opinions on the source of homosexuality was also addressed in the Barbados, Guyana and Trinidad and Tobago polls. Although an average of 34 per cent believed that homosexuals 'choose to be that way', 24 per cent were of the view that they were 'born that way' or suffered from a 'birth defect', and 28 per cent attributed their sexuality to socialisation – 'the lack of/poor moral or religious grounding', 'poor parenting', 'psychological trauma' or 'sexual abuse'. In Jamaica, 53 per cent of respondents felt that professional help could change a homosexual to heterosexual (Boxill et al., 2012), while the proportions in Barbados, Guyana and Trinidad and Tobago who were of the view that homosexuality is 'an illness that can be cured' averaged 25 per cent (Caribbean Development Research Services Inc., 2013a, 2013b, 2013c). In sum, though some positive signs can be detected, opinion polls suggest that Caribbean societies are more inclined to tolerate – not condone or accept – homosexuality, and to rescue, convert and heal homosexuals and 'deliver them to wholesome living' (Barrow & Aggleton, 2013, p.37), rather than change the law and promote equal sexual rights.

Conclusion

Caribbean countries share a history of patriarchy and heteronormativity working in tandem to valorize heterosexuality within marriage and for procreation, and to outlaw and denounce adolescent sexuality, homosexuality, sex work and abortion. 'Dissident' sexual identities and practices are condemned by the State and Church as signs of social chaos, sinful degeneracy and family breakdown, and have triggered periodic moral crises and interventions to regulate sex for the control of fertility and disease, and for nation-building and modernization. Central to the mission of righteous authority has been the simple but effective polarization of sex and sexuality through stereotypes of 'good' versus 'bad' sex – marriage and monogamy as against concubinage, hetero- against homo-sexuality, and the like. The model virgin girl is tainted and disrupted by her 'bashment' sister; the respectable mother by the 'graveyard' who has 'killed' her unborn child; the virtuous

wife by the 'outside' woman, the 'prostitute' and the lesbian. The hyper-heterosexual man with 'reputation' has rivals in the emasculated man 'in crisis' and the 'deviant' gay man. Gender binary politics situates women as guardians of national purity and mandates control of their bodies, while men have far greater license once they do not cross the line into homosexuality.

Research has contested this essentializing dichotomy by delinking sex and gender and opening space to map the diversity and fluidity of sexuality as negotiated and lived, but law, social policy and public health resist such reframing. While modern law seeks to protect the 'vulnerable', especially women and children, it still triggers stigma by legitimizing heterosexual sex for procreation and criminalizing abortion, 'buggery' and sex work. Sexual violence against children is alarmingly widespread, but raising the legal age of consent and so further criminalizing adolescent sexual experimentation raises questions about whether the law is serving those it is designed to protect. The public health frame highlights the dangers of uncontrolled fertility, teen pregnancy, STI and HIV but, while claiming moral neutrality, also points fingers at the 'at risk' practices of so-called 'MARPS' and 'MSM'. Although global human rights conventions have been ratified by Caribbean governments, slow and erratic law and policy reform fails to ensure the full realisation of equal sexual rights.

Meanwhile, a vehement heteronormative moral politics is vocalized in the public arena. Political leadership steers a rocky course through the cultural battleground between sexual rights advocacy and the reactionary national discourse assumed to represent the voice of its voting public. While significant progress is evident in the legal recognition and protection of women in non-marital unions and children born out of wedlock, and in sanctions against violence against women and children, all but a few countries have stopped short of decriminalizing abortion, sex work and same-sex intimacy. It seems, too, that as politics has become increasingly preoccupied with pressing economic issues of low growth, mounting debt and currency instability, along with escalating crime, so social justice and human rights have been demoted on the development agenda.

NGO advocacy for equal sexual rights has strengthened, but constantly clashes with religious doctrine. A formidable and increasingly vociferous evangelism, along with conservative civil society organisations, claims the centre-ground as the spokesman for national morality and the protector of 'traditional values' and cultural sovereignty against contamination by Western 'decadence'. Ultimately, it is courageous transformational leadership that will avert righteous derailment of future progress; political will, together with resilient social activism and public opinion enlightened by research and universal sexual rights principles, that will guide the Caribbean to sexual equality and social justice.

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