

Social Media, Lanarkshire Men who have Sex with Men and Sexual Health: An Experiential Qualitative Analysis

A report commissioned by Terrence Higgins Trust Scotland and NHS Lanarkshire on
behalf of Lanarkshire BBV networks based upon qualitative data within the
Social Media, Men who have Sex with Men and Sexual Health Study 2013

June 2013

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Executive Summary

Introduction

This report examines the lived experience of social and sexual networking for Lanarkshire men who have sex with men (MSM) to contextualise opportunities for sexual health promotion within social media.

The following research objectives were addressed in relation to Lanarkshire MSM;

- How do Lanarkshire MSM use digital media?
- How is digital media implicated within their sexual health?
- How do service providers see digital media impacting upon the sexual health of MSM?
- What opportunities for sexual health promotion do these media provide?

Methods

In-depth qualitative interview and focus group data were collected from Lanarkshire MSM (n=15) who use online social and sociosexual media, as well as Scottish service providers (n=8) who work with MSM online.

All data were transcribed verbatim and analysed for recurring themes using Interpretative Phenomenological Analysis (IPA), which aims to make sense of participant's experiences within their own 'life-world'.

Six recurrent themes were developed from the data which answer the study's key research questions but do not always directly map on to them, as follows;

1. Being gay in Lanarkshire.
2. Navigating digital worlds: ‘Everybody’s looking for human contact in one form or another.’
3. People, profiles and social media amongst Lanarkshire MSM.
4. Changing trends in sociosexual networking amongst Lanarkshire MSM – merging the real and digital worlds.
5. Social media and disclosure of HIV status in the accounts of HIV positive men in Lanarkshire.
6. The role of sociosexual media within sexual health promotion in Lanarkshire.

Each theme is explained using our analytical narrative, supported by participants’ quotes which enriched the underlying narrative and added rigour to the analysis by providing direct evidence to underpin our interpretation.

Results

Being gay in Lanarkshire

Although not one of the questions initially posed within the research project, this theme came through so strongly from participants that it underpins the whole analysis presented in this report.

Lanarkshire was described as markedly different from the liberal gay cultures understood to operate within large urban metropolises, such as Glasgow, London or Manchester.

This highlights the importance of examining transferability within (sexual) health promotion research, particularly where interventions for MSM are evaluated in large urban centres.

Issues of gay stigma, discrimination, enforced discretion and minimal acceptance were seen to pervade every aspect of participants' lives. People in Lanarkshire dealt with homosexuality by avoiding the issue or advocating secrecy.

Participants were keen to 'normalise' homosexuality by moving away from transgressive aspects of gay culture to become more acceptable by the conservative local attitudes pervasive within Lanarkshire.

Participants advocated a move towards less explicit imagery and language within local sexual health promotion.

Finally, men felt that whilst sociosexual media may serve to increase the secrecy and invisibility of homosexuality in Lanarkshire, they also provide the opportunity to create and sustain a local gay community and challenge local gay stereotypes online.

In order to develop culturally appropriate sexual health promotion, it is essential to understand MSM's experiences of being gay in Lanarkshire, as this chapter has described.

Navigating Digital Worlds: ‘Everybody’s looking for human contact in one form or another’

Men explained that by ‘*stepping into the world of social media*’, ‘*you’re walking into a world that you have designed.*’ Social media are interactive, ever changing platforms which facilitate social interaction, populated by other people. As such they create new interactional social spaces even while emphasising the continuity of self and the embodied subject.

For most participants, social media were core aspects of their daily lives. Participants articulated different ways of adapting the range of social media to fit their overall needs; for example, distinguishing between types of social media (e.g. social media for social interaction and sociosexual media for primarily sexual reasons) tailored to distinct aspects of the self.

Of all social media, Facebook seemed to map most closely to participants ‘real-lives’, which could enhance communication with networks already established in the physical world and enable the development of novel but selective networks in the digital realm. By providing a bespoke community designed by the self, Facebook provided personal power within the digital world, although policing the boundaries of this world was important.

Although access to social media may appear open and inclusive, it is fundamentally patterned by inequalities, such as the type and quality of technical equipment available, membership costs and the varying ways in which personal information placed on the Internet is used by others.

Participants talked of the complexity of understanding interpersonal relationships within social media. An emerging sense of norms and cultures, often relating to distinct social media, corresponded to a growing sense of etiquette. Sexual health promotion must attend closely to these norms to ensure cultural sensitivities and cultural appropriateness at quite specific levels.

At times there was a clear sense of the distortion of relationships when comparing the physical world to the virtual, with notions of authenticity and genuineness often contrasted by façade and artifice within social media.

Social media and their digital worlds reconfigure traditional divides between the public and the private. Whilst they celebrate individual autonomy and maximize a sense of personal control, security and safety, they are unambiguously oriented to wider public domains and commercial exploitation and so recognised as being at risk of surveillance and breaches of apparent confidentiality.

Sociosexual media transformed social interactions where lack of physical proximity, a loss of associated intimacy, the creation of social distance and ambiguity of social contracts facilitated social disinhibition. These impersonal aspects of sociosexual media enabled explicit sexual negotiation, HIV status disclosure, fantasy and the management of social interactions but could result in interactions which were understood as rude, unfair and too frank.

As a spatially distributed and frequently invisible minority, gay men have often struggled to meet each other in ways which are safe and secure from the public eye or the threat of homophobic violence. In areas without gay commercial venues, gay social media has transformed the mutual visibility of gay men who are using these networks. Equally, when travelling to unfamiliar places, social media enabled access to the local gay community in new and sometimes comforting ways.

A varied approach for sexual health within social media is proposed, making the most out of the particular functionality of different sites and the digital worlds therein (see Moreno et al, 2009). Tailoring to the particular settings that they construct and enable (Tseng and Seidman, 2007) is essential.

The resources needed for sexual health promotion using social media will be greater than those associated with typical mass media health promotion. In order to make the most of social media, resources should support interaction, participation and engagement rather than information transfer (Thackeray and Neiger, 2012).

People, profiles and social media amongst Lanarkshire MSM

Men's perceptions of both their self-constructed identity and their interpretations of others' online identities within social and sociosexual networking emerged as crucial in understanding how men use and make sense of these technologies.

Where sociosexual media were perceived to primarily facilitate sexual interactions, men described the importance of profile images.

Whilst the profile represents a public presentation of self, it is a version carefully designed to appeal to other users. Whilst most men desired to present a 'fit' or attractive physical self, others used alternative commodities to market themselves (e.g. car, accommodation).

The online self is a constantly changing construction dependent on current sexual needs or the desire to be found attractive and popular.

Participants believed they were adept at interpreting the widespread dishonesty within other's profiles but adopted a level of acceptable enhancement within their own.

Men described creating a '*construct in your head*' whereby it was possible to create an image of others that may have little connection to the real person in the offline world. As such, tensions could occur should the physical and 'virtual' selves meet.

Strategies to cope with a mismatch between person and profile when meeting in person were often influenced by heightened sexual needs whereby dishonesty was put aside in favour of sex.

However, underneath the public show of easily available casual sex, tailored to individual requirements, some men sought platonic or long-term relationships and voiced the need for a more personal form of interaction.

Accepting the complexities in how men construct their online profiles and negotiate profiles for sexual activities could lead to HIV promotion work which works with these constructions of self rather than against.

A more social ecological sexual health framework may provide a tool for delivering interventions and information in ways that are informative, but not perceived as judgmental or insensitive to the reality of the diverse MSM sexualities.

Views of the user can be inscribed into technological devices, forming a script of an anticipated user's actions. Understanding these could provide the bases for niche marketing for HIV prevention.

Changing trends in sociosexual networking amongst Lanarkshire MSM – merging the real and digital worlds

Sociosexual media not only provide new ways for MSM to communicate but also, and in particular since the launch of smartphone based apps, appear to be modifying traditional means of social and sexual interactions. MSM are increasingly using Facebook and sociosexual media to bring together their digital and physical world.

GPS smartphone apps were used on both the commercial gay scene and within public sex environments and venues (PSE/Vs) to enhance personal safety. 'Facebooking' a man met or seen on the commercial gay scene provides some background information about him and is less intimidating than initial face to face contact for some.

Similarly, GPS smartphone apps help distinguish cruisers within a PSE/V environment, providing a further layer of security where issues of safety and danger are paramount (Frankis and Flowers, 2006), largely due to ‘gay bashers’, police harassment or accidental exposure to non cruisers.

Sociosexual media were not seen as sources of long term relationships but instead could mediate only casual sexual encounters. This resonates with PSEs and PSVs which also provide access to casual sex but not relationships.

Men also emphasized that, just as one’s behaviour in bars is open to public scrutiny, one’s public profile online is also subject to discussion and, potentially, ridicule.

Whilst merging of the digital and physical world was valued, a complex management of personal disclosure, truth, ambiguity and elision within sociosexual media is required in order to protect both the personal and professional self.

Social media and disclosure of HIV status in the accounts of HIV positive men in Lanarkshire

Lanarkshire gay men with HIV in rarely disclose their HIV serostatus online, in part because they are concerned that such information will be turned against them in their sexual networks or in other parts of their lives.

Deciding if, when or how to disclose an HIV status posed a moral dilemma in terms of both risk and responsibility. On the one hand, they argued that knowing their positive status placed the onus of disclosure on their shoulders, whilst the enactment

of disclosure was seen to shift that responsibility on to sexual partners. On the other hand, partners were expected to take responsibility for their own sexual health, an expectation that, in some circumstances obviated the need for disclosure.

The question of HIV status was not only an issue for positive men but for anyone using sociosexual media for sex. Users of apps found that few people openly advertised their status online and were not often questioned about their status by potential partners.

Due to the proliferation of sites and apps, it is common for an individual to be members of multiple sociosexual networks and therefore to have more than one profile. One disclosure strategy was to create two profiles on a sociosexual media site, one where HIV was declared or indicated and one where it was not. Another strategy positive men described was to only disclose their status on certain sites.

Partly because of these concerns regarding public life and serostatus, HIV positive participants also reported that some online environments, in particular, a bareback website, were important sources of information and community support.

In such online environments, openness with regard to HIV serostatus was implied in one's presence there and other forms of communication were said to be easier than in other, non-HIV positive identified spaces.

These findings imply that the promotion of HIV disclosure in social media is likely to be met with considerable resistance, though outreach to gay men with HIV using

social media is feasible, especially through bareback websites. However, orthodox public health systems may have trouble engaging with the transgressive sites favoured by some gay men with HIV.

Relatedly, further online social support for gay men with HIV may be an acceptable and useful means of addressing HIV prevention goals. A related finding was the need for support in relation to the disclosure of HIV serostatus in ongoing sexual partnerships, in contradistinction with casual sexual encounters.

The role of sociosexual media within sexual health promotion for Lanarkshire MSM

Although Lanarkshire men presented an ‘orthodox’ construction of sexual health, comprising safer sex and regular clinic-based screening, transgressions of unsafe casual sex and screening avoidance were common.

Presenting sexual health screening as a regular ‘MOT’ was described as more successful than promoting behaviour or symptom based screening, which was easily avoided when symptoms failed to emerge or subsided. Indeed, separating the body from the self in this way and treating it as a separate entity which required regular servicing, located regular testing as simply a responsible prerequisite of gay life, unattached to any particular individual or pejorative narrative.

However, not all men adhered to the MOT narrative, particularly younger participants. It may be that they have yet to develop regular testing behaviours within their sexual careers or that the message of on-going screening has yet to permeate this

group; either way, continued promotion of this strategy seems both essential and potentially fruitful.

Whilst alcohol use and holidays abroad were presented as the principle catalysts of unsafe sex, neither were tied to sociosexual media use by men in this study. This highlights a limitation of our qualitative sample since the quantitative arm of the SMMaSH study (Frankis et al, 2013) found that, among Lanarkshire sociosexual media users, 30% used gay websites and 19% used gay apps to arrange sex when travelling or away from home.

Alcohol use was presented by Lanarkshire men as a strong catalyst and legitimizing 'excuse' for transgressive behaviour (i.e. unsafe sex) which must be challenged by sexual health promotion.

Holidays abroad were described as key sites of risk taking behaviour, with increased anonymity, greater norms around unsafe sex and the lack of safer sex materials available described as contributing factors.

Although sociosexual media would potentially allow local netreach to operate within gay holiday destinations, difficulties arise in targeting Lanarkshire men within foreign locations since, users change their profile location to their holiday address in order to appear on local searches, whilst GPS based apps only show nearby members.

Men were concerned that few site providers took responsibility for the health impact of their services and criticized them for facilitating multiple sexual encounters

particularly those who were seen to promote unsafe sex with the imagery, tone and profile options available.

Most participants felt they had no need to make use of sexual health information presented within sociosexual media, primarily because it would be far more straightforward to use a generic search engine (e.g. Google) to obtain this information. Again, this highlights a limitation of our sample since most participants had established links with sexual health services and felt themselves well informed.

Most participants felt that a dedicated sexual health app for MSM would be a valuable service, providing direct access to information in a confidential, anonymous form, but that this would require the endorsement of a local service provider for legitimacy. Lack of smartphone or Internet access and the unsuitability of smartphones for text chat were barriers to such service use.

It is important to consider those without personal Internet access, for whom the limited free service offered in public places provides their only access. Accessing gay community and sexual health resources in Lanarkshire public spaces was described as intimidating. This emphasises the importance of traditional interventions in key locations, alongside the innovative use of sociosexual media for sexual health promotion.

Conclusion

This report has documented the opportunities and complexities of providing sexual health promotion for Lanarkshire MSM via social and sociosexual networks. It is

clear that multiple forms of online sexual health promotion and netreach are needed, tailored to specific sites (e.g. Facebook, Gaydar) and specific groups of MSM (e.g. HIV positive men, non-gay identified MSM, BBRT users, digital natives, digital immigrants etc.). Moreover, these interventions must respect the local gay culture of Lanarkshire. However, just as sociosexual media have not replaced traditional gay cruising in pubs, bars and PSE/Vs, online social media health promotion must form an adjunct to traditional sexual health promotion for MSM.

Chapter 1

Social Media, Lanarkshire Men who have Sex with Men and Sexual Health: A Review of the Contemporary Evidence Base

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Acknowledgements

Our thanks go to Chris Kimber and Dave Bingham, Terrence Higgins Trust Scotland, for arranging and scheduling interviews and focus groups. Our particular thanks go to the men and service providers who gave their own time to participate in our interviews and focus groups.

1.1. Overview

This report examines qualitative data collected within the Social Media, Men who have Sex with Men and Sexual Health (SMMaSH) 2013 study, which was developed and conducted in collaboration with NHS Lanarkshire, the Terrence Higgins Trust, and the sexual health team at Glasgow Caledonian University and Monash University (Melbourne, Australia). In-depth qualitative interview and focus group data were collected from Lanarkshire men who have sex with men (MSM) who use online social and sociosexual media, as well as Scottish service providers who work with MSM online. The aim of this report was to examine the lived experience of social and sexual networking for Lanarkshire MSM and to contextualise opportunities for sexual health promotion within social media.

Specifically, we addressed the following research objectives in relation to Lanarkshire MSM;

- How do Lanarkshire MSM use digital media?
- How is digital media implicated within their sexual health?
- How do service providers see digital media impacting upon the sexual health of MSM?
- What opportunities for sexual health promotion do these media provide?

This first chapter reviews the contemporary evidence base to contextualise our work within the wider field of sociosexual media research and sexual health promotion. It examines the emergence of digital media and the impact this has had upon MSM, describes emerging technology based health interactions, and reviews their

effectiveness. Finally, we describe the precipitating factors underpinning this research study.

1.2. Background

There has been an exponential increase in the use of digital media in the last ten years including social networking, mobile phone applications (apps), video sharing, podcasts, on-line games, and short messaging services (SMS or texts) (Levine 2011). In 2013, Experian Hitwise estimated that Facebook.com was the 2nd most visited website in the UK, after Google.co.uk, with LinkedIn.com, Twitter.com and Tumblr.com also featuring within the top 20. Mobile phones, in particular, have a wide reach and 95% of countries have a mobile phone network (Bennett and Glasgow 2009). New technology, such as ‘Smartphones’ - phones based on an operating system such as Android, Blackberry or iOS, with web access, apps, and email synchronisation - give unprecedented mobile access to the Internet (Swendeman and Rotheram-Borus 2010) and therefore, these digital media. Indeed, Internet-based platforms offer greater opportunity for more interactive communication, possibly at the point of decision-making, and of delivering health interventions conveniently and anonymously to people using personalised information. Appropriate forums for such intervention include blog sharing sites (e.g. tumblr.com), online pin boards (e.g. Pinterest), social networking sites (e.g. Facebook and GooglePlus+), and instant communication sites (e.g. Twitter).

Studies across a wide range of populations and countries have investigated the feasibility, acceptability, and effectiveness of different forms of digital media within sexual health promotion (Lim, Hocking et al. 2008; Noar, Black et al. 2009; Bailey, Murray et al. 2010; Cole-Lewis and Kershaw 2010; Kang, Skinner et al. 2010; Gold, Pedrana et al. 2011). Recent findings have demonstrated improvements in partner notification, access to diagnostic tests such as Chlamydia screening, appointment

keeping, notification of medical investigations, and HIV prevention interventions (Novak, Edman et al. 2003; Gaydos, Dwyer et al. 2006; Lim, Hocking et al. 2008; Carpenter, Stoner et al. 2010; Kang, Skinner et al. 2010; Swendeman and Rotheram-Borus 2010; Greenland, Op de Coul et al. 2011; Smith, Cook et al. 2011). Due to extremely rapid changes in technology, its use and uptake, this area is characterised by a fluid and developing evidence-base. For example, Facebook was only founded in 2004 but had 1.06 billion users by January 2013. Inevitably, the evidence base lags behind new and emerging applications in sexual health, such as the developing use of new mobile technologies (Cole-Lewis and Kershaw 2010; Gold, Lim et al. 2010; Tortolero, Markham et al. 2010). Therefore, a discrepancy exists between what is possible and what has been evaluated

Terms like ‘new media’, ‘social media’, ‘Web 2.0’, ‘technology’, and ‘digital media’ are often used interchangeably, implying a collective understanding of their definitions. In this report, we used an adapted version of the definition of ‘new media’ provided by Aids.gov (2012). ‘New media’ was defined as *user-driven* forms of communication, such as text messaging, SMS, websites, electronic mail (e-mail), Rich Site Summary (RSS) feeds, blogs, podcasts/vodcasts, chat rooms, online videos, wikis, and virtual worlds. We chose to emphasise the *sociability*, *shareability*, and *interactivity* of digital media, regardless of the platform and, as such, have referred to this as ‘social media’ within this report. We do, however, acknowledge that as these terms are currently developing and fluid, they may not always correspond to definitions used elsewhere.

MSM, the Internet and other social media

In the UK, MSM are disproportionately affected by a range of sexually transmitted infections (STIs), particularly syphilis and gonorrhoea (Health Protection Agency 2011a). Current guidance (BHIVA 2008) encourages MSM to screen for human immunodeficiency virus (HIV) and other STIs at least annually, and more frequently for those reporting higher levels of risk (e.g. large numbers of sexual partners or unprotected anal intercourse with casual and new sexual partners). In Scotland, there are moves to promote six monthly STI screening among MSM (Health Protection Agency 2011a; McDaid and Hart 2011). Identifying intervention delivery platforms to encourage testing could enable more effective targeting of STI prevention efforts.

Increased sexual risk taking and rising HIV rates among MSM have coincided with the broad adoption of the Internet as a way for MSM to meet sexual partners (Rosser, Miner et al. 2009). Clinic studies have identified men who use the Internet to seek sex with men (MISM) to be at higher risk of HIV/STIs than other MSM (McFarlane, Bull et al. 2000). Internet sex-seeking appears to increase risk through an increased number of partners (Elford, Bolding et al. 2001) and therefore an increased probability of sexually risky behaviour (Rosser, Oakes et al. 2009; Rosser, Miner et al. 2009). Tracing STI outbreaks (Klausner Jd 2000) and HIV transmission (Tashima, Alt et al. 2003) through Internet-mediated liaisons is well documented.

Before the SMMASH study, of which this report forms a key part, there was no evidence that specifically explored how MSM's sexual health and sexual behaviour was patterned by other aspects of digital media (i.e. beyond computer mediated Internet use). Arguably, the evidence relating to the Internet alone is outdated and

research must now address changes and innovations regarding MSM and their use of ever-diversifying social media. There is a clear need for research to address the changing and contemporary ways men use social media for sex and other social functions. As such, the current research represents a key exploratory study, which begins to chart this new territory.

Technology-based HIV interventions

Technology-based HIV behavioural interventions are increasingly incorporating digital media technologies, from brief, untailored videos to complex computer-tailored multimedia interventions that target individual behaviours (Noar, Black et al. 2009; Guse, Levine et al. 2012). Interventions using technologies have used text messaging (Cole-Lewis and Kershaw 2010), handheld computers, smartphones and been online (Carpenter, Stoner et al. 2010; Rosser, Oakes et al. 2010).

An advantage of the use of such technologies is the ability to deliver HIV prevention interventions at reduced cost compared with those requiring human resources. Moreover, digital media-based interventions can also enhance intervention fidelity (delivery of interventions in the way in which they are designed to be delivered) due to the ability to standardise intervention content. There is also significant scope for tailoring interventions by customising the intervention content using computer algorithms and interventions can be brief and flexible in terms of dissemination channels (Noar, Black et al. 2009). Indeed, interventions have been tailored to individual risk characteristics (Scholes, McBride et al. 2003; Kiene and Barta 2006), targeted on group characteristics (Lightfoot, Comulada et al. 2007), and used

interactive interventions, which stimulate ‘virtual’ decision-making experiences (Downs, Murray et al. 2004; Read, Miller et al. 2006).

However, historically, online research has had lower retention rates than offline research as there are fewer social constraints compared to in-person interviewing (Birnbaum 2004). This has been found in Internet-based HIV prevention interventions (Davidovich, De Wit et al. 2006; Kok, Harterink et al. 2006), which has led some to attempt to improve participant retention and achieve over 70% retention (Rosser, Oakes et al. 2010). Whilst the Rosser et al. (2010) study of an interactive Internet-based HIV prevention intervention for MSM showed that retention of >70% is achievable with Internet-based samples of MSM, there remain problems associated with behaviour change observed over the longer-term (Rosser, Oakes et al. 2010). Thus, short-term effects have been shown but more work is required to develop and test methods to strengthen the long-term effects of these interventions.

Systematic review evidence of effectiveness

Noar and colleagues systematically reviewed published and unpublished literature for studies testing computer-based interventions for HIV prevention (Noar, Black et al. 2009). The 12 randomised controlled trials included in the review had a cumulative sample size of 4,639 participants, but were almost exclusively published in the US (n=11) and mostly targeted heterosexual samples (n=10). Three studies used the Internet for intervention delivery (Davidovich, De Wit et al. 2006; Roberto, Zimmerman et al. 2007; Bull, Pratte et al. 2009); one of these targeted MSM (n=1013, 79% Dutch ethnicity; mean age=33 years) (Davidovich, De Wit et al. 2006), whilst the others targeted young adults (Roberto, Zimmerman et al. 2007; Bull, Pratte et al.

2009). The review authors noted poor retention across two of these studies (with one recruiting individuals in schools). The review findings were that computer-based interventions have been efficacious in increasing condom use (OR 1.54) and reducing sexual activity, numbers of sexual partners, and incident STIs. Interventions which used individualised tailoring, by accessing individuals' characteristics and customising content appropriately, were more efficacious.

The interventions included in Noar et al's (2009) review provided data on whether the use of technology-based platforms can facilitate modifications in HIV-related sexual risk behaviours. Emerging evidence suggests that there are opportunities within this research to begin to understand the potential of tailored intervention components, the replicability and scalability of new digital media interventions, and the effectiveness of particular approaches based on delivery method, duration, and other variables (Guse, Levine et al. 2012). However, as outlined earlier, the transferability of evidence from platforms such as computer-based interventions to smartphone app based interventions, is not necessarily straightforward.

Digitally mediated sexual cultures

In addressing the eventual development of sexual health interventions within the digital world, it is essential to conduct exploratory primary research. The SMMaSH study is the first of its kind in the UK to describe contemporary aspects of the digitally mediated sexual cultures of MSM. The rapidity of change in the ways men meet each other for sex and the concomitant changes in patterns of sexual mixing, affords both new opportunities for STIs yet also opportunities for intervention.

The current research has been informed by the following three key drivers: firstly, an acknowledgement from staff working within 'netreach' that the virtual spaces hosted by some commercial sites were being used less often for both men's sexual connections and their own sexual health intervention; secondly, within the bar-based surveys conducted by staff at both GCU and the MRC Social and Public Health Sciences Unit, there was increasing evidence of what can be described as 'sample drift' - in that younger men, men with lower educational qualifications, and those who are unemployed were no longer being regularly captured; and, finally, expertise within the research team addressing issues of the space and place within sexual cultures (e.g. Flowers, Marriott et al. 2000; Frankis and Flowers 2005; McDaid and Hart 2011) highlighted the importance of the shift to GPS based technology in revolutionising the ways MSM use both the physical world and the digital world to create new ways of meeting each other. These particular technologies enable many men to meet other men for sex or other social reasons without the need for gay bars, other commercial gay venues, or public sex environments.

In summary, we argue that there is a pressing need to understand how MSM in Scotland use social media for social and sexual networking both to understand the sexual health and sexual risk behaviours of this population and ascertain the pragmatics of targeted, local sexual health promotion within these new forms of digital media. The rapidly changing development of, and engagement with, these emerging digital technologies means that no evidence exists to address these issues. In addition, current evidence has highlighted the multiple possibilities, but also the challenges, of engaging with digital media for sexual health promotion intervention. To these ends, this report presents a detailed analysis of qualitative interview and

focus group data from the Social Media, MSM and Sexual Health (SMMaSH) 2013 study, conducted with Lanarkshire MSM who use online social and sociosexual media in Scotland. The aim of this report was to explore the complexities of MSM's interactions with these new technologies in the pursuit of social and sexual relationships and the implications and opportunities for sexual health service provision within sociosexual media.

Specifically, we addressed the following research objectives:

- How do Lanarkshire MSM use digital media?
- How is digital media implicated within Lanarkshire MSM's sexual health?
- How do service providers see digital media impacting upon the sexual health of Lanarkshire MSM?
- What opportunities for sexual health promotion for Lanarkshire MSM do these digital media provide?

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Chapter 2

Methodology and Sample Demographics of the SMMaSH1 Lanarkshire Qualitative Dataset

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2.1. Overview

This chapter summarises the methodology and sample demographics of Lanarkshire qualitative data collected within the Social Media, Men who have Sex with Men and Sexual Health (SMMaSH) 2013 study; which was developed and conducted in collaboration with NHS Lanarkshire, the Terrence Higgins Trust (THT) Scotland and the sexual health team at Glasgow Caledonian University and Monash University (Melbourne, Australia). In-depth qualitative interview and focus group data were collected from Lanarkshire men who have sex with men (MSM) about their use of online social and sociosexual media, as well as Scottish service providers who work with MSM online. Interviews were conducted with 15 MSM and 3 service providers whilst 3 focus groups were conducted with 5 MSM and 5 service providers. All data were transcribed verbatim and analysed for recurring themes using Interpretative Phenomenological Analysis (IPA), which aims to make sense of participant's experiences within their own 'life-world'. Six recurrent themes were developed from the data which answer these study's key research questions (see chapter 1) but do not always directly map on to them, as follows:

1. Being gay in Lanarkshire.
2. Navigating digital worlds: 'Everybody's looking for human contact in one form or another.'
3. People, profiles and social media amongst Lanarkshire MSM.
4. Changing trends in sociosexual networking amongst Lanarkshire MSM – merging the real and digital worlds.
5. Social media and disclosure of HIV status in the accounts of HIV positive men in Lanarkshire.
6. The role of sociosexual media within sexual health promotion in Lanarkshire.

These themes are presented in the subsequent chapters of this report, with each chapter focusing on a key recurrent theme which emerged from participants' accounts.

2.2. Methodology and Sample Demographics

Funding

Data collection, transcription and analysis were funded by a grant from NHS Lanarkshire, commissioned on behalf of Lanarkshire BBV Networks. Interviews and focus groups were arranged and accommodated by THT Scotland. The School of Health and Life Sciences at Glasgow Caledonian University and the School of Political & Social Inquiry at Monash University donated additional time and resources to this project.

Interview and Focus Group Semi-Structure Development

In order to guide our interviews and focus groups, a semi-structure of open and probing questions was developed (see appendix 1). Open questions encourage participants to discuss an issue at length, whilst probing questions help elicit greater depth. The aim of this semi-structure was to guide data collection in order that all of the key research questions are discussed. However, it was not imperative that every question was put to every participant, nor did the researchers proceed through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest.

The interview style adopted by researchers consisted of a dynamic of reflection, followed by further questioning relating to the participant's response. Thus the aim

was essentially to follow and facilitate participants' own narrative, although the interviewer largely set the topic focus. Throughout the interview, discussion flowed from initially general accounts of experience to more detailed, retrospective accounts of specific thoughts and feelings; as well as more factual accounts of an individual's own functional use of digital technologies. Thus, although the content of each interview depended upon what the participant brought to the interview, the interview style was largely consistent across interviews. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected within the interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Focus groups were conducted somewhat differently, where the impetus was to develop dynamic discussion of the issues amongst group members and, where possible, facilitate peer questioning, support and debate. To these ends, a series of key questions covering the issues in the semi-structure were posed to the group and the open and probing questions therein used to follow up and promote discussion (see appendix 1). The group nature of focus groups meant that, although it was possible for individuals to present their own 'life world', more often we obtain narratives at the group level. This issue is considered further below.

Ethical Approval

Ethical approval for the study was granted by Glasgow Caledonian University. All participants consented to their interviews being used for analysis and publication with pseudonyms used to protect their identity.

Data Collection and Participant Recruitment

Data collection employed both individual in-depth interviews and focus group discussions. While both methods elicit detailed information about the participants' perspectives and understanding of sociosexual networking, there are potential differences between these methods of data generation. Interview data provide a rich account stemming from personal disclosure between interviewer and participant, within the interview setting. In contrast, focus groups provide a more public forum for debate and discussion. Individual experiential claims within a focus group are likely to be shaped by a complex set of social and contextual relationships operating between individuals within the focus group setting. However, the dialogue that this discursive setting encourages also brings added depth and meaning to data obtained in an interview setting by considering social networking on an individual as well as a group level. Moreover, it was hoped that shared and contrasting experiences within certain groups (e.g. HIV positive men, service providers) would support individual disclosure and facilitate deeper discussions around the topics.

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups (see table 1). Some men (marked with an asterisk in in table 1) took part in both an interview and a focus group. In addition, interviews were conducted with 3 service providers and one focus group was conducted with a further 5 service providers. Interviews were conducted by one female heterosexual and two male homosexual researchers and took place either in participants' homes, GCU premises, THT Scotland offices or community venues, according to participant preference. Focus groups were conducted by three male homosexual researchers in

THT Scotland offices or community venues. All interviews and focus groups were recorded and transcribed by a professional transcription company.

MSM participants were recruited by THT Scotland from a range of their community-based support groups and volunteers, based in Lanarkshire. Therefore, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, suggesting that these data could be less representative of more socially isolated MSM. However, two participants (Zach and Bruce) volunteered to participate in an interview on the first time they had used these services. It is also clear that some participants rely strongly on support group participation as their only or primary method of social support, though this was not explicitly documented. Other participants had much higher social capital (e.g. James, Peter, Nick), with a wide social support network and well paid, professional careers. As such, a wide range of men were included within this study. Service provider participants were recruited by the first author and THT Scotland through various existing professional networks.

Participant Demographics

All service provider participants were non-clinical staff whose principal or key remit was to work either with Lanarkshire MSM or online within MSM sexual health promotion activity. Brief demographic information regarding our MSM interview and focus group participants is presented below in table 1. All participants identified as gay and a wide range of ages (18 to 63) and educational levels (none to post-graduate education) were represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of 8 HIV positive men participated in either an interview and/or a focus group. We also asked men to rate their own use of

sociosexual media as low, medium or high; with most men reporting medium use, although both low and high users were represented in interviews and focus groups. Overall then, a broad demographic group of men participated in this study, although men who do not identify as gay (e.g. bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

At the outset, we had intended to run three focus groups with men of different age groups (18-25, 25-40 and 40+) and one group of HIV positive men. In conjunction with our community partners (Terrence Higgins Trust, Scotland), we were unable to recruit sufficient Lanarkshire based participants to conduct the 3 age based focus groups and instead ran one group with a mixed age of participants. As we had more success recruiting HIV positive focus group participants, we opted to run two such groups. Similarly, we conducted our planned focus group with non-governmental service providers but were unsuccessful in recruiting clinical service providers. Accordingly we ran individual interviews with 3 non-clinical sexual health providers in lieu of these focus groups.

Table 1: Interview and Focus Group (MSM) Participant Demographics.

Pseudonym	Age	Employment	Education	Relationship Status	HIV Status	Sociosexual Media Use
Interview Participants						
James	37	Employed	Degree	Boyfriend	Negative	Medium
Rod	23	Employed	O Grades	Single	Negative	Low
Jim	20	Unemployed	HNC/HND	Single	Negative	High
Richard	36	Employed	Degree	Boyfriend	Negative	Medium
Cody*	47	Employed	Degree	Single	Negative	Medium
Ed*	27	Student	O Grades	Single	Negative	Medium
Calum*	52	Unemployed	Vocational	Single	Positive	Medium
Peter	52	Self-Employed	Post-Grad	Single	Positive	Medium
Alex*	32	Self-Employed	HNC/HND	Single	Positive	Medium
Steve*	48	Employed	Post-Grad	Boyfriend	Negative	Medium
Matt	47	Employed	Highers	Single	Positive	High
Nick	63	Employed	Post-Grad	Single	Negative	Low
Dan	20	Student	Highers	Single	Negative	High
Bruce	18	Unemployed	None	Single	Negative	Medium
Will	45	Employed	HNC/HND	CP	Negative	High
Focus Group Participants						
Alex*	32	Self-Employed	HNC/HND	Single	Positive	Medium
Alistair	42	Unemployed	O Grades	Single	Positive	Low
Joseph	44	Employed	Highers / A Levels	Single	Positive	Medium
Ben	38	Unemployed	None	Single	Positive	Medium
Calum*	52	Unemployed	HNC/HND	Single	Positive	Medium
Cody*	47	Employed	Degree	Single	Negative	Medium
Ed*	27	Student	O Grades	Single	Negative	Medium
Doug	46	Employed	HNC/HND	Boyfriend	Positive	High
Zach	20	Employed	Highers	Single	Negative	Medium
Steve*	48	Employed	Post-Grad	Boyfriend	Negative	Medium

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with

making sense of the participant's experiences within their own 'life world' but in doing so, acknowledges that access to experience is both complex and partial (Smith et al. 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience; subject to their (re)interpretation, self presentation, omission and enhancement of it. Within IPA, it is also important to acknowledge the active role of the researcher in interpreting the experiences of a participant. Therefore, whilst the analysis stems from and is grounded within participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of super-ordinate themes with relevant subordinate themes. Although emphasis was given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Analysis was undertaken without the use of computer software using a 'three column' method, where the original data transcript formed the central column (see Table 2). The first stage of analysis involved reading the data in depth and writing exploratory comments in the left hand column, noting any points of interest, word usage or interrogative comments, as shown. The second stage used the right hand column to develop these exploratory comments using more concise, psychological terminology or what we have termed interpretative comments.

Table 2: Analysis stages 1 and 2

Exploratory comments	Verbatim Transcript	Interpretative comments
Use of 'weird' - does he feel uncomfortable using site?	Well, it's a bit weird...you've got somebody turn up at your door and they turn up and yeah, if they were completely different from	
Photos seem an important part of a profile but how honest are people?	their photograph, but when you look at the photograph again you look at it a bit closer and go ah, yeah, that should've been a hint about your build or your facial features or	Attention to the visual
Concern for safety	something. But if somebody turned up on my door...I hardly ever have anybody coming round to me, it's a wee bit safer going to	
Advertising like a commodity	theirs. And if somebody's got a profile picture that's obviously 20 years old and they're totally different you'd go hold on, you look nothing like your profile, go away. And it's false advertising, yeah.	Safety strategies Unacceptable dishonesty Marketing of Self

During stage three, as these exploratory and interpretative comments were further developed, they became what are called 'emergent themes' (see Table 3).

Table 3: Stage 3 analysis

<p>Emergent Theme: The Physical Profile</p> <p>Self as we would like others to see us</p> <p>Attention to the visual</p> <p>The ideal self</p> <p>Unacceptable dishonesty</p>
--

In the fourth stage, these emergent themes were then reduced in number by making connections between themes and by clustering together those which focused on related issues. The themes that were most persuasive and relevant to the research questions were then grouped together to form subordinate themes. Each group of subordinate themes was given a descriptive working title which aimed to accurately describe this cluster of themes. These clusters of related subordinate themes together form a super-ordinate theme during stage five. A detailed analysis of one transcript was undertaken before moving on to other cases. In the sixth stage, a cross-case analysis was undertaken and the emerging themes for each case were scrutinised for similarities and differences. This necessitated the hierarchy of themes to be rearranged into a coherent narrative. As new themes emerged during the analysis process, previous stages and data sources were re-visited to check the validity of these themes.

The final stage of analysis was to highlight 'recurrent themes'. Repetitions of emergent themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each focus group discussion was treated as a separate case study but analysed both at an individual level and at group level. In the report, analysis and presentation of individual interviews and focus groups are combined.

Each subsequent chapter of this report focuses on one key super-ordinate recurrent theme. Although we suggest that these themes are most helpfully understood in concert, this separation made it more straightforward to write up the report without a

lengthy results section; which would have been onerous for the reader. Each theme is explained using our analytical narrative, which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enhanced the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances, the quotes of only one participant are used to illustrate a given theme; where he provides the most articulate and illuminating description of the key issues. However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within the final analysis.

Presentation of the results

Although analysis focused on the 4 key research questions highlighted at the end of chapter 1, IPA attempts to narrate participants' own 'life worlds' through an interpretative synthesis of the data. As such, 6 recurrent themes were developed from the data which answer these research questions but do not always directly map on to them, as follows:

1. Being gay in Lanarkshire.
2. Navigating digital worlds: 'Everybody's looking for human contact in one form or another.'
3. People, profiles and social media amongst Lanarkshire MSM.
4. Changing trends in sociosexual networking amongst Lanarkshire MSM – merging the real and digital worlds.

5. Social media and disclosure of HIV status in the accounts of HIV positive men in Lanarkshire.

6. The role of sociosexual media within sexual health promotion in Lanarkshire.

These themes are presented in the subsequent chapters of this report, with each chapter focusing on a key recurrent theme which emerged from participants' accounts. Our 4 key research questions are not individually answered by any one of these themes, but rather by all of them in concert; and, individually, these themes address participants' issues in substantial detail. In particular, the first theme, 'Being gay in Lanarkshire' was not envisaged at the inception of this project. However, the issue of how experiences of being gay in Lanarkshire were different from that in Glasgow and other large cities was so important to our participants that we felt it essential that this information underpin all sexual health promotion therein. Although it is clear that the Lanarkshire-based sexual health providers that we have worked with are well aware of these issues, translation of sexual health promotion interventions developed and evaluated elsewhere must take these contextual differences into account in order to ensure feasibility, acceptability and effectiveness. Similarly, interpretation of the wider IPA analysis presented in this report, requires an understanding of 'being gay in Lanarkshire' which readers from elsewhere may not otherwise appreciate.

Summary

The aim of this report is to explore how Lanarkshire MSM use digital media, how it impacts upon their sexual health and what opportunities for sexual health promotion these media provide. Interviews were conducted with 15 MSM and 3 service providers along with 3 focus groups conducted with 5 MSM and 5 service providers,

which were transcribed verbatim. These data were analysed using Interpretative Phenomenological Analysis to identify recurrent themes which attempt to describe and explore participants' own experiences. Each theme is explained using our analytical narrative which is enriched by participants' quotes. This analysis is presented in the subsequent chapters, with each focusing on a key recurrent theme which emerged from participants' accounts.

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Chapter 3

Men who have Sex with Men's Experiences of 'Being Gay in Lanarkshire': Local Cultural Attitudes, Social Media and Sexual Health Promotion

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3.1. Overview

This chapter examines men who have sex with men's (MSM's) experiences of 'being gay in Lanarkshire', based on interviews and focus groups with Lanarkshire MSM (n=20) and local service providers (n=8). Although this was not originally one of the key questions posed within the wider research project, this theme came through so strongly from participants that it underpins the whole qualitative analysis presented in this report. As such, it is important to present this analysis prior to the themes which focus on sociosexual media and sexual health promotion. Moreover, in order to develop culturally appropriate health promotion interventions, such an understanding of local experiences is essential (Frankis and Flowers 2009; Goldhammer and Mayer 2011). Lanarkshire was described as markedly different from the liberal gay cultures understood to operate within large urban metropolises. Issues of gay stigma, discrimination, enforced discretion, and minimal acceptance were seen to pervade every aspect of participants' lives. Men were keen to 'normalise' homosexuality by moving away from transgressed aspects of gay culture to become more acceptable by the conservative local attitudes. Similarly, they advocated a move towards less explicit imagery and language within local sexual health promotion. Finally, men felt that whilst sociosexual media may serve to increase the secrecy and invisibility of homosexuality in Lanarkshire, they also provide the opportunity to create and sustain a local gay community and challenge local gay stereotypes online.

3.2. Introduction

The exponential increase in the use of digital media in last ten years includes social networking, mobile phone applications (apps) and short messaging services (SMS or texts) (Levine 2011). New technology, such as ‘Smartphones’, which have Internet access, apps and email synchronisation give unprecedented mobile access to the Internet (Swendeman and Rotheram-Borus 2010) and thus, these social media. Accordingly, multiple social networks have appeared to facilitate both social and sexual networking amongst MSM initially on the Internet (e.g. Gaydar) and latterly via Smartphone technology (e.g. Grindr), the largest of which (Gaydar) now boasts upwards of 146,000 active users in Scotland (Howe 2012).

For MSM then, sociosexual media has opened up important new ways to meet other gay men for both social and sexual relationships. Online dating using sociosexual media operates through a process of constructing a desirable self-profile, ‘filtering’ information from others’ Internet profiles, potentially ambiguous brief messages, and an absence of non-verbal communication (Davis, Hart et al. 2006). These online technologies are markedly different from more ‘traditional’ meeting places for MSM, such as gay bars and clubs, public sex environments (PSEs - public places such as parks, public toilets and cemeteries where men meet other men for sexual encounters) and public sex venues (PSVs - private indoor spaces such as gay saunas marketed as sex on the premises venues for men which required entrance fees) (see Frankis and Flowers 2005).

HIV behavioural interventions are increasingly incorporating digital media technologies, from brief, untailed videos to complex computer-tailored multimedia

interventions that target individual behaviours (Noar, Black et al. 2009; Guse, Levine et al. 2012). Interventions using technologies have used text messaging (Cole-Lewis and Kershaw 2010), handheld computers, smartphones and been online (Carpenter, Stoner et al. 2010; Rosser, Oakes et al. 2010). Indeed, a recent expert consultation in the US highlighted the potential of social media for innovative sexual health promotion with MSM (Lewis, Uhrig et al. 2011). However, historically, Internet-based HIV prevention interventions (Davidovich, De Wit et al. 2006; Kok, Harterink et al. 2006) have had lower retention rates than offline work, and where high retention has been demonstrated (Rosser, Oakes et al. 2010) there remain problems associated with behaviour change observed over the longer-term (Rosser, Oakes et al. 2010). More locally, uptake of online ‘netreach’ (e.g. outreach work with MSM conducted via sociosexual media) in the west of Scotland appears to have waned following a peak in activity around 2010 (Kimber 2013).

An important issue around internationally evaluated health interventions is the transferability of these interventions across socially, ethnically, and culturally distinct populations (Wang, Moss et al. 2005; Cambon, Minary et al. 2012). Indeed, Elford and Hart (2003) argue that uncertainty around intervention transferability is one of the key impediments to reducing high risk sexual behaviours amongst MSM in western developed countries. However, few sexual health interventions for MSM are rigorously evaluated in terms of transferability (Cambon, Minary et al. 2012). The majority of sexual health interventions with MSM are conducted in large urban areas of Europe, the USA and Australia, primarily since these locations tend to have larger numbers and larger proportions of gay men. However, even where sexual health interventions for MSM are aimed at rural MSM (e.g. Bowen, Horvath et al. 2007;

Williams, Bowen et al. 2010), transferability to Lanarkshire, comprised of multiple small towns rather than a rural population is questionable.

This chapter explores participants' experiences of 'being gay in Lanarkshire'. Although this was not originally one of the key questions posed within the wider research project, it came through so strongly from participants that it underpins the whole qualitative analysis presented in this report. As such, it is important to present this analysis prior to subsequent themes which focus on sociosexual media and sexual health promotion. Understanding 'being gay in Lanarkshire' is also central to assess the transferability of established sexual health promotion. As we describe below, issues of stigma, discrimination, enforced discretion, and minimal acceptance were seen to strongly impact upon men's everyday lives and therefore, the suitability and transferability of sexual health promotion therein. We also examine the dual impact of sociosexual media, seen to encourage interactions amongst MSM at the expense of further secrecy and invisibility.

3.3. Methods

Recruitment

MSM participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Interviews were conducted with three service providers and one focus group was conducted with a further five service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants' homes, GCU premises, or our community partner offices or community venues, according to participant preference.

All MSM participants identified as gay and a wide range of ages (18 years to 63 years) and educational levels (none to post-graduate education) were represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of eight HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as gay (e.g. bisexual men, heterosexually identified men who

have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structured schedule of open and probe questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor that the researcher proceeded through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith, Flowers et al. 2009). That is, we do not directly access an experience but rather an

individual's retrospective account of an experience subject to their (re)interpretation, self-presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from, and is grounded within, participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enriched the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues. However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

3.4. Results

The current theme examines participants' experiences of 'being gay in Lanarkshire'. Although this was not one of the key questions addressed within this research project, this theme came through so strongly from participants that it underpins the whole qualitative analysis presented in this report. As such, it is important to present this analysis prior to subsequent themes which focus on sociosexual media and sexual health promotion. Moreover, issues of stigma, in particular how these were perceived within Lanarkshire, were seen to strongly impact upon sexual health promotion therein. A certain number of participants were particularly concerned about gay discrimination and felt that the 'small town mentality' of Lanarkshire affected their acceptance as gay men. Lanarkshire was often contrasted to nearby Glasgow, London, or Manchester, where homosexuality was seen as far less stigmatised. This theme considers the implications for promoting sexual health within an environment where men feel the need to be discreet about their sexuality and feel that local society has, in general, little understanding of homosexuality. This theme also examines whether sociosexual media had made it easier for gay men to interact with each other or indeed had actually encouraged further secrecy and invisibility.

Stereotyping – homosexuality as seen by others

Despite important improvements in the way gay men and lesbians are included in society, there are still areas of the country where gay men feel stigmatised. Cody and Zach felt that much of this stigma was due to a lack of understanding by the general public of gay men, who saw them as '*promiscuous*' and '*perverted*'.

Cody: Gay men are seen as being perverts.

Zach: There's a stigmatism behind being gay. People automatically think you're sleeping with this, that and the next person and you're moving from one to the other. It's just the general public's reaction.

This perception may be aggravated by the sexually explicit nature of some sociosexual media sites that promote casual sex. Dan, who is 20, was reluctant to use gay dating sites because of their reputation for encouraging promiscuity.

Dan: Wonder if maybe I just have this preconception of it, almost prejudice of it, as 'Oh it's for promiscuous people who want to sleep around' or whatever.

While some MSM clearly use sociosexual media for this reason, several men used these sites to make new friends or look for a long term relationship only (see Chapter 4 for further details). For these men, being labelled as promiscuous or perverted made them feel that gay men were downgraded. One participant recalled an instance where he was consulted on an advertising campaign targeting gay men.

Focus Group 3

Cody: I remember years ago, you know [sexual health service provider] the one that came out to us and asked us what we thought of his artwork for having the sexual positions... We all said no to them, we didn't like them, so I don't even know why he asked, and they still went ahead and done it, they just showed gay men as having unusual sexual positions all

the time, portrayed as having kinky sex, and we didn't like that, we wanted a bit more normal. But he just went ahead with the kinky sex positions anyway... It was like downgrading gay men.

This extract shows how traditional, sex positive and explicit health promotion advertising may be designed to appeal to gay men in large urban centres – or indeed public impressions of gay men - rather than the perceptions of gay men from smaller urban areas. Participants of this focus group were united in condemning what they felt was gay stereotyping by the general public in terms of ‘promiscuity’ and ‘kinky sex’ and emphasised the number of gay friends they had a purely platonic relationship with. The extract above further highlights the tensions between self and others’ perceptions of homosexuality.

In another example, Cody spoke about his current job in Lanarkshire where he was asked by his manager to share something of his private life with the children he was working with. On learning that Cody was gay; his manager subsequently thought this was no longer a good idea, ostensibly because of the reaction of the children.

Cody: The manager says, ‘Right, when you’re working with the kids, share a bit, give them a bit about your life, talk about your partner, your children, whatever, just involve them.’ I said, ‘I’m gay.’ ‘Oh well don’t then,’ he says, ‘Just don’t do that because they’ll just take the piss out of you. We’re happy, the staff are happy, but the kids are quite cheeky and they’ll just take the piss out of you.’

His manager appeared to feel the need to assure Cody that this stigma did not come from the staff. However, Cody felt that staff were not comfortable with his sexuality being made public and used the children as an excuse to avoid this confrontation. Indeed in Lanarkshire, avoidance was commonly cited as a strategy for dealing with gay issues. Richard explained how it was easy to avoid confronting homosexuality if it was not overtly displayed.

Richard: In terms of acknowledging my relationship and my partner, in terms of my partner's male. I think being a gay man isn't always obvious to people and it's one of the equality strands that you can be rendered invisible by other people, and I just don't like that happening and I've never let it happen. If anybody's ever made assumptions or talked about my wife or whatever, I will clarify that that's not the case and make that clear.

Rather than allowing this assumption to go unnoticed, Richard makes a point of asserting his identity as a gay man. However, a perceived lack of respectability attached to homosexuality may mean that not everyone feels sufficiently confident to do this. When Steve, who worked within health promotion, was questioned about advertisements on social media, he described himself as not being a 'typical punter'. He likened himself to the interviewer as a 'professional homosexual'. The vocational status he gave to homosexuality appeared to give him more respectability and justification for his sexuality.

Steve: I don't think I'm a typical punter in that respect. I think professional homosexuals like myself and my colleagues, and yourself, would be looking at it differently, because we'd be going 'Who's this?' or 'I wonder who's funded that? Who's paying for these pop ups?'

Overall then, we see that the traditional stereotype of MSM as highly promiscuous and sexually adventurous was not endorsed by men in Lanarkshire. Rather, they felt they were more 'normal', and resented this attitude which was largely seen as imposed by others. Although participants did not talk about any overt discrimination, they felt that in Lanarkshire the general public largely ignored their homosexuality, or when it was acknowledged, preferred it to remain hidden. This latter point is explored in more detail in the next theme.

Normalising homosexuality

Participants felt that a direct result of this stigmatisation was a lack of publicity surrounding matters of gay sexuality. The following extracts highlight the differences between what is acceptable for heterosexual but not homosexual sociosexual media. It is now socially acceptable to widely advertise online dating sites for heterosexual relationships (e.g. on TV) but Cody and Bruce show how this acceptability of online dating does not yet apply to gay sites.

Cody: Grindr's a sexual thing, and sexual things are taboo, especially gay taboo, so it's hidden.

Bruce: They only advertise things for straight people, like you see the adverts for online dating and it's just straight people, so they just don't promote gays enough and that kind of stuff so you don't find out these things.

Bruce had neither private Internet access nor a mobile phone, and had only heard of a few gay sociosexual media sites by word of mouth. Moreover, he faced multiple barriers when trying to access them, since they were often banned within the free public Internet locations he relied on, such as public libraries. He felt this was because gay social media were intrinsically linked with pornography and therefore, inappropriate, though *generic* social media (e.g. Facebook) were not subject to these restrictions. In general, participants expressed a need for greater openness in the way matters of gay sexuality are approached. When Focus Group 3 continued their discussion on the appropriateness of advertising they emphasised the need to be 'more normal' and create advertisements that could be posted without danger of prejudice in the public domain.

Focus Group 3

Steve: Something you'd put on a wall and a child can see in the doctors surgery, type of thing. That's [looking at a poster] two gay men weirdly having sex in some disgusting format. Just a family poster you wouldn't be ashamed to put on a GP surgery wall.

Interviewer: What do you think about that, Doug?

Doug: I think it's the same, I think gay sex and heterosexual sex, you can get the message across without even having to have a sexual... you

wouldn't consult with a straight couple and show them a picture of them having sex, and I just think that everything to do with gay and bisexual men there's a connotation towards some kind of sleazy, exotic sexual act.

They make the point that homo- and heterosexual sex should be treated equally, whereby gay men are also portrayed as having normal relationships. However, Cody was also anxious that gay matters be brought into the open but in a manner that emphasised gay sexuality rather than merging it with heterosexuality.

Cody: The only gay in the village, that is this place [Lanarkshire]. Get them out into these wee places. It can be in the middle of a, I don't know, NHS run building with a social work input, have a wee café thing in it, whatever else, plenty of information coming in your ears, maybe a wee sexual health testing thing in it. That's what you need.

Cody implies that a local drop-in centre specifically for gay men would help raise the profile of gay sexuality and bring out men who may otherwise be reluctant to be seen needing sexual health information. However, a problem with his idea of increasing visibility to reduce stigma is explored in the next theme which describes the clandestine nature of homosexuality in Lanarkshire.

Being Gay in Lanarkshire

Despite progress in gay acceptance and equality, 'being gay in Lanarkshire' was described as quite a different experience from that of large urban centres.

Focus Group 3

Cody: I think Lanarkshire people don't know about a lot of the things.

Lanarkshire's different from Glasgow. Being gay in Lanarkshire is different from being gay in Glasgow.

Similarly, Calum expands upon this idea by describing Lanarkshire's 'small town mentality' where most gay people would know each other but would only acknowledge each other in secret.

Calum: It's a small place, especially if you're gay because every gay person in [Lanarkshire Town] knows each other. We all know each other, we all bump in at some point or a wee nod of the head or something like that or a wee talk at the back of [town centre straight bar] or something at some point.

He did not feel that this situation was unique to his Lanarkshire hometown but would equally apply to any small town where most people knew each other. The lack of gay commercial venues in Lanarkshire offered no obvious meeting places for MSM, although 'unofficial' areas of straight bars were sometimes identified as gay spaces. He felt that the anonymity of Glasgow meant that gay men would be more likely to interact with each other publicly. Calum personally felt 'claustrophobic' and 'hemmed in' at home in comparison to being in Glasgow where he felt more freedom and anonymity. Indeed, the participants who talked about gay stigma all felt that it was more difficult to be gay in Lanarkshire than within large cities such as Glasgow,

London, or Manchester. Rod made these comparisons with specific reference to dealing with HIV and stated that Lanarkshire copes with HIV by avoiding the issue.

Rod: I think people are quite open and honest in [London] about it [HIV] whereas up here... it's, it's still very kind of under the carpet... and it's not really, it's not a subject you can talk about... it's [HIV] alien to them, do you know what I mean, that's things that happen in the big city, that doesn't happen [here].

Moreover, specific areas of Lanarkshire were labelled as 'rough' or 'working class', which further added to the fear of being seen to be publicly gay therein.

Zach: I'm not one to go out looking for sex, because I only know one or two gay people and because I'm in [small Lanarkshire Town] and it's a rough area and you don't really meet other gay people in that kind of area, so I use these sites more to find friends, hang out with and stuff like that.

Zach said he only used sociosexual media to find friendship because it was otherwise difficult in his local area to find other gay men. This was due to a lack of visibility and meeting places, but also concerns for their physical safety that several men expressed about being identified as gay in certain areas. Indeed, not only did men fear 'gay bashing', but positive men worried that their HIV status becoming public could result in a life threatening situation.

Joseph: It is, it's very serious because eh... you can put your life at risk if somebody finds out especially in rough schemes and deprived areas like [Lanarkshire Town a], [Lanarkshire town b].

Calum was concerned that this lack of acceptability meant that Lanarkshire MSM would marry a female partner for respectability but then go on cruising sites or apps to have sex with men.

Calum: It's still not really seen to be acceptable to be gay... there's a lot of cruising that goes on in [Lanarkshire town] and a lot of people use apps, but again, it... you get a lot of bisexual people who are married... because it was the normal thing to do but they go away and have sex with men behind their wives' backs and I think it's quite... prominent in [Lanarkshire town].

Indeed, this may also have implications for sexual health if married men engage in opportunist sex without full knowledge of the health issues involved. As Nick explains, he didn't consider sexual health when he was married.

Nick: I was in a heterosexual relationship and I came out of that into... during my married life I never had to go to GUM clinic thing because there was monogamy or there was the part of the tenant of the agreement and there was never any need. Whereas in my gay life my sexual health is checked because I have casual relationships.

The experience of 'being gay in Lanarkshire' then, was seen as very different from that in Glasgow and other large cities. A 'small town mentality' was seen to pervade the county, where homosexuality was much less acceptable and therefore, required far greater discretion and had to remain hidden. The lack of local gay venues and little opportunity to meet other gay men for friendships meant that sociosexual media were used by most of our participants more for their social than their sexual opportunities.

Sociosexual media and gay sexuality

Since being seen to be gay in Lanarkshire is largely taboo, sociosexual media could provide a discrete way for gay men to interact with each other. However, much of that communication is carried out in private spaces (e.g. their home, their bedroom) which could indirectly encourage even greater isolation. James showed that while it is confidence boosting to receive online compliments from others, this does not help people meet up and develop a relationship.

James: It's nice having somebody come and give you positive affirmations, 'Oh, you're really sexy,' or something. But then ultimately you're still there on your lonesome thinking 'Oh, that was alright,' and that's it.

James lamented that online social contact rarely resulted in the development of relationships in real life and therefore did not provide 'real' social opportunities. Cody had very strong opinions of the adverse effects of sociosexual media and argued that whilst younger men are fearful of 'coming out' in public, older men hid behind the

screen of a sociosexual media site and felt safer in their rooms. This serves to drive homosexuality further back into the closet.

Cody: Talking about this today has made me realise... I've just realised it's hidden. Because all the wee boys are hiding and all the men are hiding behind that screen, so it's just hiding the matter. You don't need computers. Get rid of the fucking computers.

[and again, in Focus Group 3]

Cody: A lot of lonely people out there, stuck in a flat on their own. You start to talk about maybe we can meet for a coffee or go to the cinema and they don't believe you, you're up to something, you're trying to do something. I'm not. They're suspicious.

An exception to this negative view of social media was Facebook, where gay networking could be undertaken discreetly on a socially acceptable media.

Focus Group 3

Cody: Facebook's definitely better in Lanarkshire I would say.

Zach: I think it's [better] in Lanarkshire for the fact it's sort of like... because of some of the areas can be quite rough and there's a stigma attached to gay men in these areas that people don't want to come out because it's frowned upon in these smaller towns and stuff like that, so if

they are wanting to meet someone else then it's something that can be kept hidden. So I think that's a good side of it.

Zach described a more positive function of social media in bringing together men into a virtual gay community and saw the ability to hide homosexual social networking as an asset for men who do not want to come out. He also suggested that Facebook may provide a means to normalise and integrate homosexuality into the wider community. Similarly, Richard used Facebook to project his messages about gay equality to a public who may not normally be privy to such information.

Richard: I also use it a wee bit sort of politically, in a sense, around equality and actually around raising the profile of sort of wiping out homophobia and things... it's a nice way of exposing people to some messages that they may not otherwise hear.

Bruce, who only uses Facebook, feels this would be the ideal site to project a sexual health message because it reaches a large section of the community.

Bruce: I would say really the world's on Facebook just now, and that seems like one device you could actually promote something, because, say, like McDonald's, if that comes up on Facebook they get loads, thousands of links and stuff, maybe millions, so I think if you start maybe doing stuff like that, advertising on them that could help maybe as well.

Facebook was described as being a free-to-use, socially acceptable, all-inclusive site used equally by gay, bisexual and married men (see Chapter 4 for further details). As such, men suggested it would represent a suitable medium to reach a wide range of the population to promote sexual health on a media that is not outwardly aimed at gay sex. However, the extent to which a breach of privacy might inadvertently lead to unwanted disclosure should also be considered. Two participants explained how their Facebook account was hijacked and other younger participants remarked on a parent noticing gay advertisements on their Facebook page.

David: I imagine if I'm sitting on Facebook or going through it on my Dad's computer, my Dad's got a big TV put up to his computer, so if he's sitting watching on the other TV like the rugby or something and then looks over at what I'm doing and he sees that down the side then it's like 'Oh he's looking at gay dating and stuff.'

Because all the participants were openly gay this may not be an issue, but it could create a problem for those who had not yet come out.

Summary

This theme has explored experiences of 'being gay in Lanarkshire'. The over-riding issue was that homosexuality in Lanarkshire was more hidden and stigmatised than it was in larger urban centres such as Glasgow, London, or Manchester. Several participants noted that it was common to see gay men walking hand in hand in London or Manchester, which they felt was far from acceptable in Lanarkshire. It was also only men from 'down south' (i.e. England) who openly advertised an HIV status

online. Glasgow was seen as being more open than Lanarkshire and several participants preferred to socialise in Glasgow because they were out of their home environment. However, it is important to note that not all participants voiced these opinions about 'being gay in Lanarkshire', and that others thought that any small town would create similar issues of stigma and invisibility. It should also be noted that the participants who spoke the most about the 'small town mentality' did not talk about any personal experiences they may have had of living in a large city outside of Scotland, only their views as an onlooker.

Avoidance was the most common strategy employed by others in Lanarkshire to deal with gay matters which meant that gay contact remained shrouded in secrecy or images of perversity and promiscuity. This is likely to have some bearing on sexual health messages if the Lanarkshire public struggle to accept gay issues and gay men need to be discreet in their contact with each other. The impression given by some participants is one of wanting equality with heterosexuality in terms of perceptions of normality in the public domain, as well as wanting to make homosexuality and gay sexual health more visible, for example, by being provided in the wider community. Although comments were made about the ability of sociosexual media to encourage gay interactions and afford the development and maintenance of friendship networks, these interactions were still carried out between men in isolation and privacy. Although this questions the extent to which developments in technology are likely to bring about more openness around gay issues, they were also seen as providing the opportunity for community development and normalising homosexuality.

3.5. Discussion

This chapter has explored the local cultural context of ‘being gay in Lanarkshire’. This was not one of our original research questions, nor even included within our interview/focus group semi-structured schedule. However, men’s experiences of homophobia, stigma, discrimination, invisibility, enforced discretion, and minimal acceptance in Lanarkshire came through so strongly, and were seen to pervade every aspect of their lives, that culturally appropriate sexual health promotion cannot be developed out with an understanding of these issues. As such, this chapter aimed to provide a clearer understanding of ‘being gay in Lanarkshire’ within which sexual health promotion must operate and to contextualise the subsequent chapters of the wider report, rather than making specific recommendations for local health promotion practice.

Perhaps the clearest message within this theme was that ‘being gay in Lanarkshire’ is seen as substantially different from large cities like London, Manchester, and even nearby Glasgow. This highlights the importance of transferability within (sexual) health promotion research, particularly where interventions for MSM are evaluated in large urban centres (e.g. London, Sydney, Berlin etc.). Indeed, within the evidence base, few interventions are ever evaluated in terms of transferability (Cambon, Minary et al. 2012) and those that are, found limited or mixed results when moving from one country to another (Elford, Bolding et al. 2001; Flowers, Hart et al. 2002). Although an emerging literature is examining sexual health promotion for MSM in rural areas (Bowen, Horvath et al. 2007; Wilkerson, Smolenski et al. 2010; Williams, Bowen et al. 2010) primarily within the US, again transferability to Lanarkshire may be limited not only because of obvious US/UK differences but also because

Lanarkshire, like so many other counties in the UK, is not a singularly 'rural' area; instead it consists of multiple small(er) towns with some rural zones. Therefore, the findings of this report sit at the nexus of urban and rural cultures, which may share similarities with each but certainly remains distinct from both.

In Lanarkshire, MSM continue to experience stigma, discrimination, and invisibility to an extent no longer attributed to larger urban locations. Negative gay stereotypes remain pervasive whilst homosexuality has yet to be normalised. With an absence of gay specific venues open contact between Lanarkshire MSM requires the utmost discretion, whilst exposure of a gay - and particularly a gay HIV positive - identity could potentially be life threatening. The importance of culturally specific sexual health promotion for MSM has long been recognized, highlighting, for example, the importance of using positive and attractive images, appropriate language use (often couched within gay vernacular) and explicit content. However, within Lanarkshire, some participants felt that explicit imagery used in a recent campaign was degrading to gay men, despite its very positive evaluation within nearby Glasgow (Flowers, Knussen et al. 2011). Perhaps linked to this, some participants condemned what they saw as gay stereotyping by the general public in terms of 'promiscuity' and 'kinky sex' and instead highlighted the number of gay friends they had a purely platonic relationship with. In this way, Lanarkshire men emphasized the normality of being gay, constructing homosexuality as an ordinary way of life with normal relationships. However, where the Lanarkshire public did, or had to, accept homosexuality, avoidance or secrecy was their preferred coping strategy. As such, participants called for more openness and visibility around homosexuality in Lanarkshire and, crucially, avoiding highly sexually charged imagery and vernacular characteristic of urban gay

culture. Local sexual health promotion then could enhance such openness and appeal to this more conservative stance by avoiding the radical and explicit material typical of interventions for MSM. Providing non-explicit gay health promotion materials within generic community venues was seen as a way both to normalise homosexuality more widely and would appeal to the more conservative gay community described.

Finally, sociosexual media was seen both as facilitating social interaction amongst Lanarkshire MSM and, due to their hidden nature, pushing homosexuality back in the closet. Whilst to a certain extent, sociosexual media compensated for Lanarkshire's absence of gay social venues, and provided an opportunity to develop friendships, suspicions of online intentions meant that these relationships rarely moved from the digital into the physical world. Whilst debates around the difference between, and translation of, relationships in the digital vs. physical worlds, Lanarkshire MSM saw online-only socialising as reinforcing the hidden, invisible nature of homosexuality. However, some participants argued that these media also provide the opportunity to create and sustain a local virtual gay community which provided support and the opportunity to normalise homosexuality, at least amongst one's online friends. Moreover, the asexual nature of Facebook led some to suggest it was ideal to contact a wide range of MSM for sexual health promotion, but difficulties around efficient targeting and inadvertent exposure through unsolicited gay advertisements must be considered.

In order to develop culturally appropriate sexual health promotion, it is essential to understand MSM's experiences of 'being gay in Lanarkshire', as this chapter has described. These were markedly different from the liberal gay cultures understood to

operate within large urban metropolises. The small town mentality seen to pervade Lanarkshire takes a very conservative view, which men were keen not to radically transgress for fear of negative consequences. Local sexual health promotion must work within this moderate culture in order not to alienate Lanarkshire MSM, and this could help to normalize homosexuality more widely. Whilst sociosexual media may serve to hide homosexuality in Lanarkshire, they also provide the opportunity to create and sustain a local gay community and challenge local gay stereotypes online. Moreover, these experiences of 'being gay in Lanarkshire' underpin the thematic analyses of social media and sexual health promotion, which the remaining chapters of the wider report provide.

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Chapter 4

Navigating Digital Worlds: ‘Everybody’s Looking for Human Contact in One Form or Another’

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4.1. Overview

This chapter examines the role of the digital and social media within Lanarkshire men who have sex with men's (MSM's) lives based on based on interviews and focus groups with Lanarkshire MSM (n=20) and local service providers (n=8). It reports the centrality of two major overarching themes which provide the context for understanding much of what follows within this report. The meaning of social media is explored through an analysis of two over arching themes which reflect the participants' perspectives. Firstly, *'Stepping into the world of social media; you're walking into a world that you have designed'*. This theme describes men's accounts of social media in general and details some of its key features; for example, the role of economic factors and other inequalities in shaping men's choice of digital worlds. This theme also highlights the interdependence of digital worlds upon the physical world. The second overarching theme is *'The transformation of intimate relationships: everybody's looking for human contact in one form or another'*. This describes the growing ubiquity of social media, the ambiguous functionality of many sites, and the role of sites in facilitating social capital, sexual consumerism and sexual mixing.

4.2. Introduction

Understanding how gay and other men who have sex with men (MSM), use social media is an essential first step to thinking about the opportunities and constraints such media present for sexual health promotion. It is highly likely that social media will continue to develop rapidly and present many opportunities for health promotion (Freeman & Chapman, 2008). To date there is a lack of evidence concerning this key issue (Neiger et al, 2012). However, the task of understanding men's use of social media presents challenges to health and social scientists in that social media are diverse and ever changing. In terms of understanding their diversity many social media share key features but often the competitive edge that distinguishes them relates to minor unique aspects of their functionality. In meeting these challenges, the analysis which follows attempts to focus upon the common features of the way men talk about social media. Given the relative short shelf life of both the technologies (i.e. the hardware) and the digital worlds they support (for example, the rise and fall of 'gay.com' or the waning of 'Gaydar') useful information relates to the ways men utilize social media and concomitant technologies, rather than the specificities of the social media themselves. In other words, our attention focuses upon the constants of how the participants use these interactive technologies rather than the fluidity and range of the technologies themselves.

In what follows we hope to provide the reader with enough insight into men's use of social media to enable them to engage fully with the detailed aspects of men's social media use which shape subsequent chapters. In employing qualitative analysis we use the participants' own language and experiences to illustrate the complexity, opportunities and challenges that social media entail for researchers, commissioners

and service providers. Both the research team and most of the participants are not what might be called ‘digital natives’ (growing up simultaneously within the physical and digital worlds [Bennet et al, 2008]). Instead many could be described as ‘digital immigrants’ (growing up before the exponential growth within social media and the subsequent construction of multiple overlapping digital worlds). Thus the sample straddles this ‘digital divide’, in addition to many others, and describes the contemporary diversity of ways people engage with social media.

4.3. Methods

Recruitment

MSM participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services and within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Interviews were conducted with 3 service providers and one focus group was conducted with a further 5 service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants' homes, GCU premises or our community partner offices or community venues, according to participant preference.

All MSM participants identified as gay, with a wide range of ages (18 to 63) and educational levels (none to post-graduate education) represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of 8 HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as gay (e.g.

bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structure of open and probing questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor did the researcher proceed through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith

et al, 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience subject to their (re)interpretation, self presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from and is grounded within participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enhanced the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues.

However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

4.4. Results

Stepping into the world of social media: you're walking into a world that you have designed.

One of the participants highlighted a central metaphor which serves to introduce this chapter and those which follow. Steve, a 'digital immigrant' rather than a 'digital native', talked about '*stepping into the world of Facebook*' and walking through the '*virtual door of Gaydar*'. These ideas highlight a sense of the 'other worldliness' of some social media (and resonate with ideas about the digital divide) but also stress continuity with the physical world and the role of individual agency (the notion of a person travelling is implicit within the idea of movement between worlds). Critically, social media are not 'flat' information rich Internet sites which participants' can visit. In contrast they are interactive, ever changing platforms broadly based around facilitating social interaction. So whilst they facilitate digital worlds, these worlds are populated by other people. These two ideas - on the one hand, social media creating new interactional social spaces/places, and on the other hand, social media emphasising the continuity of the self and embodied subject - are a duality which is central to understanding the meaning and use of social media. These are central concerns that underpin much of what follows within this report.

Key features of social media

Critically, the technologies which host social media such as smartphones, tablet devices, laptops and computers are ubiquitous and ever-changing. Moreover their design (increasingly mobile, compact and user friendly) ensures that they are omnipresent:

Steve: It's the portability of these things, and the fact that it lies on the bedside cabinet all night and it's there first thing in the morning.

The participants discussed many different kinds of social media; most commonly Facebook, Gaydar, Grindr, Fitlads, BBRT and Growlr. Many of these media are available across the full range of technologies outlined above. For most participants, social media were core aspects of their daily lives. The extracts below stress the centrality of social media for many people.

Jim: I couldn't live without my phone, I couldn't live without Twitter, I couldn't live without Facebook. I need them, like I crave it...

Bruce: I just feel as if I need it all the time basically. If I don't have it I can just get quite lonely and I'll just be absolutely bored, because basically every day I go down the library just to go on Facebook, so if I didn't have Facebook then I'd be so bored. So it's an important one for me.

Interestingly, Jim and Bruce both described their need for Facebook rather like an addiction. However, whilst both Jim and Bruce are digital natives (i.e. both aged under 20), it was not just younger men for whom social media were a crucial feature of their everyday lives - Steve, who is a digital immigrant (aged 48) also says he has become 'addicted' to Facebook.

Steve: Absolutely addicted to Facebook, which I never thought I would be. And I was a very reluctant and late adopter of Facebook for the reason that I didn't really see the point of it, and it's become a kind of intrinsic part of the fabric of my day now.

The range of social media and multiple technologies on which they are accessed brings both unique and common features across platforms and media types. Participants articulated different ways of adapting the range of social media to fit with their overall needs and lifestyle, and could explain how some social media were tailored to specific parts of their lives. In this way, participants showed high levels of social media consumerism. Richard, for example, describes how he distinguishes between types of social media and tailors them to distinct aspects of himself.

Richard: There's social networking via Facebook which is kind of general everyday, and then there's the kind of sexual networking part which is quite different and separate from my profile that faces the rest of the world.

In this way, Richard distinguishes between sociosexual media (e.g. Gaydar and Grindr) which are primarily for sexual networking and social media (e.g. Facebook and Twitter) which are almost exclusively used for social and not sexual reasons. Like many participants, Richard's quote displays the relatively complex and structured ways he uses social media. He talks with relative expertise about his decisions and choices and the social networks facilitated by all social media are central features. These networks often reflect a complex mixture of both digital and physical (i.e. 'real

world') networks; which is why they provide particular opportunities for sexual health promotion which may tap into sexual networks for targeted and tailored health promotion.

Understanding Facebook

Facebook was mentioned by almost all the participants and as such was the most popular social media mentioned within the study. It was characterised by its diverse functionality and inclusive membership. Moreover, of all social media mentioned within the study, its functionality seemed to map most closely to participants' physical world and its attendant multiple social networks (family, friends, other MSM). This overlapping of digital and physical worlds perhaps relates to its outstanding popularity at a population level (almost 50% of the population in North America, approximately 30% in Europe and over 50% in the UK [Internetworldstats.com, 2012]). As the extract below suggests, Doug describes Facebook as almost enhancing communication with networks that already exist in the physical world. However, Steve outlines a different use, in that Facebook can also enable the development of novel but selective networks within the digital realm.

Focus Group 3

Doug: Facebook for me is just an all together Internet site for communication. So, as you said earlier, it's not just for looking for gay sex, it's obviously keeping in touch with your family, giving updates, messaging, reminders. Really everything's in the one place.

Steve: You don't need to be a gay man to use it. Everybody uses it. Your aunty, your cousins. But what tends to happen is you tend to meet other

gay men through having friends of friends and that on it. That's a better way to meet people, friends of friends

[and later]

Steve: You can ask them [mutual friends] about them [new contacts], you can say do you know such and such, what's he like. It's not just a complete stranger then, you're getting like a reference.

Although we examine how the individual member of a social network is represented in chapter 5 (e.g. in terms of understandings of profiles), it is important to consider some of the key generic features of social media herein. All social media have embedded features which enable a sense of autonomy and superficially present a focus upon individual agency and corresponding ideas about decision-making and responsibility. They correspond to wider contemporary cultural ideas about the rational, agentic, Western subject, neoliberal governance and consumerism. These wider aspects reflect core values within the Western world and so it is not surprising that they are also key values within the digital worlds. For example, much of participants' talk was marked by a strong sense of individuality, personal agency and control.

Steve: It's a community in a different sense because, well, for a start everybody on my Facebook page has been vetted by me. They've either requested my friendship and I've accepted it or I've requested theirs and they've accepted it. So immediately you know that when you step into Facebook you know that you're walking into a world that you have to a certain extent designed.

Steve clearly articulates his personal power within this particular digital world. As he has created this world himself, it provides him with a bespoke community where he feels in control because he has designed the world to his own personal requirements. Unsurprisingly, policing the boundaries of their worlds was an important feature of how participants talked about their use of Facebook and many other social media. For example, features such as ‘blocking’ (where a user ‘unfriends’ another user, preventing them from seeing autobiographical information or starting conversations; see Facebook.com, 2013).

Jim: Blocking, you know, it's a beautiful thing, it can't come back and haunt you.

Interviewer: Why do you say it's a beautiful thing?

Jim: Because if somebody is pursuing you that you don't want to pursue you, you can stop that in its tracks instantly just by clicking that little button and it's gone - you never see or hear from them again.

Facebook in particular provides a space where individuals create, manage and protect a digital world which both reflects and indeed constructs their personal social lives. Critically, it represents both an extension of the physical world but also a distinct world in and of itself. Yet since the world of social media is deeply tied to ‘real life’, they are also mutually dependent. On occasion people’s virtual presence may outlive their physicality; for example, following an individual’s death their Facebook profile becomes a forum for an interactive obituary and virtual eulogy.

Critically, although access to digital worlds and social media may appear open and inclusive at first glance, it is fundamentally patterned by inequalities. Earlier we outlined the importance of generation within the concepts of the digital divide, contrasting digital natives and digital immigrants (Prensky, 2001). However global access to technology, digital worlds and social media is also deeply patterned by fundamental inequalities (for example, although around 50% of people in North America have a Facebook profile, only 4% of people on the African continent do [Internetworldstats.com, 2012]). Here in Scotland, inequalities also pattern access to the digital worlds in several ways. Within this study we found evidence of ways in which the quality and type of technical equipment for access, the cost of membership to social media and the varying ways in which personal information placed on the Internet is used by others were related to personal circumstance and inequalities. Thus inequalities and economic issues featured regularly in shaping patterns of social media use amongst the sample. Choice of sites depended on the type of equipment an individual could access or afford. For example, without a smartphone it was not possible to use apps. Moreover, many participants selected apps or sites because they were free. The next extracts from Jim and Rod capture the complexity of the mechanisms by which inequalities pattern the use of social media.

Jim: It's [Facebook] a free means of communication, instead of, you know, having to pay for a train into town, for a meal, for drinks, you know, for a phone call even, for a text. It's free, it's just sitting there for you.

[and later]

Jim: I used it [LadsLads] for a while before it moved into a paid site.

Rod: They're, kind of, more inclined to use Facebook, rather than top their phone up and phone someone, or text someone, because it costs more, so they just go on Facebook, or their Blackberry Messenger, and stuff.

Some participants lamented their old, slow computer which affected the practical aspects of social media and some of its functionality (for example, chat functions which enable real-time text-based conversation between two members). The following extracts from James show the frustration that can be experienced with dated or poorly functioning technology, and how these factors shaped his subsequent choice of social media.

James: I have to turn everything on because I'm on an old Samsung thing. Turn the mobile network on first... turn that off. So I'm now connected to the Internet. Then location, and then accounts and sync. Okay, and then turn it on, because I've only got Grindr on this now, I used to have Growlr and Scruff and stuff, but took them off. Caw, this phone's rubbish... Hurray, it's up, finally. Yes, but Grindr's rubbish, it really is terrible.

Interviewer: Why's it rubbish?

James: Because it's so slow and it has so many faults with it as well. It doesn't work all the time and it doesn't update or it takes ages to update as well. But the other ones, like Growlr and things were really quick, less glossy, but they worked much, much better.

Both the technology (i.e. hardware) and social media themselves are exponentially growing and changing continuously. Large companies profit from the short shelf life of much technology incorporated within social media. To keep abreast of new developments and to have the technology to enable the best use of contemporary developments requires considerable financial resources which are beyond the scope of many people and indeed many of the participants within this study. In considering the opportunities and constraints that social media offer for sexual health promotion it must always be remembered that inequalities pattern social media use. Moreover, these technologies can both amplify and lesson these inequalities.

The transformation of intimate relationships: everybody's looking for human contact in one form or another.

The previous theme introduced key aspects of social media and highlighted the idea of digital worlds as always tethered to the physical world. This theme begins to explore how the ways we relate to each other, or in other words, our relationships, are often transformed within the digital worlds that social media construct. Participants talked of the complexity of understanding interpersonal relationships within social media, how at times varying software and different social media emphasize, and de-emphasize, particular aspects of people and interactions. There was a sense of emerging rules, etiquette and conduct. As the previous theme suggested, social media and their digital worlds sometimes reified and sometimes nullified social structures, inequalities and concomitant opportunities and constraints from the physical world. At times there was a clear sense of the distortion of relationships when comparing the physical world to the digital. Jim introduces the notion that ideas such as authenticity and genuineness are often contrasted by ideas concerning façade and artifice within

social media. From the perspective of those who use social media there are novel uncertainties concerning the integrity of others.

Jim: Because online, you can hide behind Facebook, you can hide behind, you know, profiles and walls and pictures, what they've said they like, they can hide behind that.

However, in contrast to these concerns about duplicity, at other times there was a sense of the importance and acceptance of the enduring continuity of the ways we relate to each other; despite changing the modality of communication, human nature and human needs shape interpersonal conduct everywhere (in both physical and virtual environments).

Steve: I think there will be differences in people's agendas when they log on, with a kind of common denominator that everybody's looking for human contact in one form or another.

The public and the private

The analysis begins with an exploration of how social media and their digital worlds reconfigure traditional divides between the public and the private. One of the ironies of social media is that, as we have seen above, they seem to celebrate individual autonomy and maximize a sense of personal control and a sense of security and safety. Yet, whilst appearing to be so tailored to the individual, they are oriented to wider public domains and commercial exploitation. Thus what is often considered as *most* private is increasingly recognized as also being public (Flowers et al, *in press*).

The digital world whilst seemingly secure and confidential was also recognized as being at risk of surveillance and breaches of apparent confidentiality. In the physical world both everyday and sensitive conversations are ephemeral in that no lasting record usually remains. In contrast, within digital worlds, there is a sense of the durability and reproducibility of social interactions (in that they can be copied and forwarded on). Again these are significant factors which can shape self presentation and conduct within the digital world. Moreover they are factors which will shape opportunities and constraints for sexual health promotion. For example, as Steve says:

Steve: There's a potentially sinister aspect to it in that we're all leaving these indelible electronic footprints of where we've been, who we associate with, and particularly if you're quite outspoken like myself, what our beliefs or lack of them are, and in the occasional dark dystopian moment I think this could go horribly wrong in the wrong hands, all of this information.

On sites such as Facebook, there is clear evidence of the collation and tracking of personal information. Adverts appear in the margins of web pages which are tailored to viewing habits (indeed, this aspect of Facebook was used to sample many of our participants for the quantitative component of this study). These adverts provided obvious displays of the monitoring and subsequent use of personal information for commercial interests and subsequently enabled participants to have some sense of their own exploitation and potential vulnerability. These aspects were understood as backdrops to the 'main action' in the digital worlds participants inhabit.

Cody: Facebook finds out what you like and the ads are all related being a gay man. You're like that, 'They know all about me.' So big brother knows exactly what I like and he's picked it, all down the side there, so I'll click into it.

Whilst on the one hand these concerns may seem trivial, they do highlight that when physical and digital worlds coalesce there can be unexpected problems. For example, some participants talked about their choices relating to social media being shaped by concerns that others in the physical world may observe them using explicitly gay, or sexual, sites. Thus when using 'safe' sites such as Facebook, the accidental disclosure of sexual orientation through the adverts which facebook displays (through its tacit tracking of personal information) were a concern for some.

Jim: Because my mum has a horrible tendency of going through my phone. Like I can come home pissed and she's like 'Jim, why is it?'... 'What's this?'

Patterns of interpersonal communication

In addition to reconfiguring public and private distinctions, relationships are transformed by social media in other key ways; for example, the patterns of interpersonal communication. Social media transformed social interactions enabling and empowering some aspects of communication, yet constraining and disempowering others. Lack of physical proximity, a loss of associated intimacy and the creation of social distance enabled a transformation in interpersonal styles. Richard shows how the social distance enables him to be direct and assertive.

Richard: It's really interesting because I struggle to be as direct with people face to face as I am online when there's... you're not sitting opposite someone.

Moreover, the distance which social media enables also appears to facilitate social disinhibition. This disinhibition and its associated transformation of traditional social contracts can have diverse effects. It enables men to share fantasies or negotiate turning them into reality.

Richard: It frees you up to talk about some of the practices, some of the things you would maybe want to do. And it's almost a bit of fantasy, it's almost about I know I'm never going to meet up with you and we're never going to do these things, so actually then talking about... you know, whether it's bareback sex or group sex or some more high risk behaviours; aye, it frees me up to go there.

Yet it also can blur motivation and communication concerning people's actual agendas. Within the digital worlds of social media, and particularly sociosexual media, there were ideas concerning other people's identities. One such identity was the 'time waster' - someone who appears to want sex and is happy to spend time discussing sexual tastes and negotiating a sexual liaison but in actual fact has no intention of actually doing it. Moreover, the functionality of some sites (e.g. instant messaging, photo swapping and chats) seemed to facilitate such activity.

Focus Group 3

Doug: I think for the gay scene particularly Gaydar was the oracle of dating if you like, but I think there was so much time wasting on Gaydar, don't you think?

Cody: It's the same with them all, they're all time wasters.

In the extract below, Richard orients his account of the description of the role of fantasy as a 'safe' activity around the threat of being accused of being a timewaster. Such fantasy and online role play presents itself as a way to be sexually stimulated without the need to consider sexual health or cheating on a partner. Yet it also soils the perceived authenticity of many social interactions facilitated by social media.

Richard: You can turn people on really easily using words and describing what you want and what you would do, knowing full well, hopefully knowing full well there's no expectation that it's ever going to go there, it's never going to happen, but you can still have a chat and do all of that with each other. Describe, as you say, what you would do, what you would like, what they would do, what it would feel like, all of those things. But it's chat based, it's safe. And in my mind, it's also I'm not transgressing any boundaries within [my] relationship.

On the one hand these impersonal aspects of social media (the social distance they enable and the ambiguity of social contracts) enabled explicit sexual negotiation, the disclosure of HIV status (see Chapter 7), fantasy and the management of social interactions. On the other hand, they could result in interactions which were

understood as rude, unfair and too frank. Whilst many participants talked of these transformations in positive terms, others were clearly critical. James fears, that they may ultimately have negative consequences for communication skills in general.

James: I think we're losing the art of face-to-face interaction and open discussion.

The cultures of digital worlds

Across the data set, there was a sense of emerging norms and cultures relating to various social media and ideas which corresponded to a growing sense of etiquette. Sexual health promotion must attend closely to these norms to ensure cultural sensitivities and cultural appropriateness at quite specific levels. As mentioned within the previous theme, there were relatively high levels of knowledge and expertise in the use of social media with an appreciation of their diversity and functionality. However these could be associated with a compartmentalization of aspects of social life. In this way, relationships were sometimes understood as partial when compared to the physical world where they were characterized by embodied interaction, the social contract and social consequence. For some, this compartmentalization enabled them to seek sex because of the partial anonymity some sites offer (see Chapter 5 or Harper et al, 2009, for more details).

There is a clear sense that some social media (particularly the sexual networking sites) facilitate particular kinds of sexual consumerism. In addition, there was a sense of the distinction and added value of GPS based technology compared to older computer based technologies. They focus upon enabling choices of sexual tastes, sexual

partners, but in addition a wide variety of social interactions. In some sense the proliferation of social media and the variety of available sites mirrors the physical world with its various bars, sex venues and meeting places. The participants tended to present themselves as competent users of social media who knew the rules of conduct within most social media sites.

Many accounts were offered which stress the shared culture and function of various social media. Nick, for example, talked of how his smart phone enabled him to secure sex without additional social interaction.

Nick: From my point of view, from the experience I've had even before being in a relationship and being married, the apps gave you the opportunity to have sex, not meet people for coffee.

In contrast Zach, described how he used Grindr to make friends. This choice was facilitated by key features of social media itself.

Zach: If I'm trying to make friends I try to use Grindr. I just look down the profile to see who's wanting a friendship.

However, there were differences in the ways men used the connections they made across time. Over time, despite the primary function of these sites, relationships developed and the spaces were appropriated by consumer's needs.

Steve: You also very often have non-sexual relationships with people that you've met on these apps, people who you just chat to, and I think that sometimes gets forgotten that... or just people who are mates who are on there looking for sex, but not looking for sex with you, you're their pal, but because you appear on the grid they'll go, 'Hey, how you doing? What you up to at the weekend?'

Transforming the topography of the gay scene

Social media have transformed relationships in other important ways too. For example, as a spatially distributed and often invisible minority, gay men have often struggled to meet each other in ways which are safe and secure from the public eye or the threat of homophobic violence. In areas without gay commercial venues, gay social media has transformed the mutual visibility of gay men who are using these networks. Equally, when men reported travelling to unfamiliar places, their access to the gay community was enabled in new and sometimes comforting ways. It is now possible to confirm suspicions about sexual orientation by using the GPS based technology on many smart phones that enables the user to see the proximity of other users purportedly down to the nearest meter.

Steve: There's this whole thing of, particularly when you're travelling, 'I wonder where the nearest gay boy is?', and just the fact that you can pull your phone out of your pocket and go...we've all done it. Oh even like 'Oh you were right, yeah, he's on there.'

[And later]

Steve: I think being part of the minority people have always wanted the reassurance of knowing that they're part of a larger group, and that's something that this technology has definitely provided that wasn't there before. There's hard evidence in these phone things that there's one [an MSM] 100 meters away, 400 meters away, all that kind of stuff.

4.5 Discussion

This chapter has introduced participants' understandings of key aspects of social media. Many of the ideas and concepts presented are utilised within the chapters that follow. Social media and the technologies which support them are varied, complex, and ever changing. Most of the participants used social media for multiple reasons and most expressed a high level of knowledge and expertise about their individual consumption. Social media were understood to create interactive digital worlds which were, in part, a reflection of the physical world, but also understood as creating novel new social spaces which could be characterized by their orientation towards the individual user, their decision-making and a sense of their agency. There was a sense that social media offer an extension of physical reality with all the complexity of the physical world. A range of social media were discussed. Distinctions emerged between universal social media such as Facebook and a range of sociosexual media that were tailored to sexual mixing and social networks of gay and other MSM. Social media transformed social interaction for some, sometimes enabling and sometimes constraining characteristics of social interaction. Whilst this was understood by some to be empowering, others lamented these changes. There was a sense of an emerging distinction between smartphone based apps and computer based Internet sites. This distinction is important in terms of the transferability of evidence from Internet based research concerning interventions to app based interventions.

Recent exploratory research from Australia has shown that, amongst young people, several issues were raised within discussions concerning social media and sexual health promotion. The findings have some resonance to this chapter; for example, the participatory culture of social network sites, and participants' careful presentations of

self and their concerns about privacy (Byron et al, 2013). Although now dated, Gies (2008) argued that the Internet, with all its non-corporeal potential, paradoxically re-emphasises embodiment and the material body through the senses of sight and sound, but also through the somatic motivation to go online; for example, seeking pleasure or peer support for bodily discomfort. This remains true and perhaps has been moderated by the addition of GPS technology facilitated by smartphones. This distinction makes considerable sense if we accept Heidegger's (2001) distinction between the body ('Leib') and corporeality ('Körper'), wherein the corporeal stops and is bounded by the skin whilst embodiment may be experienced beyond this 'bodily limit' and thus be experienced intersubjectively and indeed even virtually. Both these body concepts provide multiple opportunities for entrepreneurship and commercial exploitation. Whilst these opportunities are currently exploited for commercial ends through social media companies to date, they have arguably not been harnessed by sexual health promotion, although there have been some developments in this area (Bull et al, 2012; Guse et al, 2012; Gold et al, 2011). However, recent research from the USA hints at their potential; for example, using a sample recruited through one of the most popular smartphone based apps, Grindr. Landovitz (2013) highlights that their sample reported both high levels of HIV risk behavior and showed interest in clinical trial participation.

4.6. Implications for health promotion

“This shift in communication does not represent an option... so much as a necessity.” (Thackeray and Neiger, 2009)

This chapter has shown the ways the participants understand and use social media and the technologies which support it. Their use is complex and diverse. As relatively sophisticated users of social media, the participants were aware of the etiquette and cultures of diverse social media sites and were aware of the rapidly changing functionality associated with technological developments.

To us this highlights the importance of thinking about a range of approaches for sexual health promotion within social media. There should be no single approach, but instead, a varied approach making the most out of the particular functionality of various sites and the digital worlds therein (see Moreno et al, 2009). Tailoring to the particular settings that they construct and enable (Tseng & Seidman, 2007) is essential.

Whilst the use of social media is patterned by inequalities, some of these offer unique access to populations which may be difficult to engage in other circumstances (See Robinson and Robinson, 2010). For example, it is possible to target positive men, or men according to their age or sexual preference.

The resources needed for sexual health promotion using social media will be greater than those associated with typical mass media health promotion. In order to make the

most of social media, resources should support interaction, participation and engagement rather than information transfer (Thackeray and Neiger, 2012).

Given the speed of technological change and the rapidly shifting popularity of various sites we believe that major investment in site specific evaluation is not a good use of public money. Interventions should be designed which focus upon those key features which many of the sites share; for example, opportunities to use anonymity to enable frank and uncensored discussion around stigmatised sexual activity and sexual health risks. Alternatively, there are possibilities of using social media to explore and model behaviour change and sexual scripts within fantasy.

- Sexual health promotion must address both social media and the physical world.
- Sexual health promotion must be innovative and be developed for ever changing platforms.
- Social media are well suited to interventions which utilize the concepts of individual agency and choice (such as decision-making tools).
- Features such as blocking present reified ways of reshaping social contracts, though beyond the scope of the current chapter this may be important in shaping interventions which rely on a sense of altruism, collective responsibility and social contracts.

- The tacit tracking of personal information presents both ethical dilemmas and opportunities for very targeted sexual health promotion

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Chapter 5

People, Profiles and Social Media amongst Lanarkshire Men who have Sex with Men

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5.1. Overview

This chapter examines men's perceptions of both their self-constructed identity and that of others within social and sociosexual networking, based on interviews and focus groups with Lanarkshire men who have sex with men (MSM) (n=20) and local service providers (n=8). Where sociosexual media were perceived to primarily facilitate sexual interactions, men described the importance of profile images. Whilst the profile represents a public presentation of self, it is a version carefully designed to appeal to other users. Whilst most men desired to present a 'fit' or attractive physical self, others used alternative commodities to market themselves (e.g. car, accommodation, etc.). Participants believed they were adept at interpreting the widespread dishonesty within other's profiles but adopted a level of acceptable enhancement within their own. The online self is a constantly changing construction dependent on current sexual needs or the desire to be found attractive and popular. Indeed, strategies to cope with a mismatch between person and profile were often influenced by heightened sexual needs whereby dishonesty was put aside in favour of sex. Men described creating a 'construct in your head' whereby it was possible to create an image of others that may have little connection to the real person in the physical (i.e. offline or 'real') world. As such, tensions could occur should the physical and 'virtual' selves meet. However, underneath the public show of easily available casual sex, tailored to individual requirements, some men sought platonic or long-term relationships and voiced the need for a more personal form of interaction.

5.2. Introduction

The use of sexual networking sites by gay men has implications for the construction of identity. Online culture has been addressed from the theoretical points of view of the presentation of self (Miller 1995; Hardey 2004). Researchers have explored the construction of sexual identity in Internet communication (McKenna, Green et al. 2001) and 'cybersexuality' (Hamman 1997). Previous qualitative work, with gay men recruited from online-dating Internet sites (e.g. Gaydar and Gay.com), most of whom lived in London or South East England, identified the practice of 'filtering', whereby gay men *'choose between potential partners and also how they construct an online presence with reference to the filtering practices of other e-daters.'* (Davis, Hart et al. 2006; p.465). These men depicted themselves in desirable ways, paying attention to their usernames, as well as images and text on their profiles. In this work, HIV risk management was mediated through e-dating; *'risk frames inform how e-dating profiles are interpreted and constructed, and imbue HIV prevention with differing meanings'* (Davis, Hart et al. 2006; p.474).

Exploring constructions of identity can illuminate ways in which online profiles are lived, embodied experiences, through which identity is displayed, conveyed, and experienced. This presents opportunities for conceptual advances in this area, but also provides useful theoretical frameworks for HIV prevention.

5.3. Methods

Recruitment

MSM participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Interviews were conducted with three service providers and one focus group was conducted with a further five service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants' homes, GCU premises, or our community partner offices or community venues, according to participant preference.

All MSM participants identified as gay and a wide range of ages (18 to 63) and educational levels (none to post-graduate education) were represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of eight HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as

gay (e.g. bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structured schedule of open and probe questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor that the researcher proceeded through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith,

Flowers et al. 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience subject to their (re)interpretation, self presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from, and is grounded within, participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enriched the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues.

However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

5.4. Results

This section describes men's perceptions of both their self-constructed identity and that of others, how they interpret online profiles, and the 'meeting of profiles'.

Perception of Self and others

Irrespective of the frequency of site usage, sociosexual networking websites and apps were perceived by most participants to facilitate opportunities for arranging sex or sexual 'chat', rather than developing a relationship. It was common for men's narratives to convey bodily control, via surveillance and control of visual representations of the body being represented as identity; as such, men frequently described the importance of images on people's profiles, with visual appeal often forming part of a decision to initiate contact with other site users.

James: If it's a good picture and makes you look good, that's great, because people can be attracted to the physical you. But this is all about... most of these apps are just about physical sex, it's not about anything else. It's not about relationships.

Alex: There's certain things that people just wouldn't go near. Like me personally, I know this probably sounds terrible, but I would never go near anybody that was overweight, as in 36 waist or something like that and man boobs.

This was apparent both in the way men used the sites as voyeurs to evaluate the bodies of other men, as well as in the desire for positive feedback on their own visual profile.

James: I'm not on there for any sexual reasons. So I know my motives for being on there is just a bit of looking around, appreciating and seeing who people are and going, 'Oh, you look pretty good.', and that's it.

Peter: Certainly, initially, the responses I get are all about my body. I don't know if people are reading all the other things, likes and dislikes, but all the responses I get are about my body shape.

Alex, who seemed unhappy with his looks, kept changing his photograph to find one he liked, further highlighting the importance of presenting a self for the appraisal of others.

Alex: I'll change my picture every other day on Grindr. I'll put a picture on, I'll leave it for a day or two and I'll think no, I don't like that, and I'll change it and I'll put a different one up.

Like James, several participants admitted to using sites through boredom to scroll through photographs out of curiosity or as a form of online pornography.

Steve: There's something quite horny about exchanging dirty pictures. It goes back to guys swapping porn mags in the school yard really doesn't

it, except there's this whole other personal dimension to it where it's actually pictures of you and you're looking at pictures of them.

The desire to represent the visual self as 'fit' or 'healthy' was reflected in narratives of pleasure gained from bodily modification, such as Peter's reflections on 'engineering' specifically for his body to be perceived as visually appealing within a particular set of norms. Peter's perceived norms were confirmed via messages he subsequently received.

Peter: Your upper body is there on display, and I have to say that I kind of engineered my upper body for that purpose, because that was my sexual outlet so that's what was seen. So I went to the gym to acquire that body and that's what was displayed

Peter gained confidence through the commodification of his body – being on 'display' and being viewed as desirable by 'others' – to the point where he said he felt less confident in a bar with his clothes on. Within his narrative, Peter reflected upon his ageing body and his desire to maintain his physical appearance according to his perceptions of what would be visually appealing. His ageing body was one to be modified, and viewed. Peter also described his embodied experience as symbolic of the self; his body provided the means for sexual expression but also a source of self-esteem. Previously, Peter used gay saunas for sexual activities, where his body was permanently on show to boost his self-esteem; he has since transferred this to the 'virtual' world, where his body has now given him confidence to feel comfortable with online dating.

Peter: I suppose I have become quite confident on Gaydar because I get good feedback. I get lots of messages from guys, so I get a very positive response, and I get a lot of response from guys who I'm surprised at because I'm outside their age range as well. 'Oh I don't care that you're outside my age range, you've got a nice body.'

The online world was not experienced as one in which the body takes central place for all men, particularly those with perceptions of not conforming to visually appealing norms. Cody, who held a negative perception of his body, found other ways to attract interest on line, which focussed more on the practicalities of a sexual meeting.

Focus Group 3

Cody: I try to interest people who haven't got anywhere to go, and I've got a flat so I can accommodate people, it gives you somewhere to go, saves you sat in a park, having sex at the side. But also I can travel, so I can go and pick them up. Ugly bastard with a house and a car.

Peter and Cody showed different sides of the challenge involved as an older gay man in an online environment where looks and youth were prioritised. Peter showed that if the physical body was attractive then age was not a problem whereas Nick needed to offer other services such as a car and a flat for success.

The perceived potential for anonymity provided in these online environments allowed men freedom to construct particular narratives within their online profiles. However, deciding what was acceptable creativity and what was dishonest varied according to whether the participants were discussing their own profile or those of others. When

Focus Group 3 were asked how to construct a perfect profile their reply represented the views of others that everyone tended to lie about their physical appearance.

Focus Group 3

Cody: You get a picture of yourself from ten year ago...

Ed: The best one that you've ever had.

Cody: You put that up, and then you take your weight and you half it, you put that in...

In contrast these same participants said they had never been dishonest when creating their own profiles.

Focus Group 3

Doug: I've got to be honest, I don't have any sexual profiles. I just don't have that just now.

Steve: But in the past, before?

Doug: In the past I've always been honest. If you don't like it then fair enough,

Steve: There's no point in lying really.

None of the participants admitted to a dishonest profile but were happy to admit to careful exaggeration or bending of the truth.

Steve: I wouldn't put lies, and I'd exaggerate carefully. I suppose just putting this is who we are, this is what we're up for, and this is what we don't do.

Steve is in a relationship and had a 'couple' profile which may mean his need for positive feedback from others was less important. He admitted that when he was single and younger he portrayed a more extreme profile.

Steve: When I was single, and younger and a bit fitter, the imagery that I used in my own profiles was probably more extreme. I mean it wasn't hardcore, but there was more flesh on display and stuff. But that was a different phase in my life, I was, and I was realising I was a lot older than a lot of the other people on Gaydar, but I thought I'm going to be honest.

Jim, who is in his 20's, appeared to need more self-confidence and showed how he used his Facebook profile to project a vision of himself which is not totally dishonest but like Steve's is carefully exaggerated.

Jim: You just can bend it so that people see you as how you would like to see yourself. I try and bend mine to make myself more perfect!... I try and make myself sound more intelligent than I actually am.

He goes on to justify his actions by saying that he was only complying with accepted online behaviour.

Jim Because of the way I read other people's profiles, I think they'll probably read it in a similar manner. So that way, I just basically sound more appealing... if everybody else is making up crap, you know, like, it's just, if they're going to lie on their profile, I don't see any reason why I shouldn't.

As well as saying that ‘*making up crap*’ is acceptable, Jim also talked about the use of visual images of himself to construct a more appealing profile. Thus, both visual and text-based representations of the self could be employed to present a version of the self according to a perceived gaze, that is, what men believe others would want to see.

Calum: You can use pictures to portray an image that you maybe not think is you but it’s what you want to portray... it’s what other people would maybe like.

In this way, Calum projected a version of his self in accordance to what he believed others might find appealing, which perhaps elucidates his choice of presenting an ‘honest’ profile.

Interpreting the profile of another

Even though the participants felt their personal profiles were acceptable in terms of honesty, they were not so tolerant of other site users.

Cody: They’re all cheaters in Grindr. I’ve come to the conclusion everybody’s cheating.

Focus Group 2

Ben: That’s the picture they’ve got but it was them 40 years ago!

Calum: Yeah! I think that was one I got off with at the back of [Glasgow gay bar] one night. He was like ‘Come back to mine.’, and I was like, ‘Oh no, you lied to me, you told me you were younger than me.’ and he was older.

Joseph: Same with Fitlads as well, half of the guys on that aren't even... the ones you see... they don't even look like that.

Strategies to cope with a mismatch between person and profile were often influenced by heightened sexual needs whereby the dishonesty was put aside in favour of sex.

Richard: If you're going to meet somebody face to face, it's going to become pretty obvious that you are not 21 and stacked and hung like a donkey, when in fact your body image is really not what you had a photo of. And that happened, that happened a number of times, and sometimes I would think 'Well, fuck it!' [laughs] and get on with it anyway, but on other occasions, if I didn't find them attractive, I would just say, 'I'm sorry, this isn't really what I was expecting.'... And how horny you are, who or what you're attracted to isn't a fixed thing, it changes and aye, sometimes that wouldn't matter, other times it would be very important.

Alternatively, Jim said he always arranged to meet someone in a public place in order to arrange a way of terminating the encounter.

Jim: If I'm meeting up with somebody, it's in a public place, so that if I see them, I can just run [laugh], if it's not what they've advertised.

Richard pointed out that for him, attraction and sexual needs are not a fixed concept and several participants stated that they changed their profiles, depending on how they felt on a particular day. When Richard used sites for sex he used his profile like a shopping list, which he updated regularly according to his current needs.

Richard: It does depend on what I'm looking for, or however I was feeling that night, that day, I would simply update my profile to say, looking for sex, looking to have my cock sucked, looking to fuck somebody, looking to be fucked, whatever it was I was looking for.

However, the participants' perceptions of others with multiple profiles were derogatory, seeing them as sexually prolific and opportunist.

Jim: People have got multiple profiles on Grindr these days. Like one of my mates has got three... He puts different information... just trying to get as many fish as he can, you know.

Joseph: It would tell you how desperate you are... you know what I mean? The fact that you're using the same name and the same picture you know what I mean? And you're like, 'He was on that one and he was on that, that one.'

The online self is a constantly changing construction dependent on current sexual needs or the desire to be found attractive and popular. Whilst the profile represents a public presentation of self, it is a version carefully designed to appeal to other site users. Participants believed they were adept at interpreting and coping with what they saw as dishonest profiles but were not aware of major dishonesty in their own profiles.

A meeting of profiles

In contrast to the concept of the merging of profile and person, this theme highlights the distinctions between physical and ‘virtual’ selves, that is, the presentation of the public vs. the digital self. Richard felt that a profile cannot depict a true impression of oneself to others. However, he found this easier to cope with when interactions were limited to chatting online without the complication of meeting face to face, where a profile needs to be linked to a person.

Richard: You create a profile and, in a way, the people that you’re linking in with and that you’re chatting with, they don’t know who you really are, so they might think you are just an ignorant, direct kind of off-hand person or whatever. And that’s sometimes easy if it’s all just online, if you’re just chatting with people.

Peter described an online negotiation as ‘two profiles meeting’. The profile, according to Peter, is a ‘construct in your head’ whereby it is possible to create and project an image of the self that may have little connection to the real person in the physical world.

Peter: Basically, when the profiles meet, I think you’re both projecting big time. It’s a construct in your head and it’s not the real person. You’re filling in all kinds of gaps. Even more than that, I think you’re just constructing a whole other person actually, and then very often the reality of course is wildly different. But I think we all do it. I mean we’re doing it on both sides, and therefore the mismatch is sometimes just too big to have a kind of meaningful meet very often. So one of the things I learned

early on as well, don't chat to somebody for weeks and weeks before you meet them because then their kind of construct becomes so big that I think the meet can't really survive it, so try and meet relatively quickly, within a few days, before you start imagining a whole other person.

Peter used language that was detached and impersonal, in a way that disconnects self and profile which he feels could be detrimental to any eventual meeting. Online interactions necessitate the acquisition of a new set of evaluation skills, which rely on intuition and experience, to understand the dynamics of profile projection, often using little more than a photograph.

Focus Group 1

Alistair: But a picture is just a picture at the end of the day... it doesn't tell you anything you know?

Alex: It can tell you a hell of a lot; a picture can tell you a thousand words.

Alistair: Not necessarily, well I mean we can all see the pictures on the... but you see somebody in reality and their animation, how they are, how they project themselves... can be totally different to a picture... I mean we can all be seduced by a picture but the person's real and flesh and bone and there's so many more different things than just a picture... a still picture, it's not animated.

Alex: If you see that initial picture then you think, 'Yes I find you attractive' and then... you exchange a few more pictures as in... different, different you know environments, different people that kind of thing and

see what they're like in different situations, so it's not just a still face picture, you're getting to see... different sides to them.

This extract clearly shows the differences between Alistair, who had little experience of social media, and Alex, who is more proficient and confident in his assessment of profile pictures. Like Peter, Alistair highlighted the differences between the pictorial representation of a person and perceptions of the 'real' person he believes to be behind the image(s). Will described his experiences of sociosexual media use and highlighted the ease at which he could identify the diversity of men attracted to gay dating sites.

Will: I think you soon get to put people into boxes I suppose, like categorising them, you go like that, 'Oh you fall into the sex addict one, you fall into this, you fall into that, you've just arrived in Glasgow.' or something and looking to set up meeting people, to get to know... so it's pretty much, as I said, the gambit of the gay scene I suppose. And you've also got married people as well, people that haven't come out for one thing or another and have ended up in a marriage of convenience, for want of a better word, and then that's their only contact to another gay man is through sites.

As Will suggested, men want to meet other men for a variety of reasons, which are either social or sexual. As described in the previous theme, there is much overlap between the social and sexual use of the media; subsequently, there are conflicting reports about the compatibility of sites and site users. Extracts from the Focus Group 3 discussion demonstrated these varied impressions, in which Doug thought that most

people were really on a site looking for friendship and if they wanted sex they would go to a public sex environment.

Doug: I think probably the biggest percentages of the people that use these sites are meeting them for friendships with gay guys, to have friends, rather than to have sex with them. I think if you're a gay man and you want to have sex you're either going to go and cruise somewhere and get it there or you're going to go to the sauna.

Indeed, Doug thought that friendship came first but this was primarily out of concerns for personal safety.

Doug: I think people are more careful nowadays in that if they're meeting someone in an app for the first time they're not just going to say right... I'll be there in 20 minutes and they have full on sex. It's more a case of 'Let's meet for a coffee or.' ... in my opinion, and then they take it from there, and it's normally always a friendship thing first.

However, Zach presented the opposite argument.

Zach: From my experience most people that speak to me in these apps they're always looking for sex. I find it quite difficult to find friends using these apps.

There are also men like James, who thought that sexual dating sites were designed primarily for men to negotiate a physical relationship without friendship.

James: Most of these apps are just about physical sex... it's not about relationships.

It is difficult to determine the extent to which men look for friendship on a site, are successful in arranging casual sex, or are on a site purely as a voyeur. The sexual media was frequently referred to as a supermarket aisle or ordering online pizza where men displayed themselves like goods to be chosen or rejected according to the tastes of others.

James: It's marketing yourself saying 'This is what I will and won't do, and if that fits in with your shopping list of what you want you then spark up a conversation.'. See if they're interested too and then you just arrange from there.

Alex: [pointing to a profile on a sociosexual media app] There's no point even having him there because he's just taking up room for somebody that I might like. Him on the other hand I might. 181cm, which means he's 6 foot tall, he's got that butch, masculine look about him, the sort of type that I like.

The following extract from James illuminated how this exhibitionism can objectify men but at the same time made the concept of a sexual commodity more acceptable.

James: It's treating yourself as a sexual commodity again, and it's become more acceptable now to be a sexual commodity by using Grindr, Scruff,

Growlr, all those ones. And I think there's a certain amount of devaluing or an individual by using these things now.

There is a sense that underneath the public show of easily available casual sex, tailored to individual requirements, lies a need for a more personal form of interaction. For example, Alex commented earlier about an undesirable profile taking up valuable space on his homepage like an unwanted commodity. In the following extract he expressed his pleasure if someone takes a more personal interest.

Alex: If somebody takes an interest in me as a person and says well you know, 'What kind of music do you like? What kind of food do you like? What kind of T.V. programmes do you like?'... 'What...', you know that kind of thing then they're showing an interest in me... so that's somebody that I would then probably save as a favourite and continue speaking to them.

This suggests that the culture of gay men's dating sites may be governed by the desire to comply openly with the etiquette and behaviour attached to these sites but that friendship and finding 'Mr Right' are ultimately the desired aim.

5.5. Discussion

The data presented highlighted ways in which digital communications both structured, and were structuring, identities and experiences. For many, the online profile was a lived, embodied experience through which identity was displayed, conveyed, and experienced. Thus, rather than being a 'disembodied' experience for men, based on text and freeing men from the constraints of their physical form, these sites were used with the body very much present. It is clear that bodies are meaningful objects, which act as a visual indicator of an acting subject within an interactional context. However, these bodies are not static but are incrementally constructed; through the use of digital image(s), textual descriptions, voice communications, and face-to-face interaction. This is not vastly dissimilar to negotiations between men in 'cruising' in physical spaces; moving from visual (glances, facial expressions and gestures) to verbal communications. Goffman (1959) described a physical body as a 'peg' on which to hang the self. In this way, the visual images used on sociosexual networking sites represented the 'pegs' on which bodies were constructed.

Within the construction of profiles, the importance of appearance and men's understanding of others' response to it were central to shaping men's internal and interpersonal experiences. For many, there was a staged performance of the self, whether via the body or through presentations of the self involving alternative non-bodied commodities (e.g. car, accommodation, etc.) to facilitate sexual interactions. Online profiles offered a chance for men to exert greater control over their presented self. Similarly, negative body image could be overcome in profiles; such men may exert greater agentic control over their sexual interactions online than offline, via

their ability to portray these non-body commodities and as such their social identity construction.

Men were frequently aware of the possibility of manipulated presentations of persons/bodies within profiles. It was generally accepted that the profile of another was not an accurate portrayal of the physical person they may meet in an offline environment. Differences were noted between the participants' own values relating to the honesty of a personal profile and the way they perceived the honesty of others. Consequently it was not easy to determine what was real, what was created, or what was expected. Only when online negotiations led to a face-to-face meeting were the differences between the 'virtual' and 'real' person more apparent. Thus, there is a degree of *competence* required for 'effective' use of these sociosexual networking sites. Being able to understand the 'rules of the game', and successfully negotiate, and participate in, a series of mode shifts constructs competence with which users become members of these online communities. There appears to be variation in willingness to participate in these 'rules' and resistance to becoming competent. For example, despite the broad acceptance of the sexual explicitness of dating sites, many expressed a deeper desire and need for friendship and a relationship.

Despite some potential tensions between conceptions of 'virtual' and 'real' identities, these findings nevertheless reinforce the primacy of social relations; relations between men with some form of relationship or affiliation. These websites provided a platform through which these were played out. Boyd (2007) stated that profiles can be seen as a form of digital body where individuals *write themselves into* being, but one which is regulated by offline social hierarchies. Light, Fletcher et al. (2008) note that the design choices made by sites such as Gaydar (e.g. the use of drop-down menus

precludes combinations of identity) may reinforce a stereotype that is defined with reference to a collective cultural norm of what being a gay man means.

5.6. Implications for health promotion

Many of the virtual spaces used by gay men in this study contain sexually explicit content and are often accessed for purposes that are explicitly sexual in nature. A more social ecological sexual health framework may provide a tool for delivering interventions and information in ways that are informative, but not perceived as judgmental or insensitive to the reality of the diverse MSM sexualities.

Greater attention is required on men's gendered experiences and sexuality within sociosexual dating sites. Accepting the complexities in how men construct their online profiles and negotiate profiles for sexual activities could lead to HIV promotion work which works with these constructions of self rather than against.

Views or conceptions of the user can be inscribed into technological devices, forming a script of an anticipated user's actions. Understanding these could provide the bases for niche marketing for HIV prevention. Niche commodification allow meanings to be easily interchanged to suit 'markets' (Light, Fletcher et al. 2008).

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Chapter 6

Changing Trends in Sociosexual Networking Amongst Lanarkshire Men who have Sex with Men

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6.1. Overview

Sociosexual media have provided new ways for men who have sex with men (MSM) to meet and interact both socially and sexually. This chapter examines accounts of Lanarkshire MSM (n=20), and local service providers (n=8), around their use of sociosexual media. Particularly since the advent of GPS location-based smartphone apps, sociosexual media have modified traditional means of social and sexual interactions. MSM are increasingly using Facebook and sociosexual media to bring together the digital and physical (i.e. 'real') worlds. GPS smartphone apps were used on both the commercial gay scene and within public sex environments and venues (PSE/Vs) to enhance personal safety. 'Facebooking' a man met or seen on the commercial gay scene provides some background information about him and is less intimidating than initial face to face contact for some. Similarly, GPS smartphone apps help distinguish cruisers within a PSE/V environment. However, men also emphasized that, just as one's behaviour in bars is open to public scrutiny, one's public profile online is also subject to discussion and, potentially, ridicule. Therefore, men who use sociosexual media require a complex management of personal disclosure, truth, ambiguity and elision in order to protect both the personal and professional self.

6.2. Introduction

The exponential increase in the use of digital media in last ten years includes social networking, mobile phone applications (apps) and short messaging services (SMS or texts) (Levine, 2011). Mobile phones, in particular, have a wide reach and 95% of countries have a mobile phone network (Bennett and Glasgow, 2009). New technology, such as 'Smartphones' which have Internet access, apps and email synchronisation give unprecedented mobile access to the Internet (Swendeman and Rotheram-Borus, 2010) and therefore, these social media. Accordingly, multiple social networks have appeared to facilitate both social and sexual networking amongst MSM initially on the Internet (e.g. Gaydar) and latterly via smart phone technology (e.g. Grindr), the largest of which (Gaydar) now boasts upwards of 146,000 active users in Scotland (Howe, 2012).

For MSM then, sociosexual media has opened up important new ways to meet other gay men for both social and sexual relationships. Online e-dating using sociosexual media operates through a process of constructing a desirable self profile, 'filtering' information from others' Internet profiles, potentially ambiguous brief messages and an absence of non-verbal communication (Davis et al, 2006). These online technologies are markedly different from more 'traditional' meeting places for MSM, such as gay bars and clubs, public sex environments (PSEs - public places such as parks, public toilets and cemeteries where men meet other men for sexual encounters) and public sex venues (PSVs - private indoor spaces such as gay saunas marketed as sex on the premises venues for men which require entrance fees) (Frankis and Flowers, 2005). Within both PSEs and PSVs social interaction is largely prohibited (Frankis and Flowers, 2009) or only permitted within certain parameters whilst sexual

negotiations are achieved by a complex set of highly codified non-verbal behaviours, colloquially known as the 'rules of cruising' spaces (Frankis and Flowers, 2009). In contrast, whilst the commercial gay scene affords both verbal and non-verbal sociosexual negotiations, the normative influence of peer surveillance, expectations, 'bitchiness' and gossip serves to constrain men's behaviours therein (Flowers et al, 1997).

This chapter considers how technology has influenced gay sociosexual networking by looking at the way men make sense of these changes by connecting the physical and virtual world metaphorically. The use of smartphones to access GPS enabled apps is examined as an additional means to merge the two worlds, where online chat is carried out in public places to assist and support a face to face meeting. It also looks at the way the Internet has directly affected PSEs and apparently changed the type of men who frequent them.

6.3. Methods

Recruitment

MSM participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Interviews were conducted with 3 service providers and one focus group was conducted with a further 5 service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants homes, GCU premises or our community partner offices or community venues, according to participant preference.

All MSM participants identified as gay and a wide range of ages (18 to 63) and educational levels (none to post-graduate education) were represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of 8 HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as

gay (e.g. bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structure of open and probing questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor does the researcher proceed through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith

et al, 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience subject to their (re)interpretation, self presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from and is grounded within participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enriched the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues.

However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

6.4. Results

Merging of two worlds

Facebook and the various gay sociosexual media sites are increasingly used to bring together the digital world and the physical world. For example, participants described how men sitting in the same bar would use sociosexual media sites to engage in conversation with each other before choosing to talk face to face. Furthermore, some participants made sense of the new, virtual world by making comparisons to the physical world. Steve commented on the similarities between a gay bar and an online chat room which he called a virtual bar.

Steve: In that sense I suppose it's much more analogous to walking into a bar or a club. There'll be some faces that are in there every night that are always propping up that virtual bar, and then there'll be that occasional pleasant surprise that you're like 'Oh hello, do you come here often?'

Similarly, during Focus Group 1, Alex attempted to help Alistair, who was sceptical about sociosexual media, to understand virtual chat rooms by making comparisons to a physical world environment he thought Alistair could understand. Like Steve, Alex likens opening up an app to walking into a bar but also notes certain advantages of the online bar such as the low costs involved in making contact with others, less dependency on alcohol and increased personal safety.

Alex: You don't have to like get yourself all tarted up and... you know like out to the nearest pub, you can literally just sort of sit in the comfort of

your own home and, and do the same thing you would do in the pub but you're not spending the money!

[and later]

Alex: Its the same thing, you opening up that app... and looking is the same as walking into [Gay Bar in Glasgow] and doing the same thing, the only difference is you're not having to stand there (laughs) and spend your money on drink! Instead you're... sat in the comfort of your own home.

Alex also makes an important distinction between the way a person might initiate a sexual hook-up online and face to face. He points to the way that men can be more direct online about their sexual requirements than they would in real life.

Alex: It's down to people wanting to see what's on offer before they go and meet them, which personally I don't see the point of because, like I say, say I quite fancy you, 'Do you want to take me home and fuck me senseless, but can you just drop your draws, I just want to make sure that you're big enough before we go home?'... Maybe it's like a barrier, and you will be dead sexually explicit on it because the person can't see you. But if you go to meet that person you can't because it's taking all your coping skills away. You can't actually go out and meet people. You can't face them.

Despite Alex previously highlighting multiple positive aspects of sociosexual media, he also said that he would prefer to negotiate a sexual relationship face to face.

Indeed, because of the current emphasis on online sexual negotiation, he envisages a future where people will actually be unable to cope with face to face interactions.

GPS Enabled Sociosexual Networking

The recent development of GPS enabled smartphones has added a new dimension to cruising and sociosexual networking in general. A surge of sociosexual networking apps make use of GPS information by allowing men to contact others based on their geographical proximity, thereby creating a truly local network. In addition, instead of being tethered to a PC (and fixed-line Internet access), the portable smartphone offers a mobile Internet connection which is easily integrated into all real life behaviours. Accordingly, several accounts were given, not only of men sitting around a table 'Facebooking' each other, but also of gay bars and clubs where some men would communicate with each other via the Grindr app rather than talking face to face.

Cody: You get them [men cruising] at the nightclub. This is dead funny. At [Glasgow gay club], it was pitch black, music belting away and they've usually got the wee candles, [but now] you've got a thousand wee faces lit up with phones, and they're all on Grindr. He's sitting right there, [but] he's talking to him on the phone. He's sitting right there! And like before he couldn't speak to him and it's just to get the conversation going, so they can go over and then start the conversation.

Cody acknowledges that communicating through an app could help men who are too shy to make initial contact with other men, and explains that it could be the only way to communicate with others in an environment characterised by loud music. He also

thought that sexual dating apps could benefit PSEs because his own experience of his local cruising area was seeing men making contact with each other using Grindr.

Cody: Grindr helps with the cruising, because I see me going down [Lanarkshire cruising ground], because it's my local park, I'll go on Grindr and there's loads of guys doing the same, all grinding away on Grindr, so that will help the cruising. If you're a cruiser it would help you.

Similarly, Matt described how he would use Grindr in the sauna to initiate contact with a man he had already recognised from the app.

Matt: If I see someone that I've maybe seen on Grindr I'll maybe go downstairs and I'll send them a message, 'How are you doing? Are you having much fun at the sauna tonight?', chat, chat, chat.

Merging worlds to increase safety

In this way, contact with another man in a PSV was aided by Grindr and felt less risky than making contact with a complete stranger. Indeed, Jim explained that, on meeting someone in a bar, he would simultaneously check him out on Facebook, because he felt this added another layer of safety when meeting a stranger.

Jim: It's like crossing the two worlds over, instead of just using one method or just using the other one, you can cross it over. And to me that

feels safer, instead of just meeting a guy in a bar, you then have the ability to basically do a background check on them.

Dan also stated that he felt quite safe using Facebook because in addition to initially speaking to a potential friend, he would also check out any mutual online friendships.

Dan: I'll look at, well you're friends with them and I'm friends with them, sort of thing, but no, I've never really added anyone that I didn't speak to first.

However, Jim went on to make contradictory remarks about the effectiveness of Facebook to really get to know someone. Initially he argued that face to face chat is too time consuming so Facebook is a more efficient way of gaining information. However, he subsequently relented that it is easier to trust someone by actually speaking to them, because there are no walls to hide behind.

Jim: It [getting to know someone face to face] takes too long. Like you're having to meet up with them to get the idea of what kind of person they are. It's easier to spend ten minutes on their profile and just scrape through everything. But in person, it's easier to build a trust bond, I think.

Interviewer: Yeah. Why do you think that is?

Jim: Because you're actually speaking to them and they're there with you. And I don't know, it just seems you're going to be more truthful in person than you would be online. Because online, you can hide behind Facebook, you know, profiles and walls and pictures, what they've said they like, they

can hide behind that. Whereas in person, they're there in front of you, nothing's between you, and it's easier to understand the person in person, easier to trust them.

These extracts show the importance of gaining instantaneous knowledge about another when pursuing a sexual liaison but also the shortcomings of that immediacy. Taking into consideration the comments of Cody, Alex, Matt and Jim, it appears that social media can help facilitate an initial introduction to others in physical sociosexual locations, but if further interaction is to develop there is still a need to understand the person not the profile. However, if dependency on social media increases, as Alex suggested earlier, men's familiarity with face to face communication could decrease.

Ridicule, gossip and privacy

All of the comments discussed thus far have focussed on the positive uses of apps to integrate with sociosexual networking in the physical world. However, there is also a negative side to this integration where participants expressed an initial fear of their profile (both on purely social and sociosexual media) being ridiculed by others.

Peter: One of my big things about not going on Gaydar for such a long time was the fact that I felt that people would be talking about me and my profile in the bars, 'Oh there's that guy, his profile name is this, and he's this and that.' And in actual fact, I'm sure it does happen, I couldn't give a toss now. I couldn't care less, and yet that was the thing that held me back for years, that I would be an object of some discussion.

Peter makes clear distinctions between himself and his profile but also connects the two by explaining that any gossip about his profile is also hurtful to him. It further emphasises that the vision of self projected online may be open to more scrutiny than the real person; certainly, providing personal information online can provide intimate details to complete strangers. Peter's strategy for dealing with this scrutiny is similar to Dan's which was not to think about it.

Dan: I'd always try to just forget about how are other people going to think about me when I post this.

On a more threatening level, Alex told of his experiences of being stalked by a man using a GPS enhanced app.

Alex: He was able to tell me during this argument on Grindr that on specific nights I was wearing this, I was doing this in my lounge and all this kind of stuff, and that's when I sort of twigged he's been at my house, he's been standing watching me.

In this way, the GPS enhanced app facilitated stalking behaviour by exposing where Alex lived and where he was at any given time, even though he had not personally disclosed this information. Clearly, this merging of physical and virtual lives through apps is not desired by everyone, particularly those who have a professional standing to consider and wish their private life to be kept apart from their professional life. James explains why he was concerned about privacy on Facebook.

James: Service users or people I know through my work would ask to be a friend and I thought, 'Well no, I don't want you knowing about my personal life or who my friends are or what information I've got about me on the site.'

Rather than avoiding sociosexual media completely Richard chose not to present a face picture on his profile.

Richard: The field of work that I'm involved in means there's a small pool of people in the country and we all know each other, and there's a significant proportion of those people who are possibly also on that medium [Grindr], therefore, I am not doing face stuff.

Similarly, as a health professional, Matt was also anxious to avoid meeting anyone he might know as a client either on or offline. Whilst Matt, James and Richard emphasise the professional boundaries that need to be considered when using both social and sociosexual media, Jim also felt awkward if he met an existing friend or acquaintance on Grindr. In such circumstances he preferred to develop an (initially non-sexual) relationship on Facebook.

Jim: I've looked through my local area and seen if I've recognised anybody. You can use that [Grindr] to get an idea if they're single, if they're looking for anything. If it's someone you like, it means you can possibly develop a relationship on Facebook rather than looking for a

quick shag. It's sometimes awkward meeting somebody on Grindr that you know.

Thus despite the openness with which smartphone apps can be used in public there is still a need for secrecy and anonymity to separate the private sexual self from the public person in certain environments and situations.

Clearly, any use of apps to integrate the virtual and physical world depends on an individual owning a smartphone to access them. Not all the participants were in possession of such equipment and therefore their sociosexual networking needed to be adapted accordingly. Although social networking and smartphones are seen as the territory of younger people, surprisingly Rod (who is 23) hints at a desire to return to pre-social media times as he still uses more traditional methods to keep in contact with friends.

Interviewer: How do you now keep up with your friends then, and family?

Rod: More just through, like, phone calls, text messaging, like, what we done before we had Facebook!

Despite the potential dangers of merging social media with the physical world in terms of loss of privacy, professional discretion or stalking, only Rod admitted to using traditional methods to keep in contact with friends. This suggests that any risks involved with social media are judged to be acceptable and coping strategies are found to deal with any potential on or offline threats.

From PSEs to Digital Media

In the previous section it was shown how apps in particular have contributed to a form of cruising that may be less opportunist but possibly safer because of the ability to gain some prior knowledge about a potential partner. One area where sociosexual media has had a multifaceted impact is within PSEs. Firstly, sociosexual media appear to have brought more respectability to (online) cruising, at least within the gay community.

James: If I wasn't lucky in the pub I'd go to the cruising area if I was really, really desperate and wanted something. It was that need for some kind of physical intimacy immediately that can be met now through these apps. But yeah, it changed, because now there's this social acceptance that you can go and cruise online and meet people and have random sex with strangers.

James refers to the immediacy and opportunism of PSEs that is now possible to find using apps. Interestingly, when participants talked about PSEs it was generally in the past tense. However, it was unclear whether this was caused by the enduring social stigma of admitting PSE use or because they truly no longer used them. However, Calum highlights the changes that have occurred in the move from PSEs to online cruising which were seen to have rendered PSEs redundant.

Calum: You've got all your apps now so you don't need to go cruising because... you, can go on an app and have someone at your door within half an hour...so you don't need to actually leave the house...so again,

[PSE] cruising is right away down the list. There is still people obviously that do it, but it's not, it's not like what it was, say even, 15 years ago.

However, Cody (in his capacity as an outreach volunteer) and James note that cruising sites in Lanarkshire are still busy but are currently frequented by older men or men who are married to women.

Cody: I'm out on public cruising sites [during outreach volunteering], all the guys are 40. Years ago it used to be young men. Good looking young men. Used to go and meet all the good looking young men. Now it's like 40s plus. A lot of men in their 60s and 70s we've been coming across as well. A lot older going out on the cruising sites. Young men just aren't going there because the guys that are going are straight, they're men who have sex with men. They're not gay and they're not bisexual, they don't even call themselves gay and bisexual, they're calling themselves men who have sex with men, and they're happy with that term because they'll talk to us. If we call them gay they don't like it, if we call them bisexual they're like, 'No'. They're all working and they're all just popping out there for a quick shag before they go home to their wife or whatever.

James: In cruising sites it's men who are married to women that go out, and older people that may not use these apps. So it's opportunist, I've got five or ten minutes, or I'm walking the dog to go and see what I can get kind of thing, rather than planning something.

Cody and James are clear to delineate that in Lanarkshire, PSE cruisers are not gay men but rather heterosexually identified men, living a dual life. Older men may struggle with the priority given to physical looks and youth online, whilst men who are unsure of their sexuality may not want to be categorised as gay for fear of social stigma. In contrast, the PSE is characterised by anonymity, non verbal communication and little if any personal disclosure. Cody also remarked on the difficulty of talking about sexual health to this type of user who may not want to be seen as being gay and therefore does not see themselves in need of such information. The extract from James above highlights the opportunist nature of cruising sites and he later commented that he thought there was a move ‘*down south*’ (i.e. in England) back to PSEs because of the thrill of ‘*never knowing what you’re going to get*’.

A general consensus of older participants was that PSEs used to be more active and that it was possible to have more sexual encounters therein than by online methods.

Alex: It was always busy. And there was always a lot of good looking guys and things like that, but as the years have gone on people have tended to go off elsewhere. I don’t know where, but they’ve gone off elsewhere. It’s very few and far between that you find any good looking guys down there.

Cody: I mean before the social networks came along I got sex all the time, I didn’t use the computer. Went out [to PSEs] and done it and I probably got more then because you did go out and meet people.

Peter: The most I've ever really had sex on Gaydar is twice a day, and in a sauna it would be very unusual for me to have sex with as few as two people. So from that point of view actually the number of people that I have sex with now has plummeted in comparison to my sauna days.

We also see that saunas and PSEs afford sexual encounters with multiple individuals within a single visit, unlike sociosexual media which Peter and Cody both said has served to reduce their number of sex partners overall. However, Peter did add that he was getting bored with saunas and that Gaydar had opened up a different section of the gay community who did not use saunas, implying that PSEs and online apps do not attract the same type of person.

Peter: The Gaydar thing opened up a whole different section of the gay community who were using that and not using saunas, so that was the difference. So the sauna thing has definitely died for me. Not totally, but largely. And strangely enough I don't miss it at all, even though I'm only getting a fraction of the sex that I did when I was going to them. I think maybe it was just time to move away from that environment perhaps. I'd been doing it for a long time. And the number of good sexual encounters was going down as well.

It is plausible that Peter, who is in his 50's may also be going through his own transition from being young and highly sexually active and dealing with his current HIV positive status. Nevertheless, rather than increasing opportunities for casual sex, for Peter, the Internet appears to have reduced them. Nick echoes Peter's views on a

changing 'cruising scene' not only in terms of the number of people who frequent saunas but also of the decrease in the number venues for cruising,

Nick: The Internet is there for those that want to use it, and it is a legitimate... because I see a difference in how people are meeting up for sex now than before. I would say I went to the sauna about four, five times a year if I was lucky, but I can see now that the number of venues is dropping so people are not meeting, and the number of people that are there are not the same kind of level, so it certainly is changing and people are meeting through social network thing.

When Nick uses the word 'legitimate' to describe Internet cruising, this is an attempt to give greater respectability to gay sexual networking, largely absent from the more hidden and stigmatised practice of PSE cruising. In Focus Group 2, Joseph and Calum suggest that, rather than visiting a PSE, heterosexually identified MSM are actually going to straight bars to meet up with online contacts where they are not automatically categorised as being gay.

Focus Group 2

Joseph: The gay scene would be jumping, but when it's this it's holding the gay scene... it's destroyed the gay scene basically because it's waiting in line, they're going to straight bars now, I mean they're meeting in [Straight bar in East Kilbride] or meeting in...

Calum: Yeah they're going elsewhere in order so they're not actually seen out and about in the gay scene

This resonates with the discussion of Facebook in Chapter 4 which was popular with gay men because it was a socially acceptable site and meant that social networking was not carried out in an overtly sexual environment. Subsequently, it was easier to integrate homosexuality with heterosexuality which aided acceptability.

Despite the increasing use of sexual sites and apps, many participants still felt that the Internet was not a place to find a long term relationship.

Nick: If I want to meet somebody, yeah, I'm more than happy to share my life experiences and things with them, but I don't want to have it on a network.

Jim: I don't think that's [a relationship] ever going to happen, certainly not on a social networking site. I mean these are the types of things that if it's going to happen it'll happen face to face probably in a bar or through a friend of a friend or something like that. I really don't think that's going to happen on a social networking site.

We see then a parallel between PSEs, gay saunas and the Internet, which are locations to seek sexual encounters but not long term relationships. In contrast, gay bars afford both sex and relationships whilst other more traditional social routes provide access to relationships. This clearly emphasises the 'sexual' side of gay sociosexual media; although there is the potential for social interaction, and indeed, some men do use them to these ends, the majority conceptualise them as online cruising sites offering a legal, more private and potentially safer experience than PSEs.

Summary

The participants in this study appear to be divided about the influence of the Internet on social and sexual networking. Apps and smartphones are considered by some to be an integral part of daily life, where social contact in general has been enriched. There are also a number of participants who, despite being swept into the world of social media, still believe that face to face contact is the best way of building a trusting relationship. The opinions that sexual activity has decreased since the advent of apps questions the degree to which men are using these apps for physical encounters. It just may be that the extra effort and uncertainty involved in hosting, or attending, a sexual encounter makes online cruising not just less immediate than PSE or PSV sex but also inhibits sexual encounter frequency.

Of particular interest is the view that public meeting places for Lanarkshire MSM may have moved to straight bars so these men are not associated with the 'gay scene'. As this view is only expressed during one focus group discussion it should be considered with caution. However, this move could signify an underlying desire for acceptability that gay sociosexual media use actually negates.

The ways in which MSM engage in sexual interactions may have undergone a transition such that some groups have moved completely to Internet dating, and believe that apps have taken away the need for PSEs, whereas others still prefer traditional methods of interaction and still more are adept at merging both. The experience of this transition does not appear to be totally age related but more reliant on the ability to embrace technological advances, the quality and affordability of equipment and individual choice. A question to be considered is whether this

transition will ultimately be beneficial to the general acceptability and well-being of MSM, if cruising is carried out behind closed doors and a computer screen.

6.5. Discussion

Sociosexual media not only provide new ways for MSM to communicate but also, and in particular since the launch of smartphone based apps, appear to be modifying traditional means of social and sexual interactions. Not only were these new media described in terms of a gay bar analogy, complete with ‘regulars’ and ‘new faces’ but their use has also moved into both gay bar and PSE/V culture as a replacement or adjunct to more traditional cruising and dating behaviour.

Within the bar environment, men use sociosexual media to contact and to learn more about the men they see or meet there, to gain some background information about them or legitimize them through having mutual ‘friends’, thereby increasing feelings of personal safety when interacting with them. Such online communication was also seen as less intimidating than initial face to face contact, perhaps because coping with rejection of social advances was easier online (Davis et al, 2006), similar to PSEs (Flowers et al, 2000) where personal rejection is less damaging. However, there was also a conflict in the way these media can be used to develop a relationship with other people. Reading an individuals’ profile was understood to provide an efficient means to quickly familiarize yourself with that person. Nonetheless, it was also apparent that face-to-face contact was necessary to really get to know him, partly because of the ease and propensity to lie online, but also because of a perhaps intangible importance attached to non-verbal communication absent online. In this way, sociosexual media were not seen as potential sources of relationships but instead could mediate only casual sexual encounters. It is interesting how this resonates with PSEs and PSVs which also provide access to casual sex but not sexual relationships, although here is

it the lack of *verbal* communication, along with the seedy reputational value of these spaces, which is critical (Flowers and Frankis, 2001).

In contrast, the potential dangers of sociosexual media were also highlighted. The social control, bitchiness and gossip seen as characteristic of the commercial gay scene (Flowers and Hart, 1998) was also an issue on sociosexual networks. Whereas one's behaviour in bars is open to public scrutiny, online it is one's public profile which is up for discussion and, potentially, ridicule. Therefore, the content of an individual profile must reflect not only what the owner wants to portray, but must also avoid disclosing private details which could be used by others for gossip or even more serious personal attacks. Indeed, by providing accurate self-location data, GPS enhanced apps could even be used to facilitate stalking behaviour. Professionals avoided disclosing personal information to clients through various information management techniques, such as avoiding face photos or avoiding sociosexual media altogether. In Chapter 7 we explore how HIV positive men deal with disclosure online by carefully managing how and to whom their status is divulged; such information is typically left ambiguous within a public profile and provided only within private chat forum. In this way then, sociosexual media require a complex management of personal disclosure, truth, ambiguity and elision in order to protect both the personal and professional self. Those men who used sociosexual media felt these risks to be manageable but for a few, they outweighed the benefits causing them to eschew sociosexual media altogether.

The impact of sociosexual media was also seen to have been particularly strong on PSE/Vs, although there was some contradiction around what this had been. Firstly, the rise of online sociosexual media had made cruising *per se* more acceptable and

respectable. There was a pervasive notion that sociosexual media had taken men away from PSE/Vs so that they were now far less busy than in the past; indeed, some participants went as far as to say PSE/Vs were now redundant, which older participants in particular lamented. Correspondingly, participants argued that they used PSE/Vs less themselves in favour of social media. However, others argued that PSE/Vs still functioned, but the user demographics have shifted to an older group of men than in the past; though whether this is just those same men who are now older, with younger men bypassing PSE/Vs in favour of sociosexual media, was not discussed.

PSE/Vs were understood to provide greater opportunity for multiple sexual encounters within a single occasion than online cruising using sociosexual media. Indeed, men suggested that changing their behaviour towards more online cruising had substantially reduced their number of sexual contacts for this reason. Whilst reducing numbers of sex partners, could be seen a positive change in terms of health promotion, at least in terms of reduction of sexually transmitted infections (STIs) other than HIV, there is no strong evidence that PSE use is linked to STI transmission (Frankis and Flowers, 2007).

PSE cruisers in Lanarkshire were understood to be largely heterosexually identified and/or married MSM. Although recent evidence suggests that most PSE users actually identify as gay (Frankis and Flowers, 2007), despite folk wisdom to the contrary, these data stem from a large city centre PSE in southern England, which is likely to be very different to those in Lanarkshire towns and more rural locations. However, some suggestion was made that heterosexually identified MSM no longer meet up in PSEs

but instead use sociosexual media to arrange hook-ups in heterosexual bars, preserving their heterosexual identity and avoiding the potential for identify exposure within a PSE.

The Internet has long provided men with cruising “resources” (e.g. www.cruisingforsex.com), documenting where to cruise worldwide and providing a community forum to discuss safety issues or arrange meetings. However, with the advent of GPS location-based smartphone apps, sociosexual media has also moved into PSE/V cruising culture. Similar to gay bars, men in PSE/Vs use the apps to perform a proximity check of other MSM in their surrounding area. Not only does this tell them how many other men are around, it also confirms who is cruising for sex and who is not a cruiser within a given environment. Since issues of safety and danger are paramount to cruisers (Frankis and Flowers, 2006), largely due to ‘gay bashers’, police harassment or accidental exposure to non cruisers (Frankis and Flowers, 2006), GPS smartphone technology provides a further layer of security to MSM whilst cruising.

Finally, some evidence of a post-socio(sexual) media culture was also presented. Younger men discussed how they were returning to more traditional communication methods (like phone calls and text messages) instead of using Facebook for everything. Moreover, this impact has also been felt upon cruising culture. A clear difference between cruising on sociosexual media and PSE/Vs was that the latter were more spontaneous and instantaneous than online encounters; because of this, a resurgence in PSE use was suggested, at least in England. As such, we see the notion of post-sociosexual media interaction, with men returning to traditional cruising

routes and communication methods, as digital technologies find their place within, but do not replace, established social structures.

Summary

In summary, sociosexual media does not just provide a new form of interaction amongst MSM; it has also had shaped socialization within more traditional MSM sociosexual locations. Particularly since the advent of GPS enhanced smartphone cruising, men use sociosexual media within the commercial gay scene and PSE/Vs, in order to increase personal safety when meeting other men. Whilst merging of the digital and physical world was valued, sociosexual media also requires careful management of personal disclosure in order to protect both the private and public self.

6.6. Implications for health promotion

Just as men merge their digital and physical worlds through the use of social media, sexual health promotion must explore this nexus of technology and space in order to develop culturally appropriate interventions.

Sexual health promotion must consider how traditional skills (e.g. negotiating safer sex) may translate to the digital context, where more direct negotiation is possible and intentions can be signalled by profile options but which may not always be respected in subsequent physical encounters. As such, maintaining men's face to face sexual negotiation skills remains a priority, especially since MSM are concerned that the profusion of online communication may lead to their deterioration .

Within most sociosexual media, an individual's public profile is up for discussion and, potentially, ridicule. Although most participants were adept at managing the inherent risks, some participants were concerned of, and others reported, the negative sequelae of sociosexual networking. Health promotion could provide guidance and advice on how to minimize the risks of online cruising, such as managing information and image disclosure and exchange, dealing with truth, ambiguity and elisions within digital relationships and sexual negotiations online. Guidance for the translation of these issues from the digital to the physical world is also warranted.

GPS enhanced sociosexual media provide the opportunity for real-time online sexual health promotion by outreach workers within PSEs, contacting local cruisers who are also using these media therein. This provides a means to enhance traditional PSE outreach work by assessing the breadth and volume of cruisers present, as well as

providing men with a more confidential and anonymous means to access sexual health advice *in situ*. Without the need to interact face to face, this service may be particularly valuable to heterosexually identified or married MSM. Similarly, sociosexual media outreach could also enhance traditional *in situ* PSV based outreach work.

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Chapter 7

Social Media and Disclosure of HIV Serostatus in the Accounts of HIV Positive Gay Men in Lanarkshire

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7.1. Overview

Online HIV disclosure is an important dimension of one's experience of HIV with implications for sexual partnering and HIV prevention, among other concerns. This chapter examines the accounts of gay men living with HIV (n=8) in Lanarkshire, regarding social media and HIV disclosure. As we will see, gay men with HIV in Lanarkshire rarely disclose their HIV serostatus online, in part because they are concerned that such information will be turned against them in their sexual networks or in other areas of their lives. Partly because of these concerns regarding public life and serostatus, the men also reported that some online environments, in particular, a bareback website, were important sources of information and support. In such online environments, openness with regard to HIV serostatus was implied in one's presence there and other forms of communication were said to be easier than in other, non-HIV positive identified spaces. These findings imply that the promotion of HIV disclosure in social media is likely to be met with considerable resistance, though outreach to gay men with HIV using social media is feasible. Relatedly, further online social support for gay men with HIV may be an acceptable and useful means of addressing HIV prevention goals. A related finding was the need for support in relation to the disclosure of HIV serostatus in ongoing sexual partnerships, in contradistinction with casual sexual encounters.

7.2 Introduction

How gay men with HIV manage knowledge of their diagnosis and its implications for HIV transmission is a central plank in public health efforts to moderate the impact of the pandemic. Such efforts are typically operationalised in terms of the encouragement of HIV disclosure. It is said that HIV disclosure in sexual settings can support the goals of HIV prevention; as such knowledge may lead HIV negative men to reconsider anal sex without condoms with sexual partners who inform them that they are HIV positive. In some public health approaches to disclosure, people with HIV are expected to tell all their sexual partners of their diagnosis for disease control reasons. This is despite what can be an enormous social cost to those with the infection if disclosure is enacted. It is also the case that, by law, for all notifiable diseases, of which HIV is one, disclosure to those at risk, including sexual partners, is required. In addition, disclosure features in research and interventions on the psychosocial aspects of HIV diagnosis and treatment, since openness with regard to diagnosis is said to further social support and psychological adaptation. Further, people with HIV find that to some extent, they will need to disclose to access services or may want to inform those in their social networks for personal reasons. All these disclosures can be difficult in social environments where the person with HIV can expect little support. Gay men with HIV also find that HIV disclosure can mobilise pre-existing prejudices regarding their sexuality, making the disclosure performance and its aftermath like a second coming out with heightened, or doubled, risk for identity.

Against this backdrop of HIV disclosure and its challenges, social media have taken centre stage. Social medias' abilities to fix and circulate biomedical knowledge of the

person, via online profiles, in emails, and text messages have made them sites for research and intervention attention to HIV disclosure, especially amongst gay men with HIV. Research has shown that, while gay men who have unprotected anal intercourse are no more likely to do so with their online partners compared with partners found elsewhere, gay men with HIV are more likely to report that they have had anal sex without condoms with online partners of the same or unknown serostatus (Bolding, Davis et al. 2005). This research indicates that a) among gay men in general, online environments do not necessarily lead to sex that might transmit HIV, though men who do have risky sex can be found in such environments, and b) that gay men with HIV do appear to use the Internet to obtain sexual partners where anal sex with condoms is less likely, possibly due to serosorting strategies. Websites which are identified as ‘bareback’ sites are a case in example, but serosorting is not restricted to such environments.

Because gay men having sex that might transmit HIV are found online, social media have become a focus for outreach and intervention, but with only moderate success (Bolding, Davis et al. 2005). While gay men endorse online HIV education, engagement with such interventions is not high (Birnbaum 2004; Davidovich, De Wit et al. 2006; Kok, Harterink et al. 2006). Because gay men with HIV do locate sexual partners with whom they are less likely to use condoms, social media are also a focus for HIV positive men’s education. A crucial focus here is the assumptions that can be made of serostatus, when it is not actually disclosed. Research has shown that online negotiations involving HIV disclosure – and therefore the basis for serosorting – are quite often partial and therefore faulty. Codes and implied disclosure can be misinterpreted (Adam 2005).

In this chapter, therefore, we explore interviews and focus groups with Lanarkshire gay men with HIV (n=8) with regard to their experience of social media and HIV disclosure. We detail how gay men use social media to manage knowledge of their HIV serostatus and interpret the disclosures of others; the social, interpersonal, and technological enablers and constraints on disclosure and the role that social media might play in assisting gay men with HIV to manage disclosure.

7.3. Methods

Recruitment

Men who have sex with men (MSM) participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Of these, eight men disclosed an HIV positive status. Interviews were conducted with three service providers and one focus group was conducted with a further five service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants' homes, GCU premises or our community partner offices or community venues, according to participant preference. Within this chapter, analysis focuses on the eight HIV positive men who took part in this study (Calum, Peter, Alex, Matt, Alistair, Joseph, Ben and Doug) although the themes were supplemented by data from the remaining HIV negative men and service providers.

All MSM participants identified as gay and a wide range of ages (18 to 63) and educational levels (none to post-graduate education) were represented. Most men

were single, although four had a boyfriend and one was in a civil partnership. A total of eight HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as gay (e.g. bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structured schedule of open and probe questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor that the researcher proceed through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the subsequent chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith, Flowers et al. 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience subject to their (re)interpretation, self presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from and is grounded within participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded, and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enriched the

underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues. However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

7.4. Results

In total, eight participants disclosed their HIV status to the interviewer. They talked at length about dealing with HIV in general but issues reported here focus on social and sociosexual media. This theme discusses the way HIV positive men deal with status disclosure online. Under discussion are the factors that influenced any decision to disclose, and the ways that individuals dealt with their status online, at times by choosing not to disclose and at other times, by using different profiles to stage or manage disclosure, strategically. Managing an HIV profile also depended on site functionality. On gay sociosexual media such as Grindr, Growlr or Gaydar, the expectation of public face pictures meant that few positive men openly disclosed their status online. In contrast, on the bareback specific site BBRT (which stands for BareBack Real Time), face pictures were made private which led many positive men to use the site for both social and sexual networking. We also discuss the possibility that status management is area specific, depending on public acceptability of homosexuality in general. The final sub-theme explores BBRT in greater depth in terms of its place within the HIV community, both as a support system and a site where anal sex without condoms, and apparently injecting drug use, can be negotiated.

The dilemmas of disclosure: blame, responsibility, rejection and prejudice

Deciding if, when, or how to disclose an HIV status posed a moral dilemma in terms of both risk and responsibility. Participants clearly articulated different arguments around the locus of responsibility for status disclosure. On the one hand, they argued that knowing their positive status placed the onus of disclosure on their shoulders, whilst the enactment of disclosure was seen to shift that responsibility on to sexual

partners. On the other hand, partners were expected to take responsibility for their own sexual health, an expectation that, in some circumstances, obviated the need for disclosure. The challenges of these negotiations, however, also meant that it was often easier to say nothing and insist on safer sex.

James: It's very interesting isn't it. That whole disclosing of your HIV positive status on an app or to someone before you have sex with them, because there's always that. Well I mean I suppose I do know there's the benefit of the fact that you can feel like well, 'I've told them so I don't need to have that responsibility anymore if something goes wrong.' or 'If they're informed, they know I'm positive, so if they seroconvert its not my fault, they've made an informed decision.'. But there's also the, 'Well, why would I bother, just don't tell them and if they didn't have safe sex well it's not my fault.'.

Alex spoke of similar challenges. He said that he would 'probably' be open to the option of using a condom as the means of preventing HIV transmission.

Alex: 'Do I say something beforehand or do I wait, do I not say anything at all?'. That kind of thing. But I think I know what the answer would be and that would probably be, 'Yeah, tell him before you have sex with him, or if you choose not to tell him then make sure you use a condom.'.

The timing of any decision to disclose involved balancing concern for others, their own moral standards, and the need to be in control of personal information,

particularly if there was a chance that a relationship could develop out of a casual meeting. Alex felt it right that any disclosure should take place face-to-face, but was concerned about the consequences.

Alex: If you're out in you know a gay bar and you want to be open with somebody you're not going to do it in the first half an hour or whatever you know the first hour, it might not even be the first week, but when you do tell him you're going to have to do it face to face, they might not take it the right way or you know 'Why did you not tell me the first night?'. 'Well... hang on a wee minute I kind of want to get, kind of get to know whether or not you're a nice person first before I tell you anything about myself privately.'

Matt focussed on his own personal stress when deciding how to disclose.

Matt: If I was to meet somebody, and then I've got to like them or they've got to like me or whatever, and then a couple of weeks down the line you've then got to explain. It's all that stress, living with all that stress for those couple of weeks. I'm like do I tell them, I need to tell them, blah, blah, blah, then there's going to be all the questions, and you're like, 'Oh my god, it's just too much extra stress.'

A further influential factor in deciding when, or if, to disclose, may be the degree to which an individual has adapted to his HIV status. If a man were to disclose on a site such as Grindr or Gaydar, they risked making public their status to others online as

well as the information getting out into the physical (i.e. 'real') world. Peter is a newly diagnosed HIV positive man and talked about the enormity of taking a decision that reflected his own changing identity.

Peter: Well you're leaping from I suppose people assuming that you're negative and then disclosing that you're not.

For Calum, his decision to disclose focussed on the fear that colleagues at work who also used Gaydar would be made aware of his status before he was ready.

Calum: The reason I don't talk about it on Gaydar is there's some of my colleagues actually on Gaydar and it's still very early days, I'm not, certainly at this stage, disclosing to colleagues at the moment.

Interviewer: Do you think there is a stage where you should be disclosing to them?

Calum: Maybe not should, but perhaps I'll be quite happy to later on. I'm not sure yet.

Status anonymity was of great concern to HIV positive participants and Calum balanced the moral argument of 'should' he disclose with the social risks to his identity and, in this situation, his professional life. For similar reasons, Alex felt more comfortable using apps than being on the gay scene.

Alex: As I've said, the good thing about the app is that you can hold the information back and...

Interviewer: It gives you more control, over when you tell, who you tell?

Alex: Yes, it gives you control of you... whereas the gay scene doesn't do that.

A further two participants were concerned for their personal safety if their status became common knowledge.

Focus Group 2

Ben: I don't think a lot of people can cope with it, I don't think they can cope with it, know what I mean? Because of, it's what Calum has just stated on actually it can get through the neighbourhood know what I mean? And like bricks through your window, people writing on your door you know what I mean? And Calum is probably lucky it's, it's [Lanarkshire Town] is not [deprived area of Glasgow] or [deprived area of Glasgow] or [deprived area of Glasgow]. They could murder you walking down the street... you know what I mean? 'There's that gay guy there! Just give him a kicking.'. The next thing you know you're... murdered.

Calum told of being forced to move out of the area when his HIV status was made public by a work colleague. He felt he was victimised because of the stigma attached to HIV in the area he lived. The participants of this focus group all agreed that disclosure online was risky because of the ease with which information on social media can be publicly circulated.

Calum: That's only due to someone within my work environment... who'd found out something that... loose lips caused that and it sort of spread... and where I was working at the time was just a wee local square within [Lanarkshire Town] and it went through the whole streets.

Not knowing how others may react to HIV was a reason for Ben to think about his own needs when choosing whether to disclose.

Ben: I'd told very, very, very few people, because... you don't know how they're going to react... I don't think you get much benefit from telling people... and once you tell them you can't take it back.

With regard to the protection of others, the perceived likelihood of HIV transmission and the severity of infection influenced decisions to disclose. In the following extract, Mark says he would be comfortable to have unprotected sex because his viral load had just lowered to make him undetectable.

Mark: If I was to leave here tonight and, I don't know, go onto Grindr or whatever and meet a guy just round the corner or at [Lanarkshire cruising park] or whatever and have unprotected sex with him I know that he wouldn't catch anything from me. I know that he would be protected because I would... like I got my results today and again the same thing, 940 CD4 count, undetectable [viral load].

Mark's comments reveal that, for some gay men with HIV, the assessment of the risk of HIV transmission in sexual encounters and therefore the requirement of HIV disclosure are framed by knowledge pertaining to the impact of anti-retroviral treatment on transmissibility. By implication, the effects of anti-retroviral therapy on the treatability of infection may also figure in assessments of risk and therefore of disclosure. The dilemmas of disclosure can be thought of as balancing the public health imperative of disclosing to sexual partners with protecting the self from prejudice and even, it seems, violence. The focus on self-protection led some to avoid disclosing their HIV status as a matter of self-preservation.

Non-disclosure: rationale and effects

The question of HIV status was not only an issue for HIV positive men but for anyone using social media for sex. Users of apps found that few people openly advertised their status online and were not often questioned about their status by potential partners.

Alex: In all honesty I've seen two people... in the last few... what, eight months that I've been using apps, I've seen two people that have been open about their status.

The consensus was that dating sites were not contexts for HIV disclosure as they were primarily used to find casual sexual partners.

Joseph: They don't ask you your status or nothing, honestly, it's just a matter of... of a meeting say 'Right, we'll meet here in half an hour, where

do you stay?’ and all you’ve got to ask them is, ‘Where’s thingmy?’ and you’re done, you’ll, you’ll not have a conversation, it’s not like, ‘What’s your name?’... they don’t know nothing about you, you know what I mean? And obviously... unprotected sex they won’t turn round and say ‘Are you HIV positive? Have you any... when was your last check?’ or anything like that, it’s just a matter of jumping into bed and that’s it.

Focus Group 2 comprised three HIV positive men and all commented that they had acquaintances who were also positive but, reportedly, did not disclose their status online. This was attributed to the need for anonymity because Lanarkshire people were reserved.

Focus Group 2

Ben: Aye... They don’t really deal with things up here.

Calum: They don’t.

Ben: They don’t talk about things.

Calum: It’s put on the back burner all the time.

Herein, ‘things’ probably refers to homosexuality in general because, in comparison to a city, their home town was seen as a small place where it was difficult to be anonymous. With specific reference to HIV, comparisons were made to men from ‘down south’ (i.e. England) who were seen to find it easier to disclose online.

Focus Group 2

Joseph: Right. I think the people down south are more open with their HIV than they are up here.

Ben: They are, they are but again it's the small town mentality.

Calum: Yeah, totally.

Joseph: Because when you look at this [sociosexual media] and you see the amount of people that's HIV positive and obviously they've not stated whereas a lot of them down south states they're HIV positive.

Similarly, it was also noted that it was only people from 'down south' who linked their HIV positive profile with a face picture.

James: I don't think there's anybody who's got a face [picture] who says they're openly HIV positive unless they come up from down south.

These comments resonate with those made in the previous theme about the stigma attached to HIV in Lanarkshire, which made non-disclosure, or at least very minimal disclosure, the preferred option.

Joseph: I think that could cause a lot of hassle, bring a lot of trouble to your place if you're HIV positive and people finds out your HIV positive and... they crack up like you've not told them you're HIV positive.

One strategy to disclosure without jeopardising privacy was to incorporate a code in an online profile, which was commented on by all members of Focus Group 2.

Focus Group 2

Joseph: And then they write down... 'On meds' for instance or... so people know they're HIV positive or something else.

Robert: In their description they're 'quite a positive person.'

But, as Joseph pointed out by, this was likely to mean little to a negative man.

Joseph: And they hint like 'CD4 count is good' so somebody who doesn't know about CD4, but if they're HIV positive they know what they're talking about.

Non-disclosure accentuated, however, the calculation of the level of HIV risk that each individual was prepared to take. Using a condom was also seen as the easy way to avoid discussing HIV by negative men, because it gave protection for self and protection for others.

Focus Group 3

Cody: If I meet somebody who's HIV positive it wouldn't bother me in the least, I'd still have sex with him because I know I'm wearing a condom. It wouldn't bother me in the least, because I know as long as I wear a condom I'll be safe.

Richard: If you don't want to talk about HIV with whoever you're meeting up with, for me, again, you don't need to, because if you're taking

precautions, if you're using a condom and lots of lube, then you're doing as much as you can to reduce the risk.

This strategy assumes that all parties concerned are happy using a condom and that there are no complications such as breakage or condom slips. However, negotiations about protected sex appear contradictory. On some sociosexual media, it is possible to signal one's approach to safer sex by ticking an appropriate adverb, for example 'always', 'sometimes' or 'never'. Every HIV negative participant stated that they always insisted on safer sex but had doubts about others.

Will: On Gaydar, in profiles there's a box that says safe sex and your option is 'always', 'sometimes', 'never', 'needs discussion', and it's always 'always' with me. If it's someone that 'needs discussion' then that's an absolute no for me. Where it's an encounter and you haven't spoken about it online and you've met the person you just mention it to them, it has to be safe sex.

Richard: There's a part of it [site] where you can say... it says safer sex and the choices are: 'never', 'sometimes', 'often', 'always' and 'prefer not to answer'. But really that's it... One of the things in there is poz guys, so clearly out looking for men who have HIV. I have to say, if I see that, I always do look at what their safer sex status is. And it's either... well, quite often it's 'prefer not to say' or 'never' or 'sometimes', which really says there's risk going on there.

Will and Richard, who are both negative, seem to assume that 'needs discussion' is code for HIV positive serostatus and 'risk-taker'. Importantly, this is an assumption made by the participants since it may be the case that in some instances online daters may believe that safer sex needs to be discussed and not necessarily that they are signalling that it is unwanted. Although it was generally perceived to be easier to discuss safer sex online rather than in person, in reality participants complained of agreements being broken and in the heat of the moment risks were more likely to be taken.

James: If you turn up to somebody's door, have a shag and you're naked and you're just about to do stuff, maybe get fucked, then suddenly, 'Where's your condoms?' 'Oh, I haven't got them, I thought you had them.' And then you make a decision there as well about whether you do it or not, and usually in the heat of the moment people go, 'I'll risk it.'

Jim: I try and be as cautious as I can, and it's just whether people tell the truth. You always... you can't ever tell, you just have to hope that they're going to be honest with you. And eventually, once you get to the bedroom, you either find out at that moment or when you start to connect.

James: If we talked about safe sex before and they turn up and they don't have condoms and lube, you're going, 'Well, hold on a minute, this was discussed before,' and luckily enough it's never been an issue because I've always had them.

Although most participants said they favoured safer sex to protect from infection, in practice, this may not always happen. Alex explained that he was infected by a partner in a long-term relationship who did not inform him of their status until the relationship broke up.

Alex: You know for 9 months didn't tell me, after we separated, he found out I'd met somebody else and he decided he was going to tell me that he was HIV positive and he hoped I was infected as well so haha... and behold it turned out that I was HIV.

In this case, non-disclosure and disclosure were entangled with romantic partnering and a subsequent break-up. However, in all cases, non-disclosure, as with disclosure, is a nuanced, contingent, and strategic practice. Despite its absence, or perhaps because of it, non-disclosure mobilised an interpretive repertoire on the part of participants regarding the serostatus and intentions of the other.

Multiple profiles and strategic disclosures

Due to the proliferation of sites and apps, it is common for an individual to be members of multiple sociosexual networks and therefore to have more than one profile. One consequence of such multiplicity was that few participants could remember in detail how they presented themselves on a particular profile. Further, it was noted that it was not uncommon for men to constantly update profiles at whim.

Richard: It does depend on what I'm looking for. Or however I was feeling that night, that day, I would simply update my profile to say,

looking for sex, looking to have my cock sucked, looking to fuck somebody, looking to be fucked, whatever it was I was looking for.

A face picture was deemed to be an important sign of authenticity. Any profile which did not display a face picture was treated with suspicion, with some assuming that the profile owner was either married or HIV positive. This assumption is consistent with the foregoing discussion of the reason behind non-disclosure of HIV serostatus. As noted, on most social media sites (e.g. Grindr, Growlr, Scruff, Gaydar), very few local men disclosed an HIV status even although Grindr provides a discreet opportunity for this.

James: It's in the little blurb at the bottom of Grindr, a thing saying positive for such and such for five years, undetectable viral load for the past six years.

The main reason given was that positive men did not want to be recognised by their online picture in their neighbourhood for fear of social rejection and as previously noted, violence. Stories were told, particularly with regard to Facebook use, where information about an individual's status became public and subsequently, that individual was the target of much abuse, usually by an ex-boyfriend. One disclosure strategy, therefore, was to create two profiles on a sociosexual media site, one where HIV was declared or indicated and one, or others, where it was not.

Focus Group 2

Joseph: So that's what I've got, I've got [on Fitlads]... on that I've got two... an HIV profile and a normal profile... Fitlads.

Ben: Joseph you've got an HIV profile and a non-HIV profile?

Joseph: Aye.

Calum: And a normal one! (laughs)

Ben: 'And a normal one' (laughs)

Joseph: (laughs)

Calum: That's not normal! (laughs) I've just got the one profile and it's just, 'It's complicated' and that leaves it wide open for everybody to think what they want.

Use of the word 'normal' suggests different ways of dealing with HIV online. Joseph's HIV profile separates the non-HIV positive self from the HIV positive self, revealing how social media make identity management strategies possible. Other HIV positive men had only one profile per sociosexual media site, but only disclosed their status on certain sites. For example, Calum only disclosed his HIV status in his BBRT (BareBack Real Time) profile, a site primarily geared towards bareback sex, which appears to have been adopted by positive men.

Calum: I can't be identified by... from my BBRT profile, do you know what I mean... so that's, I'm totally honest... on my BBRT whereas... I either leave things out on other profiles... on other apps... or I kind of... I'm lenient with the truth.

Like Joseph and Calum, Calum managed his HIV disclosure strategically, as he was mindful of the social media context, the audience of his profile, and his intentions.

What separates BBRT from other sites is the information that is made public and that which is kept private. On BBRT it was not expected to display a face picture as part of a public profile, only body shots. A face picture could be unlocked at the discretion of the individual; thus, a reversal of the way other sites function.

Peter: Interestingly something different from Gaydar is that my face pic on BBRT is private and you have to choose to unlock that to certain people. There's just body pics on BBRT.

In such an online environment, a profile 'sans face pic' was not seen as negative, in contrast with other sites. For instance, a person who was happy to place a faceless photo on BBRT would still not contact someone on another site that did not portray a face picture.

Calum: I'll not go into a profile that hasn't got a picture, so you maybe get a message off somebody and you'll be like that 'Look mate, I don't want to waste your time or mine, but have you got a picture?'

Calum talked about the way a face image helped him build up a picture of the real person but his own honesty could only be projected anonymously on BBRT.

Calum: I'm totally honest on BBRT about my status and everything I don't have a face picture, I've, I've got them in private pictures but I've just got a body shot .

Joseph makes similar comments.

Joseph: If I like the picture then I'll view the profile... and the ones that haven't got a picture I don't even look at.

[and later]

Joseph: I don't have a face picture, but I've got face pictures in my private pictures.

These accounts suggested that both site etiquette and interpretations of what others expect influenced online disclosure.

These perspectives suggest a complexity with regard to disclosure such that gay men with HIV use sociosexual media to disclose, paradoxically, without disclosing, while at the same time managing their social presence to others. On sites such as Grindr or Growlr, overt HIV disclosure is rare but authenticity in the form of a face pic – that is social identification – is highly valued. However, on BBRT, HIV positive serostatus is tacit and anonymity is both acceptable and not seen as a mark of inauthenticity.

Bareback sites as a form of supportive community

Because BBRT was discussed by so many HIV positive participants, it is important to explore their accounts of the site further with a view to understanding its place in the

sexual lives of gay men with HIV. The following extracts show that BBRT is gaining popularity amongst the HIV positive community.

Matt: [Just after I found out I was positive] I'd gone online and I was talking to a guy in [European Country] and he told me about BBRT. He said that he had got a lot of information from it because it was mostly positive men that were on it... Couldn't believe the amount of people on it who I recognised from being out or from going to the sauna or from their Gaydar pictures. You're like, 'Oh my god, didn't know they were,' blah, blah, blah. So I then started talking to people online and I found that I got a lot of support from BBRT.

Matt: Every day I check to see who's joined, and over Christmas there was 18, 19 [new local] people between Christmas and New Year, which in this area's a hell of a lot of people.

The reasons for this popularity, according to participants, included support, information, and being with a group of people who all had the same status. Implied here is that disclosure is enacted by simply being on the site.

Matt: I use it because it's got positive men on it, because we're all in the same boat, and it just seems easier to talk, rather than going on Gaydar and then having to decide, 'Do I come out with my status?'

Calum: On BBRT everybody, well most people, are in the same boat, and you don't have that issue, do you know what I mean, it's not about having

bareback sex... it's about people knowing your status and your, your situation before you meet.

BBRT could be seen as a place where men felt comfortable because they could talk to others in a similar situation. It could be therapeutic for users where chat was equally as important as sex, if not more so.

In this way, BBRT was seen as part of the positive community support and more than just a site to arrange casual bareback sex. Matt said he frequently gave sexual health advice on BBRT and saw himself as an 'online uncle' supporting other men. Because knowledge of the site was generally through the recommendation of another positive individual, it was not a site that was common knowledge to negative men, which can be seen in the following extract from a focus group of one positive man (Doug) and three negative men who were asked about bareback sites.

Focus Group 3

Interviewer: What's the best bareback site?

Steve: I've no idea, I've never heard of one.

Ed: Neither have I.

Zach: Is that basically without a condom?

Interviewer: Aye.

Zach: Right, okay.

Doug: I would say probably there's a site called Bareback RT, and again for me it's interesting that site in that it's amazing how many people are actually on that site that actually practise safe sex, to the point of the fact

that they spend half their time asking the question. Although you can go through much like everything else and you can tick the box that you look on a profile, only practise safe sex on a bareback site. But again the reason for that is because you tend to find that guys are looking for less vanilla [conventional sex] and more, I don't know what you want to call the other side of it, more involved sex would be on a bareback site, doesn't necessarily mean to say they're having bareback or unsafe sex, they're just looking for people that are more adventurous.

Zach was not even sure what the term bareback meant but Doug interpreted the site as a place for men who want a more 'adventurous' type of sexual encounter. This perception of BBRT was not mentioned by any other participants. Taking into account the following extract, Doug seemed concerned for his image in the focus groups and on tape and did not want to be associated with a bareback site particularly as he is in a group discussion with three negative men, one of whom states that he would never look at a bareback site.

Doug: I'm worried about how I'm going to come across on this tape. So I'm aware of Bareback RT. [BBRT] I've never been a member of the site, I know it's there because of the research that [name] does. But I'm also aware that although it's a bareback site there's a lot of people there that do have safe sex.

Steve: You see I would never go bareback so I would never even look at it.

This account signals that BBRT was seen as a transgressive site with consequences for one's public identity if membership of it was disclosed. It also appeared that, in contrast to Doug's account, some individuals thought that having been infected with HIV made anal sex with condoms less, or even not, important for sex with another HIV positive man.

Matt: It [bareback sex] wasn't really something I was into in the past much. There had been the odd person, but ever since finding out my status I would rather have unprotected sex now with someone who is positive. I don't know, it just seems to be the way to go.

Matt was specific about only having unprotected sex with other positive men but Peter was concerned and surprised by the number of negative men who used BBRT to look for sex with positive men.

Peter: I thought it would have been a site really that only positive guys would have signed up for, given the dangers that perhaps the guys might say they're negative but they might not always know, and it's risky engaging in bareback sex. It's just the risks are so much higher. So that's why I was just slightly surprised to see a strand of guys who are negative on a bareback site which is 90 per cent positive guys. But they're evaluating their own level of risk, as we all do.

Matt: I find it astounding at times the amount of young guys that come on who are negative who basically want to be pozzed up, or the amount of people that will come on and say only looking for negative.

Matt also noted the practice of slamming (exchanging blood and/or drugs via injection) and drug use advertised on BBRT.

Matt: Yeah. There's quite a few people on it [BBRT] just now that are into slamming as well, which just annoys me.

Interviewer: What's that?

Matt: Using a needle, swapping fluids I suppose you could say. Putting some drugs in and... I don't know. It's not something I've got right into talking about because it just annoys me.

Interviewer: So it's about injecting drugs.

Matt: Injecting drugs, and sometimes they're swapping blood.

[and later]

Matt: A guy who I've had sex with in the past who wanted me to go up and do this slamming thing and I was really angry, and I just gave him this big mega lecture, and he said that his boyfriend had got him into it and he quite enjoyed it now and he wanted me to come up and join in, and I'm like you must be off your f-ing head if you think I'm going to do anything like that.

BBRT, then, is a site where positive men can negotiate unprotected sex and even, it seems, injecting drug use, with other positive men or men assumed to be HIV positive. Conversely, the site is also a source of information and support for positive men as it provides a forum for peer discussion and advice.

Summary

In general, social and sociosexual media have complicated connections with HIV disclosure. Stigma attached to HIV means that participants were wary about disclosure and needed to feel some control over the information they made public. This reluctance may in part be due to perceptions of the '*small town mentality*' of Lanarkshire and fears for personal safety, or coming to terms with their own changing identity after diagnosis. However, this concern for self also needs to be balanced by '*doing the right thing*' by others. The low levels of disclosure implied that HIV negative men who expected HIV positive partners to disclose prior to anal sex without condoms were putting themselves into situations where they may be infected with HIV. The data also included accounts where apparently HIV negative men risk or seek infection on BBRT. Given that there are low levels of disclosure on this site and elsewhere, it is not clear how anyone can be certain of the intentions of such men. Such accounts of HIV negative risk takers are another way in which low levels of HIV disclosure produce uncertainty and likely over-interpretation of what seems to be risk-taking behaviour online. While BBRT appeared extremely popular as a safe forum for the positive community to support each other in a non-judgemental environment, it was also an environment where men could negotiate for anal sex without condoms and injecting drug use. Risk assessment on this site then is framed by the tacit assumption of universal or near to universal HIV positive serostatus. As

Alex said: *'I've caught the worst that I could have caught, what more [harm] can be done? Everything else is treatable.'*, making the thrill and excitement of high risk sex less risky. While non-governmental organisations run other specialist sites for people living with HIV such as 'My HIV', they do not appear to be utilised by HIV positive men in Lanarkshire to the same extent as BBRT.

7.5. Discussion

The data presented herein was broadly consistent with published literature on social media and HIV disclosure. It is known that gay men with HIV manage their online presence to carefully avoid exposing themselves to undue scrutiny and overt prejudice – often in their own sexual community – balanced with what they see as their responsibilities with regard to the health of their sexual partners and themselves (Davis, Hart et al. 2006a; Davis, Hart et al. 2006b). The interview transcripts provided by the Lanarkshire men were imbued with these concerns when they made reference to whether or not, and how to, disclose their serostatus and the ways in which that would position them as to blame for HIV infection. They also noted the Catch 22 of when to disclose if a casual encounter transitioned to an ongoing relationship. Indeed, researchers have explored the complexities of HIV disclosure in connection with romantic and sexual partnering (Davis and Flowers 2011). These concerns reveal that HIV disclosure has different implications, respectively, for casual sexual encounters and ongoing sexual partnerships, again a common finding in the literature.

These data also demonstrated the strategic manner in which Lanarkshire MSM managed their online presence in connection with their serostatus, but also in relation to the multiple and contextually distinct online settings that they used. This strategic approach to online visibility has been discussed previously (Davis 2009). The Lanarkshire MSM's accounts demonstrated the nuanced ways in which self-presentation depended on the socio-technical online environment and in particular, how in the case of BBRT, such practices were predicated by tacit disclosure of serostatus. These perspectives heavily underline the ways in which the management of the presence/absence of a biomedical sign – HIV positive, and its other codes –

imbues sexual negotiation via social media. Though Lanarkshire MSM, for reasons of stigma, were rarely open online about their serostatus, it was implied in the practice of online presentation of self and their interpretation of other men's profiles. This is perhaps most clear in connection with BBRT where HIV positive men are explicit about their serostatus and their sexual desires, but may choose to avoid associating such profiles with pictures of their faces. Self-presentation and HIV identity is situated and fluid, a feature of online existence that these data compellingly revealed.

The analysis also resonates with changed understandings of the risk of HIV transmission and infection in light of the effects of HIV treatment. The introduction of effective treatments in the mid to late 1990s and more recent public policy promoting the merits of treatment as prevention were echoed in the accounts of the Lanarkshire MSM. In particular, the accounts at times relayed the view that low viral load reduced transmissibility. It is also likely that general knowledge of the ability to treat HIV infection frames the accounts of how to manage risk. For this reason, the accounts which suggested that low viral load might alleviate the pressure of having to disclose HIV serostatus, pressure that, as will be discussed, Lanarkshire MSM appeared to feel very keenly.

The popularity of BBRT can also be taken to be a form of tacit HIV disclosure, which also connects with the notion of serosorting discussed in the literature (Mao, Crawford et al. 2006; Elford, Bolding et al. 2007). Some gay men with HIV appear to see sites such as BBRT as places where the pressures of HIV disclosure are removed and where sex with other positive gay men can be found. Such serosorting may not be simply reflective of desire for unprotected anal intercourse. As one interviewee

suggested, some gay men with HIV practised safer sex with BBRT partners. While this is likely to be opinion, it does suggest that sites like BBRT operate for gay men with HIV as more than a means for securing unprotected (bareback) sex.

The Lanarkshire data, however, are distinctive for the ways in which they signal the importance of community in relation to disclosure and social media. In this regard there were three key observations:

- 1) the hazards of HIV openness in communities of residence and sexual networks.
- 2) the related importance of online settings for support, information, and social/sexual networking.
- 3) and the tendency to externalize HIV concerns.

1) The Lanarkshire material makes ample reference to the difficulties of HIV disclosure in home communities and in sexual networks. Again, this is a well-known dynamic which social research has addressed since the beginning of the pandemic (Green and Sobo 2000). However, it does seem to be the case that the small town settings and the small scale of sexual and social networking available to the respondents, accentuates the challenges of HIV disclosure. Indeed, it seems to be the case that openness with regard to serostatus is seen to be more or less hazardous to social and even physical wellbeing. Similar dynamics have been identified among, for example Black African people with HIV residing in the UK (Flowers, Davis et al. 2006); people living with HIV in South Africa (Squire 2007); or among heterosexual people with HIV who find that they disclose to very few people (Persson and

Richards 2008). In this light, the Lanarkshire material does suggest that the social status of gay men with HIV is particularly troubled because they do not have access to the material and symbolic resources that would enable them to buffer some aspects of HIV stigma. Accordingly, their unwillingness to disclose HIV serostatus marks not a lack of knowledge or non-compliance with public health goals but an expression of some control over how their social and sexual lives will be conducted in the face what may seem to some to be overwhelming odds.

This is an important cultural perspective on HIV disclosure in Lanarkshire, which has ramifications for HIV prevention and support programmes. While respondents recognised that the chance of exposing their sexual partners to HIV was also a harm, it was somewhat overtaken by the greater harm of exposure to prejudice. We can see here then that the prevention of HIV and the promotion of the wellbeing of gay men with HIV were constrained by HIV stigma, both real and imagined.

2) In light of these conditions, the accounts which refer to the social support available in sociosexual media such as BBRT take on new importance. One benefit of online life is that disclosure can be staged and graded, negotiated with interlocutors, and suspended if negative attitudes to HIV serostatus become apparent. It appeared that for some men with HIV, such opportunities were welcome, though they also recognised that BBRT in particular enabled some other men to negotiate for sex that may put them at risk of re-infection or infection with other blood borne viruses, such as Hepatitis B and C.

It is noteworthy that interest in BBRT embraces sexual practices but also HIV positive serostatus. It may be that the site, or at least the kinds of social interactions that it supports, offers gay men with HIV a respite from a somewhat hostile world and therefore a space where they can reflect on their identities and health situation. We note, however, that it is ironic that HIV positive gay men in Lanarkshire find support in a website that promotes, in the public health view, transgressive sexual practices. It appears that community life and online life in Lanarkshire are in a kind of symbiosis; fear of prejudice leads men to populate websites that afford them some affirmation, but the websites concerned are a kind of ghetto, outside the reach of orthodox public health systems. This is a difficult and challenging dynamic of oppression, which is unlikely to be easily addressed. For example, no health organisation run websites for gay men with HIV (e.g. MyHIV) were mentioned by participants. They may not know of them, but it also may be the case that these are seen as too closely aligned with community life and therefore too public. It is also important to remark on how this dynamic of finding support in places like BBRT reinforces the notion of the HIV positive gay man as transgressive in and of himself, deepening, therefore, dynamics of social exclusion and compromising the promotion of HIV prevention and the wellbeing of gay men with HIV and gay men in general.

3) The interview and focus group material was also imbued with the externalisation of HIV concerns, a discursive practice that is perhaps not surprising given the foregoing comments. The interviewees made use of the figure of the other, of their problems and misdemeanors, for example, the othering discourse on non-disclosure men adopted. This way of accounting for one's experiences suggests, again, that HIV positivity is lived with some difficulty. It also resonates with the generally reserved

way in which the men managed disclosure, preferring to speak of others rather than themselves. There is also some suggestion that this lack of self-disclosure, in any sense, is a feature of cultural life in Lanarkshire, as men discussed earlier, people *'don't really deal with things up here'*. This tendency in the data connects with the problems of stigma already noted, the desirability of online social connection and its strategic disclosures and the de-emphasis of HIV disclosure. Culturally specific practices of narration and long form disclosures prefigure and inform the more specific and loaded HIV disclosures.

7.6. Implications for health promotion

HIV disclosure-linked HIV prevention may meet social and cultural barriers. Some currents in HIV health promotion, particularly for gay men with HIV, focus on the encouragement of disclosure because it is assumed that such disclosure will, for example, encourage HIV negative gay men to reconsider their decision to have anal sex without a condom with a partner who discloses. Disclosure in relationships is encouraged too as this can help the negative partner gain access to pre- and post-exposure antiretroviral prophylaxis for HIV infection. In addition, the promotion of HIV testing will lead to increased numbers of gay men finding out that they are HIV positive. More generally, the promotion of HIV disclosure is believed to be associated with overall psychosocial wellbeing. However, the evidence presented herein from interviews and focus groups suggests that these measures are likely to encounter significant social and cultural barriers and increase the psychosocial stress on gay men with HIV in Lanarkshire, dynamics which will interfere with the effectiveness of interventions and reduce the community acceptability of them. For these reasons, HIV health promotion may need to work with – not against – the grain of community and sexual life for gay men with HIV in Lanarkshire. HIV disclosure will need to be placed into its social and cultural context, which may mean that it does not happen in the ways expected or that if it does it is more circumspect and partial than would be expected in other settings. As the participants themselves acknowledge, the promotion of condom use – which can obviate the need to disclose in a casual sexual situation – remains a valuable HIV prevention strategy. There may be scope, however, for assisting gay men with HIV to navigate the difficulties of disclosure with ongoing sexual partners, particularly in light of the benefits of pre- and post-exposure prophylaxis.

Sociosexual media is likely to be a good way of reaching gay men with HIV. Although our respondents were not inclined to disclose HIV serostatus online, sociosexual media remain important for health promotion. For example, sexual websites provide an effective way of reaching out to an otherwise marginalised group. There was also some suggestion that online social support for gay men with HIV may have a role to play in moderating the social and cultural factors that inhibit the ability to talk openly and freely of HIV and the challenges it raises. The role of sociosexual media in these forms of health promotion could be explored with likely benefits.

Following the point above, orthodox public health systems may have trouble engaging with the transgressive sites favoured by some gay men with HIV. We note that, to some extent, the websites favoured by some gay men with HIV enable, or seem to enable, sexual behaviours that are seen as high risk and/or transgressive. For this reason, the public health system may not be able to engage with some gay men with HIV. The means to overcome and/or work around this impasse will need to be considered.

There is a need to address social support for gay men with HIV who may feel isolated and under threat. The accounts we have analysed indicated that the MSM with HIV in Lanarkshire were somewhat isolated in relation to their HIV serostatus, in part due to their experience and fears of social and sexual rejection. One means of addressing this challenge may be to focus on expanding social options for gay men with HIV wider than just BBRT.

It is also important to consider the issues presented in terms of Hepatitis B and C infection risk for HIV positive men in Lanarkshire. One interviewee noted that some men on BBRT appeared to negotiate for injecting drug use and the practice ‘slamming’ (exchanging blood and/or drugs via injection). HIV health promotion initiatives may, therefore, need to address injecting drug use in sexual contexts and the related risks for Hepatitis B and C.

Information and education on viral load, prevention as treatment, and serosorting in Lanarkshire is a priority. The material we have analysed indicated that some men were addressing the risk for HIV transmission through such concepts as low viral load, prevention as treatment, and implicit serosorting. Helping gay men with HIV to reflect on the pros and cons of these approaches to risk management is likely to be important. These concerns link with the benefits of pre- and post-exposure prophylaxis already noted.

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Chapter 8

The Role of Sociosexual Media within Sexual Health Promotion for Lanarkshire Men who have Sex with Men

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8.1. Overview

This chapter explores Lanarkshire men who have sex with men's (MSM's) constructions of sexual health and risks within the context of social media, and the role of digital media in promoting sexual health, based on interviews and focus groups with Lanarkshire MSM (n=20) and local service providers (n=8). Although Lanarkshire men presented an 'orthodox' construction of sexual health, comprising safer sex and regular clinic-based screening, transgressions of unsafe casual sex and screening avoidance were common. Presenting sexual health screening as a regular 'MOT' was described as more successful than behaviour or symptom based screening, which was easily avoided when symptoms failed to emerge or subsided. Indeed, separating the body from the self in this way and treating it as a separate entity which required regular servicing, located regular testing as simply a responsible prerequisite of gay life, unattached to any particular individual or pejorative narrative. Whilst alcohol use and holidays abroad were presented as the principle catalysts of unsafe sex, neither were tied to sociosexual media use by men in this study. Men were concerned that few sociosexual media providers took responsibility for the health impact of their services and criticized them for facilitating multiple sexual encounters, particularly those who were seen to promote unsafe sex with the imagery, tone and profile options available. Most participants felt that a dedicated sexual health app for MSM would be a valuable service, giving men direct access to information in a confidential, anonymous form but would require the endorsement of a local service provider for legitimacy.

8.2. Introduction

In the UK, men who have sex with men (MSM) are disproportionately affected by a range of sexually transmitted infections, particularly syphilis and gonorrhoea (Health Protection Agency, 2011a). Accordingly, in Scotland, there are moves to promote six monthly sexually transmitted infection (STI) screening among this group (Health Protection Agency, 2011b, McDaid and Hart, 2011). Increased sexual risk taking and rising HIV rates among MSM have coincided with the broad adoption of the Internet as a way for MSM to meet sexual partners (Rosser et al., 2009b). Clinic studies have identified men who use the Internet to seek sex with men as at higher risk of HIV/STIs than other MSM (McFarlane et al., 2000). Moreover, Internet sex-seeking appears to increase risk through an increased number of partners (Elford et al., 2001), and therefore an increased probability of sexually risky behavior (Rosser et al., 2009a, Rosser et al., 2009b).

HIV behavioural interventions are increasingly incorporating digital media technologies, from brief, untailored videos to complex computer-tailored multimedia interventions that target individual behaviours (Noar et al., 2009, Guse et al., 2012). Interventions using technologies have used text messaging (Cole-Lewis and Kershaw, 2010), handheld computers, smartphones and been online (Carpenter et al., 2010, Rosser et al., 2010). Indeed, a recent expert consultation in the US continues to highlight the potential of social media for innovative sexual health promotion with MSM (Lewis et al., 2011). However, historically, Internet-based HIV prevention interventions (Davidovich et al., 2006, Kok et al., 2006) have had lower retention rates than offline work, and where high retention has been demonstrated (Rosser et al., 2010) there remain problems associated with behaviour change observed over the

longer-term (Rosser et al., 2010). More locally, uptake of online ‘netreach’ (e.g. outreach work with MSM conducted via sociosexual media) in the west of Scotland appears to have waned following a peak in activity around 2010 (Kimber, 2013).

In addressing the transferability and development of sexual health interventions within the digital world, it is essential to conduct exploratory primary research. The aim of this chapter is to explore Lanarkshire MSM’s constructions of sexual health and risks within the context of social media, and to explore the role of these digital media in promoting sexual health amongst this group. As such the current research is the first of its kind in Scotland (and the rest of the UK) to describe contemporary aspects of the digitally mediated sexual cultures of MSM. The pace of change in the ways men meet each other for sex and the concomitant changes in patterns of sexual mixing, affords both new opportunities for sexually transmitted infections yet also opportunities for intervention.

8.3. Methods

Recruitment

MSM participants were recruited by our community partners (Terrence Higgins Trust Scotland) from a range of their community-based support groups and volunteers in Lanarkshire. Although this meant that, to a certain extent, all of our participants had contact with MSM, gay or HIV positive specific local services, within this, men with a wide range of social capital were included in this study. Service provider participants were recruited by our community partners through various existing professional networks.

Participants

Fifteen men participated in one to one interviews and ten men participated in one of three focus groups. Of these, four men took part in both an interview and focus group. Interviews were conducted with 3 service providers and one focus group was conducted with a further 5 service providers. Interviews/focus groups were conducted by one female heterosexual and three male homosexual researchers and took place either in participants' homes, GCU premises or our community partner offices or community venues, according to participant preference.

All MSM participants identified as gay and a wide range of ages (18 to 63) and educational levels (none to post-graduate education) were represented. Most men were single, although four had a boyfriend and one was in a civil partnership. A total of 8 HIV positive men participated in either an interview and/or a focus group. Although a broad demographic group of men participated, men who do not identify as

gay (e.g. bisexual men, heterosexually identified men who have sex with men etc.) were not represented, which limits the transferability of study findings accordingly.

Data collection

Data collection employed both individual in-depth interviews and focus group discussions. A semi-structure of open and probing questions was developed to guide data collection, ensuring all of the key research questions were considered. However, it was not imperative that every question was asked of every participant, nor did the researcher proceed through the questions in a linear fashion. Rather, researchers used these questions as an initial starting point from which to help explore participants' experiences from their own point of view. This allowed new and unexpected issues to emerge, which enhanced the breadth of data collected and was further investigated with subsequent participants. In this way, data collection attempted to elicit participants' 'life worlds' in their own words, albeit focusing on the research topic of interest. The interviewer's role was to establish rapport and actively manage the interaction to elicit first person detailed accounts of events. As with all qualitative research, there was variability in the depth and richness of the data collected across different interviews; this is reflected in the choices of extracts used within the report's chapters.

Analysis

Transcripts were analysed for recurring themes using Interpretative Phenomenological Analysis (IPA). IPA is a perspective which is concerned with making sense of the participant's experiences within their own 'life-world' but in doing so, acknowledges that access to experience is both complex and partial (Smith

et al., 2009). That is, we do not directly access an experience but rather an individual's retrospective account of an experience subject to their (re)interpretation, self presentation, omission and enhancement. IPA also acknowledges the active role of the researcher in interpreting the participant experiences of a participant. Therefore, whilst the analysis stems from and is grounded within participants' experiences, the final analysis aims to present a rich interpretative account rather than simply reporting those experiences. The analysis was primarily undertaken by the second author of this report but was checked by first author of the report and, subsequently, the first author of each chapter.

Analysis followed a series of stages whereby the plethora of textual data from the interviews and focus groups were examined, coded and synthesised into a manageable number of themes. Although emphasis is given to themes emerging from the data, inevitably the selection process was influenced by the interpretation of the researchers and the research questions identified. Repetitions of themes across individual transcripts were taken as indicative of their status as recurrent themes that reflected shared understandings. It is these recurrent themes which are given preference and reported in our final analysis. Each theme is explained using our analytical narrative which is supported by participants' quotes. Quotations were chosen because they were rich in emotion or metaphor and therefore enhanced the underlying narrative. Moreover, including verbatim quotes to illustrate our narrative adds rigour to the analysis by providing direct evidence to underpin our interpretation. In some instances the quotes of only one participant are used to illustrate a given theme, where he provides the most articulate and illuminating description of the key issues.

However, it is important to clarify that only those themes which were recurrent over *multiple* participant transcripts are presented within this final analysis.

Further details of the methods are provided in Chapter 2.

8.4. Results

Sociosexual media (i.e. social media sites which offer social and sexual networking) is a world characterised by sexual discussion and sexual activity conducted in relative anonymity. The ability of this media to facilitate sexual health promotion invited a broad spectrum of opinions. To underpin this discussion, the first theme ‘attitudes to risk’ examines participants’ views on safer sex in general, the level of risk taking they find acceptable and the inconsistencies between their knowledge and practice of safer sex. Additional factors that influenced the practice of safer sex namely, alcohol, sexual activity abroad and advancements in the treatability of most STIs are also considered. The discussion continues with a second sub-theme ‘The (in)appropriateness of online sexual health information’ which explores participants’ experiences of existing online sexual health information and how more innovative approaches might be received, such as the viability of a sexual health app or online advertising. The responsibility of site administrators is also considered. The chapter concludes with a third sub-theme which assesses the place of outreach work in a society that is increasingly dependent on social media

Attitudes to risk

In varying degrees, managing levels of risk was an accepted part of any sexual activity. This section presents examples of the way the participants understood sexual health, before considering factors that might influence these constructions.

Understanding sexual health

Participants were asked to broadly describe what sexual health meant to them, which many initially found rather challenging. The following extracts are examples of the diverse responses to a question about the meaning of sexual health.

Will: It means basically a run down of your health, how your health's affected basically through any sexual relations, intercourse, contact that you get, and making sure that you have regular sexual health check ups from whatever form, whether it's your own GP or whether it's specialised ones from Gay Men's Health, Terrence Higgins Trust etc., and just be aware of all the various sexual diseases that are out there and how to prevent them and how to look after yourself sexually.

Ed: STD's and STI's and how your sex life is... Like, regular visits to the GUM clinic, getting checked up and using protection, that's about it.

These extracts show a standard, knowledgeable response to the question but one that is also somewhat impersonal. Matt, who works for a health service provider, also gave a theoretically correct perception of what sexual health meant in professional terms.

Matt: It [sexual health] means to me work. It means looking after yourself, looking after others, health promotion. Basically that's about it.

Others were able to expand a little on their personal experience. Both Nick and Cody described sexual health in terms of getting an MOT check on the body, implying that

they saw the body as a separate entity from self which needed regular servicing after sexual activity.

Nick: I haven't felt the need to go so often, but when I do go I go for the works. I have a full MOT.

Cody: Well I go there [GUM clinic] and tell them I want the full MOT and they test me for HIV and they take other blood samples.

As such, this regular sexual health MOT was described as a more successful means of sexual health screening in contrast to behaviour or symptom based screening, which was easily avoided where symptoms failed to emerge or subsided. Nick had previously been in a heterosexual marriage and compartmentalised sexual health as only being relevant to his gay lifestyle because he is more likely to have casual sex.

Nick: During my married life I never had to go to GUM clinic thing because there was monogamy or there was the part of the tenets of the agreement and there was never any need. Whereas in my gay life, my sexual health is checked because I have casual relationships. When I'm in a relationship I don't.

As such, Nick places sexual health screening as part of the 'gay lifestyle', meaning it is neither inherent within himself or in any way personally pejorative. In contrast to Nick and Cody, Peter and Steve imply that their sexual health is very much embedded within the self and Steve in particular shows the specialness of sharing health and self with another.

Peter: I don't think of sexual health as being separate from my health.

Steve: So choosing the people you share your sexual health with carefully, if that makes sense.

A common thread running through these extracts is the notion that participants gave what could be seen as a theoretically correct answer to show that they were knowledgeable about what they should be doing. However several comments suggested that these theoretical viewpoints may not always be consistent with what occurs in practice. For example, Jim commented that taking as many precautions as possible before having sex with someone *should* be normal practice.

Jim: Knowing your partner's previous experiences; knowing who they've been with; if there's been any STIs, STDs surrounding them; using protection. Just the norm really.

Interviewer: Why did you say the norm, what was that?

Jim: Basically, just what you should really think about when you're going to be with someone sexually, whether they have ever contracted any STIs from other partners.

Jim implies that he knows what he should be thinking about but, despite saying he should have as much prior information about a partner to ensure safer sex, went on to say that he did not normally pre-negotiate safer sex but waited until it happened before making a decision.

Jim: It's usually later on I get to that [safer sex negotiation] like just before it happens, and it's like, 'That doesn't look right, are you sure?' [laughs] 'I think I will leave!'

Jim then explained that he was cautious after the event, implying that for him, safer sex is about harm minimization rather than entirely preventative.

Jim: If I hook up, I get a screening the next day or the day after. You know, I'm really cautious with that.

Bruce expressed a similar attitude towards preventative measures; unless he engaged in sexual activity he was not likely to even think about the need to get checked out and even then, not until after the event.

Bruce: Don't really think about it [sexual health screening] much, but if after sex it gets you thinking about it just in case, because you get these funny feelings where you're peeing too much and stuff like that or if you've got a sore throat the next day maybe or something like that then you can just think, 'Maybe I should go and get checked out,' but then it just turns out to be, say, a cold or something like that. So after sex always I think about going to get checked.

Bruce seems to be somewhat paranoid about his (sexual) health but does not clarify whether he practises safer sex. However, although he says he only thinks about being checked out after the event, he later stated that he had only been to a clinic once.

Therefore we see that, in the absence of symptoms, it is relatively easy to delay screening despite potential behavioural risks.

Although safer sex and clinic check-ups were clear features of men's understandings of sexual health, the extent to which these were implemented was not always consistent or clear. Thus managing sexual health was a question of managing levels of acceptable risk rather than removing risk. Advancements in the treatment of STIs, particularly HIV along with the norms of sexual health screening for gay men may have been influential in encouraging the relatively relaxed approach to sexual health that most participants described.

Taking Calculated risks

The treatability of many STIs and manageability of HIV has meant that men talked about taking calculated risks rather than no risk at all.

Steve: I mean you're always at risk of something aren't you? Unless you're sat in a bubble. And I'm also aware that some of the things that I've done and do put me at risk of some of the lesser STIs.

Peter: I suppose as a sexually active gay man it means avoiding them [STIs] as much as possible, which sometimes can be very difficult. But the other thing is having acquired something is that generally speaking it's eminently treatable. And being slightly older I'm very pragmatic about them. I don't feel shame or any of those things like someone in their 20s.

Calum: Well I'm aware of like risky practices, really like unprotected sex... I mean I don't think there is such a thing as 'safe sex' the only safe sex is no sex. I mean there is an element of risk to everything but it's... my own personal health is managing those risks.

Matt put his perceptions of HIV in perspective when he told of his reluctance to meet someone who had been contacting him online. He finally resorted to using his status as a tool to extricate himself from this situation.

Matt: I just said look, 'I've got a long term health condition,' and I said 'I'm only really looking to meet someone else with a long term health condition if you catch my drift.' And he replied back by saying, 'I've got a long term health condition as well.' I said, 'Oh yeah then, what's yours?' And he basically told me he's got a tumour in his pituitary gland. I'm like, 'Fuck's sake.' And I then told him what mine was.

This extract highlights the progress that has been made in the managing of HIV in comparison to other conditions but a side effect could be that it has encouraged a more relaxed approach to sexual health.

Calum: You don't die really. You're expected to have a normal life span...as compared to someone who's not got HIV so that has... and then you've got all these drugs as well and people are hearing like, 'Oh there's drugs for it now' and they're like, 'Oh it's fine.' Do you know what I mean? But they obviously don't realise the side effects and all the

different things that goes along with it, so I think that's...it's changed some people's, changed younger people's outlook, they are more willing to have unprotected sex now than what they were previously.

Ultimately, as Steve says, there is enough information available to aid sexual health but it is down to personal choice if an individual wishes to make use of it.

Steve: I think there's just a degree of care that can be taken to avoid things if you wish to do so. Now I'm kind of old and savvy enough to know that that's possible if I want it, if you want to do it.

HIV used to be the '*ultimate price*' of unprotected sex but these extracts show a downgrading of this seriousness of disease in the minds of the participants due to its manageability. Although these extracts come from older participants, three of whom are HIV positive, Calum notes that it is younger men who are now more willing to have unprotected sex, perhaps because they are too young to '*remember the time when HIV was terminal*'.

Alcohol and sex abroad

Two key factors were seen to be influential in determining attitudes to safer sex; alcohol and engaging in sex abroad.

Calum: It depends how much drink you happen to have had, it can sometimes...well you do things [have unprotected sex] that you don't do back here [UK].

Nick: Bars are generally where resistance is lowered with alcohol and [you] are tempted to do something.

Jim, a younger participant talked at length about the use of alcohol and sex. He said he had less inhibitions when he was drunk and was less likely to care about what happened during a sexual liaison.

Jim: In all honesty, if I'm out drinking, I'm probably in [Glasgow gay club], so I won't really need Grindr, like I'll just find somebody else that's pissed and up for it [laugh].

Interviewer: But how do you know what you're going to end up doing, compared to that?

Jim: Well, because you're drunk... [Jim shrugs]

Interviewer: You don't really care [laugh].

Jim: That sounds really bad and it's like, 'Oh.' I mean, you just don't. If you're wasted and horny, who the hell cares?

Changes in attitude towards sexual health also occurred if men were not in their home environment. This was particularly highlighted by Matt and Calum both of whom are HIV positive.

Calum: I mean like again it goes back to when you're on holiday you take more risks than you do back here I mean I... I never have unprotected sex back here.

Matt: I did have unprotected sex with a few people while I was there [Gran Canaria].

Being in an environment and culture where they were not known may act as a form of temporary escapism from the HIV positive label. The anonymity may make it easier and more acceptable to engage in unprotected sex, particularly if it was seen as normal practice. Calum talked at length about taking part in an orgy in a foreign gay bar where unprotected sex was normalised because everyone was doing it.

Calum: Other people are doing it [unprotected sex] so it's not as, it doesn't seem as bad do you know what I mean whereas like back here [UK] if it was like one on one... I wouldn't do a lot of the things that I would do there where it's like a group because as I say everybody is doing it so it doesn't seem as bad because I'm not the only one doing it.

Here, Calum clearly delineates unprotected sex as 'bad' but explains that this can be modified by the behaviour of peers in his immediate environment. Indeed, Calum struggled with the perception that something which feels 'natural' is also perceived to be wrong.

Calum: I know it's wrong [unprotected sex]... Well it's not that it's wrong... because I think that it's natural.

Contrasting terms such as ‘bad’ and ‘wrong’ with ‘natural’ are indicative of a moral conflict. Calum compartmentalizes unsafe sex as wrong because it may leave both himself and others open to infection, yet he still engages in it. However, he also tries to balance this with his own moral judgement that unprotected sex is natural and comparisons could be made to heterosexual sex where unprotected sex is necessary for procreation. There is also the viewpoint that unprotected sex gives greater intimacy with another. Matt commented that he did not see the point of wearing a condom anymore and would prefer to have sex with another HIV positive man but Calum’s dilemma is highlighted further in his contradictory remarks about his attitude to safer sex. From talking about having unprotected sex in the past, he now says he would always use protection.

Calum: I’m no really in... big bareback fan do you know what I mean... because I would rather have protection because... just protecting myself and protecting them, so that’s why I would rather have got the... that’s why I don’t have... bareback sex, I always use protection.

Thus talking about what he should do and what he would like to do are not necessarily the same thing. Presenting this ‘orthodox’ position on safer sex is reminiscent of the ‘correct’ version of sexual health presented earlier; they may both also be influenced by the nature of this study as funded by the NHS, recruitment by a sexual health agency and of the interviewers’ status’ as sexual health professionals.

Further expanding this unsafe sex and travel theme, Nick questioned whether the safer sex message was so highly prioritised in some countries, particularly those that encourage gay tourism.

Nick: Gran Canaria's one of the worst places I've been for that [no condoms provided in gay bard and bareback porn playing]. Well, I've been twice, but when I went to [Sex-on-the-premises gay bar] I'm thinking 'My God,' what you see and what...I'm sure the end result kind of thing you think 'Why don't they supply,' ... but I'm sure the Spanish government don't care because these people just move back home and it's somebody else's responsibility.

Thus when on holiday men may no longer have direct access to safer sex materials, available on the commercial gay scene and in public sex venues in the UK, and the safer sex normative message these provide, whilst the opportunity and desire for unsafe sex may increase. As gay tourism continues to expand, this issue is significant for local sexual health education. Similarly, the well documented relationship between alcohol, risk taking and unsafe sex was reiterated herein. However, neither issue was specifically related to sociosexual media use in particular; indeed, some suggestion was that these issues were relatively absent from sociosexual media encounters, with alcohol consumption and gay scene use intertwined and little discussion about using social media to arrange hooks ups on holiday.

The (in)appropriateness of online sexual health information

Given the popularity of social and sociosexual media amongst MSM, this theme examines their potential suitability for online sexual health promotion. Six sub-categories are used to make comparisons between the potential for these media to promote sexual health, though these are drawn together by a preference for a personal approach when dealing with sensitive issues and the need to consider the responsibilities of site administrators towards promoting sexual health.

Perceptions of online sexual health messages

As described in previous chapters, MSM use social media for a range of different types of social and sexual communication – from sending quick messages to family and friends on Facebook to seeking casual bareback sex partners on dedicated sites. One view was that sexual health information set within the context of searching for sexual interactions may not be that well received.

Cody: I've seen digital sexual health things with... Manhunt's [got] a magazine, you can buy sex toys off it, they've got sexual health advice on it, Fitlads have got sexual health advice, Lads Lads have got sexual health... they've all got sexual health advice on it, but nobody ever uses it. They're not on there for sexual health. They're on there for sex.

Richard: Knowing how focused some individuals can be on getting their rocks off, I don't know how well it [sexual health information] would be received.

However, on a more practical note, one young participant felt it would be a good idea for sites to have a profile where you could find condoms whenever they were needed.

Jim: I think like Grindr, like Facebook, like the plethora of other dating hook-up sites, if they were to have a profile on it for locations telling you where to get them [condoms]. If they were able to provide you them at a certain time, I think that would probably make sexual health a lot of safer, like massively safer.

Jim reported that he never carried condoms with him unless he was on a pre-planned date which meant he may be unprepared for spontaneous sex, making the availability of condoms on demand particularly important for him.

The use of websites and apps for advertising in general is well established and some participants commented on the pop-up advertisements for dating sites or other sexual issues that appeared on their Facebook page. Few participants admitted to looking at online advertisements and Will in particular was very distrusting of them.

Will: I'm really wary of them. I just think you don't know what you're clicking on. Even the Facebook ones I tend to click the wee cross to get rid of them, and then you get a thing, 'Why did you get rid of this? What was your reason?' Not interested. Because you don't know whether that could end up corrupting your computer or they could be getting information from you and claiming to be an advert. It's fine if they're there. I wouldn't click on them.

[and later]

Will: If it's a specific advert I would think it'd still be a bit dodgy, because I do know that Gay Men's Health and Terrence Higgins have profiles on the websites and so if they want to let you know, 'come to a sexual health clinic,' so they actually specifically cater for gay men on those websites, and that's a real specific thing that they do. So I think if it's a profile that's fine. An advert I'm still wary of.

This highlights the problem with online advertising; Internet users are bombarded with so many unsolicited adverts, often with too-good-to-be-true financial or pornographic offers, and are well aware of the risks some websites present, that many are reticent to click on adverts and some ignore them altogether.

Sociosexual media's lack of responsibility

Despite men discussing the inappropriateness of sexual health on dating sites, comments were also made about the perceived lack of responsibility by site administrators who were seen as facilitating and even promoting unsafe sex.

Richard: There's no sense of safety or almost responsibility, it [Squirt] seems to be at the other end of the spectrum, that it knows what guys there are maybe looking for and it's perpetuating the kind of bareback porn and stuff like that.

These issues are particularly pertinent for bareback sites, which were ostensibly created to promote access to unsafe sex. Similarly, James who is a healthcare

professional was also unimpressed by the attitude of dating sites which prioritised financial gain at the expense of taking any responsibility for their members' health.

James: There doesn't seem to be any social responsibility there from any of them. Through my work, is trying to get on [Gay sociosexual app 1] to get a message out to everybody and there's no social responsibility there at all, it's all about the money. There's no perception about them thinking about 'what if' scenarios.

[and later]

James: Nothing on [Gay sociosexual app 1],[Gay sociosexual app 2], anything like that tells you about sexual health and reminds you that people you're meeting like yourself will probably have had lots of sexual partners and to take care of yourself because you never know what's out there.

On the other hand Will was very impressed by the facilities offered on Growlr which he saw as promoting both gay community events and sexual health facilities.

Will: Growlr do a thing called Shout, and that's basically whoever's online will receive this [message] and it could be for there is a night, say it's bear night in [Glasgow gay bar], or it could be we're having workshops on sexual health, which was just on today actually. Is it Gay Men's Health that's doing that? There's a sexual workshop and it's all about sex, sexual health, etc., and anyone who's on Growlr would have got that shout letting them know come along to this workshop. So stuff like

that I think is being used on Growlr... I think Growlr really, they're really on the ball that way I would say, and I think the other ones need to get that going as well.

In this way we see a clear contradiction in men's perceptions of the extent that sociosexual media promote sexual health. Whilst some sites were seen to endorse and facilitate unsafe sex, through the imagery, tone and profile options available, others performed a role in promoting the sexual health of their members, working with local sexual health providers to ensure targeted information provision.

Netreach on sociosexual sites

With regard to netreach, where outreach workers provide sexual health advice and information through sociosexual media, some participants were rather dismissive – in particular some who had volunteered to provide this service, who argued that everyone should have the capability of using online search engines to find information for themselves.

Interviewer: What do you think about the idea of outreach workers using Grindr, Gaydar as a way of contacting men who have sex with men?

Cody: I think it's useless, because I've done the outreach through Gaydar, somebody will contact me and they'll say, 'Could you tell me where the sexual health clinic is in Dunfermline please?' and I'll Google it and I'll tell them. I'm thinking, 'Why didn't you just Google it? You can use a computer.' He's not interested in the sexual health clinic, he's wanting somebody to talk to.

However, he later explained that this interaction was likely due to simply wanting to talk to another gay man.

Cody: He said, 'I know I could have Googled it,' he said, 'I just wanted to talk to you.' Because that's all they do, they just want to talk to another guy. They'll not ask me about the sex, that's just an opening to talk to somebody. Probably feels the need to talk to somebody... I've talk to a couple at [service provider], I'll speak back to the man and keep talking to them. At least they're getting to talk with another gay man, even if it is bonkers, because he knows fine well he could Google sexual health places.

Despite working as a netreach volunteer, Cody does not seem to value the very important role of one-to-one conversation for some MSM who are unsure about their sexuality or may be otherwise entirely isolated from contact with other MSM. Indeed, a similar difference between the expectations of outreach volunteers and staff within public sex environments (PSEs) has previously been highlighted (Frankis and Flowers, 2006). Indeed, outreach workers in the focus group explained how sometimes men needed to make an initial contact to 'test the water' and gain confidence in the service before they addressed the real issue of concern. Sometimes, it took time to build up rapport either during a Netreach session or across multiple interactions over a number of sessions.

Matt who had done outreach work in the past explained how he made himself available on a bareback site to give advice.

Matt: I do find that I'm uncles quite a lot, trying not to lecture but giving a bit of advice, and I do that usually a couple of times a week.

He also thought that the Scottish Netreach Network should have a professional profile on bareback sites, given the number of new people who were joining it but also pointed out the restrictions of such a presence, for example, in that Apple do not allow bareback sites to have an app because of the sexual nature of the site.

The need for personal Internet access

It is very easy to assume that nowadays everyone in Scotland has unlimited access to the Internet on computers and smartphones. However, for those who rely on free Internet access in public places (e.g. local libraries), it can be intimidating to access sexual health information or LGBT (Lesbian, Gay, Bisexual and Transgender) related content online, in plain view of others. Moreover, gay sociosexual media are frequently made unavailable on public Internet facilities. Bruce was one such person, who was unemployed and lived in social housing where Internet subscription was prohibited. He had sold his phone to raise money so his only access to the Internet and social media was through the public library. Bruce was very concerned about his privacy in the library worrying that others might look over his shoulder when he was on line.

Bruce: Sometimes I look behind me and stuff like that. When I'm going on people's pictures I look behind me or when I'm on my profile and stuff like that, especially when I'm on the LGBT websites I'm like, 'Should I go onto this? What if people see me on this? Would they say something?' ... stuff like that, so it can make you quite paranoid in public.

Bruce was only able to access certain 'approved' sites such as Facebook or generic LGBT sites and so his only source of health information would be specialist clinics or the doctor's surgery.

Bruce: Well if you've got Internet access then you'd Google stuff, but for me I would have to rely on leaflets and stuff like that or just a person basically. So I would get some leaflets when I'm at the doctors. That's basically the way I get information about it.

Although using the Internet for sexual health information was not an option for some, as we explore below, several other participants preferred not to use it out of choice.

In person not online

A personal approach was the preferred method of managing sexual health by the majority of participants, who said they would rather see a person face to face in a clinic than online, particularly if they were already familiar with staff.

Focus Group 2

Calum: The fact that we've got, that we've got a [HIV positive] status and it's a case of we know who to call... and we can get any advice.

Ben: It's only a phone call away.

Calum: At any time from them.

Ben: And you know who you're speaking to as well.

This focus group extract implies that these men, who are all HIV positive, felt part of a privileged club regarding their (sexual) health support, particularly as these men had their own individual contact available whenever they needed them. Trust in clinic staff who they had previously dealt with was also an important reason to use their dedicated service. Similarly, Peter, who is also HIV positive, was very clear in his preference for face to face contact in dealing with sexual health issues.

Interviewer: Do you use the Internet for sexual health?

Peter: No. I mean, I know all the information's there. Perhaps I might have looked something up over the years, but generally not. I know the clinics and how to use them and everything.

It may be that these men's positive status explains their need for personal contact, in that they are now well used to managing their sexual and wider health within the context of their HIV clinic. In contrast, men who felt reserved about sexual health talk prefer the anonymity of online discussion compared to the much more public nature of the traditional outreach encounter.

Zach: See I wouldn't do that. I wouldn't speak to somebody out in the street from any outreach, I wouldn't do it, but with it being online it feels more confidential because it's just... you're not in a public place.

The issue of trust and confidentiality was important in men's preference to use an online or face to face sexual health service. Whilst HIV positive men prioritise the trust and knowledge of their HIV clinic, online netreach was valued because of the increased privacy it offers over and above traditional face to face outreach.

A Sexual Health App (for others, but not for me)

Although only one participant said he would prefer to discuss sexual health issues online, several men endorsed the benefits that an online sexual health app could offer. However, they were careful to point out that, whilst this could be extremely useful to others, they would not use it themselves. In particular it was seen as offering a more anonymous service, which was particularly good for less confident men and, since it was accessible from home, benefited from a convenient location.

Alex: I think it [a sexual health app] would be useful, yeah, in the sense there's a lot of people out there, they won't phone up Terrance Higgins [Trust] or whatever in case they have to give details. Whereas, if you've got a profile it's completely anonymous.

Ben: It's a facility that's there for people to use if they need it that are non-scene and maybe because they can do it within the confines of their own house, their own room and nobody knows... like maybe, like if, to

actually go and do a one to one with an outreach worker, they'd maybe be a lot more reserved and they'll not actually tell them the true story... whereas online they'll just let it go because there's not that face to face contact.

Calum: It's probably somebody that's not confident enough to go out on the scene and actually put themselves forward, they feel like they've actually got more confidence sitting behind the keyboard doing these things... They can say things within... the confines of their own room, on a screen that they probably couldn't say face to face to somebody if they were meeting them.

Similarly, Rod and James are health workers, neither of whom felt they would use this sort of app personally because they already had the knowledge, skills and access to the information and materials they required, but felt it could be useful for others in the form of awareness and education.

Rod: I don't know, so much, if I'd use it a lot, but through the, kind of, professional side, that would be something that, I think, would be really, kind of, interesting and a very good reference point, as well, for other people.

James: A sexual health app, I'm just thinking...I don't think anybody would use that, unless you were the worried well. But something like a reminder on these apps would be good, about saying 'Time for your

check-up,' or 'You've arranged to have [sexual] meetings with 15 people, time for a check-up.'

A clear disadvantage of most apps is that they are only accessible from a smartphone which would restrict their use to people who owned one.

Rod: I don't have any apps on my phone, I've got an old one.

Their success would also depend upon how comfortable men felt using their phone to 'chatting' via text about intimate health issues.

Ben: I just wouldn't think of using an app to speak to an outreach worker...because I generally find it's on a smartphone and it's hard to chat on a smartphone.

This also highlights the current limitations with smartphone mobile broadband as opposed to home broadband Internet connections, the latter which tend to be slower and have a limited data limit which might impair the possibility and men's willingness to chat at length on a smartphone app. A further consideration is that phones are not always as private as a computer in terms of who might look at them. This could be a particular concern for younger gay men or indeed MSM in a heterosexual relationship.

Jim: My mum has a horrible tendency of going through my phone. Like I can come home pissed and she's like, 'Jim, why is it? What's this? What the fuck have you been doing?'

However, despite Will's earlier negativity about on-line advertisements he still felt some form of app could be useful for those people who found themselves in a crisis.

Will: I think that'd be good [sexual health app] because that's giving people information on the go, especially instant hook up apps or something, if something goes really badly wrong, like they have had sex or the heat of the moment and there's no condoms and they've just went ahead and done it, then they've got an app, say, from Terrence Higgins Trust, Gay Men's Health or something and they know they can get information on, say, PEP, they could get advice on that or advice on going to a clinic, where your nearest clinic is, etc. So I think it's really useful to have. I think that would be a real boon to have something like that.

In this extract we see Will suggesting that the app would require endorsement by (local) sexual health providers, which as others agreed would be necessary to legitimize the information provided. Overall then, the underlying consensus is that an online sexual health app may be useful for others but not oneself. The main benefit cited was that of anonymity for men who are inexperienced or unsure of their sexuality.

A place for outreach work

The final sub-theme looks at the place of outreach workers in supporting safer sex and centres around a dialogue about anonymity, openness and trust. In the previous theme, anonymity was a key benefit related to sexual health promotion provided via a sexual health app. Whilst an important facet of sociosexual media is its ability to facilitate clandestine liaisons, some men questioned the efficacy and appropriateness of maintaining this secrecy when delivering a sexual health message both online and in the physical (i.e. 'real') world.

Cody: You don't need to do outreach to cruising sites. You could do outreach to, I don't know, say a sexual health clinic, goto a sexual health clinic and say "Can I do some outreach here to talk to men?" But we're down parks, we're at cruising sites, we're going to secret places to meet people in secret. It's all secret. Nothing's talked about. We're keeping it secret. Like I says to [colleague], I said 'Why are we down parks talking about getting people to join "Get Rubbered" [condoms by post scheme], and at parks, hiding behind trees? Why don't we at [Lanarkshire cruising area] have like an open day?'

Cody makes an important point regarding the hidden aspects of homosexuality in general where even men who are supposed to be promoting safer sex feel they need to remain hidden. However his ideas about opening up cruising grounds in this was seem both idealistic and unrealistic given the hidden, covert nature of cruising and the stigma felt by so many MSM.

The extent to which outreach workers were trusted by MSM was brought up by Nick, who had every admiration for the work they do.

Nick: I think we are really lucky in that we have the Gay Men's Health, Terrence Higgins Trust, Stonewall and these people who are always pushing the health aspect so that we don't have a disaster, and I have the greatest respect for them and I'm quite happy to support them in charitable things.

However whilst generally supportive of these organizations, Nick remained skeptical about the professionalism of their volunteers and was unsure whether he would actually go to them for advice. In the first instance he was concerned that they may not always behave in the manner they promote to others.

Nick: I don't know what skills, qualifications they have, and I do know some of them shag about, and they've got every right to shag about, they're no different. They're not in the priesthood where they're supposedly meant to be celibate, but I'm just I suppose a wee bit nervous that they don't maintain...but I have no reason to say that they don't.

A further concern was their accountability if anything went wrong.

Nick: The people who are there are volunteers and I'm not sure [what] the level of confidentiality would be... whereas at [Glasgow MSM specific

sexual health clinic] I trust the professionalism from the nurses, from the receptionists to do...I'm just a wee bit wary of the outreach thing.

In particular, Nick argued that trained medical staff were professionally accountable.

Nick: If they lose their job they're struck off their professional bodies, whereas the others it's just, 'Bye!' But it's not a huge thing. You have an option.

Again, the issue of trust in health professionals is key to men's confidence in using their services. In contrast, a group of service provider volunteers qualified their existence by saying it wasn't necessary to be medically trained and that they were there more as a support to gay men rather than giving medical advice.

Focus Group 4

R: We're not doctors or anything, what we do is we Google it ourselves and tell you...

R: There's nobody medical trained in here.

R: You don't need to be medical trained. I think if you weren't sure about the type of condom or whatever you wouldn't go and ask a stranger gay man on one of these sites, you wouldn't go ask them if they're there instead of... I think it's better if they come to you but you don't go hassling them trying to talk to them, that they come to you for genuine... because maybe they're not experienced or they just came out or stuff like that.

There are challenges both on- and offline in the delivery and acceptance of sexual health information in a culture that is still finding its place in the wider community and where trust and openness cannot be taken for granted.

Summary

Attitudes to sexual health and risk taking are both complex and individual, and may be influenced by the relationship between self and body where either (a) the body can be seen as a tool for sexual pleasure which can be repaired when necessary or (b) sexual health is wrapped up in a total concept of self. It was widely accepted that sexual health information was widely available but inconsistencies were found between theoretical knowledge and actual behaviour. Dealing with anonymity is a common thread throughout this theme whereby participants did not like to admit to the need for online sexual information but felt it would be useful for other, inexperienced men, those had not come out or heterosexually identified MSM.

Anonymity also played a part in the level of risk taken, particularly abroad, which suggests that no matter how well the acceptability of the safer sex message is promoted in Scotland, men can always find other environments to counteract the conflict between what is both 'bad' and what is 'natural' (i.e. unprotected sex). With regard to a sexual health app, its limitations would be that it could only be available to men who had smartphones and may not be used by certain sectors of the community because of privacy fears. It could be that the men most in need of such an app, such as Bruce, may be the ones least able to benefit from it. Moreover, trust appears to be the quality most desired in any sexual health intervention whether it be face to face

contact with qualified medical staff or online information from well respected local service providers such as Terrence Higgins Trust or Gay Men's Health.

8.5. Discussion

When considering the potential of sociosexual media within sexual health promotion it is important to understand local constructions of risk and safety. Lanarkshire men presented an ‘orthodox’ construction of sexual health, comprising safer sex and regular clinic-based screening. However, they appeared to present this as the ‘correct’ answer which was not necessarily reflective of their actual behaviour; transgressions of unsafe casual sex and screening avoidance were common. Indeed, these constructions are neither new, nor specific to Lanarkshire but did tie in with the relaxed approach to sexual health presented by most participants. Advances in treatment for HIV and other STIs, as well as health promotion normalization, appear to have promoted this attitude amongst Lanarkshire men, which may, in turn, positively impact on the acceptability of regular screening.

Presenting sexual health screening as a regular ‘MOT’ was described as more successful than promoting behaviour or symptom based screening, which was easily avoided when symptoms failed to emerge or subsided. Indeed, separating the body from the self in this way and treating it as a separate entity which required regular servicing, located regular testing as simply a responsible prerequisite of gay life, unattached to any particular individual or pejorative narrative. Within this context, Scottish (Health Protection Agency, 2011b, McDaid and Hart, 2011) and British (BHIVA, 2008) calls to promote regular STI screening amongst MSM, regardless of symptoms, seem likely to be successful. However, not all men adhered to the MOT narrative, particularly younger participants. It may be that they have yet to develop regular testing behaviours within their sexual careers or that the message of ongoing

screening has yet to permeate this group; either way, continued promotion of this notion seems both essential and potentially fruitful.

Sexual risk taking was described within a framework of harm minimization. Most participants were not in relationships and unsafe sex was presented only in terms of an irresponsible mistake or a transgressive thrill, rather than underpinned by reasons of love, trust and intimacy as found within regular relationships (Flowers et al., 1997). Whilst alcohol use and holidays abroad were presented as the principle catalysts of unsafe sex, neither were tied to sociosexual media use by men in this study. Instead, alcohol use was seen as the preserve of the commercial gay scene. Although presented as a strong catalyst for unsafe sex amongst MSM, it must be acknowledged that whilst the disinhibiting effect of alcohol permits usually controlled behaviours (Ostrow, 2000), these behaviours may well be desired prior to its consumption (Race, 2009). Correspondingly, alcohol use was presented by Lanarkshire men as a legitimizing 'excuse' for transgressive behaviour (i.e. unsafe sex) which must be challenged by sexual health promotion.

Similarly, holidays abroad were described as key sites of risk taking behaviour, with increased anonymity, greater norms around unsafe sex and the lack of safer sex materials available described as contributing factors. This concurs with previous findings of greater sexual and drug taking behaviours on holiday amongst MSM (Clift and Forrest, 1999, Whittier et al., 2005, Benotsch et al., 2011). However, unlike other qualitative work (Green et al., 2009), our Lanarkshire participants did not use the Internet to meet partners abroad, despite many gay sociosexual sites providing specific functionality for this. This is unfortunate since the quantitative arm of the

SMMaSH study (Frankis et al., 2013) found that among Lanarkshire sociosexual media users, 30% used gay websites and 19% used gay apps to arrange sex when travelling or away from home. Therefore, this highlights a limitation of our qualitative participant sample, since we were unable to examine this key aspect of sociosexual media. In terms of health promotion, although sociosexual media would potentially allow local netreach to operate within gay holiday destinations, difficulties in targeting Lanarkshire men (or even Scottish men) across multiple locations (e.g. Gran Canaria, Sitges, Berlin, Key West etc.) arise. This is particularly difficult since, when on holiday, sociosexual media users change their profile location to their holiday address in order to appear on local searches, whilst GPS based apps only show nearby members. Instead, ongoing interventions for MSM should include an Internet component addressing the sexual, drug taking and perhaps other health risks of holidays (e.g. sun safety, norovirus etc.) and the importance of planning for such trips (e.g. a 'holiday' multipack of condoms/lube/sunscreen etc.) (Benotsch et al., 2011).

Sexual health promotion within sociosexual media clearly requires careful consideration, as participants presented two conflicting positions here. Firstly, men were concerned that few site providers took responsibility for the health impact of their services and criticized them for facilitating multiple sexual encounters and even promoting unsafe sex with the imagery, tone and profile options available. They were condemned as commercial enterprises with little social responsibility for the actions their media promote, when they could instead play an active role within health promotion. To an extent this criticism was unfair; sociosexual networks are only providing what their users want as commercial, rather than social, enterprises. Whilst the same could be said of barebacking sites, their role in normalizing barebacking and

unsafe sex cannot be denied. However, multiple social networks (e.g. Facebook, Grindr, Squirt, Recon) do work with sexual health services to provide reduced cost or even free sexual health promotion messages to their members, and several participants acknowledged and applauded this. Thus there is scope for increased sexual health service and social media collaborations to improve users' perceptions of social media and their sexual health.

Secondly, most participants felt they had no need to make use of sexual health information presented within sociosexual media, primarily because it would be far more straightforward to use a generic search engine (e.g. Google) to obtain this information. Indeed, this was the key criticism of existing 'netreach' initiatives, which were seen as duplicative in this way. However, this likely again highlights the limitations of our sample; it is clear that most participants had already established links with sexual health services and so felt themselves to be well informed. Most participants preferred to talk to a person face to face about intimate health issues, ideally within the privacy of a dedicated clinic, although others valued the anonymous nature of online netreach to seek this kind of support. Whilst the professionalism and knowledge of outreach volunteers was questioned by some, volunteers themselves were clear they did not need medical training for the service they provided. Volunteer netreach providers did not recognize the importance of generic discussion online to build service user confidence, which service providers recognized as key to building trust and legitimizing their service. This resonates with the difference in expectations between outreach volunteers and staff working within PSEs (Frankis and Flowers, 2006).

The means of recruiting men into sexual health interventions online was also questioned. Men said they were distrustful of banner and pop-up adverts which were seen as likely to corrupt their computers, and would only access those from trusted and established organisations (e.g. Terrence Higgins Trust, Gay Men's Health etc.). Indeed, Internet users are bombarded with so many unsolicited adverts, often with too-good-to-be-true financial or pornographic offers that they are well aware of the risks of some websites present, leaving many reticent to click on adverts and some to ignore them altogether (Hadija et al., 2012). In contrast, the recent success of our SMMaSH quantitative study (Frankis et al., 2013), which recruited over 1,300 men in Scotland using banner and instant message advertising on social and sociosexual media, shows that well designed banner ads, endorsed by a legitimate local enterprise (e.g. GCU) are clicked on, at least by some Internet users.

This study also found rather conflicting findings about the suitability of a dedicated sexual health app for MSM. On the one hand, most participants felt that this would be a valuable service, giving men direct access to information in a confidential, anonymous form, where and when just when they need it most. Men also assumed that such an app would require the endorsement of a local service provider for legitimacy, whilst barriers to using a sexual health app included a lack of smartphone or Internet access, the unsuitability of smartphones for text chat compared to the Internet or smartphone data limits. However, most participants were clear to point out that, whilst this app would be useful to others, they would not use it themselves. In contrast, our quantitative report (Frankis et al., 2013) suggested that a such a sexual health app met the approval of around 50% of men in Lanarkshire. Again this may highlight the limitations of our qualitative sample; it is clear that most participants had

already established links with sexual health services, and several were healthcare professionals, and so felt they were already well informed about sexual health issues. Whilst multiple sexual health apps (>55) are already available, uptake has been poor and they are relatively poorly reviewed by users (Muessig et al., 2013). However, few apps have been specifically designed or promoted amongst MSM populations. Therefore, we recommend a review of existing apps, with service user input, to determine whether a suitable candidate already exists for promotion amongst Lanarkshire MSM, a user group who appear relatively interested to engage with it.

Although this chapter is concerned with the potential for Internet based sexual health promotion, within this it is important to consider those without personal Internet access, for whom the limited free service offered in public places provides their only access. In Scotland, 15% of people do not have access to the Internet and this is higher amongst people with lower incomes and lower educational qualifications. Moreover, men with lower educational qualifications in Lanarkshire were more likely to report high risk UAI and bareback website use (Frankis et al., 2013). This issue was clearly highlighted in this report by the most socially disadvantaged participants in this study. Until Internet access is truly universal, this situation emphasizes the importance of traditional interventions in key locations, alongside the innovative use of sociosexual media for sexual health promotion.

As a final word, this report has documented the opportunities and complexities of providing sexual health promotion for Lanarkshire MSM via social and sociosexual networks. It is clear that multiple forms of online sexual health promotion and

netreach are needed, tailored to specific sites (e.g. Facebook, Gaydar) and specific groups of MSM (e.g. HIV positive men, non-gay identified MSM, BBRT users, digital natives, digital immigrants etc.). Moreover, these interventions must respect the local gay culture of Lanarkshire. However, just as sociosexual media have not replaced traditional gay cruising in pubs, bars and PSE/Vs, online social media health promotion must form an adjunct to traditional sexual health promotion for MSM.

8.6. Implications for health promotion

Lanarkshire men presented a ‘relaxed’ attitude towards sexual health screening. This appeared to stem from advances in treatment for HIV and other STIs, as well as health promotion normalization. Overall, this attitude appears to positively impact on the uptake of sexual health screening.

Presenting sexual health screening as a regular ‘MOT’ was described as more successful than promoting behaviour or symptom based screening, which was easily avoided when symptoms failed to emerge or subsided.

Although alcohol continues to be presented as a strong catalyst for unsafe sex amongst MSM, this was not linked to sociosexual media use. It must be acknowledged that whilst the disinhibiting effect of alcohol permits usually controlled behaviours (Ostrow, 2000), these may well be desired prior to alcohol consumption (Race, 2009). Correspondingly, alcohol use was presented by Lanarkshire men as a legitimizing ‘excuse’ for transgressive behaviour (i.e. unsafe sex) which must be challenged by sexual health promotion.

Although sociosexual media would potentially allow local netreach to operate within gay holiday destinations, difficulties in targeting Lanarkshire men (or even Scottish men) across multiple locations arise. Instead, ongoing interventions should include an Internet component addressing the sexual, drug taking and perhaps other risks of holidays, and the importance of planning for such trips (e.g. a ‘holiday’ multipack of condoms/lube/sunscreen).

Men were concerned that few sociosexual media providers took responsibility for the health impact of their services and were criticized for facilitating multiple sexual encounters and even promoting unsafe sex with the imagery, tone and profile options available. However, multiple socio(sexual) networks (e.g. Facebook, Grindr, Squirt, Recon) do work with sexual health providers to provide reduced cost or even free sexual health promotion messages to their members, and several participants acknowledged and applauded this. Thus there is scope for increased sexual health and social media collaborations to improve users' perceptions of social media and their sexual health.

Volunteer netreach providers did not recognize the importance of generic discussion online to build service user confidence, which service providers recognized as key to building trust and legitimizing their service.

Most participants felt a dedicated sexual health app, legitimized by endorsement from a local service provider would be a valuable service although barriers included a lack of smartphone or Internet access, the unsuitability of smartphones for text chat compared to the Internet or smartphone data limits.

Whilst multiple sexual health apps (>55) are already available, uptake has been poor and they are relatively poorly reviewed by users (Muessig et al., 2013). However, few apps have been specifically designed or promoted amongst MSM populations. We recommend a review of existing apps, with service user input, to determine whether a suitable candidate already exists for promotion amongst Lanarkshire MSM, a user group who appear relatively interested to engage with it.

Multiple forms of online sexual health promotion and netreach are needed, tailored to specific sites (e.g. Facebook, Gaydar) and specific groups of MSM (e.g. HIV positive men, non-gay identified MSM, BBRT users, digital natives, digital immigrants etc.), which must respect the local gay culture of Lanarkshire. However, just as sociosexual media have not replaced traditional gay cruising in pubs, bars and PSE/Vs, online social media health promotion must form an adjunct to traditional sexual health promotion for MSM.

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Glossary of Terms

Apps – Smartphone applications; pieces of software which run on a smartphone and provide additional functionality. Many social and sociosexual media have their own app through which users can communicate.

AIDS – Acquired immunodeficiency syndrome.

Bareback Real Time – a sociosexual networking site ostensibly dedicated to the pursuit of bareback sex.

Bareback sex – unprotected anal intercourse which is intentionally sought and fetishised.

BBRT – see Bareback Real Time.

BBV– Blood Bourne Viruses (e.g. hepatitis B, C, D or HIV etc.).

Bear – a ‘bear’ in gay vernacular refers to men who are hairy and/or of a large build.

CD4 count – a measure of the function of the immune system, frequently used in HIV medicine, where the normal range is between 500 to 1,000 cells per cubic millimetre. A CD4 count of <200 cells per cubic millimetre is one of the diagnostic symptoms of AIDS.

Come out – a figure of speech to describe people’s self disclosure of their sexual orientation and/or gender identity.

Cruising – the act of looking for sexual partners (e.g. in bars, clubs, PSEs, PSVs and online).

Facebook – a social networking site and smartphone app.

Facebooking – reading someone’s Facebook profile.

Fitlads – a gay sociosexual networking site and smartphone app.

Gay Men’s Health – Scotland’s charity for gay men; promoting the health and well-being of all men who have sex with men.

Gaydar – a gay sociosexual networking site and smartphone app.

GMH – see Gay Men’s Health.

GPS – Global Positioning System. GPS on smartphones calculates the user’s physical location in the world which provides additional functionality in social media apps (i.e. by calculating which other users are closest).

Grindr – a gay sociosexual networking smartphone app.

Growlr – a gay sociosexual networking smartphone app.

GUM clinic – Genito-urinary medicine clinic.

HIV – Human immunodeficiency virus.

LadsLads – a gay sociosexual networking site.

Manhunt – a gay sociosexual networking site and smartphone app.

MSM – Men who have sex with men.

Netreach - outreach work with MSM conducted via sociosexual media.

Outreach work – peripatetic health promotion work where services are taken to user group locations (e.g. gay bars, PSE/Vs etc.) rather than the other way around.

PEP – see Post-exposure prophylaxis.

Post-exposure prophylaxis – Anti-HIV medication taken by HIV negative people to prevent seroconversion after viral exposure has occurred.

Pozzed up – to be intentionally infected with HIV.

Pre-exposure prophylaxis – Anti-HIV medication taken by HIV negative people to reduce the risk of seroconversion upon subsequent viral exposure.

PrEP – see Pre-exposure prophylaxis

PSE – see Public sex environment.

PSV – see Public sex venue

Public sex environment – public places such as parks, public toilets, and cemeteries where men meet other men for sexual encounters.

Public sex venue – private indoor spaces, such as gay saunas, marketed as sex on the premises venues for men which require entrance fees.

Recon – a gay sociosexual networking site and smartphone app.

Scruff – a gay sociosexual smartphone app.

Serosorting – selecting sexual partners who have the same HIV status as oneself, usually to engage in unprotected anal intercourse.

Seroconversion – the period of time lasting between weeks and months after exposure to HIV, whereby the individual's immune system starts producing HIV antibodies. Once this process is complete, the individual will test positive on antibody tests. This can be considered the biological process by which an individual's status changes from HIV-negative to HIV-positive.

Slamming - exchanging blood and/or drugs via injection.

Smartphone – a mobile phone with access to the Internet and downloadable software ('apps') which add functionality to these devices.

SMMaSH – Social Media, Men who have Sex with Men and Sexual Health study.

SNN – Scottish Netreach Network.

Social media – social networking sites such as Facebook, with no explicit or implicit sexual undertones.

Sociosexual media – social networks where sexual networking is prioritised or implied as a primary feature (e.g. Recon, Gaydar etc.).

STD – sexually transmitted disease.

STI – sexually transmitted infection.

Stonewall – a professional campaigning and lobbying group tackling inequalities faced by lesbian, gay and bisexual people in the UK.

Terrence Higgins Trust – a UK charity providing HIV and sexual health services.

THT – see Terrence Higgins Trust.

Transferability – this refers to the degree to which the results of research can be generalized or transferred to other contexts or settings. This term is now used to refer to both qualitative and quantitative research though in the past distinctions between ‘generalisability’ (quantitative) and ‘transferability’ (qualitative) were made.

Twitter – a social networking site and smartphone app where communication is restricted to a maximum of 140 characters per message.

Undetectable viral load – where so few copies of a virus are present within a particular bodily fluid that it is undetectable by the most sensitive tests. Frequently used in HIV medicine to measure the current efficacy of antiretroviral medication combination within an individual.

Unsafe sex – unprotected anal intercourse.

Viral load – the number of copies of a virus contained within one millilitre of blood, used routinely in HIV medicine as a measure of treatment efficacy. This can range from undetectable (see above) to many millions of copies per millilitre.

Appendix 1 Interview and Focus Group Semi-Structure

Interview and Focus Group Semi-Structure - MSM

What does sexual health mean to you?

-What does 'digital media'/ social networking mean to you? Prompts:
computer/apps/websites

-How do you use digital media to meet other guys for sex or dates? Prompts: First
time/last time/typical time

- What types of digital media do you use?
 - Facebook, websites (Gaydar, recon), apps (Grindr, squirt)
- How do these work?
- Tell me/Show me how you use [digital media type] to meet men.
- Do digital media types differ in the way they are used?
- Tell me how you present yourself within your profile?

- How do you use cruising areas for to meet guys for sex?
 - What types of places are there here?
 - Tell us about any changes to the way you have used them over the last few
years
 - Describe how you use [specific PSE type] to meet men.
 - How does sexual health fit into all of this?

- Digital Device / Application Discussion
 - Participant(s) will be encouraged to show the interviewer the digital device / applications t(he)y use for sociosexual networking.
 - What devices do you use (computer, smartphone, tablet etc.)
 - Describe how you created your profile.
 - What characteristics did you include about yourself? Photos? What was your thinking behind this?
 - Why do you present yourself in this way? What are you trying to achieve by this?
 - How do other guys present themselves in their profiles? What are they trying to achieve by this?
 - What kinds of things do you look for in a guy's profile? Why do you look for these attributes? Is there anything that doesn't matter?
 - How / where / when do you negotiate what you will do sexually?
 - How / where / when do you negotiate safer sex?
 - Do guys always tell the truth in their profiles and photos?
 - Why is this?
 - What happens if you find if they don't match up in the flesh?
 - Do you always tell the truth? What happens if you don't match up in the flesh? Compromise / Negotiation?
 -
 - Participants will be encouraged to talk through the process of how each different device/application works, describing its key functionality, who you can meet there and for what kinds of activities. In particular,

questioning will seek to examine any differences between the devices/applications that participants see.

- E.g. How is Facebook different to Grindr?
- How many profiles do you have on each site? (e.g. Squirt lets you have multiple profiles)
 - If have more than one profile on a site, why is this?
 - Do you have a separate profile from your boyfriend?
- What additional parts of the site do you use?
 - What do you think about banner advertisements?
 - Do you ever click on them? Why (not)?
- Have you ever noticed whether these adverts seem to target you personally?
 - For example, telling you about hotels in Sitges because you've done a Google Search on Sitges?
 - How do you feel about this kind of targeted advertising?
- What kinds of sexual health information / advice have you sought from the digital media you access?
 - What do you think about the idea of accessing sexual health information from social networking apps / websites?
 - What do you think about being contacted by a sexual health worker on a social networking site / app
 - What do you think about sexual health advisors having profiles on a social networking site so you can chat to them when you want to?

- What do you think about a ‘sexual health app’? What information would you like from it?
 - What about information about Sexual health check-up reminder / Party and play / Safer cruising updates / Health updates / Sexual health updates
 - What do you think about the idea of receiving a sexual health check-up reminder via SMS every 6 months?
 - Have you chatted to an outreach worker online? Describe what happened?
 - Have you looked up sexual health information? Describe what you did.
 - Would you use your digital media applications to access sexual health? How could this best work for you?
- What kinds of sexual health information / advice have you sought from the PSEs you access?
- Have you spoken to an outreach worker in the PSE? Describe what happened?
 - Have you accessed condoms / sexual health literature which is left out in the PSE?
 - Would you use PSEs to access sexual health? How could this best work for you?
- Consent for emerging or unexpected issues
- You mentioned _____, would it be ok for us to talk about that a bit more?'

Focus Groups Semi-Structure - Service Providers

- What kinds of sociosexual networking digital media have you used for sexual health promotion?
 - What types of digital media do you use to these ends?
 - How do these work?
 - Describe/Show me how you use [digital media type] to engage men.
 - What impact do you think digital media have on MSM's sexual health?
 - Do digital media types differ in the way they are used?
 - What ideas around sexual health promotion using digital media / applications do you have?

- How have you use public sex environments for sexual health promotion?
 - What types of PSEs are there here?
 - How do these work?
 - Describe how you promote sexual health in different PSE types.
 - What has worked? What has been more challenging and why?

- Consent for emerging or unexpected issues
 - You mentioned _____, would it be ok for us to talk about that a bit more?

End of Report