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Personal Communities and Safer Sex: A Qualitative Study of Young Gay and Bisexual Men in Scotland

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Submitted in fulfilment of the requirements of the degree of Doctor of Philosophy at the University of Glasgow

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Abstract

Background: Successful HIV prevention efforts among gay men have been linked to strong 'community' responses to HIV and adherence to safer sex practices. Research has found that gay men are increasingly ambivalent about 'gay communities', leading some to suggest that using the lens of 'personal communities' (PCs) may offer a more useful way of exploring gay men's personal and social relationships. This qualitative research study set out to explore young gay and bisexual men's PCs, and the role people within them may play in shaping men's understandings of, and approach to, 'safer sex'.

Methods: The findings of this qualitative study are based on data drawn from 30 semi-structured interviews with young (aged 18-29) gay and bisexual men living in Scotland. Spencer and Pahl's (2006) method of exploring PCs using 'affective maps' was applied. Two interconnected phases of analysis were conducted: 1) analysis of the 'maps' developed by participants; and 2) thematic analysis of interview data using principles of the Framework approach.

Findings: The findings suggest that men's PCs are complex and diverse. Patterns were observed in terms of overall composition of the men's PCs. Many of the men had 'mixed' friendship groups in terms of gender and sexual orientation. Although the men's PCs were not wholly shaped by connection to 'gay communities', men nevertheless articulated the importance of support around safer sex from their gay male friends.

Understandings of safer sex were based primarily on the need to protect against sexual infection. A novel finding was that some men framed safer sex as the need to protect against non-sexual risks. Men drew on a range of resources, from within their PCs, gay communities, and beyond, in developing understandings of safer sex. Social norms of condom use among the men's PCs shaped men's responses to risk in sex, specifically their approach to condom use. Consistent condom use with new and casual partners was framed as 'normal', however many of the young men reported a desire to discontinue condom use in the context of a relationship. Condomless sex in this context was not generally framed as 'unsafe sex'. A novel finding was that many of the men articulated the need for HIV testing prior to ceasing condom use, not only as a response to risk of infection, but also as a way of building trust within a relationship.

Conclusions: The findings suggest that future community-level interventions need to take into account changing patterns of sociality among young gay and bisexual men, and suggest that HIV prevention interventions could capitalise upon supportive relationships between men and other people within their PCs.

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Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Nicola Boydell

1 Chapter One - Introduction

The transmission of HIV is a continuing public health concern, and HIV prevention is recommended as part of current Scottish Government policy (Scottish Government, 2009). In Scotland, men who have sex with men (MSM) remain one of the groups most vulnerable to HIV (Knussen et al., 2011). Since the early 2000s rates of new diagnoses of HIV in Scotland have increased and now average 350 per year (Coia et al., 2014). Since 2004 it is estimated that 71% of new diagnoses acquired in Scotland were transmitted through sex between men (Coia et al., 2014). Research in Scotland has shown that sexual risk behaviour among MSM, specifically rates of unprotected anal intercourse (UAI), increased in the early 2000s (Knussen et al., 2011). Furthermore, although HIV testing rates have been increasing among MSM in Scotland, recent research indicates that increases in testing levelled off in the years 2008-2011(Wallace et al., 2014).

Analysis of data from the Gay Men's Sexual Health Survey, conducted in central Scotland between 1996 and 2008, showed that men aged 25 and under were more likely to have had two unprotected sexual partners in the preceding 12 months than older men (Knussen et al., 2011). This suggests that such young men are at greater risk of HIV. A recent needs assessment commissioned by the Scottish Government to explore the sexual health needs of MSM in Edinburgh and the Lothians, and Greater Glasgow and Clyde (Coia et al., 2014), concluded that that younger men are highly sexually active, often have high partner numbers, and engage in high-risk sexual behaviour. These factors mean that they are at particular risk of HIV. Coia and colleagues note that young men are less likely to engage with local services than older men. They also found that many young men were less aware of HIV risk, and thus less well equipped to employ strategies to reduce risk. Their findings echoed those from international research (Mustanski and Parsons, 2014; Mustanski et al., 2011b), which suggest that some men in relationships, including young men, are at particular risk because they are unaware of risks that a partner may be taking outwith the relationship.

1.1 Background: 'Gay Community' and HIV

'Gay community' responses to HIV have been linked to successful HIV prevention among gay men, and the concept of 'gay community' has long been considered important in sexual health promotion. Although 'gay community' involvement has been linked to adherence to safer sex practices in a number of Western countries (Flowers et al., 2000a; Fraser, 2004; Kippax et al., 1993), more recent research has suggested that ambivalence about 'gay community' exists among MSM (Fraser, 2004; Fraser, 2008; Holt, 2011).

Community mobilisation around the early HIV/AIDS epidemic, in particular the widespread adoption and promotion of 'safer sex' strategies by communities affected (Crimp, 1988), played an important role in reducing the onward transmission of HIV (Dowsett, 2009; Flowers, 2001). However, understandings and responses to HIV risk, including 'safer sex' practices, are not immutable, but rather open to change over time (Flowers, 2001) as, indeed, are understandings of 'gay community' (Dowsett, 2009). Recent research has questioned the role of 'gay community' in responding to recent increases in HIV incidence, highlighting its changing role in HIV prevention (Davis, 2008; Dowsett, 2009; Rowe and Dowsett, 2008). Concern that engagement with, and interest in, 'gay communities' have declined has prompted debate around how best to engage with men in providing support around safer sex and HIV prevention messages (Fraser, 2008). It has been argued that the loss of a sense of community between gay men may lead to fewer opportunities for men to engage with one another in discussing HIV prevention strategies, particularly among younger men (Fraser, 2008). The possibility of the erosion of an ethic of care and responsibility towards other gay men (in preventing HIV transmission), argued to be engendered by a sense of belonging to wider 'gay communities', has also been highlighted (Fraser, 2004; Fraser, 2008).

Although there is recognition that 'gay communities' are changing and shifting in response to wider social changes (Rosser et al., 2008), less work has focussed on how men themselves understand such changes. Indeed, few qualitative studies have specifically explored the *meaning* of 'gay community' to gay and bisexual men, and none of those that have were conducted in the UK. Recent research in Australia, exploring how the meaning of 'gay community' is changing (Holt,

2011; Wilkinson et al., 2012), suggests that 'personal communities' (Spencer and Pahl, 2006) may offer a useful lens through which to understand gay men's personal relationships, and the ways in which they relate to gay men and other individuals who are important to them.

Spencer and Pahl (2006) explored the informal personal relationships of individuals as a way of addressing concerns with the decline, or loss, of 'community' and social bonds. Their use of the term 'personal communities', refers to exploration of the social ties between a given individual, and those that they consider important to them. As Spencer and Pahl explain:

> "...we use the term 'personal community' to refer to a specific subset of people's informal social relationships – those who are important to them at the time... Consequently, personal communities represent people's significant personal relationships and include bonds which give both structure and meaning to their lives. As such, personal communities provide a kind of continuity through shared memories and can help to develop a person's sense of identity and belonging" (2006, p. 45)

They go on to say:

> "...these personal communities are more 'communities in the mind' than communities on the ground. People relate to each other in personal communities on a range of different levels – as would have been the case in communities of fate – but the framework of belonging may not always be as visible." (2006, p. 45)

They argue that although the social relationships and solidarities developed between a given individual and those people who form the basis of their 'personal community' may not be obvious from an external viewpoint as a 'social grouping', they are, nevertheless, 'real' to the individual. The work of Spencer and Pahl is discussed further in the literature review that follows.

1.2 Aims of the Study

The overarching aim of the research presented in this thesis is to develop an understanding of young (ages 18-29) gay and bisexual men's 'personal communities', the meanings men ascribe to their relationships with individuals within their 'personal community' (e.g. partner(s), friends, family, and colleagues), and to explore the role these people may play in shaping men's understandings of, and approaches to, 'safer sex'. Examining how men understand their 'personal communities' allows for exploration of how they relate to wider 'gay communities', in particular areas of convergence and divergence between these.

1.3 Research Questions

1) How do young men describe and understand their 'personal communities' and wider 'gay communities'?

Firstly, the 'affective maps' developed by each of the young men were used to examine the men's 'personal communities'. This involved analysing visual and textual data collected to compare the composition and patterning of the men's 'personal communities', and the meanings they ascribed to their relationships with people within them. How did men conceptualise 'gay communities'; and how, if at all, did their 'personal communities' link to wider conceptions of 'gay communities'?

2) How do men understand the concept of 'safer sex'?

How did the men understand and define 'safer sex'? Was safer sex always described in terms of 'sexual risk', or did 'safer sex' encompass wider 'non-sexual' factors? Did the young men consider safer sex only as condom use, or did they describe other risk management or risk reduction strategies? How do different partner 'types', settings and sexual practices relate to conceptions of 'safety' and 'risk' in sex?

3) Do people within men's 'personal communities' play a role in shaping and informing how men think about safer sex, and if so, how do they do so?

Did the young men draw on members of their 'personal community' as sources of information and support around sex and sexual health? What resources did the

men draw on when constructing their understandings of ‘safer sex’? What role did social norms of ‘safer sex’, particularly condom use, play in informing approaches to ‘safer sex’? Which group(s) were important in defining such norms?

4) What are the implications for HIV prevention, specifically community-level interventions?

What implications do the findings have for the development of future HIV prevention interventions with young men? Can members of men’s ‘personal communities’ play a role in HIV prevention interventions? How can the issue of ‘community’ be addressed within future HIV prevention with young gay and bisexual men?

1.4 Terminology

Throughout the thesis I use a variety of terms when referring to the concept of community in general, and ‘gay community/ies’ specifically. Most often I use the plural ‘gay communities’ to reflect the multiple ways in which different ‘gay communities’ are understood, conceptualised, and accessed. Furthermore, I use inverted commas around the term ‘gay communities’ to emphasise the way in which this concept has been problematised both within existing literature, and by many of the men who participated in my PhD research.

There is debate around the use of the term ‘men who have sex with men’ or ‘MSM’, as opposed to gay or bisexual (Mustanski et al., 2011b). The term MSM is used widely within public health (both policy and wider literature) as a way of referring to all men who have sex with other men, regardless of whether they identity as gay or bisexual, or not. As Mustanski and colleagues note (2011b) one reason for using the term MSM is that it refers to behaviour, not identity. Nevertheless, as they also note, some have criticised this for ignoring social aspects of sexuality. In the introduction, literature review and methods chapter, I will use the terms gay, bisexual, queer, and MSM where these terms are used in existing literature. In the findings chapters I will use the terms gay and bisexual (and less often, queer) as this reflects the language participants used when talking about themselves and others.

Throughout the thesis I also refer to the term ‘personal communities’. As I will outline in the literature review, this term has been used by a number of scholars whose work has focused on the social relationships between an individual and those people that make up their personal ‘network’ (or ‘personal community’). When I use this term, unless otherwise stated, I use it as found in the work of Spencer and Pahl (2006).

1.5 Thesis Chapter Plan

In the following chapter (Chapter Two) relevant literature is reviewed to provide a basis for the research. Key topics outlined within the review are: conceptual and theoretical literature relating to community, and the history and development of ‘gay communities’; ‘gay community’ responses to HIV/AIDS; ways in which ‘gay community’ has been mobilised in HIV research and interventions; safer sex and condom use; and qualitative studies of ‘gay community/ies’ and the study of ‘personal communities’.

Chapter Three presents the approach to the research, and the rationale for the use of specific qualitative data collection methods. The chapter outlines the approach to sampling, recruitment, interviews, and the data analysis process.

In Chapters Four through to Six, the findings from the qualitative analysis are presented. Chapter Four introduces the men’s ‘personal communities’ (PCs), the meanings they attributed to different relationships and the patterns across the men’s PCs.

Chapter Five explores how men understood the concept of ‘safer sex’ and the sources of information and resources they drew on in constructing their understandings of this concept.

Chapter Six explores the men’s use of condoms as a form of safer sex in more depth, outlining how people within their ‘personal communities’ played a role in shaping and informing their approach to condom use.

In Chapter Seven the findings are discussed in relation to the literature. Finally, in Chapter Eight, conclusions drawn from the research are discussed in relation to the research questions which informed the development of the study. The strengths and weakness of the study are outlined, implications for policy are discussed, and recommendations for future research are made.

2 Chapter Two - Literature Review

2.1 Aim of the Literature Review

The aim of this literature review is to provide an outline of the broad context in which the research questions underpinning the study can be understood and explored. Given the breadth and depth of literature relating to community studies, the sexual health of men who have sex with men (MSM), and sexual risk behaviours, this review must be understood as selective. To this end, it provides an overview of theoretical and empirical research that has informed the development of the research and the study aims.

2.2 Literature Review Search Strategies

The literature discussed in the following chapter was searched for and selected in a variety of ways, using both general and targeted search strategies. Initially, in order to learn more about theoretical perspectives relating to community, searches for books (ranging from theory-based text to general texts) were conducted using University library and National Library of Scotland catalogues using keywords such as community, communities, network*, social network*, gay, homosex* and MSM.

The wide-ranging definitions and use of the term ‘community’ meant that developing search strategies was complex. I worked with the MRC SPHSU information scientist to develop search strategies specific to the topic. I ran searches in the Web of Science, Medline, PsycINFO, ASSIA, Sociological Abstracts, SocIndex databases for published articles with titles or abstracts that included the following keywords (searches using various combinations were conducted): community, communities, network*, social network*, gay, homosex*, men who have sex with men, MSM. This returned a vast number of articles, many of which were not relevant to this study. After selecting relevant studies and reading articles, further books and/or articles relevant to the topic were retrieved using bibliographic details and citation searches. Recommendations from colleagues, and members of my advisory committee

were also used to identity key papers from which bibliographic information could be obtained.

Further targeted searches were conducted when searching literature around safer sex, and community-level interventions with MSM. Additional search terms included; HIV, HIV infections, HIV prevention, AIDS, Acquired Immunodeficiency Syndrome, community health services, health promotion, community mobilisation, peer education, community-level, intervention*, safer sex, safe sex, unsafe sex, condom*, condom use.

The review was not intended to be a systematic review. Nevertheless, it is felt that the variety of search strategies, both broad and targeted, has led to a sufficiently thorough review of literature pertinent to the topic.

2.3 Community

This section of the literature review provides a brief introduction to, and discussion of, the concept of community. Because a wealth of theoretical and empirical literature exploring different dimensions of community exists, space does not allow for a full discussion of these. The aim is therefore to highlight key theoretical and analytical applications of the concept of community to help frame my research.

2.3.1 What is 'Community'?

Although community has long been the focus of theoretical and empirical work, there is little consensus as how to define the concept (Amit, 2002; Crow and Mah, 2012; Day, 2006; Delanty, 2003). It has been described as both a 'slippery', and a contested concept (Day, 2006; Delanty, 2003; Mason, 2000; Mayo, 2000), and the study of different forms of community has been approached using a broad range of approaches and methodologies (Crow and Mah, 2012).

It has been argued that in its broadest sense, community refers to things that people have in common, particularly those that provide a sense of belonging (Day, 2006; Delanty, 2003), however scholars have distinguished between different approaches to exploring and defining community in a variety of ways. Three 'categories' of community were outlined by Willmott (1986) during the

mid 1980s - communities of ‘place’, ‘interest’, and ‘attachment’ – and these categories have been used by a number of scholars to explain different approaches to theorising community and exploring it empirically (Crow and Allan, 1994; Evans, 2004). More recently, Crow and Mah (Crow and Mah, 2011; Crow and Mah, 2012; Mah and Crow, 2011) have attempted to extend these conceptions with a view to outlining contemporary applications within the broad field of community research. Crow and Mah (2012) argue for four interrelated themes, or conceptualisations of community; difference, connection, development, and boundaries. They argue that such conceptualisations help encompass some of the recent developments in ‘community’ research more broadly, including scholarship around communities of practice, participatory research, social network analysis, and friendship. Crucially, they make clear that debates around conceptions of community and how best to explore such phenomena empirically requires that researchers engage with different methods when considering how best to ‘capture’ community. I now explore some of the ways in which community has been conceptualised moving between Willmott’s (1986) more ‘traditional’ approach to conceptualising community, and that of Crow and Mah (Crow and Mah, 2012; Mah and Crow, 2011).

2.3.2 Categorising Communities

Using Willmott’s (1986) definition, place community refers to communities in which commonalities are based on geographical location, or territory. In contrast, interest communities are described in terms of shared interests such as ethnicity, religious affiliation, leisure activities, occupation, and arguably sexuality. Place and interest communities may overlap or coincide with one another; nevertheless, as Crow and Allen (1994) note, they can be differentiated in that people can have shared interests despite being dispersed geographically. The third type of community highlighted by Willmott, ‘community of attachment’, relates to a sense of community manifest through collective action in support of a shared commonality. This type of community can overlap with the others, but Crow and Allen (1994) suggest that it can be differentiated by the type of interaction exhibited based on *sense of identity*.

The broad categories of community discussed share similarities to Delanty’s (Delanty, 2003) overview of broad approaches within studies of community.

Although Delanty's conceptualisations are similar, they highlight some important issues not discussed by Willmott (1986). The first approach Delanty outlines frames community as highly spatialised. He suggests that this is typified by communitarian philosophy, and also manifest within studies in the field of community studies. Typically, within this approach, spatially bounded communities are framed as requiring government intervention, notably in the form of regeneration, and community health interventions. This has clear links to Willmott's concept of 'place community', but also emphasises the political nature of community, and its relationship to policy. Crow and Mah (2012) note that conceptualisations of place communities have moved forward in response to debates about how to study spatially bounded groups, and that some scholars now prefer to use the terms locality or neighbourhood, rather than use the more 'loaded' terminology of community. They contend that these terms encompass some of the same notions of 'connection' that community implies, but represent a move away from some of the problematic uses of community found within past studies of geographical communities, and within social policy.

Furthermore, Crow and Mah (2012) draw attention to empirical research around social relationships, specifically the importance of family (or kinship) ties, friendship, (Weeks et al., 2001) as well as wider groups of neighbours and colleagues (Pahl and Spencer, 2010; Spencer and Pahl, 2006). They contend that such studies help explore wider 'community' dynamics, demonstrating the existence of 'connections' within, and across, wider communities. They note that a number of studies combine quantitative and qualitative data to examine changes to family households in relation to wider neighbourhood (or community) change. The work of Weeks and colleagues (2001) on same-sex friendships and intimate ties, demonstrates how people create and construct 'families of choice', thereby challenging more traditional notions of 'family'. This can be linked to the work of Spencer and Pahl (2006) on 'personal communities', which emphasises the blurring or 'suffusion' between traditional roles of kin and kith, and emphasising the close bonds and affective ties that are often developed in the context of people's personal relationships.

The second approach highlighted by Delanty (2003) is heavily influenced by anthropological and sociological studies of culture, and is specifically concerned with community as it relates to issues of identity, culture, and a search for

belonging. Crow and Mah's (2012) more recent work emphasises an important critique of such conceptions of community. They are clear that 'belonging' continues to be a central theme of contemporary studies of community, but note that in the past community was most often framed positively, thus failing to account for exclusionary practices and social divisions that can exist within communities. This serves to highlight Crow and Mah's conceptualisation of community in terms of the theme of 'difference'. In their view, 'difference' can have both positive and negative connotations. 'Differences' can help to define the boundaries of a community (i.e. differentiate between 'insiders' and outsiders'), but can also be the basis of division within communities. They note that communities and their members while apparently joined in a common sense of 'belonging', can simultaneously be divided by other factors such as social exclusion, lack of community cohesion, and issues around multiculturalism.

The third approach described by Delanty (2003) relates to post-modern conceptions of political consciousness and collective action, particularly in response to perceived injustice towards particular groups. Again, there is an overlap between Willmott's 'community of attachment' and this perspective, but Delanty here emphasises the political nature of community. Mayo (2000) notes that conceptions of community based on shared identity are no less problematic than those focused on locality, or territory. Nevertheless, identity politics have played a central role in the development of social movements, such as gay and lesbian liberation and disability rights (Castells, 1983; Castells, 1997; Crow and Allan, 1994; Day, 2006; Hoggett, 1997). It has been argued that such movements coalesce around people's shared sense of injustice, or exclusion based on identity, such as ethnicity, disability, and class (Delanty, 2003; Mayo, 2000). Extending this analysis, Mayo is clear that in terms of the construction of identity, collective action based on shared beliefs or identity, serves to reinforce and strengthen beliefs, such that a person's sense of self (or personal identity) in relation to a movement is strengthened. This process is not unidirectional, rather, mutually reinforcing. Similarly, Delanty (2003) argues that within social movements, "community is not an underlying reality but is constructed in actual processes of mobilization" (p. 123). Thus, he argues that the basis for community in this sense is less about shared values and norms, instead the construction of community through social action.

Lastly, Delanty (2003) highlights an approach to community that focuses on technology, computer mediated communication, and the use of the internet in the development of social relations and new conceptualisations of place. This can be linked to the increasing prominence of online communities. Hercheui (2011) argues that although online communities are constantly evolving, the literature on virtual communities is characterised by the continuation of debates on communities of place, interest, and identity. In this way, similar issues around the role of boundaries, and how members of community differentiate between members and non-members are explored, but in the context of computer mediated communication. Manuel Castells' (2011) recent scholarship on information and communication technologies emphasises the role of the internet in shaping social networks, and stresses the primacy of technologies of communication in organising social networks and controlling information.

Crow and Mah (2012) sound a note of caution when discussing the role of the internet in relation to studies of community. They suggest that it is easy to assume that 'virtual' connections made online can easily overcome boundaries between different spatial communities, thus enabling people to make new and different connections. A key critique of this understanding is that it masks underlying inequalities, as Crow and Mah argue:

> "...the internet connection does not itself give people the skills, capabilities, and capital (social, economic, cultural, following Bourdieu) to make meaningful connections which overcome certain social inequalities and exclusions." (2012, p. 12)

This helps to emphasise that although online communities, may change the *form of connection* within communities (i.e. online/offline), they may not overcome divisions in terms of 'difference' between people within such communities. This has important implications for this study. Although my research does not set out to explicitly examine the role of 'virtual communities' in relation to 'gay community', it is nevertheless important to recognise the role of online communication in altering gay social life (Reynolds, 2007; Reynolds, 2008; Rosser et al., 2008). The rise of gay socio-sexual networking resources (e.g. Gaydar, Grindr, and Recon etc.) have changed the way in which gay and bisexual men communicate, build 'communities', and seek sex (Frankis et al., 2014; Race, 2014). However, following Crow and Mah (2012) it is possible that existing

divisions based on difference within ‘gay communities’, may be reflected in the creation of these new forms of online community.

Theoretical perspectives relating to conceptions of community, which define it as going beyond space and place, to symbolic and ‘imagined’ connections, are often associated with the work of Anderson and Cohen. Anderson’s 1983 work, *Imagined communities*, centred on national identities, and his thesis rests on the notion that for community to exist, it is not necessary for individuals to know one another personally, as despite lacking personal or intimate knowledge of one another, members of an ‘imagined community’ are able to consider themselves as constituting a defined [national] group (Anderson, 1983; Delanty, 2003).

In a similar vein to Anderson, Cohen’s (1985) work marked a shift away from attempts to define community in spatial terms, rather, his work was concerned with how people use the term, and the meanings they ascribe to it. For Cohen, community is relational, in that it signifies the oppositions or dissimilarities between groups, thereby marking the boundaries of communities. Cohen is clear that such symbolic boundaries are necessary because they define or encapsulate the identity of the group. The boundaries of a community may be based on a variety of factors, such as space, locality, ethnic or religious differences (and arguably, sexual identity). In Cohen’s view, boundaries exist both in the minds of those within the group, and those outside of it. Thus, the boundaries of community come to rest on conceptions of who belongs and who does not (Day, 2006). It is worth noting that exploring and conceptualising communities (or groups) in terms of meaning, rather than spatiality, is also important in anthropological and cultural studies and is not peculiar to Cohen (Delanty, 2003).

Crow and Mah (2012) draw on the work of Cohen in defining the themes of ‘boundaries’ and difference within their conceptualisation of communities. They extend Cohen’s argument to demonstrate that in response to demographic and socioeconomic change, communities are often concerned with preserving and protecting the boundaries of that group, whether that be in terms of identity, place, interest, or attachment. Thus, understandings of who does, and who does not, ‘belong’ in a given community, thereby rest on conceptions of similarity and difference. In this sense, following Cohen and Anderson, they argue that the

boundaries of a community come to exist in the minds of those who consider themselves to be part of this social grouping.

In terms of my research, the work of Anderson and Cohen is important in that they emphasise the meanings that people ascribe to community/ies. Cohen's work provides a firm justification for exploring what community means to participants, rather than attempting to define it from an external vantage point. This requires a focus on conceptualising, and theorising community in the particular ways people use it (See Cohen in Amit (2002, p. 169)).

Although there are many more aspects of community that could be explored, this brief overview of literature has highlighted key concepts that may be applicable in my research. In the section that follows, I expand on some of the themes explored and provide an introduction to the history of 'gay communities'. I outline the emergence of a distinct homosexual identity and provide a brief history of the development of collective movements, particularly gay liberation movements, with reference to the development of 'gay communities'.

2.4 History and Development of 'Gay Community'

The history of homosexuality and the emergence of 'the homosexual' in recent history have been discussed by many scholars (Adam, 1995; D'Emilio, 1983; Katz, 1996; Plummer, 1995; Weeks, 1977; Weeks, 2000). Some have argued that the identity category of 'the homosexual' is historically and temporally contingent, and emerged as part of the wider shifts in attitudes towards sex and sexuality, and the social organisation of sexuality (D'Emilio, 1983; Weeks, 1977). Thus, although there is evidence for the existence of same-sex relations throughout history, and across cultures, what differentiates the modern history of same–sex relations is the way in which sex and sexuality has been organised and regulated, enabling the emergence of the specific identity category or subject position of 'the homosexual' (Adam, 1995; Weeks, 1977; Weeks, 2000).

Weeks (1977; 2000) argues that homosexuality crystallised in a recognisably modern form as recently as the 19th Century, whereas gay identity predicated upon collective identity is primarily a post 1960s phenomena. A number of authors (Adam, 1995; Plummer, 1995; Weeks, 1977) describe different phases,

or waves, in the development of ‘gay communities’. Weeks (1977) argues for four discernible phases. First, in the period up to World War One, the development of a recognisable homosexual identity, and emergence of individuals and organisations whose work laid a foundation for future political reform. Second, a more focused phase directed at securing legislative change, particularly the de-criminalisation of homosexuality. A third phase in the form of gay liberation movements began around 1970, although it is widely acknowledged that such movements did not develop spontaneously, or in isolation, rather, were linked to wider social changes including the breakdown of taboos around sex (Adam, 1995; D'Emilio, 1983; Katz, 1996; Plummer, 1995). The fourth phase suggested by Weeks (1977), was that of continuing reform, utilising political methods of gay liberation but attempting to gain further legal reforms and greater equality for ‘gay communities’. Writing in 1977, when HIV and AIDS had not yet been identified as a threat to newly liberated gay men, he argued that this phase was likely to dominate political action in future decades. More recently his writings have incorporated critical analyses of community responses to HIV and AIDS, and how these have subsequently shaped gay culture and social organisation (Weeks, 1989a; Weeks, 1989b; Weeks, 2000). Weeks and others also highlight the role that medical knowledge played in the labelling and categorisation of homoerotic acts and the individuals who engaged in them (Adam, 1995; D'Emilio, 1983; Weeks, 1977; Weeks, 2000). Indeed, many scholars stress the importance of the medical profession in constructing and defining categories of deviations, sexual disorders and perversions (Adam, 1995; Plummer, 1995; Weeks, 1977; Weeks, 2000).

The table on page 28 outlines some of the key legal changes that have occurred over the past five decades. Such changes have served to address many of the legal inequalities that had existed for gay men and lesbian women living in the UK, and can be linked to wider social changes. Findings from the 2013 British Social Attitudes survey (Park et al., 2013) provide evidence for shifting attitudes to homosexuality; in 1983 around 50% of people surveyed thought homosexuality was “always wrong”, compared to 2012 where 47% it is not “not wrong at all”. However, there is ongoing debate around the implications of such social and legal changes for gay and lesbian identities and communities. Some scholars have highlighted a move towards an agenda of assimilation, aimed at securing

equality and individual rights, rather than a more transgressive sexual politics based on difference (Bell and Binnie, 2000; Richardson, 2004; Richardson, 2005; Waites, 2003). Critiques of such a move have centred on the argument that this reinforces heteronormative frameworks of gender and sexuality as the basis for full citizenship. Such debates are foregrounded in relation to discussion of same-sex marriage as a form of social conformity in line with the "political goal of assimilation and integration as 'normal gays'" (Richardson, 2004, p. 394). Following this, others have argued that a level of social and legal equality has been achieved, such that many same-sex attracted people no longer feel the need to be involved in gay political activism, label themselves in terms of sexual identity, nor attach themselves to 'gay communities' (Coleman-Fountain, 2014). This has led some commentators to argue that Western societies have moved towards a new, 'post-gay' period in which it is no longer necessary for identity to be built around sexual orientation (Coleman-Fountain, 2014; Ghaziani, 2011).

Table 2-1 Key Legal Changes (since 1957) in the UK for Gay Men and Lesbian Women[1]

Year	Event
1957	Report by The Wolfenden Committee recommends decriminalisation of (consensual) homosexual behaviour between men aged 21 and over.
1966/1967	The Sexual Offences bill introduced in 1966, and a year later *Sexual Offences Act* (1967) is passed which partially decriminalised male homosexuality in England and Wales. Age of consent set at 21 for sex between men.
1980	In Scotland, *The Criminal Justice (Scotland) Act 1980* decriminalises homosexual acts (conducted 'in private') between men over age of 21.
1982	In Northern Ireland, *The Sexual Offences Act 1982* decriminalises homosexual acts (conducted 'in private') between men over age of 21.
1988	Government passed 'Section 28' as an amendment to the *Local Government Act 1986* (for England, Wales, Scotland but not Northern Ireland). This makes the 'promotion' of homosexuality by local authorities (in schools) illegal, and framed same-sex families as a 'pretended family arrangement'.
1994	Age of consent for homosexual acts lowered to 18 (NB/ For lesbian women, no age of consent set).
2000	Amendment to *Sexual Offences Act* results in the age of consent for homosexuals being lowered to 16 (17 in Northern Ireland) Section 28 of the *Local Government Act* is repealed in Scotland.
2003	Section 28 of the *Local Government Act* is repealed in the rest of the UK.
2005	The *Adoption and Children Act and Civil Partnership Act* (both passed years earlier) both come into effect. Adoption of children by same-sex couples now allowed, and same-sex couples now afforded same benefits as heterosexual couples who are married.
2013	The *Marriage (Same Sex Couples) Act 2013* is passed providing legal basis for marriage of same-sex couples in England and Wales.
2014	In Scotland, the *Marriage and Civil Partnership (Scotland) Bill* is passed, making provision for same-sex couples to marry in Scotland. First marriages expected to take place by end of 2014.
2014	Saturday 29 March 2014 sees the first marriages of same-sex couples take place in England and Wales.

[1] Elements of this table have been adapted from Bindel (2014) and Young (2012) .

2.4.1 'Gay Community/ies': Concepts and Critiques

In his later work, Weeks (2000) argues cogently for the existence of 'gay community' as one type of sexual community. He contends that 'gay communities' have four elements: "(1) community as the focus of identity; (2) community as ethos and repository of values; (3) community as social capital; and (4) community as politics" (p. 181). Links can be made between Weeks' conception of 'gay communities', the work of Cohen (1985) on symbolic community, and Anderson's (1983) imagined community. Echoing the work of Anderson, Weeks argues that community must be continually re-imagined through symbolic practices, which both reinforce identity, and serve to highlight difference. In this sense, lesbian and gay 'community' represents a form of solidarity. Weeks draws on a similar argument to that of Cohen arguing that communities serve as "repositories of meaning for members"(2000, p. 181), in that shared values allow individuals to shape and construct a sense of belonging and identity. He contends that gay community exists because people have constructed it, and want it to exist. Further emphasising the constructed nature of sexual community, specifically 'gay community', he argues that it is through narratives based on shared history and projective identification, that 'gay community' has come into existence. The shared history of gay and lesbian communities, linked as they are to issues of stigma, discrimination, oppression, and prejudice, mean that 'gay community' provides a cultural heritage, what Plummer (1995) describes as a sexual story (or narrative) for community members.

More recently scholars and commentators have critiqued the use of the term 'gay community'. It has been suggested that the term 'gay community' suggests a level of unity and homogeneity based on notions of shared sexual identity that individuals may not desire nor experience (Fraser, 2008; Rowe and Dowsett, 2008; Weeks, 2000; Weston, 1997). Indeed, the use of the term 'the gay community' as if it is a singular entity arguably serves to obfuscate differences, and fails to encompass the heterogeneity of individuals, groups, and cultures which are a part of gay social life in the West (Barrett and Pollack, 2005; Reynolds, 2007). Furthermore, using the term in this way fails to account for plural identities, which may be more or less important to an individual depending on social context. Keogh and colleagues critique the simplistic use of

terms such as “gay men”, “the gay community” and “gay scene” within health and social policy, arguing that the use of such terminology fails to fully account for diversity, and reinforces ideas of gay male identity and communities as being limited to White, middle class men (Keogh et al., 2004a; Keogh et al., 2004b; Keogh et al., 2004c).

It is also important to recognise that the idea of ‘shared history’ described by Weeks (2000) may not be reflected in the experience of all gay and bisexual men, and other men who have sex with men. This is particularly important in terms of this study as it has been argued that some men, particularly younger men, may have a different or “‘lighter’”(Holt, 2011, p. 860) connection to the concept of ‘gay community’ than previous generations (Fraser, 2008; Holt, 2011; Reynolds, 2007).

This section of the review has described key issues relating to the development of gay identity and community. Following on from the themes developed in this part of the review, the following section focuses on ‘gay community’ responses to the emergence of the HIV/AIDS epidemic.

2.5 ‘Gay Community’ Responses to HIV and AIDS

It has been argued that there is no one history of AIDS (Davies et al., 1993). This view is particularly important in exploring how ‘gay communities’ in the UK and internationally responded to the threat posed by HIV/AIDS. As Davies and colleagues have argued (1993), the accounts of different groups and communities represent the differential power secured by them, and the epistemological privileging of certain accounts over others. It should be noted that the history of responses to AIDS in developed countries in the West, while following a similar trajectory, do differ, particularly in terms of state intervention, and resultant policy initiatives (Altman, 2013; Berridge, 1996). Focusing predominantly on the UK context, this section outlines key issues and events in the history of ‘gay community’ responses to HIV/AIDS in order to provide a contextual framework for the research.

2.5.1 Responses to HIV/AIDS: 1981-1985

The chronology or history of the response to AIDS in Western countries in the period up to the mid 1990s has been discussed by many writers (Berridge, 1996; Patton, 1990; Weeks, 1989a; Weeks, 1989b). Jeffrey Weeks (1989a) described three stages in the response to AIDS: Dawning Crisis (1981); Moral Panic (1982-1985); and Crisis Management (1985 – Present [1989]). The first phase in the response, 'dawning crisis', was characterised by anxiety about an emerging health threat among gay men in large urban areas in the US, as well as haemophiliacs and ethnic minority groups (Berridge, 1996).

Weeks (1989a) defines the next phase of the response, from 1982-1985 as 'moral panic'. He argues that during this period, there was growing anxiety among politicians and the mass media about the causes of AIDS, and its relationship to moral and social breakdown. In terms of policy initiatives, this period was characterised by indifference on the part of politicians, on the basis that what had been named AIDS affected minority groups, and as a 'gay disease' or 'gay plague' required little action (Berridge, 1996). During this phase, research by virologists, epidemiologists, and clinicians led to the announcement in 1984 that the HIV virus had been identified and isolated as the cause of the syndrome AIDS (Berridge,1996). However, as there had been no systematic governmental response, communities affected by HIV/AIDS reacted by mobilising to engage in voluntary self-help (Davies et al., 1993; King, 1993; Weeks, 1989a).

In the US and UK, gay men's organisations instigated collective action, enabling gay men to mobilise around their shared interests and identity. Gay men took the initiative in lobbying, research, developing and promoting safe sex, thus AIDS activists can be understood as shaping medical and governmental responses to the management of the epidemic (Altman, 1993; Berridge, 1996; Davies et al., 1993; Patton, 1990). Indeed, a number of scholars stress that it was gay men themselves who coined the term 'Safe Sex', developing sex-positive approaches to HIV prevention, and programmes based on peer education (Altman, 1993; Altman, 2013; Davies et al., 1993; Hart, 1993; Merson et al., 2008; Patton, 1990). The community practices developing from this would have been familiar to men who had been involved in the gay politics of the 1970s (Davies et al., 1993; Weeks, 2000). Thus, during these early years of the epidemic, community

responses were developed and shaped primarily by gay men, whereas other minority groups (such as Intravenous Drug Users) with less power were initially excluded due to lack of capacity to mobilise politically around a shared identity (Adam, 1997; Altman, 1993). Despite playing a pivotal role in the development of responses early in the epidemic, prejudice against gay men among the general population in the early 1980s, reinforced by moral discourses in the political sphere, particularly concerns with the breakdown of family values, served to reinforce discriminatory practices and increase stigma surrounding HIV/AIDS (Weeks, 2000). Indeed some have argued that gay men's association with the AIDS epidemic in the 1980s led to further stigmatisation, as within UK and US they were framed as the source, and vector for transmission of the virus, leading to moral panic (Altman, 1994; Weeks, 1989a).

There is some consensus that the period 1985-1986 constituted a turning point in the approach to HIV/AIDS (Berridge, 1996; Davies et al., 1993; Weeks, 2000). During this period epidemiological research findings precipitated a shift in focus from groups thought to be 'at risk', to 'risk behaviours', thus highlighting potential impact on the general population (Weeks, 1989a). It was around this time that AIDS was recognised as a global threat, and one that would affect not only gay men and minority groups, but also the heterosexual population. This period saw a shift towards governmental intervention in the epidemic (Berridge, 1996; Weeks, 1989a). Davies and colleagues (1993) suggest that this shift from notions of an epidemic confined to the gay male population to the general population (and a resultant shift in policy agenda and funding), precipitated changes in the approach of 'gay community' organisations.

Framing AIDS as an issue affecting everyone, has been argued to have led to a lack of provision for gay men health needs, at a time in which deaths from AIDS were disproportionately affecting gay men (Davies et al., 1993; King, 1993). There is considerable debate as to whether the 'de-gaying' of AIDS was an explicit strategy to ameliorate the discrimination and stigmatisation experienced by gay men (thus challenging homophobia), or whether the decision was pragmatic, due to the need to secure resources (Berridge, 1992; Berridge, 1996; Davies et al., 1993; King, 1993; Weeks et al., 1996). Adam (1997) notes that tension between the need to secure funding, and the impact of health professionals in 'gay community' responses to HIV and AIDS have been 'two-

edged'; "Without them [health professionals], AIDS activists could not have made their inroads into state funding, the research establishment, or social services. With them, they invite incorporation into the state-and-scientific panopticon that extends over the "at-risk" populations" (p. 32). Nevertheless, such scholars have argued that without moving both towards a notion of HIV as 'everybody's problem', and acceptance of the professionalisation of AIDS services, even less funding would have been made available to gay men.

2.5.2 Responses to HIV/AIDS: 1985-1989

From around 1985-1989, a period described by Weeks as 'crisis management', responses to AIDS became increasingly professionalised (Weeks, 1989a). This shift had important ramifications for 'gay communities'; where community organisations had previously played an important role in shaping policy from below, in a bottom up approach, the move towards professionalisation resulted in top down policy implementation (Berridge, 1992). Thus, medical and 'expert' knowledge of HIV prevention and promotion became increasingly reified, and the expertise of gay men, including their experiential knowledge of the crisis, was distanced from professionalised discourses. Safer-sex strategies and techniques developed by the 'gay community' were integrated into official policy during this period (Crimp, 1988). Indeed, Patton is quoted by Crimp (1988) as stating that the safer sex strategies invented by the 'gay community' can only be understood in the context of the activism and politics of gay liberation which preceded the emergence of AIDS. Following Patton, Crimp was highly critical of the way in which grass-roots activism in the form of safer sex was appropriated and re-invented by health 'experts'(Crimp, 1988). While more recent scholarship has emphasised the way in which safer sex practices were taken up by gay men through the 1980s and 1990s (Dowsett, 2009; Flowers, 2001; Race, 2001), it has been argued that within official policy there was little recognition of the role of communitarian self-help responses in reducing the number of new infections among gay men (King, 1993; Patton, 1990).

In 1987 the first national campaign for HIV prevention was launched (Berridge, 1996). The key message was that HIV was a risk to all, not simply certain risky groups. It has been argued that this campaign, and the associated move to widen public health interventions towards other groups, based on the notion of risky

acts or behaviours, constituted a shift in public health policy (Flowers, 2001). It has been argued that this shift also brought about a shift from a social view of HIV prevention in which groups managed risk, to an individualised notion of risk in which individuals were expected to manage their own behaviour and risk (Flowers, 2001; Sheon and Crosby, 2004). Flowers (2001) argues that the "unit of risk" (p. 57) shifted from group membership (i.e. shared sexual identity) to the individual, and risks associated with specific sexual behaviours. He contends that this shift was influenced by advances in the testing for the existence of HIV antibodies during the 1980s, as after the widespread introduction of HIV testing individuals could be defined in term of their serostatus. He argues:

> "The apparent homogeneity of gay men as a singular high-risk group was broken, as gay men could be distinguished via the HIV antibody test as HIV antibody positive or HIV antibody negative. The boundaries of risk were reiterated as now kinds of gay men (antibody positive and antibody negative) could be seen as distinctly 'posing a risk' and 'being at risk' respectively." (Flowers, 2001, p. 56)

Flowers' contends that this further reinforced the notion of bodily (or somatic) risk which could result in infection with HIV, rather than risk groups, based on 'gay community' membership. In this way, safer sex came to be framed as a bodily, rather than a 'community' risk, and knowledge of HIV status as central to conceptions of this risk. Safer sex in this 'somatic' sense required men to assume that their partner was HIV positive, and to use condoms for anal sex 'every time' to reduce the risk of HIV transmission. In this way unprotected anal sex (UAI) came to be framed as a 'risky' behaviour and reducing rates of UAI a central focus for HIV prevention interventions, and a concern of behavioural surveillance. Furthermore, it has been argued that the introduction of effective antiretroviral treatments for HIV around 1997 also contributed to shifts in men's perceptions of risk, as HIV increasingly began to be perceived as a chronic, manageable condition (Flowers, 2001; Siegel and Lekas, 2002).

2.5.3 Responses to HIV/AIDS: Early 1990s Onwards

It has been argued that after the initial crisis, AIDS became normalised within UK health care (Davies et al., 1993). In the late 1980s and early 1990s concerns began to arise that the shift in focus to risk behaviours, rather than groups, was having a negative impact on service provision for the 'gay community'. Despite

figures showing that deaths from AIDS related illnesses continued to be higher among gay men, less funding was available.

Keogh (2008a) notes that changes to the way that health services were funded, led to community-based HIV organisations, initially developed by gay men, being awarded funding by the state to implement HIV prevention. While this move formalised the role of community groups, Keogh notes that groups primarily utilised health promotion approaches to HIV prevention. Keogh is clear that as such community groups have become health promoters, rather than activists, their work relates less to the grass-root political activism that led to the initial community response to HIV and AIDS, and more to the promotion of health imperatives focused on the management of personal risk. Such health promotion approaches have been criticised for their individualistic view of risk management, one which fails to fully integrate the social into sexual practice (Dowsett, 2009). Dowsett (2009) argues that the in "safe sex period" (p. 235), which in his view lasted from 1983-1993, safer sex culture was based on notions of collective obligation to other community members, and is therefore best understood as a social intervention. He contends that the majority of risk reduction and risk management strategies that have followed are much less social, focusing primarily on individual, and at times interpersonal, behaviour. He argues that even where health promotion strategies take into account social factors, the focus is less on sexual culture, instead often relying on dyadic notions of negotiating sex. He concludes that the focus on individual behaviour, and lack of focus on the 'social', is one of the main failings of current sexual health interventions, one which needs to be addressed if HIV prevention work is to be successful in the future.

This section has provided a brief overview of the community responses to HIV and AIDS, concluding with a discussion of the role of health promotion interventions to reduce the transmission of HIV. In the sections that follow I examine literature relating to the continuing importance of 'gay community' in research and interventions around HIV risk and safer sex for gay and bisexual men (and other MSM) outlining how these relate to this research.

2.6 Community in 'Safer Sex' Research and the Development of HIV Prevention Interventions

The previous sections highlighted the role of 'gay communities' in the development of responses to the early HIV/AIDS epidemic, emphasising how shifts in understandings of HIV risk moved from being based on risk for 'communities' of gay men, to a more individualised approach predicated on notions of risk and infection related to HIV serostatus . How though did this inform research and the development of interventions around safer sex?

Until the early 1990s, relatively little research had been undertaken on the normative aspects of 'gay communities' and social networks (King, 1993). However, a large body of literature heavily influenced by Australian researchers began to emerge around the importance of identification with 'gay communities' and adoption of safer sex practices. This body of work grew from research that began in the 1980s, conducted by social scientists at the National Centre for HIV Social Research in Australia. Their research was critical of perspectives that emphasised individual behaviour, and models of behaviour change that promoted simplistic notions of knowledge-attitude-behaviour. Instead, they sought to emphasise the social and cultural dimensions of sex, and the role of sexual communities in which some men were embedded. Explaining the basis for this focus on group practices rather than individual behaviours, Kippax and Race (2003) argue:

> "'practices' unlike 'behaviours' are socially produced between people, intersubjectively, and are subjectively meaningful. Social practices inform particular behaviours or actions by particular individuals on particular occasions in particular locations and contexts." (p. 3)

In this way, they highlighted the importance of the 'social' in informing sexual practices, rather than reducing sex to a set of individual sexual acts or behaviours.

The main part of this program of research which lasted into the 1990s was a large scale survey of gay men (Kippax et al., 1993; Kippax et al., 1992). One of the factors explored through the survey was that of attachment to 'gay community'. Three measures of 'gay community attachment' were used during

analysis; “sexual engagement, social engagement and gay community involvement” (Kippax et al., 1993, p. 109). The results of the research provided evidence to suggest that involvement in ‘gay community’, particularly political, cultural and sexual activities, could predict successful behaviour change among men. This became known as the ‘gay community attachment hypothesis’ (GCA) and has been highly influential in both HIV research, and in shaping policy and practice, particularly in Australia. Some have critiqued the early work of Kippax and colleagues (Kippax et al., 1993; Kippax et al., 1992) on the basis of evidence that suggested some gay community attachment measures (e.g. proportion of close gay friends, reading gay press, and knowing men living with HIV or AIDS) were correlated with UAI in the preceding year (Gold, 1995). Gold (1995) hypothesised explanations for these differences, suggesting that affiliation with ‘gay community’ may have played different roles for different men. Gold’s contention was that men with strong orientation to safe sex practices were likely to have those reinforced by community contact, but for those who had difficulty in maintaining (or with no desire to maintain) safe sex, it was possible that such contact offered more opportunity to engage in UAI. He argued that in this sense, gay “community acts as a multiplier: it serves to heighten the effects of tendencies that are already present.” (Gold, 1995, p. 15). Furthermore, Gold was critical of what he perceived as the desire to ensure that ‘gay communities’ were seen in a wholly positive light. He suggested that this led, in Australia at least, to over-optimism about the positive effects of community on HIV prevention. Gold’s critique around over-optimism, or ‘romanticisation’ of the role of community, is echoed in the work of a number of researchers writing on HIV and ‘gay community’ (Keogh et al., 1998; Ridge et al., 1997; Ridge, 2004; Sheon and Crosby, 2004). Despite these criticisms, the work of Kippax and colleagues, in particular their focus on the social context of sexual practice, has gone on to inform a broad range of research and interventions in Australia, and other Western countries.

Running parallel to such Australian research, UK researchers recognised the importance of social context in shaping men’s approaches to risk and their practice of safer sex (Boulton et al., 1995; Eisenstadt and Gatter, 1999; Hart and Boulton, 1995). Similar to Australian academics, they were critical of individualistic approaches to researching sexual risk behaviour, instead

emphasising the need to explore wider social structures and dimensions of community.

In the US, analysis of survey data provided evidence to suggest that acculturation into gay culture was associated with safer sexual behaviour (Seibt et al., 1995), serving to further emphasise the social context in which gay men developed understandings of sexual risk and safer sex. Indeed, in the US Kelly and colleagues (Kelly et al., 1997; Kelly et al., 1991; Kelly et al., 1992) sought to develop community-level interventions targeting gay men, applying models and theories relating to social norms, peer group influence and 'diffusion of innovations', based on the work of Everett Rogers (Bertrand, 2004; Rogers, 1983). Kelly and colleagues (1991) argued that through a 'diffusion of innovation', popular members of a community, so called 'popular opinion leaders' (POLs), through their endorsement of safer-sex practices could act as a model for their peers, thereby reducing rates of high-risk behaviours, such as UAI. Diffusion of innovation theory suggests that only a relatively small group of POLs within a target community/population, a "critical mass" (Kelly, 2004, p. 141), need endorse and model innovative practices to effect diffusion throughout the population (Kelly, 1991). The aim of the intervention developed by Kelly and colleagues was to decrease incidences of UAI, and increase condom use among gay men. Evaluation of interventions based on their approach indicated that it successfully brought about a reduction in risk behaviours (Kelly et al. 1991; 1992; 1997); indeed their work informed further US interventions. Kegeles and colleagues (Kegeles et al., 1996a; Kegeles et al., 1996b; Kegeles et al., 1999) applied a similar approach with young men as part of the Mpowerment project, successfully reducing incidences of UAI and increasing condom use. Applications of the 'diffusion of innovation' model' also informed the work of researchers in the UK as part of the Four Gym Project in London (Elford et al., 2001; Elford et al., 2004b; Elford et al., 2000) and the Gay Men's Task Force (GMTF) in Scotland (Flowers et al., 2000b; Flowers et al., 2002; Williamson et al., 2001). However, despite applying the approaches advocated by Kelly and colleagues, evaluation of both the London and Scottish interventions found no evidence for significant changes in UAI in either location, although in Scotland the intervention did increase testing for HIV among men who reported contact

with the intervention (Flowers et al., 2001). Thus, the Scottish intervention was successful in increasing sexual health services uptake (Williamson et al., 2001).

In relation to the London study, Elford and colleagues (2001) noted that data from process evaluation indicated that cultural differences between the UK and the US may have been problematic. Similarly, the researchers behind the GMTF noted that the intervention itself may not have transferred well from small US cities to large urban cities in Scotland. Indeed, the authors were clear that the socio-cultural context of large Scottish cities were likely to encompass different dynamics influencing sexual norms (Flowers et al., 2002). Researchers involved in the GMTF suggested that understandings and responses to risk changed after the introduction of treatments such as HAART, and given that Kelly and colleagues studies were carried out in the period before this, such changes may have affected the implementation of the intervention (Flowers et al., 2002; Hart et al., 2004).

It is important to note that peer education has remained a key component of many HIV and safer sex interventions. The POL model, or adaptations of it, have been used with other populations in the US including sex workers (or 'hustlers') (Miller et al., 1998), women in inner-city neighbourhoods (Sikkema et al., 2000), and black MSM (Jones et al., 2008). These types of community-level interventions have also been used as the basis for programs in other countries, with the community POL model being used in a multi-site study of communities at risk of HIV/STIs in China, India, Peru, Russia, and Zimbabwe (Caceres et al., 2007; Group, 2010).

Given the focus on community, this section of the review has focused on research and interventions that have applied social theories and models as a framework for understanding and addressing safer sex among gay and bisexual men and other MSM. Nevertheless, it is important to note that it has been argued that psychosocial theories of behaviour change (such as the Theories of Reasoned Action and Planned Behaviour) also have the potential to provide insight into behaviour change in terms of condom use (McKechnie et al., 2013). I have been influenced by critiques of individual-level approaches on the basis that they are predicated on simplistic and narrow definitions of risk which fail to fully encompass the socially and sexually embedded 'nature' of risk, and the

cultural contexts in which people engage in 'risk behaviours' (Flowers and Duncan, 2002; Gastaldo et al., 2009).

2.7 Safer Sex and Condom Use

The previous section emphasised the continuing importance of 'community' in terms of research and intervention development. In this section I outline how understandings of the importance of social context have continued to animate research exploring HIV risk and men's approaches to 'safer sex', in particular the use, and non-use, of condoms as part of sexual practice.

During the late 1990s and early 2000s findings from behavioural surveillance and studies of HIV risk provided evidence to suggest that UAI among MSM, often with partners of unknown HIV status, was increasing in some Western countries (Ekstrand et al., 1999; Elford et al., 2004a; Zablotska et al., 2008). Researchers in the UK, Europe, North America and Australia sought to provide explanations for these increases in UAI, and explore changes in understandings of risk, focusing on, amongst others factors, changes in sexual culture and social norms (Dowsett, 2009; Flowers, 2001; Keogh, 2008b; Rowe and Dowsett, 2008), the possibility of safe sex and condom 'fatigue' (Adam et al., 2005; Rowniak, 2009), HIV treatment optimism (Sheon and Crosby, 2004; Van de Ven et al., 2002), 'resistance' to HIV prevention messages (Adams and Neville, 2012; Davis, 2002), the emergence of 'barebacking'[2] (Adam, 2005; Berg, 2009; Race, 2003), and the role of the internet in changing gay social and sexual life (Davis et al., 2006b; Davis et al., 2006a; Reynolds, 2008).

2.7.1 Safer Sex and Seroadaptive Practices

Researchers found that the advent of HIV testing brought about changes in sexual behaviour, as groups of men began to engage in risk reduction practices such as 'negotiated safety' (Kippax et al., 1993; Kippax et al., 1997; Kippax and Race, 2003; Race, 2003), serosorting (Eaton et al., 2007) and other risk reduction strategies based on knowledge HIV status (Crawford et al., 2001; Elford et al., 1999). Kippax and colleagues (1997) define negotiated safety as

[2] Berg (2009) states that 'barebacking' is "generally understood as intentional unprotected anal intercourse between men where HIV transmission is a possibility" (p. 754).

"the strategy of dispensing with condoms within HIV seronegative concordant regular sexual relationships under certain conditions." (p. 191). This practice began to be promoted in Australia by educators who recognising that in a 'post AIDS' era (Dowsett and McInnes, 1996), where aspects of risk could be identified and managed, men had responded by developing non-condom based strategies to reduce sexual risk (Kippax and Race, 2003; Rowe and Dowsett, 2008). Gaining insight into non-condom based risk reduction, and the importance of HIV status disclosure in negotiating condom use prompted researchers (employing both quantitative and qualitative methods) to differentiate between UAI between casual and regular partners, and on the basis of HIV status (Prestage et al., 2012b; Rouwenhorst et al., 2012; van Kesteren et al., 2007). Indeed, understandings of non-condom based risk reduction, and the importance of perceptions of risk have continued to animate research into 'risky' sexual practice (Prestage et al., 2013; Prestage et al., 2012a). Grace and colleagues (2014) refer to the umbrella term of 'seroadaptive behaviours' to outline risk reduction strategies based upon the HIV status (perceived or real) of sexual partners. These include: serosorting, that is choosing sexual partners of the same (known) HIV serostatus; negotiated safety, that is dispensing with condoms within HIV-seronegative concordant regular sexual relationships under certain conditions, and based on specific agreements; strategic positioning (seropositioning), where roles (insertive/receptive) are chosen on basis of likelihood of HIV transmission/acquisition; condom serosorting, that is using condoms only with serodiscordant partners; and lastly, viral load sorting, that is using assessment of viral load and/or HIV treatment adherence as a factor in decision-making about specific sexual practices and behaviours to engage in with an HIV-positive partner.

Concerns around intentional unprotected sex, or the practice of 'barebacking' began to emerge in the late 1990s (Adam, 2005; Ridge, 2004). A literature review examining 'barebacking' (Berg, 2009) concluded that definitions of the practice vary across different cultural and historical contexts, and that the practice has emerged in the context of men's relationships with and to individuals and different 'communities'. Indeed, they note that within some socio-sexual 'communities', it would appear that barebacking is an accepted social norm. Berg notes that the internet has facilitated connections between

men who wish to take part in the practice. Furthermore, he contends that a more nuanced approach to understanding the practice, particularly in relation to understandings of HIV serostatus and substance use, must underpin future research. This is supported by other research which suggests that at times unprotected and bareback sex have been conflated, something which is problematic because UAI does not necessarily equate to 'bareback' sex, nor do men conceptualise all 'episodes' of unprotected sex as equally risky (Prestage et al., 2013).

2.7.2 Factors Related to Unprotected Sex

Researchers have sought to examine why men engage in unprotected anal intercourse. Much qualitative (Adam et al., 2005; Adams and Neville, 2009; Adams and Neville, 2012; Appleby et al., 1999; Boulton et al., 1995; Bourne and Robson, 2009) and quantitative research (Hays et al., 1997; McLean et al., 1994) have provided evidence that within couples there is a shift away from using condoms over time due to a variety of interconnected factors including; being in a 'monogamous' relationship, the length of a relationship, trust of a partner, and perceptions of partners as 'safe'. Quantitative studies using data collected from samples of gay and bisexual men have explored a variety of relationship factors associated with non-use of condoms such as the role of intimacy, attachment and 'romantic ideation'(Darbes et al., 2014; Golub et al., 2012; Hoff et al., 2012), the non-use of condoms to build trust (Davidovich et al., 2004), and the role of perceptions of risk based on recent HIV test results and sexual agreements with a primary partner (Mitchell and Petroll, 2013). In the UK context, Elford and colleagues' (1999) study exploring gay and bisexual men's HIV risk reduction strategies found evidence to suggest that men were engaging in the practices of negotiated safety, nevertheless, they suggested that not all men knew their own HIV status, or that of their partner, indicating that they were at risk of HIV transmission. Furthermore, other studies based on questionnaire data drawn from men in couples suggests that perceived support for HIV-preventive practices from partners (what they termed 'HIV specific social support') is predictive of decreased sexual risk behaviour and reduced UAI (Darbes et al., 2012; Darbes and Lewis, 2005).

Recognising the importance of agreements around condom use (and non-use) with regular partners such as in the case of 'negotiated safety' agreements, researchers in Australia have explored factors which led to the breaking of agreements between HIV-negative men and their regular partners (Prestage et al., 2006). Prestage and colleagues (2006) found that many men who broke agreements reported feeling uncomfortable discussing HIV and sex with their partners, suggesting that there is a need to enhance and build men's capacity for communication around HIV with partners. Similar findings emerged from a study of same-sex male couples in the US. Campbell and colleagues (2014) interviewed 48 same-sex male couples, of whom 26 were HIV negative seroconcordant, and 22 were serodiscordant. They explored explicit and implicit decision-making processes; explicit processes were based on 'active' discussion, implicit processes were often 'just understood'. They also found that HIV testing was understood by some men as a precursor to discontinuing condom use. In these cases men framed sex as safe due to knowledge of their own, and partner's, HIV status. These findings provide further support to the notion that understandings of risk are contextual, and that the context of primary relationships, specifically communication and support around HIV within couples, is one area that offers potential for HIV prevention (Purcell et al., 2014b).

Quantitative research around condom use with casual partners suggests that some men who engage in risk-reduction practices such as serosorting, which rely on knowledge of one's own and partner's HIV serostatus, may be relying on familiarity and trust of a casual partner when having UAI, without engaging in discussion of HIV status and condom use (Rouwenhorst et al., 2012; Zablotska et al., 2011). Findings from a range of qualitative studies have provided further insights into decision making around condom use and seroadaptive practices. Within men's accounts of decision-making around unprotected sex, they found men framed their sexual practice as 'safe', providing rationales based on biomedical notions of risk. Grace and colleagues (2014) suggest that men sought to identify the HIV status of new and casual partners using a variety of strategies, these included looking for 'bodily' signs, social cues, examination of online profiles, and assessment of their sexual history. Furthermore, considerations around whether unprotected sex was safe rested on not only

assessment of HIV status, but relational factors such as liking a person, and having mutual friends.

Qualitative studies exploring HIV risk and safer sex have provided further insights into the role of relational dimensions that influence condom use. This body of literature suggests that men may not use condoms with partners who they trust, or with whom they desire to build trust (Adam et al., 2000; Adams and Neville, 2009; Flowers et al., 1997), and in situations where condoms are perceived as a barrier to greater intimacy and love (Boulton et al., 1995; Flowers et al., 1997). Indeed, Boulton and colleagues (1995) noted that for some men, the use of condoms in a regular relationship was understood as an indication of mistrust due to the social pressure not to use condoms in this context. Furthermore, based on men's accounts of 'unsafe sex' these studies found that where neither partner perceived the other to be 'infected' or at risk of HIV, men would not use condoms (Adams and Neville, 2009; McLean et al., 1994). This can be linked to findings from other qualitative studies which suggest that having knowledge of a partner's sexual history often meant that a sexual partner was perceived as 'safer' than someone unknown (Boulton et al., 1995; Bourne and Robson, 2009; Gastaldo et al., 2009). Such findings are important when considered in the context of other research findings around men's understandings of pleasure, specifically that condom is often understood as reducing pleasure (Gastaldo et al., 2009).

Studies based on men's accounts of 'unsafe sex' have found that that alcohol and drug use (Adam et al., 2000; Adams and Neville, 2009; Boulton et al., 1995) and sexual desire (Adams and Neville, 2009; McLean et al., 1994) result in inconsistent condom use. This is supported by findings from research exploring drug and alcohol use among gay and bisexual men in the UK, which highlights the complex role of alcohol and drug use in sexual encounters and practices (Bourne et al., 2014; Keogh et al., 2009). In contrast to literature highlighting men's accounts of drug and alcohol use as an 'explanation' or 'excuse' for engaging in unprotected sex, Gastaldo and colleagues (2009) found that some men used drugs functionally as a way of increasing the intensity of sexual experience. Furthermore, recent qualitative research with behaviourally bisexual men indicated that barriers to condom use were similar to those identified in other studies with MSM – drug/alcohol use, condom availability, being caught up in the

'moment', and partner preference (Hubach et al., 2014). Hubach and colleagues (2014) also emphasised the role of gender, with some participants reporting condom non-use with female partners where pregnancy was assumed not to be possible.

It is also important to note that unprotected sex has also been framed as being exciting and/or 'thrilling' (Adams and Neville, 2009; Davis, 2002; Ridge, 2004), and as such condomless sex may be understood as a 'risk' that some men are willing, and indeed wish, to take. However, some have been critical of research that frames condom non-use as a 'rational' decision. Davis and Flowers (2011) note that unprotected sex in the context of 'negotiated safety' agreements is often framed as a rational decision, with the aim of reducing the risk of HIV transmission. They suggest that this fails to adequately account for the role of emotional or affective dimensions of relationships. Based on analysis of qualitative data drawn from interviews with HIV negative men, they emphasise emotional dimensions of unprotected sex, demonstrating that for some men UAI with a serodiscordant partner may be represented as a 'gift', offered as a way of increasing intimacy and love. Thus, they caution against falling into the trap of positioning affect and reason as oppositional, and suggest that HIV prevention and research needs to interrogate this further.

In their study exploring the way in which 'safe' sex is experienced, Bourne and Robson (2009) conducted in-depth interviews with men and women aged between 18-30 who were either homosexually or heterosexually active. They found that participants conceived of risk and safety in different ways. Although participants called upon biomedical notions of risk, framing 'safe sex' as protection against disease, they extended this notion of risk by drawing on other dimensions of 'safety'. A key finding was that the men and women understood 'safe' sex in two interrelated ways: as psychological safety, feeling safe with a partner; and as emotional safety, trusting a partner. Like previous studies, they found that one of the biggest barriers to implementing 'safer sex' and sexual health guidance was balancing risk, with the desire to build trust and intimacy with a partner. The findings from their study echo findings from previous qualitative research with gay and bisexual men, and demonstrate that trusting a partner plays a similar role for heterosexually active and homosexually active partners.

2.7.3 Heterosexual Individuals, Couples, and Young People

The findings from qualitative studies outlined thus far are similar to themes emerging from research among adult heterosexual couples (Emmers-Sommer and Allen, 2005) and young people (Marston and King, 2006). Indeed, qualitative studies with heterosexual young people, exploring condom use and other forms of contraception, report that condoms are understood as being required with casual partners but not necessarily regular and 'trusted' partners (Bauman and Berman, 2005; Williamson et al., 2009). A study exploring intention to use condoms among young heterosexual adolescents highlighted alcohol, availability of condoms, and 'sexual passion' as barriers to using condoms (Bauman et al., 2007). Drawing on findings from her recent qualitative research around condom use, Braun (2013) highlights the existence of an anti-condom discourse. She notes that among her sample of heterosexual adults, condoms were widely accepted as a primary definition of 'safer sex', but that an anti-condom discourse framing them as killing pleasure, and a barrier to 'natural' sex, discouraged condom use. This supports previous qualitative research with young men and women which suggests that condom use is inconsistent, and that condom dislike, and assumptions around condom use with different partners, play a role in this (Measor, 2006; Williamson et al., 2009).

2.7.4 Research with Young Men who have Sex with Men

In their review of HIV epidemiology, risk and protective factors for young MSM, Mustanski and colleagues (2011b) note that although young MSM in the US context are disproportionately at risk of HIV, there is a relative paucity of research and interventions aimed at this group. They contend that although there is a wealth of literature around risk and protective factors for HIV among adult MSM, much less research focuses specifically on adolescent and emerging adult MSM. Mustanski and colleagues stress that this is problematic because of the many individual and social transitions that young people go through during this period: developmental changes, move from education into work, move away from 'home', and the development of sexual relationships. Based on their review of the literature, they recommended that further research is needed to explore protective factors such as supportive relationships with peers and family, and dimensions of social context such as educational settings. They also

note the rise in HIV infection in the context of young men's relationships, and argue that this is an important area for research and intervention. The concern that young MSM are becoming infected with HIV in the context of relationships has prompted research into relationship factors associated with risky sexual behaviour among young men (Bauermeister, 2012; Greene et al., 2014; Newcomb et al., 2014). These studies have focused on factors such as relationship 'type', the characteristics of sexual partners, and dynamics within sexual relationships (Newcomb et al., 2014). A recent study in the US found that being in a 'serious' relationship was associated with risky sexual behaviour, as was having an older partner, using drugs before sexual encounters and physical violence (Mustanski et al., 2011a).

This very brief overview of literature relating to safe/unsafe sex helps emphasise that while condom use is widely understood and promoted as a key component of 'safer sex', practicing safer sex is contingent on understandings of 'risk', and a range of contextual factors. Gaining further insight into how young men understand the concept of safer sex, particularly the use of condoms, could further contribute to current understandings of 'risk' and 'safety' among young gay and bisexual men living in Scotland.

2.7.5 Sources of Information about Sexual Health and 'Safer Sex' for Young Men who have Sex with Men

The previous sections have touched on ways in which it has been suggested that links to 'gay communities' play a role in framing men's approaches to safer sex practice. Turning specifically to young MSM, it is important to consider how they learn about sex and sexual health, and what resources they may draw upon in constructing their understandings of safer sex. Previous research has demonstrated that young MSM's knowledge about safer sex and HIV risk can be informed by: links (or attachment) to online and offline 'gay communities', through health promotion (such as exposure to HIV prevention education, and prevention), in venues on the commercial gay scene, as well as personal sexual experience and communication with peers and family (Adams and Neville, 2009; Hays et al., 1997; Mustanski et al., 2011b; Veinot et al., 2013). Indeed, peers' norms around risk and protective behaviours have been found to shape young MSM's sexual behaviour (Kegeles et al., 1999; McDavitt and Mutchler, 2014;

Mustanski et al., 2011b). Research suggests that young people (both 'straight' and 'gay') draw on a variety of sources in developing their sexual health knowledge: school-based sexual health education, parents, friends and peers, the media, internet sources, romantic and sexual partners, and medical professionals (Buston and Wight, 2002; Buston and Wight, 2006; Formby, 2011; Kubicek et al., 2010; Meadowbrooke et al., 2014).

Past research suggested that disclosure of sexual orientation in the context of families could lead to conflict and rejection, and that many LGB people gravitated towards friendships with other LGB people and wider 'gay communities' (Nardi, 1999), as well as creating 'families of choice' (Heaphy et al., 1999; Weeks et al., 2001; Weston, 1997) as a way of creating and maintaining supportive relationships and networks. However, in the context of shifting attitudes to sexuality and same-sex relationships, a recent review of risk and protective factors for HIV in young MSM, suggests that family support plays an important role in shaping approaches to sex (Mustanski et al., 2011b).

Based on their review of the literature, Mustanski and colleagues (2011b) suggest that exploring and 'navigating' sexual identity development in the context of family is of particular importance in the mental and sexual wellbeing of young MSM. They note that young men are potentially vulnerable to rejection from family members during processes of coming out, although they point to recent studies which suggest that parents, particularly mothers, are often accepting of their son's sexual orientation, and that feelings of obligation to family members to 'stay safe' influence young men's approaches to safer sex (Garofalo et al., 2008; LaSala, 2007; Mustanski et al., 2011b). Mustanksi and colleagues suggest that the role of families in HIV prevention with young MSM is an avenue for future research and intervention development.

In terms of school-based sex education, qualitative research in Scottish schools found young people thought lessons were a useful source of learning about sex, and would have an influence on their future behaviour[3] (Buston and Wight, 2002; Buston and Wight, 2006). However, different patterns were found among young men and women. Young women's accounts suggested that sex education came too late for many of them, and was seen as an addition to sources such as

[3] These studies were not specific to LGB young people.

friends, print media, and their mothers. In contrast, for many of the young men, school was one of the primary sources of substantive information about sex, although television and friends were also cited (Buston and Wight, 2002). Young men criticised schools based education as not being explicit enough, and not focusing on the 'how to' of sex (Buston and Wight, 2006). Furthermore, other research in Scottish schools which included interviews with teachers found that heterosexism was present in teaching, and homophobia (both explicit and implicit) was common (Buston and Hart, 2001). This is supported by recent research in the UK and US that found LGB people, including young gay and bisexual men, find accessing schools-based education more difficult due to the focus on 'straight sex' (Formby, 2011), and lack of relevant information around specificities of sex between men and HIV risk (Kubicek et al., 2010).

Recent qualitative research with young MSM and their friends, both heterosexual female and gay male, suggests that in addition to schools-based education (or in the absence of) communication with friends around sexuality and sexual health constitutes an important source of information and support (McDavitt and Mutchler, 2014; Mutchler and McDavitt, 2011). Mutchler and McDavitt (2014; 2011) drew on the accounts of young MSM and their friends to explore how they communicated around sex, and found that various factors acted as barriers and facilitators to communication: levels of comfort in communication, judgementalism, and openness or receptivity. They found that the men's female friends were rarely judgemental, but sometime uncomfortable talking about 'gay sex'. In contrast, other gay male friends were more often judgemental about unprotected sex, which could sometimes close down communication. Nevertheless, where this was combined with supportive questioning and humour, it could encourage further discussion (McDavitt and Mutchler, 2014). Furthermore, they also found that inaccurate assumptions about HIV risk were at times communicated among friends, particularly around partner selection, which had the potential to increase risk of infection for the young men (Mutchler and McDavitt, 2011).

Taken together these studies suggest that a variety of sources, both 'mainstream' and those accessed through links to 'gay communities', have a role to play in informing approaches to safer sex. Gaining insight into the role of different sources (and resources) that young men draw upon in shaping their

understandings of safer sex is thus an important area of ongoing research. Situating this in the context of the present study, it seems important to consider the different sources of information and support that young men draw on in constructing their understanding of, and approach to, safer sex.

2.8 Exploring the Meaning of 'Gay Community'

Thus far, the review has helped to demonstrate that although there have been changes in 'gay communities' over time (Reynolds, 2007; Rosser et al., 2008), dimensions of 'community' continue to be mobilised as a construct within HIV prevention research with gay and bisexual men, specifically around safer sex and condom use. In the previous section I outlined research which has explored how safer sex, particularly condom use and risk reduction strategies have been researched. I also examined sources of information that young gay men may draw on in constructing their own understandings of safer sex. In this section of the review I examine how 'gay communities' have been researched in relation to HIV prevention and the health of gay and bisexual men.

A recent study of 'gay communities' by Kelly and colleagues (2012; 2014) drew on the concepts of neighbourhood and social networks, to explore the continuing relevance of spatial dimensions of community to HIV prevention. Based on analysis of questionnaire data drawn from a sample of gay men in the New York area, a key finding from their work was that neighbourhood was less important than the connections and friendships that men made with other LGB people within their social networks. They suggest that such 'connections' are what drive men's experiences of 'gay communities', not spatial dimensions, or specific gay neighbourhoods. Indeed, drawing on the work of Anderson (1983) they suggest that the internet has rendered 'gay community' a more fully 'imagined' community. Although the findings drawn from this research help demonstrate the continued interest and relevance of "the gay community question" (Kelly et al., 2014, p. 23), the use of quantitative methods does not allow for an in-depth exploration of the meanings men attribute to community, nor the friendships and social connections which they suggest build such a sense of community.

Indeed, although a plethora of studies refer to, or attempt to apply constructs of, community, few studies have explicitly examined the *meanings* and

understandings of 'gay community' to gay men and other LGB people. A notable exception to this is the work of Formby in the UK (2012b; 2012a). Using a combination of quantitative and qualitative methods including an online survey, individual and paired in-depth interviews and discussion groups, Formby (2012b; 2012a) set out to explore the meaning of 'gay community' to LGBT people. Her research found that the terms 'community' and 'communities' were often used to highlight a shared sense of 'belonging' or 'acceptance' in a variety of ways; online, physical, and 'imagined'. Formby highlighted three elements, or what she described as 'foundations', of LGBT communities: place and space, a sense of shared identity, and shared politics (though to a lesser extent). Formby also highlighted the importance of friendship(s) as a component of community. Although participants in her study often framed community as 'more than' friendships, Formby reports that some differentiated subtly between 'a community' (community generally) and 'my community' which she suggests represented friends, family, and personal social networks.

Furthermore, Formby notes that the 'scene' was often highlighted as a visible community[4], and such spatial dimensions of community were a prominent feature of individuals' understandings of 'LGBT community'. Nevertheless, some were critical of the way in which the 'scene' was dominated by men, particularly young men, and suggested that this potentially led to exclusion of certain groups. Indeed, some noted they were aware of exclusion on the basis of biphobia, ageism, racism, ableism, fatphobia, and transphobia (Formby, 2012b, 6). Some participants suggested this had the potential to reinforce negative social and sexual behaviour, thereby undermining a sense of wellbeing. Formby highlighted a number of avenues for future research, including further exploration of the role of formal and informal support within 'communities'.

Underpinning Formby's work on LGBT communities, a number of UK researchers have explored notions of community in their work (Deverell and Prout, 1995; Ellis, 2007; Flowers, 2001; Flowers et al., 2000a; Formby, 2012b; Formby, 2012a; Keogh et al., 2004a; Keogh et al., 2004b; Keogh et al., 2004c; Prout and Deverell, 1995) however, no UK studies have been identified which specifically

[4] It is important to note that a body of literature around 'scene space' and geographies of sexualities exists. Discussion of this literature has not been included in this review due to the specific focus of this research, but this formed the basis of my MSc research (Boydell-Wright, 2011).

explore *gay men's understandings of community*, and the possible influences of this on their sexual practice. A number of studies, which do explore the meaning of 'gay community' to men, have been identified; the following sections outline the findings of these studies.

In total seven qualitative studies explicitly exploring this topic have been reviewed, all but one of which took place in Australia. The Australian studies identified (Bernard et al., 2008; Fraser, 2004; Fraser, 2008; Holt, 2011; Ridge et al., 1999; Ridge et al., 1997) are best understood in the context of empirical work around the importance of 'gay community attachment'. This concept has had a strong influence on research exploring the adoption of 'safe sex practices' (Kippax et al., 1993; Kippax and Race, 2003) as part of HIV prevention and education programmes. These studies have set out to explore changing understandings of community in Australia, with particular reference to the implications for HIV prevention (Bernard et al., 2008; Fraser, 2004; Fraser, 2008; Holt, 2011). Many of the studies identified were designed to complement analysis and interpretation of large-scale survey data.

All of the studies implicitly and explicitly explored dimensions of community. One of the studies re-analysed data that were collected in Sydney in the mid 1990s to explore how men understand community, and how the term is used in HIV prevention (Rowe and Dowsett, 2008). Rowe and Dowsett (2008) focused on re-analysing data drawn from in-depth semi-structured interviews conducted with 20 individuals, and four groups in Sydney as part of their earlier study (Dowsett et al., 2001). In total, this sub-sample of the original study consisted of 43 participants. Three sampling frames were used: 'educators'; 'performers'; and 'gay men', men from the wider 'gay community'. Of the individual interviews, over half (n=11) were with the educators' group, and only four were with men from the community. The group interviews were split similarly, with two group interviews with educators and a single interview with groups of performers and gay men. The men ranged in age from their 20s-50s, but the majority (n=8) were in their thirties. Only five of the men reported being HIV positive, while the majority were HIV negative (n=13) or did not disclose (n=2). Data were analysed with specific reference to meanings and understandings of 'gay community' in relation to HIV prevention.

As part of his doctoral research, Ridge (Ridge et al., 1999; Ridge et al., 1997; Ridge et al., 2006)), set out to explore the assumptions underpinning notions of 'community' found in gay community attachment literature, contrasting this with men's experiences of the commercial scene in Melbourne. Ridge's study took place in Melbourne, Australia. The only inclusion criterion was that men be same-sex attracted. He undertook in-depth interviews with 24 men, lasting on average, two hours. Around half of the men participated in a second interview. Participants ranged from 19 to 36, most were in their 20s. Underpinning Ridge's research was a critique of 'community' on the basis that it was an idealised notion which failed to resonate with men's lived experiences. His work aimed to draw on other theoretical perspectives, and concepts drawn from health promotion, to explore alternatives to 'community' in gay social life.

The other four more recent studies all explored changing understandings of community in Australia, with particular reference to the implications for HIV prevention (Bernard et al., 2008; Fraser, 2004; Fraser, 2008; Holt, 2011). Bernard, Holt and Race (2008) and Holt (2011) drew on analysis of data that were collected as part of the Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) study in Sydney and surrounding area. Data were collected between 2006 and 2007. During the study 31 men were interviewed. A second wave of the study was conducted between 2007 and 2008, but not reported in Bernard et al. (2008). Interview data collected in both waves is discussed by Holt (2011). In total 60 interviews were conducted, with thirty-one men participating in 2006–2007 and twenty-nine in 2007–2008. Data were collected using semi-structured interviews and were analysed thematically for key themes around community, HIV prevention, and safer sex.

Fraser's study focused explicitly on the experiences of young men (Fraser, 2004; Fraser, 2008) while the other studies examined a broad range of age groups. Fifteen men were recruited to the study through a number of strategies; adverts in gay press, gay venues, websites, student press, and snowballing. Fraser notes that she did not pursue recruitment through community-based organisations. All fifteen men were between the age of 18 and 27. The study used in-depth semi-structured interviews. Each interview lasted around 90 minutes. The data were analysed thematically, with a view to exploring different dimensions of community and responses to HIV prevention and safe sex.

In the US context, Woolwine (2000) explicitly set out to explore men's understandings of 'gay community' utilising three different dimensions of community: imagined community, drawing on the work of Benedict Anderson (1983); community as friendship; and lastly, community as local groups or organisations. Data were collected between 1990-1991 in New York and New Jersey. A key criterion for inclusion was that the men must self-identify as gay. A number of recruitment strategies were used; adverts were placed in gay press, in gay venues. Men ranged in age from 23-63. In total Woolwine conducted thirty-one semi-structured interviews, which were then used in analysis.

2.8.1 Ambivalence around 'Gay Community'

Although each of the studies mobilised different understandings of community in analysis, a common theme identified was the ambivalence men felt towards 'gay community'. The men in Woolwine's (2000) study discussed the existence of what can be broadly defined as an 'imagined community', believing that a global community of gay men existed. Nevertheless, this type of community offered little meaning to them personally, and did not provide them with a sense of belonging or cohesion. A key finding from Woolwine's study was that in contrast to the Australian scholarship, which has stressed the importance of community as a motivating factor for collective action in the response to AIDS and HIV, the men in Woolwine's study did not view an imagined universal community as impacting on the response to HIV. Furthermore, some men denied the existence of 'gay community' entirely, a finding supported by some of the other studies (Fraser, 2004; Fraser, 2008; Holt, 2011; Rowe and Dowsett, 2008).

Four of the studies (Ridge et al., 1999; Ridge et al., 1997; Rowe and Dowsett, 2008; Woolwine, 2000) describe divisions within 'gay communities', and the existence of smaller groups/networks (or perhaps cliques) which coalesce around ethnicity, class divisions, or different interests among networks of friends. Across the studies, men often expressed ambivalence in terms of their exclusion due to racism, while others felt excluded because they participated in different aspects of gay culture. As Rowe and Dowsett (2008) make clear, for some men, identifying as gay was insufficient to enable their inclusion in 'gay community'.

Young men's descriptions of ‘gay community’ in Fraser’s (2004; 2008) study could largely be linked to liberal communitarian approaches, particularly for those that ascribed to the idea that ‘gay community’ provided them with a sense of solidarity and belonging. Despite employing conventional liberal notions of community when discussing community, when specifically asked about ‘gay community’, the men were more ambivalent (Fraser, 2004; Fraser, 2008). For some it was an important part of being gay, for others it either did not exist, or was interpreted as being a ‘burden’. Community was perceived as burdensome in that it represented an ‘ideal’ of belonging and mutual solidarity that could not be achieved. Discussing ambivalence around ‘gay community’, Holt (2011) similarly reports that the men interviewed in his study distinguished between the ideals of community (support, solidarity, and understanding) and their lived experience. Some men perceived that the term community implied a level of unity, which in their experience, did not exist.

2.8.2 ‘Loss of Community’?

Ambivalence about ‘gay community’ was also found in the way that the men discussed ‘doing gay’ (Rowe and Dowsett, 2008). Rowe and Dowsett found that for men who had sought out links to ‘gay communities’, particularly the commercial gay scene, when coming out, there was a sense that they had been rejected by ‘the community’. This was partly due to what men perceived as the diversification of community and the emergence of increasing numbers of sub-cultures. Indeed, for some men, increasing diversification was interpreted as the fragmentation of a cohesive ‘gay community’ into smaller communities; what some have interpreted as a loss of community. Similarly, Holt (2011) reports a sense of ‘loss of community’ within the men’s accounts. Holt reports that older men in the study referred to sense of community which had existed more strongly in the past. For many of these men, this sense of community had been predicated on collective response to HIV and AIDS as part of Sydney gay life. Holt distinguishes between the experience of HIV negative men, for whom this sense of community was something that existed in the past, and HIV positive men, for whom there was an ongoing sense of community and support. Holt suggests that the ambivalence around community reported by the men has implications for HIV prevention work. Although previous research on gay community attachment had provided evidence for the importance of community in HIV prevention and

education, as Holt argues, it is unlikely that a simple relationship between participation in 'gay community' life and safer sex practices, exists.

In a similar vein, Rowe and Dowsett (2008) make an explicit link between men's waning attention to HIV prevention education, and concerns with participation in community more generally; an issue also addressed by Fraser (2004; 2008). They argue that the majority of men described themselves as being on the margins of 'gay community', and relate falling adherence to HIV prevention to this. This position has been criticised by Ridge (2004) who suggests that rather than exploring disconnection from 'gay community', one needs to examine the meanings people attribute to their own sexual practice. Indeed, rather than stressing the importance of community norms in promoting safer sex, Ridge and colleagues (Ridge et al., 1997) argue that whether safer sex takes place is primarily down to individuals themselves. Fraser's (2004) work provides some evidence to support the assertion of Ridge and colleagues highlighted above. She found that all of the young men she interviewed viewed HIV as important, and their sexual practices were informed by the desire to remain uninfected. Nevertheless, many did not see HIV as an immediate risk to them because, for the most part, they all engaged in safer sex practices. Indeed, she concludes that regardless of their attitudes, or links, to 'gay communities', there was high adherence to safer sex practice among the men. The areas of convergence and divergence in the findings of these studies highlights' the need for further research exploring this issue.

2.8.3 Importance of Relationships Beyond 'Gay Community'

All of the studies discussed the importance of friendships and relationships outside of what would generally be considered 'gay community/ies'. Such friendships and networks were often reported to include family members, colleagues, and other heterosexual friends. Discussing friendships on the scene, Ridge and colleagues (1997; 1999) note that men who experienced exclusion from dominant groups on the gay scene often felt marginalised, and found it difficult to find and maintain supportive relationships. In contrast to ideals of 'community' that stress mutual support and solidarity, these men found it easier to make friends in different settings, including work. Supporting this finding, Fraser (2004; 2008) reports that although there were differences in the men's

accounts, many of the men felt that heterosexual friends and family were an important source of support, and were very important to them. Some men in her study socialised primarily with heterosexual groups, others primarily with gay friends. Thus, some men were heavily involved in 'gay community', while others were less heavily involved and drew on other social networks and groups beyond the traditional 'gay community'. Similarly, Holt and colleagues (Bernard et al. 2008; Holt 2011) found that some men distanced themselves from 'gay community' and reported being more reliant on heterosexual networks of friends and family for support, and a sense of identity. These men often continued to participate in 'community' activities, but nevertheless spoke of their ambivalence; wanting to be part of 'gay community', while simultaneously not feeling part of it. Investigating the importance of personal relationships and networks beyond 'gay community' may therefore be useful in developing HIV prevention activities that address different dimensions of men's supportive networks. Woolwine's (2000) work speaks to the idea that exploring friendship as a dimension of 'gay communities' may also be important in understanding men's connections to one another, and wider notions of 'community'.

The majority of studies mobilised different understandings of community in analysis, ranging from liberal approaches (Fraser, 2004; 2008), through 'imagined community' (Woolwine, 2000), to the proposal that the concept of 'personal communities' could usefully be applied in future research (Holt, 2011). The different approaches to conceptualising community again emphasise the complexity of the term and the need to be attuned to the different ways in which it may be understood and experienced. The work of Damien Ridge and colleagues stands apart from the other studies, in that he criticises the relevance of community in HIV prevention, and individuals' adoption of 'safe sex' practices. His work problematises the notion of community and stresses the importance of the individual in the context of wider social networks. Indeed, Ridge's (Ridge et al., 1994; Ridge, 2004; Ridge et al., 2006) focus on the importance of the meanings men give to their sexual encounters on 'the scene' highlights the way in which non-sexual identities, such as ethnicity, employment and class, impact on the ability to gain social support and/or develop sexual connections. Ridge and colleagues specifically focus on the commercial gay scene as part of their analysis (and critique) of 'community', although they

recognise the existence, and importance, of other informal networks and gay organisations. In terms of my own research this suggests a need to think beyond the confines of the commercial gay scene, and to sample and recruit both regular scene users/goers, as well as those who do not frequent the scene in order to explore if, and how, their experiences differ.

A common theme through all of the studies was the ambivalence men felt towards 'gay community'. Given the men's ambivalence around the notion of a cohesive, united 'gay community', some have suggested it may not be useful to present prevention and education materials which emphasise this idea (Bernard et al., 2008). All but one of the studies (Woolwine, 2000) made explicit links between the commercial scene and 'gay community'. It seems clear that negative aspects of the scene are often associated with 'gay community' more broadly. All of the studies also discussed the importance of friendships and relationships outside of what would generally be considered 'gay community'. Such friendships and networks were often reported to include family members and heterosexual friends. As Holt (2011) suggests, such findings reinforce the importance of exploring personal relationships and groups outwith 'gay communities' and commercial scene, as investigating the importance of men's 'personal communities' may prove useful in developing HIV prevention activities that go beyond 'gay community'. With the exception of Holt's work, gay men's 'personal communities' have not been investigated within the literature, or considered in relation to HIV prevention, a gap in research which this study aims to address.

A key limitation of the body of work reviewed is that none of the studies took place in the UK. As noted, all but one of the studies took place in Australia. Although this is not surprising given the primacy of the idea of gay community attachment in Australian HIV prevention policy and practice in the early 1990s, it does pose problems in the transferability of the findings to the UK context. Furthermore, only one of the studies identified specifically explored young men's understandings of community, something which seems particularly important given the reported changes to 'gay communities' over time (Reynolds, 2007; Rosser et al., 2008).

2.8.4 Critiques of 'Gay Community': A Need to Explore Men's 'Personal Communities'?

As noted above, Holt (2011) critiques studies explicitly using the term 'gay community' for evoking an idealised notion, such that when men compare their own experience to this, they frame their experience of 'community' in negative (or ambivalent) terms. Holt has argued that the concept of 'personal communities', drawn from the work of Spencer and Pahl (2004; 2006) may offer a better way of understanding and reflecting "the ways in which gay men engage with each other and their social networks" (2011, p. 857). Holt argues that using this framework allows for exploration of the importance of particular people within individuals' personal networks, allowing them to account for, and explain why certain individuals are important, rather than making assumptions based on proximity, family ties, or socioeconomic status (or arguably sexual identity/orientation). He argues that examining 'personal communities' could provide insight into the range of relationships that men draw support and meaning from, specifically in relation to gay identity. Indeed, Holt, Wilkinson and colleagues (Wilkinson et al., 2012) used the framework of 'personal communities' in their analysis of survey data drawn from a national online survey of "homosexually active men" (p. 1165) in Australia. Wilkinson and colleagues argued that applying a 'personal communities' perspective to their analysis, enabled them to move beyond conceptions of community as a "sexually bounded collectivity" (2012, p.1172) demonstrating that alternative notions of community exist for gay men. They noted the role of 'elective' (or chosen) bonds with friends, and highlighted the differing roles of male and female friends; women were often chosen as confidantes in terms of emotional issues, although men more often confided in other gay men around relationship breakdown. Wilkinson and colleagues also emphasised the importance of 'given' family, particularly in the provision of practical or financial support. Although their analysis outlined broad patterns, they note that their analysis could be deepened and extended using qualitative methods. This serves as a further rationale for applying this perspective in this research.

2.9 'Personal Communities', Families, and Friendship

Following Holt (2011), this section of the review outlines how the work of Spencer and Pahl (2004; 2006) offers a framework for this research. Spencer and Pahl's (2006) research explored friendship and "friend-like relationships" (p.212), and emphasised the role of 'personal communities' in gaining an understanding of people's micro-social worlds. They were concerned with exploring the role of personal relationships, particularly friendship, in understanding social cohesion and social capital. Their rationale relates to ongoing concerns around 'loss of community', debates around the declining importance of place-based communities, and anxiety about the perceived breakdown of social cohesion. They argue that focusing at the micro-social level, that of friends and families, is useful in examining the role of friendships within the wider context of people's social ties because it resonates with contemporary concerns with "community as a search for identity and belonging…as something found in personal networks, involving cross-cutting commitments, rather than simply in institutional or place-based allegiances." (Spencer and Pahl, 2006, p. 30). Although they recognise the importance of place, this is not the primary focus of their analyses. Thus, Spencer and Pahl's research aimed, not simply to focus on individual relationships, but "to locate them in wider set of significant ties in which people are embedded" (2006, p. 43).

There is a wealth of literature originating from the work of Barry Wellman, broadly conceptualised under the heading of 'personal communities', which is concerned with analysis (both qualitative and quantitative) of ego-centred networks (Chua et al., 2011; Wellman, 1979; Wellman, 1990; Wellman et al., 1988; Wellman et al., 1997; Wellman and Wortley, 1990). This differs from the use of 'personal communities' as found in the work of Spencer and Pahl (Pahl and Spencer, 2004; Pahl and Spencer, 2010; Spencer and Pahl, 2006). Although their work shares a common concern with the individual as the basis of a 'personal community' (and the personal relationships, or ties, which they have to others within it) and has some overlap in terms of methodology (Wellman et al., 1988), it nevertheless implies a different perspective. Spencer and Pahl's (2006) work demands a very particular focus on the meanings of intimate ties between a given individual and those people that are important to them. Thus, their work is less concerned with mapping 'personal communities' as a social

network (or a set of interlinked networks), and more on the meanings that individuals ascribe to their relationships with those whom they include within their 'personal community'. Furthermore, unlike work underpinned by Wellman's perspective on 'personal communities', instead of generating data about the number of 'alters' (other individuals in a 'personal community' as opposed to the 'ego' as the centre of a 'personal community'), frequency of contact or density of members of the personal community, they sought to explore the *meaning* of relationships. Discussing their rational for moving away from conceptualising their research in terms of 'social network' analysis, they argue:

> "...we were concerned that in some network studies there tends to be an emphasis on features such as the size of the network or the frequency of contact between members, rather than on the content of the relationships, whereas one of the major aims of our study was to explore the meaning and nature of informal personal ties." (Spencer and Pahl, 2006, p. 45)

To this end, Spencer and Pahl set out to explore the importance of friendship and friend-like relationships with both family (kin) and non-kin. Spencer and Pahl used a qualitative approach, conducting and analysing 60 in-depth interviews with men and women (from 18 to 60+) from around the UK. The sampling strategy they used was designed to maximise diversity, and as such they interviewed people from a range of social positions and backgrounds. Sampling in this way enabled them to explore the meaning of individuals' personal relationships, as well as examining structural dimensions and patterns across individuals 'personal communities'.

Spencer and Pahl (2006) used the Framework approach to analysis, through which they developed a typology of 'personal communities' related to the roles that partners, family, friends, and neighbours play in providing support. This typology was based on a set of interlinked concepts: friendship 'repertoires', through which they described the range and diversity of participants friendships; friendship 'modes', through which they outlined the ways participants' made and maintained their friendships; and patterns of 'suffusion', which highlighted ways in which 'boundaries' or kinship and friendship become blurred. Using these concepts, they emphasised how 'personal communities' represent a rich set of supportive relationships on which to draw a sense of solidarity and

belonging. They argue that although these connections between people may not be visible to others as a 'community', they nonetheless have many of the qualities or dimensions found in different conceptions of community.

Spencer and Pahl's (2006) discussion of 'suffusion' highlights the meanings of 'chosen' and 'given' ties, and served to emphasise how family ties have often been represented as given, or ascribed through marriage or 'blood ties' (p. 109) whereas friends are more often represented as 'chosen'. Their analysis demonstrates that such distinctions may be more blurred than previously considered. Indeed, they argued that friends and family members may take on different roles in providing support, such that friends may be understood as having attributes of 'given' family ties, thus being seen as family-like, and family as friend-like. In this sense their work is much more closely allied with studies of same-sex 'chosen families' as found in the work of Weston (1997), Weeks and colleagues (2001) and Roseneil and Budgeon (2004), and studies of gay men's friendships such as those found in the work of Nardi (1999) and Muraco (2012). Although Spencer and Pahl (2006) attempted to move beyond conceptions of friendship as 'families of choice' as found in the work of Weston (1997) and Weeks, Heaphy and Donovan (Heaphy et al., 1999; Weeks et al., 2001), they do note that work around non-heterosexual family formations provide insight into the way in which people may 'construct' families based on relationships with friends and wider 'communities'.

The work of Weston (1997) in the US, and Weeks and colleagues (1999; 2001) in the UK, served to illuminate ways in which traditional forms of 'family' were expanded to encompass 'chosen' ties as 'family'. Taken together their work emphasises the way in which many LGB people constructed, and creatively defined, what 'counted' as 'family' to them. Weston's work and that of Weeks and colleagues highlight the limits of 'choice' and the particular politics associated with identity formations, and constructions of 'family' and 'community', but nevertheless, demonstrate the importance of friendship in understanding social relationships. Furthermore, Roseneil and Budgeon (2004) stress that the formation of 'families' based on chosen ties serve to demonstrate that practices of care and intimacy between friends (and within 'networks') challenge dominant heterorelational social relations. It is worth noting that Weston undertook her research in the 1980s and Weeks, Heaphy and Donovan in

the early 1990s. As such, their work provides some insight into the way in which the HIV/AIDS epidemic transformed relationships between many gay men, lesbian women and their friends and family. Indeed, their work highlights how, in the absence of support from 'given' family members, such 'families of choice' often took on the responsibility for the care of men with HIV/AIDS (Heaphy et al., 1999; Weston, 1997).

As noted earlier, due to their common focus on the importance of friendship, the work of Spencer and Pahl can also be linked to the work of Nardi (1999) and Muraco (2012). Nardi (Nardi, 1999; Nardi and Sherrod, 1994) explored gay men's friendships through collection and analysis of questionnaire and interview data. He explored the meaning of friendship within gay men's friendship groups, and also emphasising the idea of 'families of choice'. He also examined patterns of friendship. The majority of the men in his study had high numbers of gay male friends, and most often their 'best' friends were other gay men. In terms of the younger men he surveyed and interviewed, a key finding was that they had more female friends than older men, something which Nardi attributed to meeting in educational settings, and the increasing blurring of 'gay'/'straight' social spaces.

Extending work on gay men's friendships, Muraco (2012) set out to explore friendships between gay men and their female friends. Based on analysis of 26 paired interviews with friends, she explored notions of masculinity and femininity and patterns of friendship to highlight shifting social norms. Muraco also drew on alternative notions of family, and understandings of the 'blurring' of family and friendship roles to demonstrate the forms of support provided by friends. She highlighted reciprocity of support, and emphasised how men and women provided emotional, financial, and practical support to one another.

Taken together these studies highlight the importance of friendship as a basis for conceptions of 'family' and 'community'. The notions of friendship, kinship, and community found within these studies help emphasise how such social relations may shift and change over time in response to wider social and political changes. Thus, understanding patterns of friendship in relation to conceptions of 'community' among younger men has the potential to provide further insight into young men's personal relationships. Furthermore, examining young men's'

personal relationships could also offer a useful starting point from which to explore young men's understandings of safer sex.

Using Spencer and Pahl's (2004; 2006) work on 'personal communities' as a framework for the study does not preclude the possibility of participants in this research framing their friendships and personal relationships in terms of 'gay community/ies'. However, not focusing explicitly on the term 'gay community/ies', provides the opportunity to explore notions of support and belonging found to be important in men's accounts of 'gay community' (Fraser, 2004; Fraser, 2008; Holt, 2011; Ridge et al., 1997; Rowe and Dowsett, 2008; Wilkinson et al., 2012), whilst avoiding earlier critiques. As noted, such critiques centre on the idea that in focusing on the term 'gay community/ies', men are encouraged to think about an idealised notion of 'community' against which they negatively compare their own experiences (Fraser, 2004; Fraser, 2008; Holt, 2011).

2.10 Conclusions

Through the review I have outlined existing theoretical conceptions of community, the history and development of 'gay communities', and their role in response to the HIV/AIDS epidemic that emerged in the 1980s. I have noted the role of 'gay community/ies' in HIV prevention research and community-level HIV prevention interventions, linking this to studies which have examined 'safer sex' and condom use, and how these have been conceptualised and researched. I have also highlighted the continuing concern with 'gay community' and how best to study this, highlighting the potential of applying a 'personal communities' approach to the research.

The review has helped emphasise the contested notion of community, and the lack of consensus as to its meaning, and how it can/should be investigated empirically. Examination of the literature relating to the concept of 'gay community/ies' indicates that although it is widely used, it is a contested term. Literature relating to community-level interventions with gay men indicates that the term 'gay community' continues to be applied in policy and practice, and this has emphasised the importance of understanding how gay men understand

such ‘communities’ in the development of effective HIV prevention interventions.

Examination of the research around safer sex, specifically condom use and seroadaptive practices, has demonstrated that although there is a wealth of literature examining social, relational and contextual factors associated with ‘safe’ and ‘unsafe’ sex, less research has focused specifically on younger gay and bisexual men.

Furthermore, specific gaps in the literature relating to ‘gay community/ies’ have been identified. Few studies have examined the meaning of ‘gay community’ to gay men, with only seven qualitative studies explicitly exploring this topic identified and reviewed. Of these, none took place in the UK, potentially posing problems in the transferability of the findings to the UK given differences in policy and practice. As noted, although UK researchers have explored notions of community in their work, no studies have been identified which explore gay men’s understandings of community, and the possible impact of this on their sexual practice. Holt’s (2011) critique of studies explicitly using the term ‘gay community’, and Holt, Wilkinson and colleagues’ (2012) assertion that the concept of ‘personal communities’ may offer a better way of exploring gay men’s personal relationships and their wider social networks has been used as rationale for exploring this concept in my research. This may begin to address the gap in research on the meaning of ‘gay community/ies' in Scotland, and offers the opportunity to investigate gay men’s ‘personal communities’ in relation to their understandings of safer sex.

To recap, the aim of the research is to develop an understanding of gay and bisexual men’s ‘personal communities’, and to explore the role those within them (e.g. partner(s), friends, family, and colleagues) may play in shaping men’s ‘safer sex’ strategies.

The research aims to address the following research questions:

1. How do young men describe and understand their ‘personal communities’ and wider ‘gay communities’?
2. How do men understand the concept of ‘safer sex’?

3. Do people within men's 'personal communities' play a role in shaping and informing how men think about safer sex, and if so, how do they do so?
4. What are the implications for HIV prevention, specifically community-level interventions?

3 Chapter Three - Methods

3.1 Introduction

To address the research questions outlined in the last chapter, a qualitative study was designed. In this chapter, I describe the research methods used, discussing the rationale for their choice. I provide a description of the initial exploratory phase of the research and how this informed the development of the research design of the main study. I then go on to discuss the process of data collection, detailing my rationale for sampling and recruitment, the collection of the data, and the process of data analysis. I discuss the importance of reflexivity in the research process, and how ethical issues were addressed throughout the project.

3.2 Approach: Why Qualitative Methods?

As Denzin and Lincoln (2005) note, definitions of qualitative research, and the set of practices which underpin this endeavour, are best understood as historically situated. That is to say, different approaches to qualitative research have been informed by the historical context in which they emerged, and the philosophical and epistemological perspectives which dominated at different points in time. Nevertheless, they do provide what they describe as a 'generic' definition of qualitative research:

> "Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self... This means qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them." (Denzin and Lincoln, 2005, p. 3)

This definition emphasises a central dimension of qualitative research, that of meaning making and interpretation. Researchers using qualitative methods often aim to derive and develop meaningful interpretations of data based on the spoken word (Liamputtong, 2013; Warren, 2002). This can be achieved using data analysis methods and interpretation concomitant with a qualitative

approach, allowing for the emergence of patterns, meanings, and themes (Ritchie et al., 2003b; Ritchie et al., 2003c).

Denzin and Lincoln go on to describe the variety of empirical materials that can be used in qualitative research, including, but not limited to, visual texts, interview data, personal experiences and observations. Further to this, Snape and Spencer (2003) note that a variety of data collection methods are associated with a qualitative approach, such as in-depth interviewing, observation, and group discussion, but most are characterised by close contact between a researcher and the people they are attempting to study. Furthermore, they note that in terms of research design, qualitative researchers often take a flexible approach, and as such are responsive to the social context in which research is conducted.

The aim of this research was to develop an understanding of young gay and bisexual men's 'personal communities', and to explore the role those within them (e.g. friends, family, partners and colleagues) may play in shaping and informing men's safer sex strategies. As discussed in the previous chapter, qualitative methods have been used in studies that have explored how gay and bisexual men understand 'gay community' (Fraser, 2004; Fraser, 2008; Holt, 2011; Ridge et al., 1999; Ridge et al., 1997; Rowe and Dowsett, 2008; Woolwine, 2000) and how men understand condom use and 'safer sex' (Bourne and Robson, 2009; Eisenberg et al., 2011). Given the focus on the men's understandings, experiences, and meaning making, a qualitative approach was considered most appropriate (Denzin and Lincoln, 2005; Marshall and Rossman, 1999). The research incorporated different qualitative methods and these are discussed in the section that follows, with a particular focus on the justification for use of specific qualitative data collection methods.

3.3 Data Collection and Analysis

3.3.1 Exploratory Phase of the Research: Focus groups

Through my review of the literature during the first year of the PhD, I focused on developing an understanding of the role of 'gay communities' in HIV prevention. My reading and interpretation of the literature suggested that my project should

examine what ‘communities’, specifically ‘gay community/ies’ mean to gay men, and their relevance to them.

With this in mind, I developed a small-scale qualitative focus group study. The original design incorporated face-to-face and online focus groups with gay men. In addition to generating substantive findings, a key objective of this exploratory pilot study was to test out, and evaluate, the extent to which focus groups generally, and online focus groups specifically, could usefully contribute to the development of an understanding of the topic. In so doing, I aimed to assess whether using focus groups would be the best method for collecting data as part of my main PhD study. If successful, my plan was to use focus groups in the main PhD study to further explore men’s understandings of ‘gay community/ies’, relating this to their understandings of ‘community’ norms around safer sex and condom use.

Focus groups have been used previously in the collection of data around group norms, shared experiences and group priorities (Kitzinger, 1994a). A key aim of employing focus group methodology is to facilitate greater insight into the attitudes, beliefs, experiences, and feelings of the members of the group (Frith, 2000). Focus group discussions are typically moderated by one or more facilitators, in an environment in which participants’ feel sufficiently comfortable to be able to discuss the topic under consideration for around 1-2 hours (Liamputtong, 2011). The aim is to explore a range of perspectives, and although consensus on topics may be reached among participants during the discussion, this is not a specific aim of the method (Frith, 2000; Kitzinger, 1994b; Liamputtong, 2011). Barbour (2010) notes that group discussion, specifically focus groups, are particularly useful when the aim of the research is to explore and establish group norms.

It has been argued that interaction between participants during the discussion can provide researchers with the opportunity to gain an understanding of how particular issues are contested and negotiated, and how individuals defend or reject particular positions in a group context (Frith, 2000; Kitzinger, 1994a). Indeed, it has been argued that group interaction is a critical and defining aspect of group discussion, because group dynamics stimulate discussion

between participants, thereby generating insights that may not emerge in the context of an individual interview (Lichtman, 2014).

Given that my aim was to explore 'community' norms around safe sex, there was a clear rationale for using the method to explore group perceptions and understandings of the term 'gay community'. Using focus groups also provided an avenue for exploring norms and priorities around safer sex and HIV risk management as part of the main PhD study. Based on previous research, both online and face-to-face, focus groups offered the opportunity to explore social interactions, and gain insight into how men debate and define such issues (Graffigna and Bosio, 2008; Kitzinger, 1994a; Kitzinger, 1994b; Van Eeden-Moorefield et al., 2008).

3.3.1.1 Sampling and Recruitment for Online and Offline Focus Groups

My original aim was to conduct up to three face-to-face, and three online focus groups, each with up to eight participants. A purposive sampling strategy was developed, targeting recruitment at gay, bisexual, and other men who have sex men over the age of 18. Based on previous research outlined in the literature review I was keen to recruit both men who frequented the main urban gay centres (scene-based), and those who did not (non-scene). Online focus groups have been used to increase researchers' access to geographically dispersed individuals (Liamputtong, 2011), and were specifically included for that purpose.

Previous research has shown that disclosure in face-to-face focus groups can be enhanced by using pre-existing groups (Kitzinger, 1994a; Kitzinger, 1994b; Liamputtong, 2011), therefore the strategy for recruitment was to target existing community/support groups. In order to recruit participants to the face-to-face groups from the main urban gay centres, I made contact with relevant community affiliated organisations, including gay men's charities such as Gay Men's Health and Terrence Higgins Trust, and other relevant support groups. Between January and March 2012, requests to promote and advertise the study were made to the organisations and support groups, and I made efforts to meet with key members of staff within such organisations. Advertisements (Appendix 1) and information sheets (Appendix 2) providing details about the study were sent to appropriate members of staff within the organisations approached, and

these were used to promote the study among service users. All participants were offered a £20 high-street voucher in appreciation of the time taken to participate in the study.

Members of staff within the organisations disseminated information to individuals and groups face-to-face and by e-mail and social media (Facebook and Twitter). Groups or individuals were then free to contact me, and where interest was shown, a suitable date, time and location for the focus group was arranged. Three groups expressed interest in participating, however, I was unable to arrange a suitable time and location for the third focus group, and two groups were conducted between March and April 2012.

Recruitment for the online focus group was staggered and commenced after recruitment for the face-to-face groups, taking place between March and April 2012. My rationale for this was to allow time for reflection on the face-to-face focus groups, and if necessary, make changes to the topic guide. In order to recruit participants I identified Scottish LGBT support groups with an online presence, making contact with the administrator of such groups (or websites) with a request to promote and advertise through their networks. Advertisements (Appendix 3) and an adapted version of the study information sheet (Appendix 2) were forwarded, and where agreement was obtained, these were then disseminated by the administrator throughout the network, posted on their static websites, and made available through social media, such as Twitter and Facebook. Recruitment to the online arm of this phase of the research proved problematic, and although one group contacted me, they were keen to speak via telephone rather than engaging in a focused discussion online. Thus, no online groups were conducted (Boydell et al., 2014).

In total two face-to-face focus groups were conducted with a total of 15 self-identifying gay men in Glasgow and North Lanarkshire. All of the men were aged between the ages of 25-50, with the majority being in their 40s.

3.3.1.2 Conducting the Focus Groups: Exploring Community and Social Networks

The focus groups were facilitated in the offices of a local gay men's charity. Each discussion lasted around 90 minutes and was digitally recorded, having first obtained informed consent from participants (Appendix 4). A topic guide explored three key themes; men's understandings of social networks, 'gay community/ies', and 'community' generally (Appendix 5). Collucci (2007) suggests interactive group exercises can be a useful way to focus the discussion, enhance participation and allow for comparative analysis. Based on this recommendation I developed and used two focusing exercises during the group discussions. During the first, participants were asked to think about the term social network and write down all the words, phrases, and/or images they associated with the term, before pinning them to flip-chart sheets provided. Issues raised by the men then formed the basis of the discussion that followed, guided also by key questions prepared in advance. The second exercise was designed to encourage the men to think about, and articulate, their views on 'gay community/ies'. Images previously associated with 'gay communities' were provided (Appendix 5). Some images represented stereotypes, while others were more abstract, allowing the men to interpret them as they wished. I asked participants to sort the images into ones that they thought related to 'gay communities', and those that they thought did not. Flip chart pages were again provided so that the men could attach the images.

Both activities were successful in encouraging both informal and more structured discussion. The exercises appeared to put participants at ease and some of the men later expressed that they had found the exercises both thought provoking and interesting.

3.3.1.3 Analysis of Focus Group Data

Recordings were anonymised and transcribed by a professional transcription service that had pre-existing confidentiality agreement with the MRC/CSO Social and Public Health Sciences Unit. I then listened to each recording while reading the transcripts in order to ensure accuracy. I assigned each participant a pseudonym to protect their privacy, and removed other identifying information from the transcript. At times it was difficult to distinguish between each of the participants in the recording, however, as far as possible each portion of text was attributed to the participant who had spoken.

I used a broadly thematic approach to data analysis (Braun and Clarke, 2006) reading and familiarising myself with the data, coding the data, and comparing themes. Themes were generated using a combination of inductive and deductive approaches. Initial themes were generated inductively without a pre-existing coding frame, and principles of 'theoretical thematic analysis' (Braun and Clarke 2006) were incorporated, as specific attention was given to issues relating to social networks, 'community', and 'gay community/ies'. In line with the suggestions of a number of focus group analysts (Kitzinger, 1994a; Warr, 2005), I paid particular attention to interactions between participants.

3.3.1.4 Reflections and Learning from the Exploratory Phase of the Research

The findings from the exploratory focus groups helped inform the development of the main study (Boydell-Wright et al., 2012) (see Appendix 6 for copy of conference poster with key findings). As noted previously, a key strength of group discussion is that it can highlight areas of agreement and disagreement around group understandings of a particular phenomenon. This was emphasised by the way the men discussed the complexity of the term 'community' generally, and 'gay communities' specifically. The men questioned whether a unified 'gay community' existed, and even where men did describe the existence of different 'communities', many noted that they did not feel a sense of belonging to these. The men's difficulty in articulating their understandings of social networks and 'community', and the ambivalence expressed around notions of 'gay community/ies', resonated with findings from previous empirical studies (Fraser, 2004; Fraser, 2008; Ridge et al., 1999; Ridge et al., 1997; Rowe and

Dowsett, 2008). The disagreement between men around the existence of 'gay community/ies', combined with the men's divergent experiences of them, made me re-think how best to explore 'community' in the context of my own research. Where previously my overall aim had been to explore how men understood 'gay community' norms around safer sex, I began to reflect further on how this would be possible with those men who described not belonging to - or feeling part of – 'gay community/ies'. Reflecting on the data, I was struck by the way men discussed the importance of supportive friendships with gay men, but also with heterosexual friends and family. When discussing wider social and friendship groups they talked about seeking different forms of support from a variety of people including family, friends, and colleagues.

In light of these issues, I increasingly began to agree with Holt's (2011) assertion that using a framework which does not necessarily presuppose the existence (and importance) of 'gay community/ies' could offer a useful way of exploring relationships between gay men and those important to them - those who may potentially shape their approach to safe-sex and condom use. The findings also hinted at the idea that the youngest men in the sample had a somewhat different experience of, or relationship to, 'gay communities'. When I reflected on these findings in relation to existing literature around generational differences in the way men experience 'gay communities', it prompted me to consider focusing on men under the age of thirty. Further reading of Spencer and Pahl's (2006) work on 'personal communities', as highlighted by Holt, led me to think that it offered a means of framing the research and exploring the relationship between men's 'personal communities' and their sexual practice.

The decision to focus on 'personal communities' had implications for the research design. Whereas I had originally intended that the main study would focus on men's understandings of 'gay communities' and 'community' norms around safer sex, the focus now shifted to examining their individual 'personal communities', and the role of those within them. This move from exploring collective understandings, to examining individual personal relationships had implications for the choice of methods for the main study. Schensul (2012) argues that different data collection methods should be used to explore phenomena at collective and individual levels. Whilst recognising that cultural

factors have an influence at the individual level, Schensul suggests that where a researcher seeks to elucidate information at the cultural or collective level, methods such as community mapping, and interviews with gate-keepers, key informants and community 'experts' may be best. In contrast, when seeking to examine phenomena at the individual level, other methods, such as individual in-depth interviews enable researchers to collect data that illuminates patterns and variations in the experiences and practices of individuals. Schensul contends that collecting data on personal relationships and networks with individuals can illuminate who provides support (or receives support) within a network, or in this case, 'personal community'.

Furthermore, Spencer and Pahl (2006) are clear that the individual forms the basis of a 'personal community', and thus individual interviews are most appropriate. By applying the specific approach to data collection developed by Spencer and Pahl, my aim was to explore the relationships between a given individual, those people that they consider important to them, and the meanings they ascribe to those relationships. Moreover, given my particular focus on exploring men's understandings of safer sex, I was keen to used Spencer and Pahl's approach as a methodological tool, and 'jumping off point' for exploring if and how people within men's 'personal community' play a role in shaping their approach to safer sex. Barbour (2010) suggests that a strength of focus groups is that they provide insight into 'public' rather than 'private' accounts. Given that the change in focus of the research necessitated discussion of participants' personal sexual practice, using individual interviews to explore participants' 'private' accounts was deemed most appropriate. Thus, I made the decision to shift from using focus groups, to using individual interviews to explore personal relationships and experiences at individual level (Schensul, 2012; Spencer and Pahl, 2006).

The use of interviews to collect data is not appropriate in all qualitative studies and there are limitations associated with this method (Green and Thorogood, 2009; Kvale, 2007). Green and Thorogood stress that the data accessed through interviews are necessarily "*accounts*, rather than subjective beliefs, or objective reports of behaviours" (Green and Thorogood, 2009, p. 104). Similarly, Kvale (2007) notes that for researchers seeking to study people's behaviour within a

specific environment, or their tacit understandings of particular phenomena, observations, field studies and informal conversations (in the field) may offer a better 'fit' for the research. Furthermore, Liamputtong (2013) notes that interviewing can be emotionally taxing, particularly for novice researchers, and that interview research can be time consuming to conduct and analyse.

3.3.2 Main Study

The main study involved individual interviews with men focusing on how they constructed their 'personal communities', and exploring the importance of people within these in offering support for, and shaping how men think about, safer sex. The following section of this chapter provides further detail about the interviews conducted. I now discuss decisions that informed the sampling and recruitment strategies, and the process of data collection, before outlining how the data were analysed.

3.3.2.1 Ethics

Ethical approval for the project was granted by The College of Social Science Ethics Committee at the University of Glasgow.

3.3.2.2 Sampling and Recruitment for the Main Study

A purposive sampling strategy was developed (Marshall and Rossman, 1999; Ritchie et al., 2003a). As highlighted in the literature review, less research has been conducted with young gay and bisexual men around their understandings of safer sex and the social context of their understandings of HIV risk. Analysis of data from the Gay Men's Sexual Health Survey conducted in Scotland between 1996 and 2008 found that overall, men aged 25 years and under were significantly more likely to report two or more unprotected partners in the previous 12 months, suggesting that they were at higher risk than other age groups (Knussen et al., 2011). Other Scottish data, now published as part of a local Needs Assessment, indicated that there had been an increase in the number of men diagnosed with HIV in the 24-34 age group (Coia et al., 2014). These patterns of increased risk also appeared to fit with Arnett's (2000; 2001) conceptions of 'emerging' and 'young' adulthood as encompassing the ages 18-29. Based on these rationales, key inclusion criterion were that the men were

aged between the ages of 18 and 29, identified as gay, bisexual, or as a man who has sex with other men.

Given the discussion of the scene as a 'visible' dimension of 'gay community', as outlined in the literature review, I aimed to include both men who frequented the main urban gay centres (scene-based), and those who did not (non-scene). The table below outlines the proposed sampling frame for the study, with actual numbers recruited highlighted in the final three columns.

Table 3-1 Sampling Frame for Main Study

Age Group / **Scene Use**	**Proposed** **Regular Scene User/Goer** (2-3 times per month or more)	**Proposed** **Infrequent/non-scene User/Goer** (Once a month or less)	**Actual** **Regular Scene User/Goer** (2-3 times per month or more)	**Actual** **Infrequent/non-scene User/Goer** (Once a month or less)	**Actual Totals**
Emerging adults (18-24)	7/8	7/8	**9**	**9**	**18**
Young Adults (25-29)	7/8	7/8	**6**	**6**	**12**
Totals	15	15	**15**	**15**	**30**

3.3.2.3 Recruitment

My experiences during my MSc study (Boydell-Wright, 2011) and the exploratory phase of the PhD research (Boydell et al., 2014) reflected some of the practical difficulties and methodological issues relating to sampling and recruitment that have been highlighted in previous research with gay men and lesbian women (Browne, 2005; Filiault and Drummond, 2009; Morris, 2006; Sullivan and Losberg, 2003). Filiault and Drummond (2009) note that gay men can be difficult to recruit to qualitative studies, as few men actively volunteer as participants. Gay and bisexual men have at times been termed a 'hard to reach' group (Van Eeden-Moorefield et al., 2008) and various recruitment strategies have been suggested, such as online recruitment, the use of adverts on internet sites and in

the gay press, access through gay men's support organisations and community groups, and snowballing (Browne, 2005; Filiault and Drummond, 2009; Morris, 2006; Sullivan and Losberg, 2003).

Early on in my MSc studies, one of my supervisors assisted me in making contact with Gay Men's Health, a Scottish charity for gay men, and I arranged a meeting with the Chief Executive. He emphasised the important of gaining trust among individuals and organisations working with gay men in Scotland and made it clear that it would take time to gain 'visibility' and build trust and credibility within this particular 'community'. My experiences reflected this, and building links with organisational gatekeepers and developing trust with individuals proved to be a lengthy process. Thus, although recruitment for the main study took place between September 2012 and June 2013, much of the 'work' of recruitment had been ongoing for many months prior to this.

The recruitment strategies I chose to use were based on a those used in previous qualitative studies with gay and bisexual men, advice from practitioners working in HIV prevention in Scotland, and reflection on my own experiences during my MSc and exploratory research. The table below provides a summary of the recruitment strategies used, with the sections that follow providing more detail about each.

Table 3-2 Recruitment Strategies for Main Study

Strategies for Recruiting Young Gay and Bisexual men
Recruitment at GAYCON 2012 with individuals and organisations
Recruitment through gay men's organisations and support groups for young gay men (e.g. Gay Men's Health, LGBT Youth Scotland, Terrence Higgins Trust etc.)
Recruitment using Get Rubbered! database through Terrence Higgins Trust
Recruitment through personal and professional networks, and snowballing
Recruitment using social media such as Twitter and Facebook

3.3.2.4 Recruitment at GAYCON 2012

In October 2012 I attended GAYCON, a national conference on the sexual health of gay and bisexual men (primarily in Scotland) held in Glasgow. The conference

was aimed at workers with a role in improving the sexual health of gay and bisexual men. Before the conference I sought permission from the chair of the conference organising committee to use the conference as an opportunity for recruitment. The sexual health team from the MRC/CSO SPHSU had a stand at the conference in order to facilitate knowledge transfer and provide a forum for consultation with professionals working in the field. Copies of my study advert (Appendix 7) and information sheet (Appendix 8) were available from the SPHSU stand. As one of the staff manning the stand I had the opportunity to meet with men attending the conference, as well as practitioners working in the field of gay men's sexual health. In addition, I presented at the conference, outlining some the key findings from my exploratory focus groups. This enabled me to get feedback from practitioners and academics.

Although I had developed a good working relationship with staff at both Gay Men's Health, and Terrence Higgins Trust, my intention was to make contact with other relevant community-based organisations and groups, specifically youth groups associated with other LGB charities, and LGBT support groups linked to universities in Scotland. In an attempt to facilitate this, I had already contacted a number of organisations and individuals (by email and phone) to provide details of my project and request the chance to meet with them. Despite repeated contact, up to this point I had had limited success. The conference proved to be a 'turning point', as I was able to meet with key representatives of many organisations face-to-face and have informal discussions about the possibility of them becoming involved in promoting the project. Indeed, after presenting at the conference, a number of individuals from organisations I had not previously liaised with approached me with offers to assist in promoting the project. I was able to follow this interest up after the conference, subsequently developing good working relationships with staff within a number of other community-based organisations, including Waverley Care, HIV Scotland, and LGBT Youth Scotland.

The conference also enabled me to make direct contact with men who had chosen to attend out of personal (and professional) interest. The first two study participants enrolled into the study were men I met during the conference.

3.3.2.5 Recruitment Through Gay Men's Organisations and Support Groups for Young LGB People

Where organisations agreed to promote the study I provided copies (both electronic and hard copies) of the advertisements and information sheets outlining the aims of the research, enabling organisations to forward these to potential participants who were then free to contact me. Many of the organisations placed an alternative version of the advert (Appendix 9) on their static websites, as well as promoting the study using social media such as Facebook and Twitter. Other organisations passed information to project workers involved in community outreach, who then spoke directly to men about the study as part of their outreach work. A number of organisations invited me to attend pre-existing groups to talk to young men about the research. I found this very useful as it gave the men the chance to meet me informally, ask questions about the research, and find out more about what was involved in the interview process. Fifteen of the participants who took part in the study were recruited through community-based organisations.

In addition to visiting pre-existing social support groups, along with another colleague from the MRC SPHSU (who was also seeking to recruit gay and bisexual men for a qualitative sexual health study) I was invited to a number of events held on the 'gay scene' in Glasgow and Fife. On these occasions, I accompanied health promotion workers who were undertaking outreach work, delivering sexual health prevention and HIV prevention information within these settings. I was able to take along study information sheets and advertisements, and speak directly to men who approached the stand where information leaflets, condoms and lubricant were provided. Again, I found it beneficial to be able to speak to potential participants in an informal setting, and although not all men were keen to take part, many showed interest in discussing the research and the work of the MRC SPHSU. Five men I spoke to in these settings provided me with contact details and showed interest in participating, however only one of these men took part in an interview.

3.3.2.6 Recruitment Using THT's Get Rubbered! Database

Staff at THT assisted with recruitment using their database of men who obtain condoms by post (Get Rubbered!). The database covers three predominantly

rural areas in Scotland (Lanarkshire, Ayrshire, and Fife) and contains the details of over 500 men who have subscribed to the service. According to data collected and provided by THT, most of these men are not regular scene-goers. Approximately 80% of these men (n=400) had previously agreed to receive information by post and e-mail relating to future research and consultation work. I provided electronic copies of my advert (Appendix 9) and information sheet and these were incorporated into a newsletter developed by THT staff. This was distributed to all men on the database who had previously agreed to be contacted. Men interested in participating were then free to contact me. This method of recruitment was not successful, and no men came forward via this route.

3.3.2.7 Recruitment Through Personal and Professional Networks, and Snowballing

During my MSc research project, snowball sampling proved to be the most effective method of recruitment (Boydell-Wright, 2011). Similar to Browne (2005) I found that recruitment using professional and personal networks worked well, as recommendations from friends and colleagues seemed to offer participants confidence that I was a trustworthy researcher and individual. During the main project, this again proved to be the case and was one of the most successful strategies. A number of colleagues within the MRC SPHSU contacted gay male friends, passing on copies of the information sheet to them. Two men contacted me directly and agreed to participate in the research. One of these men passed details of the study to his friends and colleagues, and another six men took part in an interview as a result of this.

As highlighted earlier, within the Sexual Health team at the MRC SPHSU, recruitment for another qualitative sexual health study with gay men ran concurrently. We had initially been concerned that this could lead to difficulties in recruitment for both projects, however, as the projects were exploring different topics, and the targeted age range differed, this was less problematic than initially anticipated. My colleague was able to pass details of my research to men whom she met, and a further two men who she discussed the project with took part in an interview.

In total ten men were recruited through networks and snowballing.

3.3.2.8 Recruitment using social media such as Twitter and Facebook

As noted previously, a number of organisations placed the study advert on their static websites, as well as promoting the study using social media such as Facebook and Twitter. I was able to supplement this by tweeting and retweeting the advert using the Sexual Health Team's Twitter account, as well as my personal account. Other organisations and groups, such as University LGBT groups, picked up on Tweets and posts on individuals' Facebook pages and these were then retweeted and 'liked' within Facebook. In total, two participants were recruited in this way.

3.3.2.9 Development of the Interview Topic Guide

I developed a topic guide for the interviews guided by my reading of the empirical literature, and the study research questions. Kvale (2007) notes that "an interview guide is a script that structures the course of the interview more or less tightly. The guide may merely contain some topics to be covered, or it can be a detailed sequence carefully worded questions." (p. 56-57). In line with Kvale, the topic guide I developed aimed to allow me to systematically explore key themes throughout the interview, while retaining flexibility to enable me to follow up issues emerging from participants' answers. Rubin and Rubin (2012) provide advice on the ordering of main questions during an interview, making clear that "early questions [should] not restrict what the interviewees feel they can say later. In general, present broad orientating questions first and more detailed, specific questions afterward." (p. 136). They note that where broad question are asked, participants may anticipate questions that will be asked later, thereby answering more than one question at once. This highlights the need for flexibility in the interview/topic guide, and the need to be a 'responsive' interviewer. In developing the topic guide I followed this guidance, structuring the topic guide by initially exploring general issues around the men's 'personal communities', before moving on to more specific questions about people within them, and finally to discussion of sex, sexual practice, and HIV. Structuring the interview in this way meant I was able to ask more sensitive

questions later in the interview, having already built up rapport with participants (Kvale, 2007; Rubin and Rubin, 2012).

3.3.2.10 Constructing the Men's 'Personal Communities'

Following Spencer and Pahl's (2006) method of exploring personal communities', I sent a letter to participants in advance of the interview (Appendix 10) asking them to think about "people who are important to you now" (p. 214) as a way of establishing members of their 'personal communities'. Participants were asked to bring along a list of these people to the interview. The majority of participants came with a list prepared, and some even had written notes to explain why they had chosen to include specific people. Even where they had not brought a written list, they often described their thought processes when considering who was 'important to [them] now'. During the first part of the interview I encouraged participants to place the individuals they had listed on to an "affective map" (Spencer and Pahl, 2006, p. 216) consisting of concentric circles relating to, and intending to represent, their relative importance (Appendix 11). I asked that they think about themselves as being at the centre of the map, and to place the individuals (and for a minority, groups) in the circles, using the innermost circles for those with whom they had the closest relationships, and the other circles for those for with whom they had a close (but not as close) relationship with, and to. In this way men constructed a diagram/schematic of their 'personal community', which was then used during the interview to facilitate discussion around the meaning of relationships.

It is important to note that I did not use the term 'personal community/ies' when talking with participants. Although I referred to the 'affective map' as a 'map' or a way of mapping people 'important to them now', I at no point referred to the resultant diagram/schematic as their 'personal community'. Thus, when I refer to men's 'personal communities', I am referring to the analytical or conceptual logic which I have applied to exploring and interrogating the 'affective maps' that the men developed, and the discussion of these that followed during the interview. Nevertheless, some of the men did spontaneously talk about the 'map' they had constructed as representing 'my community'. For example when talking about the people on his map, Kane (23) described how he

had tried to “create my own little community”, which included his close family and friends.

Some participants found the mapping process easier than others, however, most described the map as being useful, and found having a visual representation beneficial during the interview. Only one participant said they disliked the ‘mapping process’ as they felt it was similar to ‘mind mapping’.

3.3.2.11 Piloting the Interview Schedule

Between October 2012 and December 2012, I conducted six interviews that served as a pilot. As Kvale (2007) notes,

> “...the problems of an interview project tend to surface in the analysis stage, more often than they originate in the earlier stages. The solution is to improve the quality of the original interviews. Thus, clarifying the meanings of statements during an interview will make the later analysis easier and more well founded...” (p. 43).

On this basis, Kvale suggests that where possible, work that is assumed to be post-interview should be pushed forward to earlier stages. Thus, my supervisors suggested that I should read, reflect and begin analysis on the first six interviews conducted. This enabled me to identify gaps and issues that required further exploration and interrogation, as well as considering if, and how the data answered my original research questions. It became clear that my initial interviews, although providing data that answered the research questions, lacked some of the depth required for deeper and more nuanced interpretation. Reflecting on the first six interviews enabled me to rethink areas of the topic guide requiring revision. Some topics, such as ‘coming out’ were dropped from the interview, as men often raised issues around this spontaneously when asked about their relationships with people within their ‘personal communities’. The finalised topic guide can be found in Appendix 12. The lack of explicit discussion of personal sexual practice by some of the participants prompted me to think how to ‘delve deeper’ and I concluded that using ‘prompt cards’, detailing different sexual practices, could be useful in furthering discussion with men who seemed reticent to discuss the specificities of their own sexual practice. Prompt

cards were developed by returning to the literature and examining how previous studies had explored sexual practice (Appendix 13). Having developed the prompt cards, I reviewed the wording/terminology with a Senior Health Promotion worker working in HIV prevention with gay men. A similar set of prompts cards were developed in relation to support, based on findings from Wilkinson, Holt and colleagues (2012) analysis of men's 'personal communities'(Appendix 14).

3.3.2.12 Conducting the Main Fieldwork

All of the interviews took place between October 2012 and July 2013. Where men showed interest in the research, I made telephone or email contact to arrange a convenient date and time for the interview. Interviews took place in a number of locations throughout Scotland. Given the sensitive nature of some of the questions, a priority when agreeing a location for the interviews was that they should take place somewhere the participant would be unconcerned about being overheard. When making arrangements to meet, I discussed with each participant which setting would be most comfortable to meet, although there were some constraints on 'suitable' spaces, especially in more rural areas. The majority of interviews (n=25) took place in space provided by organisations who had assisted in recruitment. Men who had become aware of the research through such community-based organisations were often familiar and relatively comfortable in these spaces. Two interviews were conducted in a room within the MRC SPSHU in Glasgow, two interviews took place in the university that the participant attended, and one interview took place in a private area of a bar on the commercial gay scene. During the process of agreeing locations for the interviews I was aware of the tension between the need to choose a location pragmatically, finding a space that was easy to access and conducive to discussion, while also taking into account the needs of the participant (Elwood and Martin, 2000). Elwood and Martin (2000) note that giving participants choice in the location of the interview can empower them in the research process and help to address possible power imbalances in the interview process. I took this approach giving a choice of locations, however, in practice participants rarely suggested venues and often asked that I provide a suitable place to meet.

At the beginning of each interview, I took time to discuss the aims of the study with participants, providing them with another copy of the information sheet, and answering any questions they had. I emphasised the voluntary nature of participation, and made clear that they did not need to answer any questions they felt uncomfortable with. As participants were being asked to discuss close relationships with others when developing the affective map, I was careful to explain that any details that could identify such people would be changed or excluded in any future reports or papers. Participants then completed a consent form (Appendix 15), and a brief questionnaire (Appendix 16) including questions on age, education status, employment, and scene use. Participants were given a £20 voucher as a thank you.

As noted previously, during the first part of the interview, I asked participants to construct their 'personal community' using the 'affective map'. The 'map' was then used as a basis for discussion of the topics that followed. The prompt cards developed were introduced when discussing different forms of support, and safer sex, to help further unpack what specific practices they understand as more or less safe. At the end of each interview I thanked participants for their time, and asked if they had any questions. I asked for feedback on the interview and topics covered, specifically the use of the affective map. Interviews lasted between 45 minutes and 2 hrs 20 minutes, with most lasting around 90 minutes.

Although I often had to leave the interview venue immediately after the interview was finished, I endeavored to find time and space to sit down and make notes about the interview as soon as possible. These included notes about my overall sense of the interview (thoughts, experiences, and feelings), and any issues, questions or queries I needed to follow up. Reflecting on the interviews in this way helped me to further develop my skills as an interviewer by identifying areas that worked well, and those that did not, and enabling me to make changes to the interview guide where necessary.

3.3.3 Characteristics of the Sample

The purposive sampling frame introduced earlier in the chapter was used to identify a group of men that met certain key criteria. My aim was to interview equal numbers of men within the 18-24, and 25-29 age groups, however, more

men in the younger age group came forward to participate. One of the interviews with the younger men was excluded from analysis due to being incomplete[5], nevertheless, there were sufficient numbers of men in each age group. There was an even split between those who reported regularly spending time on the commercial gay scene, and those who did so infrequently (or never).

All but one of the participants was aged between 18 and 29 years at the time of interview; one of the men turned 30 during the course of the study but was included as he came forward while aged 29. The men were predominantly White Scottish. Two of the men were from Ireland; one from Northern Ireland, the other from the Republic of Ireland. Two of the men had been born outside of the UK, however both of these men had been resident in Scotland for over four years at the time of interview. No participants from any ethnic minority groups came forward during recruitment.

All but one of the men who participated in the study identified as gay, with one describing himself as queer. He explained that he had questioned his sexual identity over time, and at various points in time would have identified as bisexual or gay. All but two of the men (n=27) described themselves as being currently sexually active. Two of the men explained that they were not currently sexually active, but had been in the past. Ten of the men self-identified as being in a relationship with another man at the time of interview, however, one of these men was excluded from analysis due to incomplete interview data (see footnote). The length of the relationships ranged from 3 months to 5 years 1 month

All of the men were resident in Scotland at the time of interview. The majority of the men interviewed lived in, or close to, the cities of Edinburgh, Glasgow and Dundee; eight of the men lived in Edinburgh and the Lothians, seven in Greater Glasgow and, and seven in Tayside. The other men came from different areas of Scotland; three from the Borders, two from the Grampian area, one from Ayrshire, and one from Argyll.

[5] During this interview the participant received a phone call and had to leave. Although I tried to arrange an alternative time to complete the interview this was not possible, and the decision was made to exclude the data collected as part of this interview from analysis due to the interview being incomplete.

Among the men interviewed, there was a range of educational qualifications: twelve of the men had (or were studying for) a university degree, twelve of the men had (or were studying towards) a further education qualification (e.g. NVQ, SVQ, HNC), three of the men had A-level/Higher qualifications, and one had standard grade qualification (e.g. 'O' levels or CSEs [or equivalent]). Two of the men chose not to provide details of their educational qualifications. Eleven of the men were employed at the time of interview, and although information on type of employment was not requested, through the interviews it emerged that many worked in service industries, and in semi-professional roles. Eleven of the participants were in full or part-time education, and of these, five were also in part-time employment. Eight of the men were unemployed, and of these two were currently working in a volunteer capacity for a community-based organisation.

3.3.4 Analysis of Interview Data

3.3.4.1 Transcription

As part of the informed consent process, permission was sought from participants to digitally record interviews. All digital recordings were then anonymised by me and then transcribed either by me, or by a professional transcription service that adhered to MRC guidelines on confidentiality. Each participant, along with people they described and recorded as part of the 'map' of their 'personal community', was assigned a pseudonym, or had their name removed, to protect their privacy[6]. Other identifying information, such as the person's place of work, hometown, and employment status, etc., were removed or changed in the interview transcript to reduce the possibility of deductive disclosure.

Liamputtong (2013) suggests that where possible transcription should be carried out be the person who conducted the interview, as this can enable researchers to learn much about their own skills as an interviewer. Furthermore, Liamputtong echoes Kvale's assertion that transcribing the interview can also

[6] For each of the first six interviews, pseudonyms were assigned to each person on the participant's 'affective' map. Thereafter, given that a large number of people were often included on each map, names were removed/omitted and identifying titles such as 'sister 1' or 'uncle 2' used instead. The exception to this was where there were a very small number of people included on a participants map. See Gary and Theo's maps in Appendix 19 as examples.

serve to “have the social and emotional aspects of the interview situation present or reawakened during transcription” (Kvale, 2007, p. 95), thus allowing a researcher to begin the analysis (through transcription) of the meaning of what participants said. As time constraints meant that interviews were transcribed by a professional transcription service, I attempted to follow the principles of this by listening to audio files (with the transcript) jotting down notes, memos, and further reflections on the interview. I was able to link these to the field notes made after interviews.

3.3.4.2 Thematic Analysis

A thematic approach to data analysis was used. In line with the work of Spencer and Pahl (2006), the Framework approach was used to manage data and facilitate analysis of the substantive content of the interview data (Ritchie and Spencer, 1994; Ritchie et al., 2003b; Ritchie et al., 2003c; Spencer and Pahl, 2006). Framework was originally developed by researchers at NatCen as a method for systematic data management and analysis within applied policy research (Ritchie and Spencer, 1994). Framework offers a systematic approach to thematic analysis, enabling the identification of clear stages/processes that link stages of interpretation. Using Framework enables researchers to develop descriptive accounts by synthesising key categories and presenting them in matrices. Ritchie and Spencer (1994) outline five stages in involved in the process of data analysis; familiarisation, identification of a thematic framework, indexing, charting, and mapping and interpretation. This approach is well suited to identifying patterns across the data, and enabling comparisons within and across cases, enhancing interpretation and the development of analytical explanations. Thus, using Framework enabled me as researcher to move beyond a descriptive account, to provide explanations based on interpretation grounded in the data (Spencer and Pahl, 2006). In the sections that follow, I provide an explanation of how I approached the steps outlined by Ritchie and Spencer.

3.3.4.3 Use of NVivo and the ‘Framework’ Approach in Analysis of Interview Data

Data were coded thematically (Braun and Clarke, 2006). I first began the process of familiarising myself with the interview data by reading and re-reading each transcript, jotting notes and memos, and referring back to any fieldnotes. My

aim at this point was to develop a broad thematic coding framework that would facilitate further analysis and enable me to answer my research questions. During this initial process, my supervisors read a selection of the transcripts, commented on the initial coding, and we discussed emergent themes.

Each of the interview transcripts and participant maps were uploaded to NVivo 9 to assist with data management and organisation. Each participant was designated as a 'case node', and information from the brief questionnaire, along with information about recruitment route, was used to define these 'cases'. This later facilitated my exploration of patterns across the data. The broad codes developed in the initial stage of familiarisation were used as a basis for coding using the qualitative data analysis software. I coded all text representing participants 'talk' around each theme into one 'theme node' within NVivo. This enabled retrieval of the coded data, and further coding within this overall theme. The initial themes coded were; family and families, friends and friendship, partners/boyfriends/sexual partners, identity, 'community' (general), 'gay community/ies', support (general), support and advice around sex and sexual health, sex and sexual practice, safer sex, HIV and HIV risk/risk management, condoms and condom use. Once the initial coding framework had been finalised I returned to all of the interview transcripts to ensure that all interview data were coded consistently in line with the coding framework.

Given the large amount of textual data generated, breaking down the data into these broad themes enabled me to return to the data in more 'manageable chunks'. Using NVivo meant that it was also easy to return to the transcript as a whole, enabling me to examine specific sections of the text in the context of the wider interview, thereby facilitating movement between sections of data and the interview as a whole. Although analysis can be conducted within NVivo 9 software, at this stage I developed a series of framework templates for some of the broad thematic codes. For example, I developed frameworks for condom use, support and advice, support and advice around sex, 'communities', and created separate matrices for HIV testing and perceptions of HIV risk to self and others. In the frameworks I made notes and summarised key points as well as including key quotes from the transcripts. Where new issues or themes emerged from my engagement with the data, I then reviewed coded transcripts to ensure

I had not missed relevant data, thereby engaging iteratively in a process of analysis. Using NVivo and Framework in this way also drew attention to cases where data did not fit an overall pattern observed. For example, as part of the interview men discussed specific sexual practices - one participant had a very different perspective on oral sex than the others - and systematic coding and charting meant that this was easily identifiable. Using this systematic approach enabled me to consider similarities and differences between his perspective and that of other participants. A small extract from a framework is included below.

Figure 3-1 Extract from Framework Template

	A	B	C	D
1	Name	Condom use: "always use"	Condom Use with casual partner	Condom Use with regular partner
18	Eddie	Eddie states that condoms are a necessity for protecting against HIV. See them as providng way to take responsibility for his own health. Eddie thinks that safe sex is what wo people decide, rather than only refering to condom use. Eddie explained that condomless sex is not necessarily unsafe sex, and that a couple could decide not to use condoms and if they were happy with this, then it constitutes safe sex. Sees sex in a long term monogamous relationships as the safest type of sex.Thinks that oral sex without a condom is relatively safe (becuase he wold not go with anyone with belleding gums) and would not use condoms for oral sex. I feel they're a necessity. They look after your, they look after you. They make sure that, I don't know, for, well for example, 'cause of course HIV's, it's incurable just now and although there's medication to sort of stop it in its place it's still going to affect your life. And this sort of makes sure, condoms sort of make sure	Suggests that he would use condoms with someone that he was going to have casual sex with.	Eddie was NOT in a relationhsip at the time of the interview. Eddie stressed that for him he aspired to have a longe term partner who he could trust and have sex with. He goes on to say that he thinks that if a couple have not stopped using condoms after a perios of time (two years) then there was a problem with lack of trust. It would appear that to him stopping using condoms would imply trust within a relationship. He does note that he does NOT have experience of a long term partnership, but that he aspires to this. He has had UAI with a regular partner before and explains that this has always been with someone he has trusted. Thinks that not using condoms"makes for better sex". He acknowlesges that this could be dangerous becuase he does not know who they have slept with. He would want testing to play a role in this. Safe, what I would do it personally in sex, if I was to be like the safest as it could be it would be having a long term partner in sex. Whether that was with
	Finlay	Finlay stressed his commitment to condom use and explained that he had used condoms consistently (except for sex with school friend) throughout his sexual life, until deciding to discontinue their use with his current long term partner. Finlay says he would use condoms for sex with anyone except in a longe-term relationhip. He notes that he would use condoms for oral sex	Finlay says he would use condoms for sex with anyone except in a long-term relationhip. Would use condoms for oral sex. Thinks that anal sex with a casual partner is a high risk activity,more risky than with a regular partner.I use them all the time except in long-term relationships, for all types of sex... so yeah. HE GOES ON TO SAY when he does use protection he never uses it for oral sex,	Finlay WAS in a relationship at the time of interview. Sees sex in long term relationhip as safer than casual sex. He and his partner have stopped using condoms in their relationhip, having used them for the first several months. Finlay stresses the importance of trust, explaining that this is importnat in a seriosu relationship. He uses his knowldedge of HIV to explain that "HIV can only

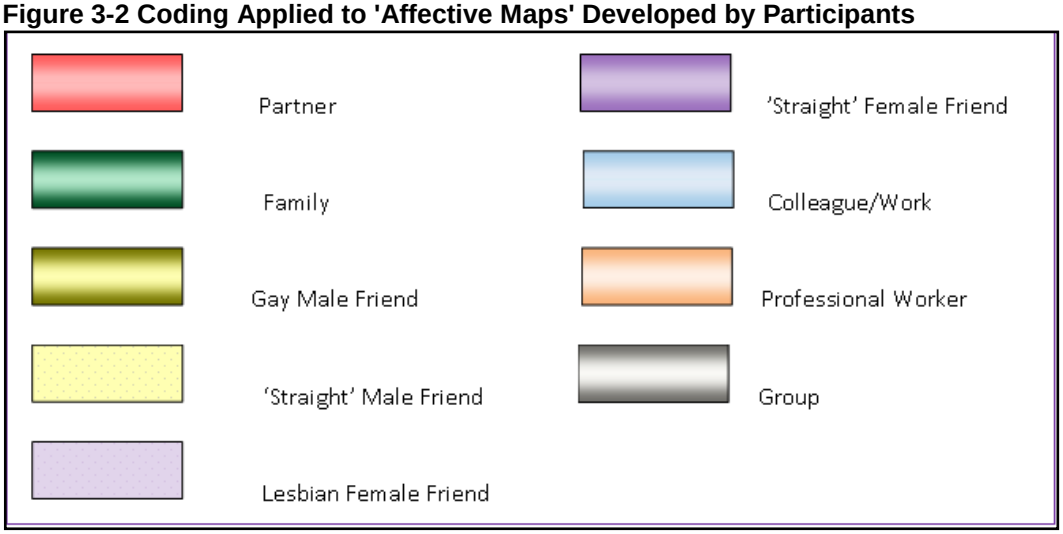
Having 'charted' the data in this way I was able to move between the frameworks created, coded themes in NVivo, and the transcripts as a whole to examine patterns across the data. Movement across the data in this way facilitated interpretation of the data by assisting me in identifying patterns, specifically similarities and differences across the data. I could then begin to develop explanations for these. This process corresponds to the 'mapping' and 'interpretation' described by Ritchie and Spencer (1994). Given the breadth and depth of the data collected, it is not possible to present all of the findings from my analysis within this thesis. With this in mind, the thesis is structured in such a way as to present themes which help answer my research questions.

3.3.4.4 Integrating Men's Affective Maps into Analysis

In addition to using the affective maps as a means of exploring men's personal relationships during interviews, I was able to use them as part of the process of analysis to explore patterns across the men's 'personal communities'. Examples of some of the anonymised maps are included in the chapter that follows, and a copy of each of the coded maps can be found in Appendix 17.

Given that distinctions are made between different groups – friends, family, colleagues, and professionals – within both the literature and in the men's descriptions of their 'personal communities', each of the maps was coded according to who the men had chosen to include. As far as possible such classifications were based on participants' definitions of the different individuals (and groups) they chose to include.

Figure 3-2 Coding Applied to 'Affective Maps' Developed by Participants



Based on the coding applied, each of the men's 'personal communities' were categorised on three levels: whether they were 'friend dominated' or 'family dominated'; whether their friendship groups were predominantly with other gay (LGB), or straight friends; and whether friendship groups were patterned in terms of gender. This is explored further in the first findings chapter.

3.3.5 Reflexivity in the Research

> "As qualitative researchers, we now accept that the researcher is a central figure who actively constructs the collection, selection, and interpretation of data. We appreciate that research is co-constituted – a joint product of the participants, researcher, and their relationship. We realise that meanings are negotiated within particular social contexts so that another researcher will unfold a different story." (Finlay, 2003, p. 5).

The quote above highlights important issues around reflexivity in research. As researcher it was important to me to consider my own position, and reflect upon how this influenced my approach to the research. I was aware that the way I engaged with participants, the form of knowledge created and produced, and my interpretation of it, were shaped by my age, class position, my own attitudes towards sexuality, and my identity as a female, heterosexual researcher (Manderson et al., 2006).

In many ways I can be understood as an 'outsider' to the men I interviewed; I do not have a shared experience in terms of gender or sexual identity. Filiault and Drummond (2009) emphasise the benefits and drawbacks of an 'insider' identity, arguing that assumptions of shared perspectives and experience can lead to over-identification with research participants. Indeed, they note that participants may not share certain insights or information where they assume the interviewer has shared knowledge of the issue. Thus, Filiault and Drummond note that 'insider' or 'outsider' positions are not inherently 'better' or 'worse', rather researchers have an obligation to reflect on their own position within the research process.

I was particularly aware of the interaction between me as a female researcher talking to gay men about 'sensitive' topics (Lee, 1993). At the start of the project I had concerns around my legitimacy as a female researcher exploring the topic of sex with young gay men. I was very anxious not to be perceived as prurient or prying simply out of personal curiosity, rather as a researcher with a legitimate interest in sexual health. On reflection, I think my concern with this issue early in the research led me to try very hard to present myself as a 'professional' researcher. The desire to legitimise myself as a university researcher with a professional interest in sexual health played out in my

communication before interviews, for example in the way I presented myself in phone calls and emails, and in the way that I presented the study in the recruitment materials. Given that I was quite close in age to many of the men recruited to the study, I felt it was especially important to present myself as professional researcher, and not a 'peer'. However, during the course of fieldwork I became consciously aware of the ways in which I attempted to shift position during interviews, (re)presenting myself as a non-expert, emphasising my role as a 'student' researcher, and foregrounding participants as the 'expert' on their own experiences. On reflection, I see this as my way of minimising potential power imbalances within the interview setting. Indeed, at least initially, I was conscious of presenting myself as somewhat naive in terms of my understanding of gay men's sexual lives, something which played out in an interesting way during some of the interviews. During some interviews I was struck by the sense that some of the men were trying to 'protect' me by not being overly explicit when discussing their own sexual practice. In addition, some told me that I should not look at online forums or gay socio-sexual media in case I was disturbed by what I saw. This reflection prompted me to adapt my approach to interviews, and introduce the 'prompt' cards described earlier. This enabled men to see that I was familiar with different sexual practices, and moreover, that I was open to discussion of these. Indeed, by the end of the interviews, men were often more open and comfortable talking about sex and other personal issues. For example, one of the first men I interviewed said that I looked like "butter wouldn't melt", and went on to say that although I looked somewhat naïve and innocent, I was not, and talking to me about sexual health had proved easier than he imagined. This participant's comments suggest that other participants may also have assumed that I was naïve, sensitive, and perhaps sexually conservative and/or moralistic. It is important to consider that as such, the young men may have adjusted their accounts accordingly. Reflecting on, and analysing, my engagement with men over the course of the fieldwork, I think that my confidence in discussing sex and sexual health grew over time, changing my interactions with participants. I suspect that early in the fieldwork, some of the men may have sensed my concern about being seen to 'probe' too deeply about their experiences of sex, whereas later in the fieldwork I had greater confidence about broaching the topic sensitively, while continuing to ask for further explanation and clarification about their experiences. Thus, in

some respects, my engagement with, and analysis of, interview data collected in the latter half of fieldwork can be understood as deeper, reflecting both my greater insight into the topic, and the richness of the data.

As a female researcher, my personal knowledge and experience of gay culture has been shaped to a great extent by my relationships with, and to, my own gay male friends. Such relationships are also informed by my class position, as the majority of my close gay male friends are white, middle class, highly educated men. Thus, much of my understanding of gay culture comes from my friendships, reading (academic literature, as well as fiction and non-fiction), and representations of gay men in both mainstream and gay specific media (TV, film, magazines etc.). Inevitably this influenced the way I 'read' men in the context of the research. At times there were clear disjoints between how I perceived the men, and how they perceived themselves, or more specifically how they articulated their own understanding of their identify 'performance'. For example, early on in fieldwork when I first met Ed, I read him as an energetic, attractive, slim, young man, who spoke in an effeminate manner. Indeed, my initial impression was that he conformed closely to my understanding of a 'Twink'. However, it was interesting that during the interview he was highly critical of young men who conformed to stereotypical representations of a 'Twink' and felt aggrieved by people's assumptions that he could be identified in such a way, as this suggested to him that he was perceived as shallow and superficial. This experience, and other similar experiences during data collection, reminded me not to rely on, or place too much trust in, my initial impressions. Indeed, for me it highlighted the need to be attuned to the different ways in which men understood their own identity, and performed it during interviews. Both during interviews and the process of analysis I repeatedly reminded myself that making judgements on the basis of an assumed identity (such as assuming a participant was a 'Twink' or perhaps nascent 'Bear') would affect my interpretation of the data. Thus, I attempted to stay focussed on the men's emic interpretation (and 'imagining') of themselves in the context of gay culture, rather than my etic perspective. I would argue that this strengthened my analysis, in that I challenged myself to be attuned to such nuances, and think through the implications of this in my presentation of the findings.

I have spent much time reflecting on the ways in which my identity as a female academic is likely to have made discussions of sex 'strange' for participants. By that I mean that talking about sex in the context of a relatively formal interview meant that participants were 'forced' to talk about sex using terms that they may not typically have used in other settings, for example when talking with friends or partners. In one sense this can be understood as a limitation of the research, in that our discussions of the men's sexual experiences were somewhat 'unnatural', certainly not a spontaneous or naturally occurring conversation. However, this can also be understood as a strength of the research in that the 'strangeness' of the interview setting, and our lack of shared gendered and sexual identity, opened up the possibility of jointly discussing, and at times interrogating, what specific terms meant to the men. Rather than taking for granted specific words or terms I was, as fieldwork progressed, able to probe more deeply around the men's understandings and interpretations. As a woman whose primary experience of discussing sex with gay men was restricted to my conversations with my friends, discussing sex in this way, and not assuming that I understood what men meant, really helped me to be attuned to differences in the ways in which men described their understandings of different sexual practices. During analysis, the collection of such data which problematised terms was valuable in interpreting the ways in which risk was framed in relation to specific sexual practices.

In his recent work focusing on his reflections as a gay man interviewing heterosexual women about sex and sexual problems , Bellamy suggests that his identity as a gay man may have removed any element of sexual attraction, thereby facilitating women's disclosure (Bellamy et al., 2011). To some extent my experiences resonate with Bellamy's perspective. Despite my initial concerns that my 'outsider' status would be a hindrance in collecting rich data around sexual practice, on reflection, my identity as a woman, and one who was sexually uninterested in my participants, meant that for some men I proved an ideal 'recipient' of their accounts of their sexual practice. I suspect that my lack of sexual interest in the men, and indeed their lack of interest in me, was facilitative in that the men were willing to share details of their sexual lives with me precisely because they thought I would not 'judge' in the same way that another gay man might. Some men spoke explicitly about being less concerned

that I would judge them through the 'lens' of gay male culture and 'community' sexual norms. For example, Caleb described how he felt that he was judged by other gay men on the basis of how many partners he had, or indeed had not, had sex with. He described talking to me about sex and his sexual partners as being easier because he thought I was less likely to judge him in this way. In this sense my gender and sexual orientation helped facilitate disclosure with some of the men.

Gough (2003) discusses how he as a researcher shifted position during interviews. The different positions he adopted (the researcher as comedian, critic, professional, defensive) played out with different participants in multiple ways. I too am aware that my way of interacting and 'being' with participants differed across interviews. I seemed to build rapport with some men more easily than with others. Indeed, with some men, we found common interests before the interview began, and this enabled an easy 'flow' to our interaction during interview. At times, I found that some men used the interview in ways more similar to a counselling session, disclosing feelings and experiences, and seeking reassurance that these were normal, or 'ok'. Having previously worked as a counsellor before starting my PhD, I was conscious that my 'way of being' in interviews was necessarily shaped by my past experiences, and that I may have facilitated such disclosures by the way in which I framed questions and responded to the men during the interview. For example, I found myself reflecting back and paraphrasing what participants told me, not only in terms of content, but also the emotions or feelings the men expressed. Although this was not necessarily a negative, at times it appeared to facilitate further emotional disclosure, moving the 'talk' away from the topic being discussed. Such experiences prompted me to reflect on my style of interviewing and my 'researcher' identity, thinking carefully about how to phrase questions in the interview. The 'emotional work' of the interview (Rubin and Rubin, 2012) was sometimes reflected in my engagement with the data during analysis. Listening to, and re-reading, transcripts at times 'stirred up' some of the emotion which I had tried to 'shelve' during interviews, particularly where participants described difficult personal experiences. I attempted to pay attention to this, particularly as this evoked a sense of connection with some participants. Nevertheless, I was conscious of the importance of not assuming their 'story' was somehow more

important than those men with whom I felt less connection. Indeed, during analysis I attempted to be attuned to my own recollections and feelings, while consciously focusing on the meaning of the accounts as the men themselves framed them.

3.3.6 Reflections on the use of 'Affective Maps': Lessons Learnt

Fully attending to temporal dimensions of the men's personal communities was beyond the scope of this study. Although some participants explicitly noted that their personal community may have looked very different at another point in time, and that their relationships with friends and family moved and shifted, the focus on "people who are important to you now" precluded the possibility of exploring temporal changes in great depth. This represents a limitation of my application of the method. Nevertheless, I would argue that there is much scope for this method to be used in future qualitative studies exploring relationships to friends and family over time. It is worth noting that Spencer and Pahl (2006), although focusing on 'current' relationships, attended to a greater extent on exploring how patterns of friendship and kinship shifted in response to changes that occurred through the lifecourse. It is possible to see ways in which the method could be incorporated into longitudinal qualitative study designs as a method for exploring changing patterns of relationships over time (Holland et al., 2006). Interviewing (and using the mapping exercise) participants at more than one time point could facilitate exploration of how proximity, both in terms of affective ties and geography, play a role in shaping individual's connections to important people in their lives. This could be particularly useful for exploring the experiences of people going through key transitions, such as leaving school and moving into work or employment, moving to different geographical locations, or indeed, life events such as becoming parents. Indeed my own work, in conjunction with that of Spencer and Pahl (2006) demonstrates that the methods could be applied to different groups, not only gay and bisexual men.

A limitation of the approach to sampling and recruitment taken in this study was that it led to a fairly homogenous sample in terms of education and employment, and did not allow for full exploration of the classed dimensions of 'scene use' and connection to 'gay communities' found to be important in previous research (Brewis and Jack, 2010; Keogh et al., 2004b). If I were to

conduct the study again I would use a variety of strategies to achieve a more diverse sample. For example, spending time immersing myself in the culture of the commercial scene, specifically spending time in different venues using an ethnographic approach (Davis, 2013), could have enabled me to develop a better understanding of gay culture, and also have opened up the possibility of recruiting a more diverse sample. Such an approach was used by Davis (2013) in her ethnography of a gay bar through which she explored different dimensions of scene space, and the identities of those who use and inhabit such spaces. Indeed during my own masters research (Boydell-Wright, 2011) participants described how classed distinctions operated in different venues on the scene. Perhaps by embedding myself in these spaces, I would have been able to recruit men with more diverse backgrounds, specifically working class gay men (Keogh et al., 2004b). Furthermore, a more diverse sample would have enabled me to interrogate the data in different ways, with specific reference to issues of proximity and closeness, and the ways in which class distinctions may inform people's relationships extended family, friends and colleagues. Future studies could focus more on an overarching analysis of structural dimensions of individual's personal communities.

It may also be useful for researchers seeking to apply the method in the future to consider the use of online methods of sampling and recruitment. Indeed, the use of targeted Facebook advertisements opens up the possibility of recruiting individuals based on different criteria. This could be useful in attempting to reach those who live in more geographically remote areas, and who do not access venues on the commercial gay scene in urban areas. The use of advertisements on sociosexual networking websites (such as Gaydar, Recon, Squirt) and networking apps (such as Grindr, Gaydar) could also be a fruitful avenue for recruitment, and has been used successfully in recent Scottish research with MSM exploring sexual behaviour and online practices (Frankis et al., 2013).

It is also worth considering how some of the study material used during recruitment may have served to exclude some people, particularly those with little formal education. The very text heavy, 'wordy', information sheet that I sent to participants may have been off-putting and difficult for those with low

levels of literacy to engage with and understand. Indeed, reflecting on my application of the method, I can identify a disjoint, or tension, between my application of a visual method and the associated study materials. Researchers seeking to apply this method in the future could consider providing non-textual methods of conveying how to go about preparing for the interview. For example, in future studies it would be worth exploring the potential of a short video to be posted online on a study website, outlining how to go about preparing for the interview, and what to expect during it. This could be particularly useful for those whose levels of literacy would preclude engaging with complex textual explanations of a research study.

It may also be useful to incorporate other creative ways of mapping which could sit well with the visual and participatory dimensions of the method (Margolis and Pauwels, 2011). For example, rather than asking participants to write a list of people who are important to them, they could instead be asked to bring along pictures of those people they consider important to them, or an image that reminds them of a particular person, or group of people. It would of course be important to consider the ethical implications of this approach, particularly in terms of informed consent, and the presentations of research findings (Margolis and Pauwels, 2011). Such an approach may also facilitate greater discussion during the mapping exercise around intimacy and 'closeness' in relationships, thereby provided rich material for interrogating patterns of proximity.

3.3.7 Validity, Reliability, and Quality in Qualitative Research

As Lewis and Ritchie (2003) note, demonstrating the validity and reliability of a qualitative study is important, but arguably more difficult than for a quantitative study, because such criteria rest on different epistemological assumptions. They argue that reliability is concerned with replicability of a study, a criterion which is not typically applied in qualitative research. Nevertheless, they argue that qualitative researchers can demonstrate reliability through the research process by addressing certain key issues. They make clear that fieldwork should be carried out consistently, analysis should be comprehensive and systematic, and interpretations should be well supported by evidence from the data. Using a systematic approach to data analysis, in particular the use of NVivo and Framework in data management helps

demonstrate that the analytical approach was systematic. Furthermore, use of quotes to support my findings helps demonstrate that my interpretations are grounded in the data.

Paying attention to data which do not fit into overarching patterns also helps emphasise the validity of the findings. As Lewis and Ritchie (2003) stress, paying attention to so called 'deviant' cases, can ensure that a researcher does not attempt to force cases to match an overall pattern or typology. The use of Framework again helped highlight where individuals had different perspectives on an issue, or did not fit an overall pattern.

The findings of this research are necessarily partial, and there are limits to the generalisability of the findings to other settings (Lewis and Ritchie, 2003; Marshall and Rossman, 1999). Nevertheless, findings from the study provide insights into a particular group of young men, which may also be applicable in similar contexts. Furthermore, discussion of the findings in relation to other research helps locate the findings within the wider literature, and emphasises areas of similarity and difference.

3.4 Conclusion

This chapter has introduced the methods used within the study and the iterative approach taken to research design. I have outlined the rationale for the specific choice of methods used, and justified the decisions I made regarding the change from using focus groups to individual interviews based on the findings of the pilot study. I have described the rationale for the sampling frame, and provided details of the strategies employed during recruitment. I have also detailed the approach to data collection and analysis, including the analysis of the 'affective maps' developed by participants. In the following three chapters I outline the findings which followed from my analysis of the data. The first chapter focuses on the 'personal communities' of the young men.

4 Chapter Four - Men's 'Personal Communities'

4.1 Introduction

In this introductory findings chapter I present findings around the men's personal communities[7] with the aim of addressing my first research question: How do young men describe and understand their 'personal communities' and wider 'gay communities'? In this chapter I outline the composition of the men's personal communities; how men describe and understand relationships with people within their personal communities; and the role that individuals (and some groups) play in providing support. A further objective is to examine how men understand wider 'gay communities', and areas of convergence and divergence between men's 'personal communities' and understandings of 'gay community/ies'. This chapter provides a descriptive overview of the men's personal communities as a basis for the analysis of key topics around safer sex, condom use, and HIV risk management presented in the chapters that follow.

4.2 Composition of the Men's Personal Communities

In this section of the chapter, I describe who participants included while 'mapping' out their personal communities (PCs), outlining the composition of the men's PCs. Participants included a diverse range of individuals including family members, friends, colleagues, and individuals known in 'professional' capacities such as support workers, community workers, psychologists and medical staff (including GP). In addition to individuals, a minority of the men also chose to include groups.

Using the 'affective maps' generated by the men, I examine the extent to which the men's PCs are dominated by family members and friends, as well as looking at some patterns of sexual identity and gender across friendship groups. Although my aim is to provide an overview of the patterns I have observed during analysis, I also seek to emphasise the diversity and complexity within, and across, the men's personal communities.

[7] Having previously established and defined the use of the term 'personal community/ies', in this chapter, and the chapters that follow, I will make reference to the term without the use of inverted commas.

4.2.1 Patterns Across the Men's Personal Communities

Each of the maps was coded according to who the men had chosen to include; partners, ex-partner(s), family, friends, colleagues, professional workers and groups. On the basis of the coding applied, each of the men's personal communities have been categorised on three levels: whether they are 'friend dominated' or 'family dominated'; whether their friendships groups are predominantly with other 'gay' (LGB), or 'straight' friends; and lastly, emphasising intersections between gender and sexual identity, whether the groups are predominantly comprised of gay male/straight male friends and straight female/lesbian female friends. I have categorised the maps on the basis of overall composition, i.e. I have categorised a PC as 'family dominated' where the number of family members placed on the map outnumber the number of friends on the map. The table below [Table 4-1] outlines these categories. A representation of each of the men's PC maps can be found in Appendix 17, and for each of the different patterns/categories outlined, a map is included as an example.

Table 4-1 Overall Composition of Men's Personal Community Maps

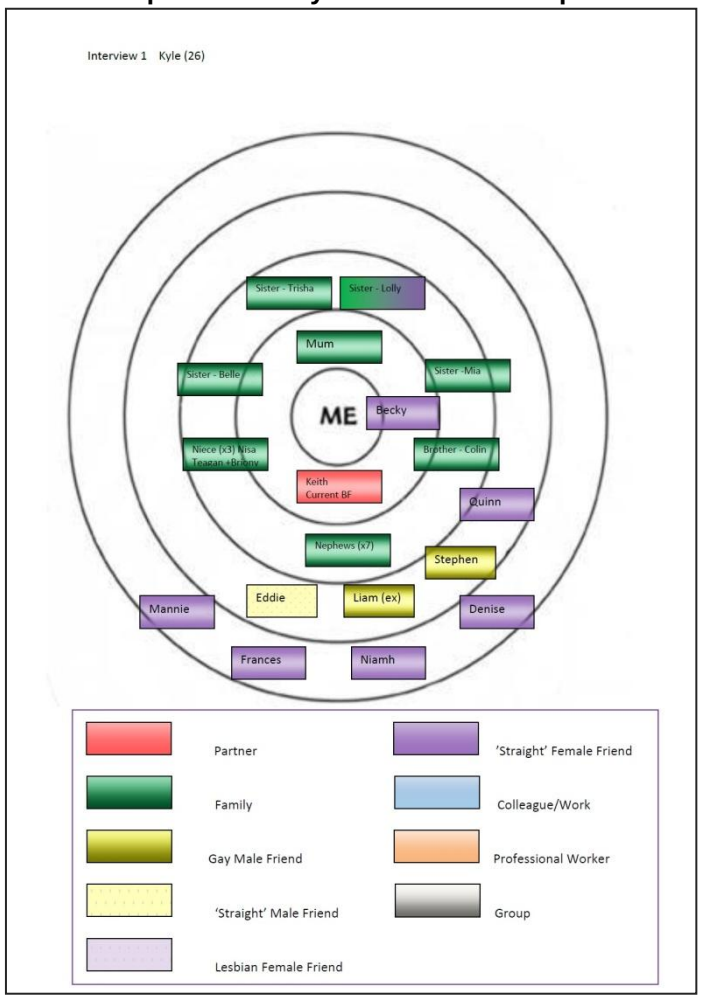
Personal Community: Family or friendship dominated	**Family Dominated (n=4)** Kyle (26), Noel (23), Colin (24),Tiernan (25)				**Friend Dominated (n=22)** Caleb (26), Quinn(19), Ed (20), Dale (24), Nick (29), Tom (26), Eamon (24), Terry (27), David (27), Taylan (25), Theo (23), Kane (23), Ethan (24), Nicky (22),Tony (21), Max (25), Gary (20), Eachan (27), Kalen (29), Finlay (22), Quentin (29), Harry (23)			
	Mixed (n=3) Damon (21), Eddie (21), Dexter (21)							
Friendship Groups - Sexual identity: 'gay' or 'straight' dominated	**'Gay' (LGB)**		**'Straight'/'Hetero'** Kyle (26), Colin (24), Damon (21), Eddie (21), Dexter (21)		**'Gay' (LGB)** Tom (26), Taylan (25), Eachan (27), Tony (21), Kalen (29), Finlay (22)		**'Straight'/'Hetero'** Caleb (26), Quinn (19), Ed (20), Dale (24), Nick (29), Eamon (24), Terry (27), David (27), Theo (23), Ethan (24), Nicky (22), Max (25), Gary (20), Quentin (29)	
	Noel (23) and Tiernan (25)				Kane (23) and Harry (23)			
Friendship Groups - Gender : male or female dominated	**Gay male friends**	**Lesbian or bi female friends**	**Straight male friends** Eddie (21)	**Straight female friends** Kyle (26) Colin (24) Damon (21) Dexter (21)	**Gay male friends** Tom (26) Taylan (25) Eachan (27) Kalen (29) Finlay (22) Harry (23) Tony (21)	**Lesbian or bi female friends**	**Straight male friends** Caleb(26) Nick (29) Quentin (29)	**Straight female friends** Quinn (19) Ed (20) Dale (24) Eamon (24) David (27) Theo (23) Ethan (24) Nicky (22) Max (25)
	Noel (23) and Tiernan (25)				Kane (23)		Terry (29) Gary (20)	

4.2.2 Family Dominated Personal Communities

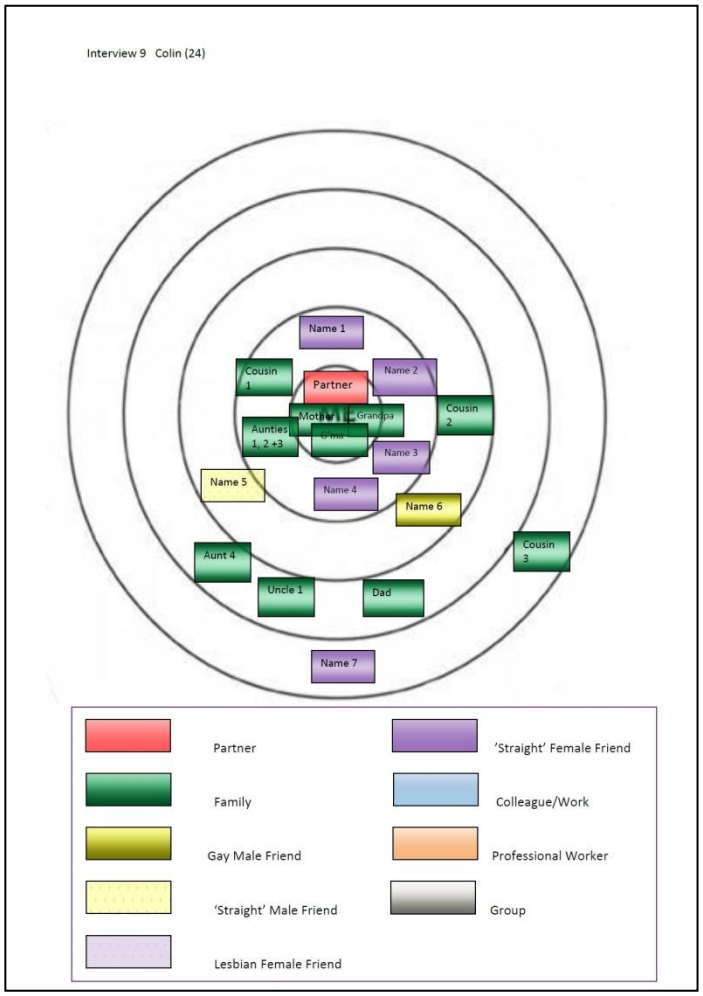
A minority of men, Kyle, Noel, Colin and Tiernan, had PCs which could be categorised as 'family dominated'. All of the men with family dominated PCs had large or extended families, and described family members as 'important' people within their lives. It could be argued that family size (e.g. the number of family members included) alone determined whether or not men's personal communities were categorised as family dominated, however, all of the men in this group, placed some (or all) members of their family within the two innermost circles. Given that during interview I had asked the men to think about the concentric circles on the affective map in terms of 'levels of closeness', the inclusion of family members within these circles appears to be reflective of their close relationships with particular family members, and of strong 'kinship' ties. Men within this group all stressed the importance of kinship, and of investing time and emotional energy in maintaining family ties, even where they did not necessarily like a family member. That is not to say that other men across the sample did not describe similarly close relationships with, and to, family members. Nevertheless, the accounts of men with family dominated PCs emphasised the primacy of 'given' family relationships, highlighting these as a source of support, and noting how even when distanced by geography (or the amount of time spent with them) they maintained a strong bond with their family of origin. It is worth noting that these men were 'out' within their families, and in general described feeling that they could 'be themselves' with family members.

There was a pattern among men whose PCs were family dominated towards their friendship groups including higher numbers of 'straight', often female, friends. None of the men explicitly discussed why this was the case, although it is interesting to note that these men emphasised the importance of female family members (mothers, sisters, aunts and grandmothers) in providing emotional support, stressing the affective dimensions of their relationships. It may be that these men have sought and/or created relationships with other women which reflect those found in their family of origin.

Figure 4-1 Examples of Family Dominated PC Maps



Kyle and Colin's maps are examples of family dominated PCs. Note how the men group many of their family members in the innermost circles of their PC map. Colin used the circles of the map to distinguish between those members of his family that he felt closest to, (innermost circle) and those who were important, but less close (outermost circles).



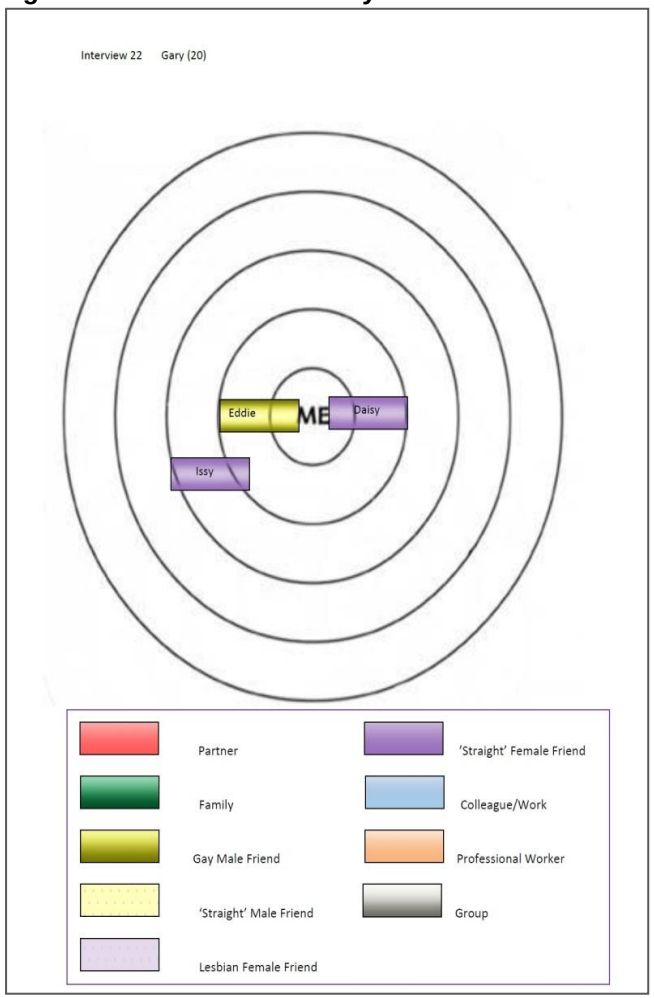
4.2.3 Friend Dominated Personal Communities

The majority of men (n= 22) had PCs which could be categorised as 'friend dominated'. Despite being 'friend dominated' there was considerable diversity in composition across these men's PCs, and a range of clusters could be observed. These are outlined in the section that follows.

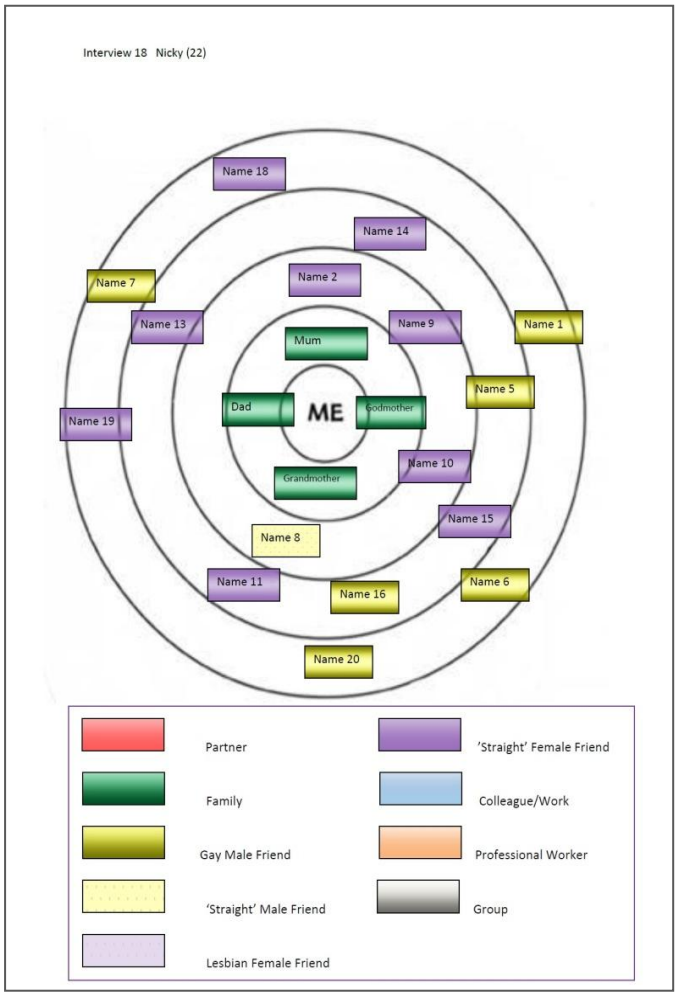
Four of the men with friend dominated PCs only included friends in the innermost circle of their map (see Figure 4-2)(intended to represent those 'closest' to them), and indeed one of these men, Gary, was the only man who did not include any family members in his PC. These men described relying on friends, rather than family, for emotional and affective dimensions of support. The idea of friends being 'chosen' sources of support, providing this voluntarily, was emphasised by these men. This group of men described having less close relationships with members of their family, and often indicated this by placing them in the circles further out from the centre of their PC map. Indeed, a common theme across these men's accounts was they had not found it easy to share 'personal' things about themselves with their family. While these men described being 'out' within the context of their family, there was a sense in which it was easier for them to 'be themselves' with their friends than with family members.

Another group of men (n=4) included only family members within the innermost (or 'closest') circles of their PC map (see Figure 4-2). These men emphasised the importance of family members knowing them well, and offering practical advice and support. Terry explained that he felt family members could be trusted to give practical advice and look after his 'best interests' in a way in which friends could not. Similarly, Taylan stressed that his family were very supportive financially (and to a lesser extent emotionally) in the period after he came out and moved away from home. While Taylan noted that some friends went "beyond the duty of a friend", he nevertheless distinguished between what could be expected from family and friends. Indeed, these men stressed the functional forms of practical and financial support offered by their family of origin, in contrast to the emotional support offered by friends.

Figure 4-2 Friends and Family within Innermost Circle of PC Map



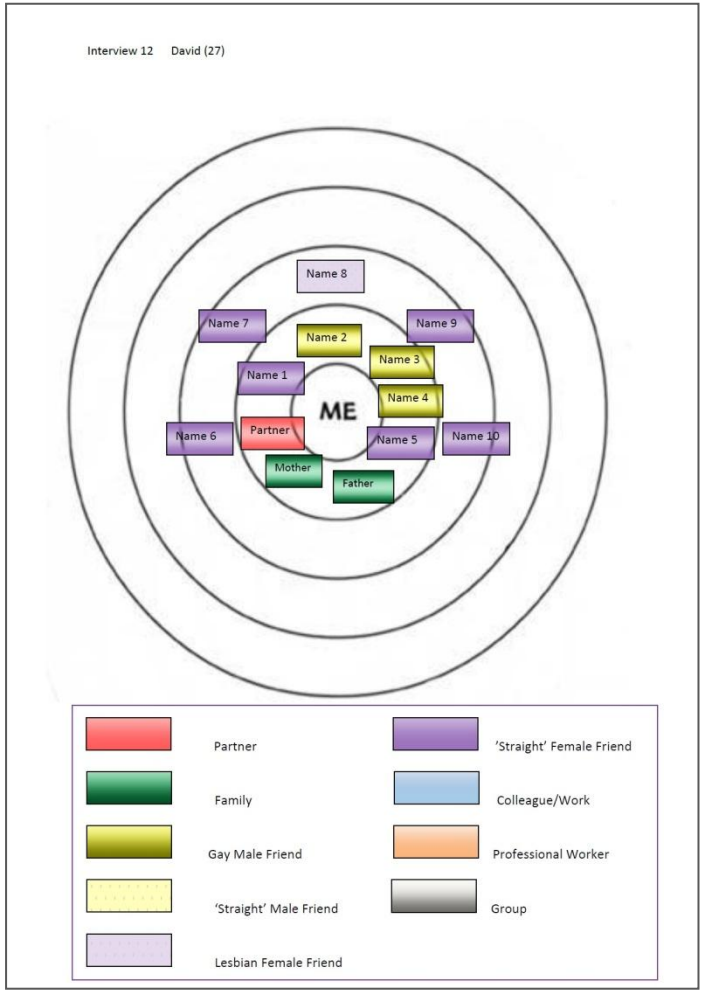
Gary's map is an example of a friend dominated PC. Gary chose to include only friends on his map, and these were placed in the innermost circles. Gary emphasised the importance of friends as 'chosen'.
In contrast, while Nicky's PC is also friend dominated, he placed his family members in the innermost circles of his PC.



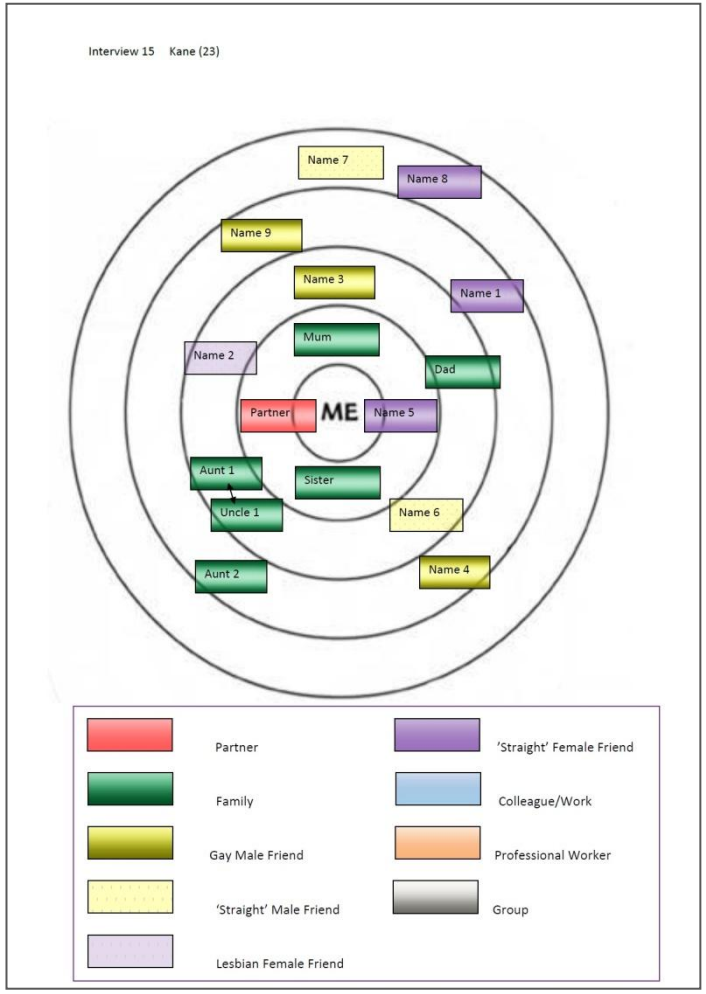
Three of the four men (with friend dominated PCs) who reported being in a relationship placed their partner in the innermost circle of the map. Among this small group of men, partners were framed as being very 'close'. The two men who had been in relationships the longest (10 months or more), stressed how they would rely on their partners for emotional and practical support, and framed their partners as 'family-like'. Those who had been in relationships for a shorter period of time (less than 4 months) framed their partners in more 'friend-like' ways. This blurring of friend/family in relation to partners will be discussed further later in the chapter (see section 4.5).

Around half (n=10) of the men with friend dominated PCs included a range of people (family/friends, male/female, gay/straight) in the innermost circle of their map. All of these men described crossover or 'blurring' between their conceptualisations of family (kinship) and friends (friendship). Indeed, across this group of men, friends were at times framed as 'family-like', and family at times framed as 'friend-like'. This was exemplified by the ways in which the men described crossover in the form and function of support provided by friends and family. Men in this group more often described seeking different forms of support (i.e. practical, financial, emotional etc.) from a range of friends and family, making less of a distinction between who, and in what circumstances, they would do this.

Figure 4-3 Friend Dominated PCs: Innermost Circles 'Mixed'

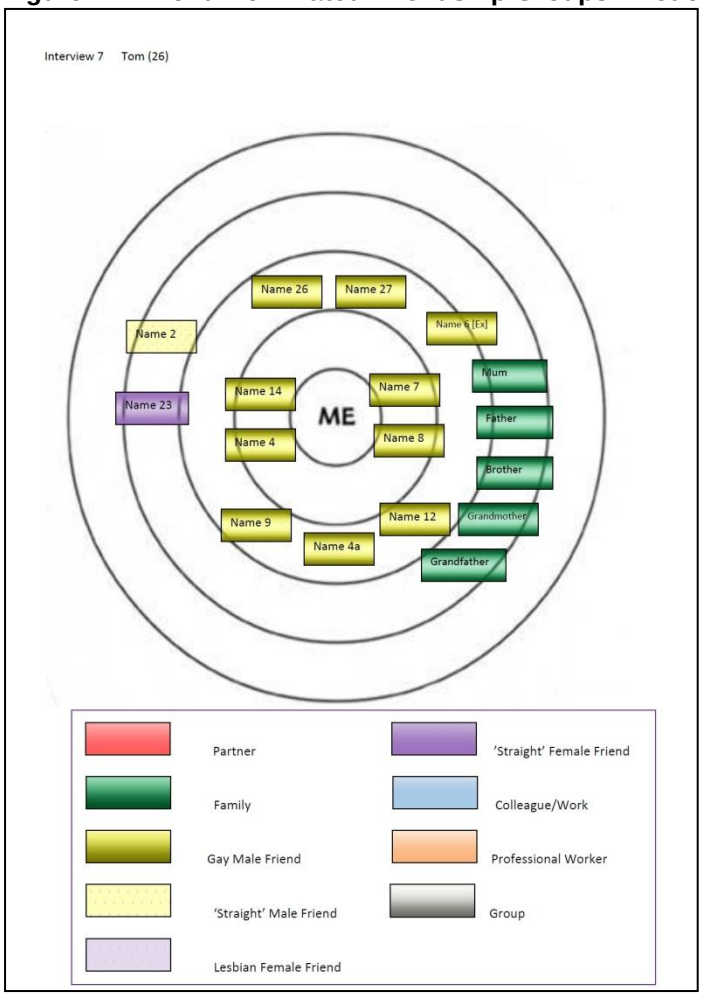


David and Kane are examples of men with friend dominated PCs for whom the innermost circles were very 'mixed'. Relationships between family and friends, were more 'blurred' for these men, with some friends being framed as family-like and some family as friend-like.



Clusters or 'groupings' could also be observed in terms of the intersection between sexual orientation and gender of friends within men's PCs. A small group of men (n=5) had friendship groups that were comprised predominantly of other gay men. A common feature across the accounts of this group of men was that after leaving home they had all moved to cities and urban areas with well developed, visible gay 'scenes'. All of the men had gravitated towards LGB and gay men's organisations, the commercial gay scene and/or other dimensions of 'gay communities' in these cities. Although some other men across the sample described similar experiences, what differentiated these men's accounts was the importance they placed on shared understandings and experiences of 'gay life' as a basis for their friendships. Indeed, while not all of these men described having a sense of belonging to wider 'gay communities', nevertheless, their friendships continued to be shaped by their relationship to different dimensions of gay 'community' life.

Figure 4-4 Friend Dominated Friendship Groups: Predominantly Gay Male Friends

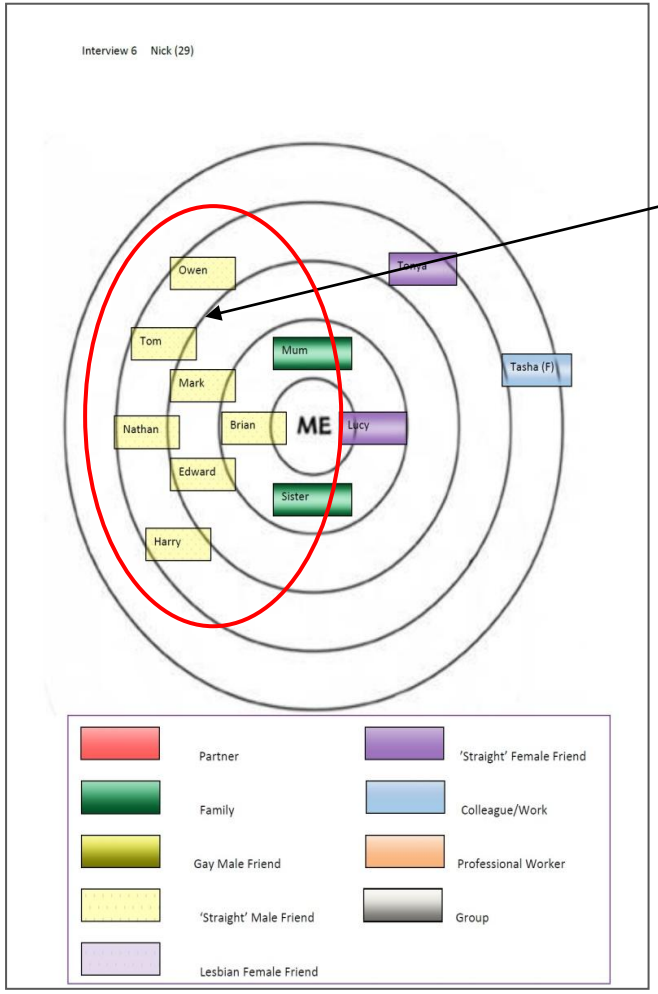


Tom's PC is an example of a friendship group that was dominated by gay male friends. Tom, like other men whose friendship groups included many other gay men, met many of these friends through various links and connections to the different aspects of the 'gay communities' he was engaged with (e.g. the commercial gay scene, community-based organisations, online communities).

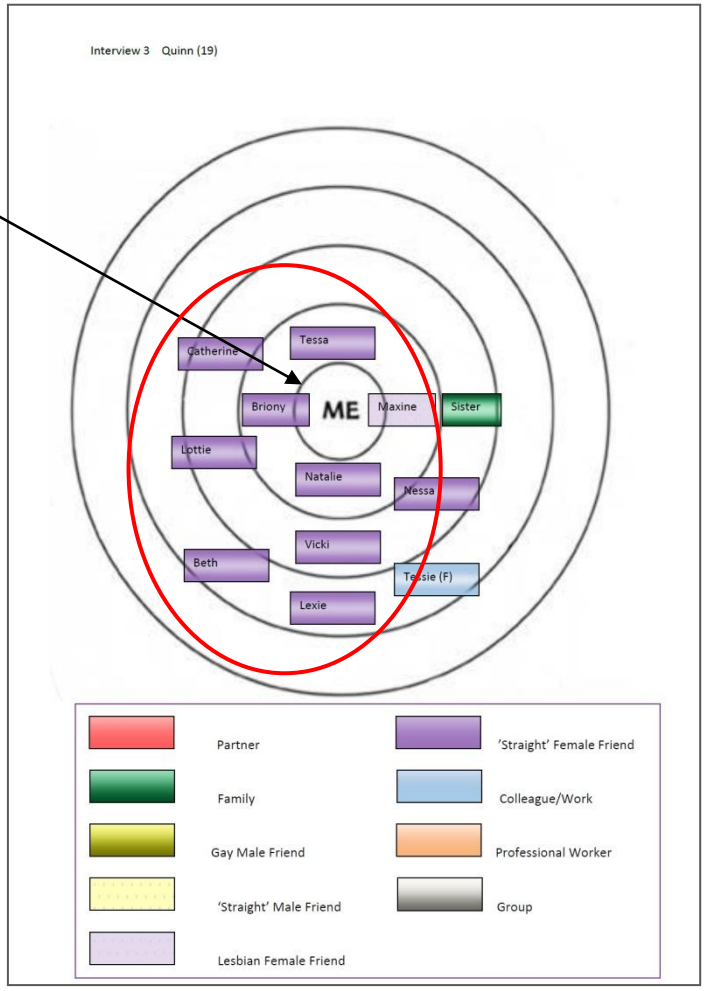
In contrast, those men (n=14) whose friendship groups within their PCs were comprised of mainly ‘straight’ friends revealed a different picture. Men whose friendship groups were predominantly with straight friends (both male and female) often described having met through education (i.e. school, college or university), work, through other friends, or as part of interest groups (for example, music scene or sports). It is important to note that many of these men did have connections to wider ‘gay community’ resources, (in the form of attendance at LGBT groups, going out on the commercial scene, or online ‘communities’ etc.) however, in general these men did not highlight the primacy of shared sexual identity as a primary factor in the development of their friendships with people included on their PC map. Furthermore there was a pattern among those men who grew up in more rural areas (of Scotland, Ireland, and North America) to have more straight friends, both male and female. This was particularly the case for those who had maintained close friendships with friends made through school, college and education, as well as for those who continued to live in more rural areas of Scotland. This may in part reflect the lack of easy access to urban gay centres, and ‘community’ resources (including community-based organisations, bars and clubs on the commercial scene, and public sex venues).

As can be seen from Table 4-1 some men’s PCs could not easily be categorised as family/friend dominated as neither was more prominent. Similarly, some men’s friendship groups were highly mixed. These men’s accounts incorporated different dimensions of kinship and friendship described above, but there were no distinct commonalities between these men, and as such these men do not constitute a distinct group.

Figure 4-5 Friend Dominated PCs: Predominantly 'Straight' Friends (Male and Female)



Nick and Quinn had friendship groups that were dominated by relationships with straight friends. Differences in the gendered grouping of friends can be seen, with Nick having a group of mainly straight male friends, whereas Quinn's friendship group is primarily with straight female friends.



4.3 Personal Communities as a "Snapshot": Temporal Dimensions of Men's Personal Communities

The maps the men created, and the people they chose to include on them, were developed in response to being asked about "people who are important to you now", and as such are a product of this question. Related to this, five of the men discussed temporal dimensions of their PCs; they noted that their PC map would have looked very different at different time points (six month/a year/several years ago). For example, Max talked about changes over the past six months resulting from changes in his relationships with friends due to breaking up with his long-term partner:

> *"I thought about how much it's changed from even six months and a year ago, the sort of bottom, or the sort of last third, so there's the first two thirds are, I would say are core and haven't changed for a long time but as I say the last bit, the last third is quite sort of...But, and so it struck me how that sort of has fluctuated for me over the last couple of years and how it is, it was very different from being in a relationship to being out of a relationship, sort of a different set of people there." (Max, 25)*

Max went on to explain that the composition of his friendship groups had changed, as he now spent much less time with other gay male friends that he and his partner had socialised with. He now socialised more with female friends, and described being more reliant on them for emotional support since his relationship breakdown.

Nick in his late 20s, also discussed changes over time, explaining that his friendships were less fixed when he was in his teens and early twenties. As he had got older he describes realising that not all friends can remain close, and that indeed, some friendships may end, or become less important.

> *"I think maybe I have, my friendships are settled now in a way that they're not when you are in your early 20s or, or when you're a teenager where it's kind of much more fluid and you're, you meet a lot of different people, in different ways, whereas I have my set group of friends. I mean the only person on here who I've known for sort of less than 7, 8, 9, 10 years is the, is the friend from work, everyone else is kind of, part of that core group of friends that I made in my early 20s and have remained my kind of close friends going through." (Nick, 29)*

Ethan suggested that different forms of support may be required at different points in time. Ethan explained that although key friends and family included in his PC have stayed the same over the past six years, the support he sought from them differed depending on the types of issues he was dealing with at any one time:

> *"I feel that if you had spoke to me and I was eighteen, there was a whole different circle of issues there, still the same people apart from one of them, still the same people, but there was different focal points then." (Ethan, 24)*

These examples serve to highlight how the men's personal communities were not fixed; rather, changing over time in response to life circumstances.

4.4 Men's PCs – Who the Men Included and Reasons for Including Them

In this section of the chapter I outline reasons the men gave for including specific people (and for some, groups) when 'mapping' their personal communities. The personal communities approach I have taken implies a focus on exploring the meanings that people gave to the people they chose to include. Spencer and Pahl (2006) argue that the terms 'friends' and 'family' do not have stable meanings, thus attention must be given to the way in which they are defined and used by participants. I therefore begin by exploring some of the meanings of friendship that the men discussed, demonstrating how themes and understandings around friendship also informed the men's accounts of relationships with family members, and other individuals they included when 'mapping' their personal community.

4.4.1 Friends

As highlighted in the first part of the chapter, all of the men included friends on their map. When discussing friends and friendships, the men in the study referred to a variety of conceptions of friendship as reasons for including different people on their PC map. Although the men talked about a range of different ideas about the meaning of friendship, there were some common, cross cutting themes: 'being there for you' and the importance of different forms of support; 'spending time with', and the idea of regular contact; 'having things in common' and the idea of shared interests; and 'being yourself', being comfortable with who you are with friends. The theme of 'being there for you' was the most prominent theme, in that men's accounts of friendship focused on the many and varied ways in which friends had (and continue to) demonstrate friendship by offering different forms of support (emotional, practical, informational etc.). I now outline how men discussed these different meanings, and outline how these meanings were used as a rationale (or justification) for including or excluding people from their personal community.

4.4.2 'Being There For You' and the Importance of Support

The most common meaning men attributed to friends and friendship related to the way that friends would 'be there for you'. The way in which men most often conceptualised 'being there', was through the provision of different forms of support; practical, emotional, informational etc. This theme of support came through strongly from participants, indeed, almost all participants (n=27) discussed this as being a central characteristic, or meaning of friendship.

The men spoke in general terms about emotional support, expressing the importance of being able to share feelings, knowing that friends would listen to problems and 'be there for you' in a crisis, or if help was needed. As Tiernan explained, this was central to his understanding of friendship:

> *"...someone who's there for emotional support and in times of need and someone, you know, that they're always at the end of the phone or something like that." (Tiernan, 25)*

Related to 'being there' was the idea of being not judgemental. This dimension of friendship was highlighted by a number of men (n=7). As Quentin noted, not only did he expect a friend to be there for him, but also he stressed that he would want them to be non-judgemental:

> *"...someone who's there for you no matter what. They offer support, advice, guidance; basically they're just there for you all the time and they don't judge you. I think that's about it. That's how I see a friend. Someone who doesn't judge you and you can be an idiot and they're not gonna say anything really." (Quentin, 29)*

Men discussed a range of contexts in which they had sought (or been offered) emotional support from friends, these included support around relationship breakdown, death and bereavement, coming out, problems with study or work, feeling 'low' and lacking confidence.

Over a third of the men (n=13) described confiding in friends and receiving emotional support around the breakdown of relationships. Around a quarter of the men in the sample (n=7) spoke about seeking support around the breakdown of relationships from other gay men. Tom described how he and one of his gay male friends had supported each other emotionally through past break-ups:

> *"...in previous ones [relationships] it's always been [name of gay male friend] and I who'll console each other through a breakup or, you know, give advice or "do you not think you're being a bit unreasonable here?" that sort of thing." (Tom, 26)*

Tom went on to explain that he would choose to confide in this friend because he could have an 'emotional conversation' with him. He contrasted this with another friend who would turn up with a bottle of vodka in the same situation. Indeed, although the men did not explicitly refer to why they chose their gay male friends as confidantes after a breakup, the importance of being able to engage in 'emotional talk' was implicit within their accounts.

The other men (n=6) discussed seeking support around relationship breakdown from female friends. Max described how after the breakdown of his relationship with a long-term partner, his best female friend provided him with both the emotional and practical help he needed:

> *"...then we [ex-partner] did split up she was there with all the sort of support I needed and then she'll take me with, if she thinks I'm feeling like I need support she'll take me with her family or, you know, you know, she would, how do I put this? I think she's able to understand what I need more than what I, what, more that I understand." (Max, 25)*

Max suggested that the reason why his friend was so supportive was because he had previously helped her with a traumatic break-up, in this way the support was framed as being reciprocal. Similar to descriptions of support from gay male friends, men who confided in their female friends stressed the importance of being able to talk about feelings with someone they could trust, and who would be understanding.

Five of the men spoke about the way in which friends had supported them after the death of close friends and family, stressing the emotional support provided during this period of time. Nicky explained that he found it easier to talk to another friend who had experienced death of loved one when discussing his feelings:

> *"...like I've suffered two bereavements with [Name 8], and I know for a fact that both times like he's the person that's been there, and if I needed to talk about it, I could talk about it. But, if I wanted just to be normal, I could be normal as well." (Nicky, 22)*

Some men (n=12) reported discussing money and financial problems with friends. Around two thirds of these men described accepting small amounts of money (e.g. £10-20) from friends, indeed, this practice appeared to be reciprocal as men reported lending similar amounts to friends. However, for a minority (n=3) asking for, or accepting, financial help from friends was deemed to be "crossing a boundary", and deemed inappropriate. It was suggested that exchange of money could complicate friendships, and potentially cause tension.

> *"I've never really asked anybody for money, I've been offered money, but I've never taken it because I personally think that friends shouldn't do that, because when it comes to that kind of thing, that's when tensions start to, if somebody, they say they'll pay you back next week, and they don't pay you back next week, I think it just gets a wee bit messy then tensions start to build, I just thought the easiest thing is just not to do it." (Damon, 21)*

Several men (n=5) talked about receiving practical help from friends during or after periods of illness. For example, both Tony and Eachan had been supported by close gay male friends when anxious about engaging in leisure activities due to illness. Eachan described how friends accompanied him to a spa when he was anxious about being alone after a period of illness.

> *"I got to the stage that I was asking my friends to come along and... it was more as a safety measure for me. So it transpired that every time I went I had, for my own safety, I was asking like a friend to come along with me." (Eachan, 27)*

Similarly, Taylan described how a close gay male friend had provided practical help after he had been hospitalised, looking after him and offering a place to stay:

> *"I ended up in hospital and it was actually a friend ... I phoned him and he came and picked me up from the hospital and took me to stay at his and stuff like that..." (Taylan, 25)*

Such voluntary offers of support and care were emphasised as concrete examples of 'being there' for these participants, and were noted as demonstrations of real friendship.

4.4.3 'Spending Time With' and the Idea of Regular Contact

Around half of the men (n=13) discussed the importance of regularly 'spending time with someone' and socialising as an element of friendship. The men suggested that being friends with someone required that you were in regular contact with them. Tiernan emphasised the importance of spending time together as a meaning of friendship:

> *"Being a friend, I don't know, someone that's... someone that you spend a lot of time with, to be honest, or have done in the past so much that you've built up a kind of a special bond..." (Tiernan, 25)*

Although regularity of contact with friends was framed as being important in and of itself, the quote above helps illustrate that spending time with friends was also emphasised as a way of developing (or in some cases strengthening) a 'bond' with someone. The importance of spending time together was reinforced by men's discussion of their choice to exclude people (from their PC map) due to spending little time with them. For example, talking about his reason for excluding some individuals, Nicky explained:

> *"...there was a couple of people that I was kind of like, 'would I...' and then like, 'well, no...' Because like I spend some time with them, and I'm friends with them but they're not like - and I mean this in the nicest possible way - if I were to never see them again it wouldn't massively affect me. I mean obviously I would be kind of like, "oh I've not seen [Name] in a while," or "oh I've not seen [Name] in a while." But, with these people here [points to map] it's like I need to see them on a regular basis, or I need to talk to them on a regular basis because they are so integral to my life." (Nicky, 22)*

Nicky notes that his friends are an 'integral' part of his life, and that regular contact is important in maintenance of these friendships, a point echoed across other men's accounts. Nevertheless, the idea that good friends should be able to 'pick up where they left off' was present in some of the men's (n=5) accounts of friendship. This can be seen in the following extract from Noel's discussion of friendship:

> *"...it doesn't matter how far away your friends are or how long you've not seen them for. The minute you see them again, you start chatting to them like you've just left them the day before. And that's the best friends to always have." (Noel, 23)*

This extract from Noel's account serves to emphasise the point made by this group of men: while spending time together is important, 'real' friendships can overcome time spent apart.

4.4.4 'Having Things in Common' and the Idea of Shared Interests

Another meaning the men often attributed to friendship was the importance of having things in common with friends; the idea that friends have shared interests. Around a third of the men (n=10) discussed the value of shared interests within their personal relationships, citing a broad range of interests they shared with their own friends. These included having similar taste in music, TV, films, going out, 'gaming' (playing computer games individually, and online with a group), as well as shared life experiences, and having a similar background. What appeared to be important was having a shared understanding and experience of these different interests. Colin talked about how his shared interests in the Scouting movement brought him together with some of the close friends he had included on his map:

> *"...like – my friends from Scouts, we've done so much, sort of altogether.... We're all interested in the same stuff, you know, we all like outdoorsy stuff, we like camping. We've all got really – we're all, and, like, all these people are all still, like, Scout leaders, and you know, they're all interested in youth work stuff, which is what I'm interested in." (Colin, 24)*

I would argue that Colin's discussion of the Scouts is indicative of his sense of belonging to this group of people 'like him' with shared interests in a particular movement. Further highlighting the importance of shared experiences, Caleb described his friendship with a straight male friend who he understood as having a similar background:

> *"I think we both sort of… we both look at life the same way. We both do the same things, we both… we almost come from the same background. He came from a very religious Muslim family. I came from a very religious Christian area and we both sort of… we're both liberalised almost and I think both of us, we came from communities that we don't really feel like we fit into anymore and I think so there's that shared experience almost." (Caleb, 26)*

While it could be argued that the men's backgrounds (framed here in terms of religion) are very different, Caleb's discussion of the shared experience of becoming 'liberalised' appears to have cemented his friendship. Indeed, this

speaks to the notion of friendship transcending 'differences' and crossing boundaries.

A minority of men described shared interests in terms of sexual orientation and sexual identity. Kalen talked about the importance of knowing that he would have things in common with someone when seeking out new friendships.

> *"I do have straight friends, but I think yeah definitely sexuality helps me form a closer friendship, and a closer bond in some way, shape, or form."*

He went on to say:

> *"So, already you've built a relationship on one level because you've got that common experience, or common... identity I suppose. No, that's not even the word I want. But, there's a commonality, let's just go with that general brush, and so we've got to that to work on." (Kalen, 29)*

Thus, for Kalen shared sexual 'identity' did indeed appear to be a basis for his friendships, personal community. Although the majority of men were not as explicit as Kalen about sexual identity as a basis for friendships, the idea of 'commonality' was reflected in the ways in which they discussed 'being themselves' with friends. This is discussed in the section that follows.

4.4.5 'Being Yourself' and Being Comfortable with Who You Are with Friends

Related to the idea of shared interests was the importance men placed on being able to be themselves with friends, without fear of judgement. For some this appeared to relate to sexual identity. Many of the men described how they had sought out ways to connect with other LGB people, particularly gay men, when coming out. Men described a range of ways in which they had sought to make such connections and friendships during this period; for some they sought connections online through forums, gay specific social media, and gay social networking apps (n=7), for others attending offline LGBT groups and gay men's organisations played an important role (n=15), while other men stressed how they had initially gravitated towards the commercial gay scene (n=7). Noel talked about the way in

which exploring his sexuality and coming to terms with it had prompted him to seek out links to an LGB group, specifically friendships with those he met there, so that he could 'be himself' with these friends and talk about his attraction to other men:

> *"I wanted to actually confirm it [sexual identity] and know about it and it's basically like have a more of a connection to the gay world and have some friends and all that instead of feeling like the outsider, especially like when if me and my brothers are together or if my mates are together and I'm the only one what's there what's actually gay and they're all straight and they're talking about their relationships or their ex-partners or the girls are talking about the boys, well I could join in with them but exact same time it's pretty... But when it comes to the guy mates, it was harder 'cause they're talking about lassies and I, don't get me wrong I don't mind talking to them about lassies or them talking to me about lassies, but I would be, I would have been, I was wanting to like have a guy mate what I could talk to..." (Noel, 23)*

For men such as Quinn who's PC was dominated by heterosexual female friends, the idea of 'being himself' was not necessarily predicated upon spending time with other LGB people. Nevertheless, he noted that he felt he could more easily 'be himself' with newer female friends made at college, because he had always been 'out' in that context. He explained:

> *"I think actually that with the rest of my friends I was sort of hiding who I was for a while with them, like I didn't tell them that I was gay and everything, whereas when I met my college friends I was out so it was, I was able to just be myself around them and I felt like with them it was like I'd built up friendships with these over a lot of years, like [names 5 female friends] – I'd built up a friendship with them and it had taken a while to build up, whereas with my college friends I felt like it took that little bit less because I was able just to be straight them and tell them how everything was basically." (Quinn, 19)*

Despite having close female friends from childhood on his map, it seems that for Quinn, not having to explain or justify his sexuality with these 'newer' friends meant that he found it easier to express himself in this context – to be himself.

Sexual identity was not the only way in which the idea of 'being yourself' emerged during interviews, as some men also linked this back to the importance of friends' being non-judgemental. Indeed, implicit within the men's accounts was the notion

that being able to be yourself with friends relied on not hiding aspects of 'self', including negative dimensions of personality or 'bad' behaviour. To illustrate, Quentin talked about his tendency to throw tantrums (have a "hissy fit") when very upset. He cited a recent example where he had become very upset and had behaved badly towards a female friend. He explained:

> *"I was told something [Name 10]' said, totally misjudged it, it was totally my fault and I had a right hissy fit with her. I wasn't proud of it at all. When I stepped back and actually thought about it, I thought 'she doesn't deserve that at all.' She could have easily been a total bitch about it, do you know what I mean? Because I was really, really nasty with her. She come up to me and she gave me a hug, kiss on the cheek, and said "it's ok, I totally understand where you were coming from."" (Quentin, 29)*

Here Quentin notes that despite having a "hissy fit", his friend was understanding and accepting of him. Thus, Quentin felt he could show a negative side of himself, but still be accepted. The implication appears to be that if one has to hide dimensions of oneself from friend(s), they may not be a 'true' friend.

4.4.6 Family Members

As highlighted earlier, all but one of the men included family members on their map. The majority of family members included were 'blood' relatives, however some men also included relatives by marriage (such as aunts and uncles, brother/sister in law), as well as step-parents. Participants who chose to include family members, often discussed their reasons for including them in ways that overlapped with the meanings and definitions they had attributed to friendships. Indeed, two of the themes, "being there for you" and "spending time with" were common in men's discussions of why they had chosen to include family members.

Although I didn't ask the men to define how they understood the term 'family', many of the men did make distinctions between 'close' or 'immediate', and extended family members. These distinctions often followed a particular logic, with parents, siblings, and grandparents (where cited) being described as 'close' family members, and aunts, uncles and cousins of being described as extended family. For a small number of men (Taylan, Terry, Eamon, Colin and David) these

more ‘extended’ or ‘distant’ relatives such as cousins and aunts were described as being close family members. For example, describing his great aunt, Taylan explained:

> *“...even though she’s a distant relative she’s more like another granny to me because since I moved to [name of town] five years ago she’s like- well I don’t have any fa-, I don’t have any of my close family near me so she’s kind of been there for me and stuff and so she’s been more like, she’s been like a close member of my family, more than a distant relative I would say.” (Taylan, 25)*

For Taylan, the support his great aunt provided for him, in the absence of other family members, was a key factor in his ‘closeness’ to her. Similarly, David described his female cousin as being a friend. In contrast to his relationships with other cousins, he noted that he and this cousin had more in common, as prior to meeting his boyfriend, they were both single and socialised together. He explained:

> *“I think because she’s the only single cousin that because I, up until I met [Boyfriend’s name], was out and having fun and things, she would meet me and we’d go out, or we just have the sort of same happy-go-lucky lifestyle in that we don’t necessarily need to have a relationship, whereas everyone else is now settled down and has kids. So I think that’s why we have our close relationship, and the fact that we’re still, we can still go out and have fun...” (David, 27)*

David here draws on the idea of ‘shared interests’ and ‘spending time with’ as a reason for him being closer to this female cousin than other extended family members. Like Taylan and David, the other men who described extended family members in this way all drew on ideas around support, and shared interests as an explanation for their close relationship.

4.4.7 ‘Being There For You’: Family Members

Similar to discussions of friendship, many of the men noted that they had chosen to include family members within their PC because they were ‘there for them’. For example, Terry explained that he trusted that his mother would always be there for him if he found himself in a crisis:

> *"...obviously close to me is my Mother, I find she's like a great inspiration to me, she's just a complete role model, she's kind of put her life on pause for me and my sister and now she's kind of got her own life now... I think she's just, she's always there for me in a crisis." (Terry, 27)*

Terry went on to link "crisis" to making important life decisions, as well as requiring practical or financial assistance. This was echoed across many of the other men's accounts. Indeed, close family members were framed as being a trusted source of advice and support around practical issues (for example, changing jobs or moving home) because the family member was likely to 'know them better' and thus be able to advise them on the best course of action. This is illustrated by a quote from Eamon's account of his family relationships:

> *"But just cos your family know you more, they just know how you handle stuff and so they just know like the best things for you to do." (Eamon, 24)*

Among those men who included family members within the innermost circles of their PC map, it was common for them to frame family members as knowing and understanding them better than friends.

Family members, particularly parents, were cited most often as sources of support and advice around financial issues, with around half (n=13) of the men interviewed discussing seeking and receiving financial support from family members. Furthermore, both men with friend and family dominated PCs reported accessing financial support from family members, and as such this did not appear to be patterned by the composition of the men's PCs.

David, in his late twenties, described looking to his parents for support around money. He explained this was not simply in order to receive money, rather, because he believed they would be less judgemental than other people:

> *"If I had money problems – which I have done in the past, and I think everyone has to be honest – I'd, went to my parents. I, I'm not, I don't necessarily, didn't ever want them to give me money or anything, I just wanted them to know, "I'm having problems with money, I'm not going to have money for this that or the next thing," and instantly they were like, "right, we'll give you this, we'll give you that," even though I know they don't have much, they'll be like, "right, we'll give you this." But that's not necessarily why I would go, it's just that those are the people that I think that wouldn't judge me for having money problems." (David, 27)*

Of the men who discussed receiving financial help from family members, over half (n=8) stressed that this help most often was provided by their mother, because they felt comfortable asking her for help around money. However, this was not always the case. Quentin noted that his father had helped him through financial difficulties and would "never see me short". His reason for going to his father was that he was more skilled financially than his mother.

Five of the men discussed other family members such as aunts, grandparents, and siblings as sources of financial support. Taylan discussed the financial support he had had from his parents and grandparents and when moving away from home:

> *"...there has been times when it's been like, I've really struggled, especially financially. You know, like before I was at college I had jobs, before that I was unemployed for quite a long time and my parents and my grandparents are really good at helping me out when I needed, when I was in a hole really... but also like, you know, between them all when I moved down here they all kind of chipped in and, you know, furnished my flat for me and stuff like that which not every person's parents would do so I have been quite lucky in that sense." (Taylan, 25)*

A minority of men, Nick, Tom and Gary, explicitly stressed that they would rather be independent in relation to financial matters, and therefore would not seek support from family members.

Family members were also framed as a potential source of emotional support. Three of the men (Kalen, Dexter and David) talked about how the death of a close family member had increased the feeling of closeness with other family members. For example, David, whose brother died when he was a teenager noted that the death of his brother resulted in a stronger family bond:

> *"...in terms of relationships I have with family, because we went through such a huge thing with my brother dying, I do think that we are a closer family and that we've got that sort of instant support if anything was to go wrong." (David, 27)*

With the exception of the issue of death and bereavement, it was less common among the men to describe seeking emotional support from family members than from friends. Where men did talk about seeking emotional support around issues such as relationship breakdown and coming-out, sources of support were highly gendered, with female family members such as mothers, sisters and aunts most often being cited as engaging in more of this 'emotional work'. None of the men explicitly discussed the gendered dimensions of seeking and/or receiving support from family members, indeed it was presented in a taken-for-granted way, with the expectation that such female family members would understand and be non-judgmental in relation to displays of emotion. Only Taylan and Tiernan explicitly included discussion of male family members in relation to the provision of emotional support. Both men stressed the strong bonds between them and family members which resulted in them being able to be open with them about their feelings.

4.4.8 Negative Aspects of Family Relationships

Although the importance of supportive relationships with family members included on the PC was highlighted across many of the men's accounts, some men did describe some of the less positive aspects of relationships with people who made up their PC. It is also important to note that Gary, who described having a very negative relationship with his family, chose not to include any family members as part of his PC. Although it was less common for the men to discuss negative aspects of friendships, some men (n=9) did talk about conflict within families. Not all had found it easy to come out to their parents and wider family (siblings, aunts and uncles, grandparents), and for some this continued to be a source of conflict within their family. Around a quarter of the men noted that although they were out to most family members, they had chosen not to tell others. Quentin described having a close relationship with his parents, but chosen not to explicitly tell them that he is gay:

> *"...my mum and dad, 'cos again yeah I'm pretty close to them. I'm more close to my mum than my dad because my dad's really homophobic so I've never actually told him I'm gay. It's easier.*
>
> ***And with your mum, is that something that you've kind of discussed or...?***
>
> *She knows but I've never actually told her. She's guessed. I think my dad knows but I'm just not even going there. It's easier. It's not worth the hassle." (Quentin, 29)*

Linked to this, some of the men, despite being out within their families, at times felt the need to 'hide' or 'protect' their family from aspects of their lives that they believed they might be uncomfortable with, particularly around their "gay life", including their relationships with men and engagement with different aspects of gay social life on the scene. This is exemplified by one of the men, who despite gaining much support from his family explained why he had chosen to restrict what he tells them about his work within a gay sauna:

> *"...it's because of their misconceptions of my gay things and gay life that have kind of given them the bad id-, the wrong idea. So, instead of me trying to give as much information as I should, I tended to like close that off and keep that aspect of life separate from them because it just makes my life easier really." (Name[8])*

Indeed, a lack of shared understanding of 'gay life' appeared be problematic for some, even when family members were framed as being generally supportive. Hiding aspects of their lives that they consider their family would find difficult to deal with was not uncommon. Tom talked about his decision to hide the fact that he had experienced a homophobic attack, knowing that his mother and father would be upset by this:

> *"I once got bashed when I was leaving work when I worked at [name of gay club], these guys followed us and basically laid in. But I kept that from my family until a couple of years ago and even then they were like "why didn't you tell us, why didn't you tell us?" I was like "'cause I know exactly how you were going to react and I thought I'd leave it until at least a good couple of years afterwards". (Tom, 26)*

[8] Distinctive job, name excluded to prevent possibility of deductive disclosure.

Although part of Tom's concern appeared to be to protect his parents from being upset, something which could apply to anyone, irrespective of sexuality, he also voiced a concern that his parents might be critical of his job on the scene. This can be linked back to the importance of being able to 'be yourself' discussed earlier. It is worth noting that hiding such aspects of 'gay life' was rarely discussed in relation to close friends, again reinforcing the idea that it should be possible to 'be yourself' with a 'real' friend. There were a couple of exceptions to this as both Quinn and Tiernan described withholding certain information about aspects of their sexual lives that they thought their friends would be worried by, or misunderstand.

4.4.9 Partners: Current, 'Exes', and 'Friends with Benefits'

When 'mapping' their PCs, many of the men also chose to include current partners, exes, or friends with whom they currently (or formerly) had a sexual relationship. Nine of the men reported being in relationships at the time of the interview and all of these men included their partners on their maps. All but one of the men chose to place their partner in the innermost circle of their PC map, indicating the closeness of their relationship. David described how 'close' he felt to his partner:

> *"[Boyfriend's name]'s the boyfriend, so he's as close as anything really. Completely head-over-heels in love with him." (David, 27)*

Taylan was the only participant to place his partner in a circle further out. Taylan had only started this relationship within the last month, and this appeared to be the reason behind this decision. Where a relationship was relatively new, as in the case of Quentin and Taylan, there was greater reluctance to talk about it in great depth. Nevertheless, when describing his relationship with his partner of three months, Quentin explicitly commented on where he had chosen to place his current partner on the map, and his rationale for doing so:

> *"Well [name], who's next to me [on the map], he's my current partner so I thought 'I've got to do that just out of loyalty.'" (Quentin, 29)*

Here Quentin appears to suggest that he thought a partner *should or ought to* be 'closest', even if it is not entirely clear that he personally felt that way.

Although all of the men were clear that these were sexual relationships, all of them framed their relationships as being about more than 'just sex'. Indeed, across these men's accounts, they drew on notions of friendship and kinship when discussing their partners. Within the same interview, participants often described a partner as both 'friend-like' and 'family-like'. Some of the men described their current partner in terms of friendship, highlighting the way in which they valued their partner as a friend. David spoke about his partner in this way:

> *"He's, like, it's one of the first relationships I've had that's gone really well, and it feels like I'm actually dating a friend as well as having a boyfriend, which is quite nice." (David, 27)*

Similarly, others made conceptual links between support received from 'close' friends, and that from their partner. This is illustrated by this extract from Theo:

> *"I mean, he's just like one of my best friends, he's just kind of like [name of female friend] and [name of female friend] to me , but it just so happens that, you know, he's a partner or whatever." (Theo, 23)*

Others spoke about their partners as being 'family-like', or as being family members. This is illustrated by a short extract from Kane's account:

> *"And I would consider [Partner's name] my family – just after five years, I think it's an insult not to." (Kane, 23)*

Although Colin did not specifically name his partner as a family member, twice during the interview he appeared to make links between his partner and family. Drawing on the idea that family members know one better than friends (described earlier in the chapter) Colin noted:

> *"Like, [Partner's name] knows me inside out. And my mum does." (Colin, 24)*

Partners (and to some extent ex-partners) were also framed as family-like in that family members were framed as a legitimate source of financial and practical

support. Thus, to some extent, whether partners were framed as friends or family appeared to be related to the context in which they were being discussed; where men talked about practical and financial support they were described in kin-like ways, and where they were talking about emotional support and 'fun times' they were more likely to be described in friend-like ways.

Over a third of the men (n=12) chose to explicitly include an ex-partner on their map; most commonly this was a male partner, but two of the men also included a female partner. Over half of the men (n=16) made reference to ex-partners' during the interview, but chose not to include them on their map. A key distinction between exes that were included and those excluded from the men's PCs was whether they had maintained their friendship after the 'romantic' relationship ended. This is illustrated by a quote from Kyle's account where he notes his reason for including his 'ex' on his PC map:

> *"And [name] is my ex, but he's one of the exes who I still keep in contact with, who I would still like to be friends with, even though he broke my heart, the bastard. But I do, I do still like him, I do still care for him..." (Kyle, 26)*

Around a quarter of the men (n=7) also disclosed that they had formerly had a sexual relationship with someone on their map, at times describing them as a 'fuck buddy' or a 'friend with benefits'. These men were described as friends, rather than sexual partners, although this does not preclude the possibility that may have continued to have a sexual relationship with such friends.

4.4.10 Others: Colleagues, Professionals, and Groups

Inclusion and discussion of relationships with colleagues was less common, with only eight men explicitly discussing their relationships with work colleagues. Nick provided an explanation of why he excluded the majority of his colleagues from his PC, noting a lack of shared interests, one key meaning of friendship described earlier:

> *"So if I'm out with the people that I work with, who don't share my interests, and I don't, I won't reference the same things, and if I do reference something I have to then explain what it is that I'm talking about, but that doesn't make me feel uncomfortable, but it's why I wouldn't spend any, or why I don't socialise with them outside of that." (Nick, 29)*

Nick went on to explain why he had chosen to include a female work colleague as part of his PC, stressing that they had become "friends outside of work", and highlighting how his relationship with her had become more 'friend-like', although he noted that he still felt less close to her than his 'core group' of friends. Similarly, Tom included two work mates on his map because they spend a lot of time together, but was clear that he doesn't care what they think of him:

> *"...my work mates. We're on a crew together, the three of us. So we, you know, see each other almost every day. Very good fun, we have a lot of banter, we all get on almost too well like... But again they're important to me but I'm not, you know, I don't really care what they think of me." (Tom, 26)*

Although these men described work colleagues included on the map as 'friends', I would argue that implicit within their accounts was the idea that these colleagues were 'friend-like', but not-quite friends. This is not to say that colleagues could not become friends, indeed this had happened in the case of Quentin, for whom working relationships had turned into close friendships. Nevertheless, he conceptualised such people as friends, rather than describing them as colleagues.

Five of the men discussed colleagues with whom they volunteered within LGB organisations, noting that these men were people who offered support and guidance. Quentin explained that if he felt down or upset, he could share this with colleagues at a local gay men's organisation, highlighting the friend-like nature of their relationship. Similarly, Taylan discussed the supportive, friend-like relationship he had with one particular volunteer within another gay men's organisation:

> *"I know I keep referring to my [name of gay men's organisation] colleagues but there's one member of staff who I've got more of a friendship with and who I talk to more than others..." (Taylan, 25)*

Taylan's reference to having "more of a friendship" helps illustrates the idea of a boundary between conceptualisations of colleagues and 'real friends'.

Inclusion of groups was uncommon, with only three men choosing to include groups on their maps[9]. All three of these men included groups that in some way related to 'gay communities', as they included groups of friends and colleagues from LGBT or gay men's organisations. The following extract gives some insight into the supportive nature of this LGBT group for Noel:

> *"The [group name] gave me more confidence and self-esteem of my own sexuality and understanding and it's actually gave me a great bunch of friends what are like a family... like it's like one big jigsaw, the parts might not look like it fit but in some sort of strange way they fit, the parts do end up fitting and we all end up connecting and we all be there for ea-, one another..." (Noel, 23)*

Noel notes here that the friends he has made within the LGBT group he attends, have become like a family for him, because they are 'there for' one another.

Only three men, Ed, Noel and Damon, included individuals who could be defined as 'professionals'. These men were distinct in that they all described having specific health (specifically mental health) and social support needs, and had been assigned support workers from a variety of organisations. The professionals they chose to include on their maps were framed as providing specific forms of practical and informational support. For example, Noel described his reason for choosing to include a housing support worker on his map:

> *"[Name 5] is actually my support worker from [name of housing association], from my house. And it's just to make sure I'm keeping on top of it and to understand letters and just make sure how I'm coping with the house..." (Noel, 23)*

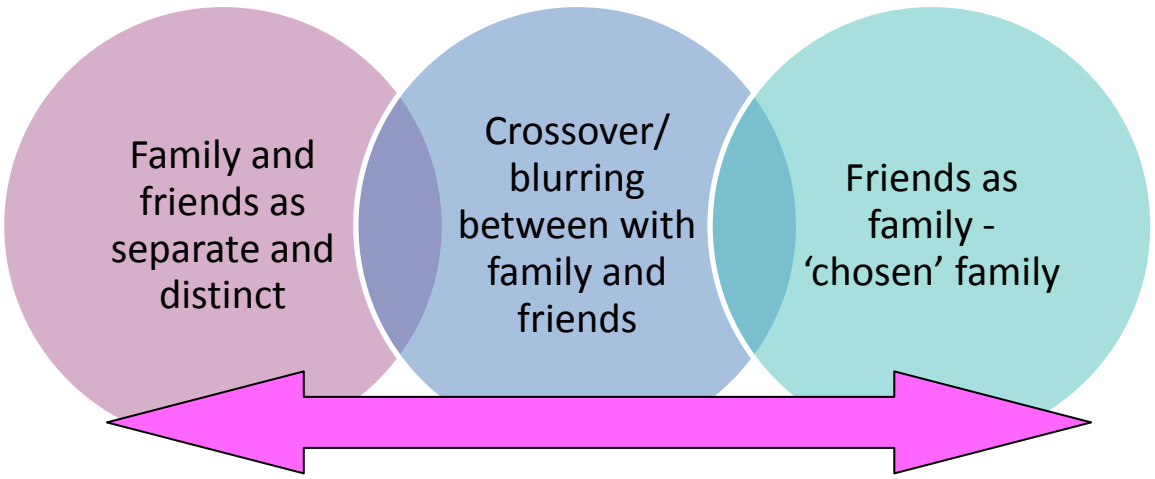
Thus, there was a functional reason for inclusion of these 'professionals', and they were not framed as being friends.

[9] As noted in the methods chapter, I asked participants to think about "people who are important to you now". Although the letter sent to participants in advance of the interview indicated that they should list individuals, I did not state that groups could not be included.

4.5 'Fuzzy Distinctions' - Family and Friends

For some, family (and specific family members) were framed as wholly separate from friends, such that there was no overlap in the relationships they shared with family members and those they designated as friends. In other men's accounts discussion of friends and family was somewhat more blurred and 'fuzzy'. Indeed, participants' framing of kinship and friendship can be understood as being situated somewhere along a spectrum: at one end a strict distinction was made between friends and family, at the other, friends were framed as a 'chosen' family. Across the middle of the spectrum there was considerable blurring with some friends being described as family-like (or 'kin-like') and some family members being framed as friend-like. Given that many of the meanings and definitions of friendship that the men discussed overlap with notions of family and kinship (being there for you and the provision or support, spending time together etc.) it is perhaps unsurprising that such distinctions are blurred. Although specific patterns were observed in terms of family and friends dominated PCs (as outlined at the beginning of the chapter), it is worth noting that it was not uncommon for men to present a range of perspectives around friendship and kinship during a single interview.

Figure 4-6 Spectrum of Perspectives: Friends and Family



4.5.1 Family and Friends as Separate and Distinct

Around a third of men (n=10) framed family and friends in ways which emphasised them as separate and distinct. These men often drew the idea that family *should* or *ought* to offer support and care, indeed this was often presented as a 'given'. An example of this can be seen in the following extract from Eachan's account:

> *"I'd say with family it's kind of like you expect unconditional love and all that sort of stuff. And it's kind of... They're meant to be there as rocks for you and like there's a love there that just it's hard to break. Whereas with friends, that's, it's kind of like a puzzle you've got to build it yourself, you've got to, you've got to determine what pieces go into where but you've both got to do it. And it's kind of, I think with friends you get out what you give. So if you're not going to give then you're not going to get anything in return. So it's kind of, I love the saying "you can pick your friends but you can't pick your family" 'cause it's so true." (Eachan, 27)*

Here, Eachan notes his expectation that family *should* provide unconditional love, highlighting that families are "meant" to do this. He contrasts this with friendship, highlighting that friends are *chosen,* and emphasising his understanding that friendship requires effort and reciprocity. This was echoed by Finlay who said, "Family's a given, do you know what I mean?".

Some of the men (n=6) who talked about distinctions in this way also noted that they did not want to have friendships with family members (some or all), even where family members appeared to want to be friends:

> *"There's a big boundary there that I, yeah, I'm, I don't want to breach that, they're my parents. Like I love them and I will always love them but they're not my friends and I don't know if it's maybe the upbringing I've had sort of thing, like mum was always like "oh I'm not just your mum, I'm your friend". No you bloody well are not. You are my mother." (Tom, 26)*

Here Tom is clear that despite loving his parents, he does not want to be friends. This was echoed by other men who stressed that they would not necessarily choose to be friends with family members if they were not related to them.

4.5.2 Crossover/ Blurring Between Family and Friends

Around a third of the men (n=10) talked about what they saw as areas of overlap between relationships with family and friends. These men emphasised the friend-like quality of their relationships with certain family members, often using this as a shorthand for changing family dynamics. This is highlighted by Caleb's account of his changing relationship with his family:

> *"I think in recent years I've been seeing my family more as friends and more sort of as people to confide in, people to trust, people to talk to; sort of things like that, in a more serious manner." (Caleb, 26)*

I would argue that Caleb is here emphasising the importance of *choosing* to share things with his family, rather than being compelled to do so on the basis of being kin.

Other men noted that friends could be kin-like, emphasising the strength of the bond they had with close friends. Taylan noted how he felt about the friends he had chosen to include as part of his personal community:

> *"I would say like my best friends, I would definitely say that some of them are like family, you know, go above and beyond the duty of a friend at times, so they're like family in a way..." (Taylan, 25)*

Indeed, referring to friends as family often appeared to be used as a means of demonstrating the level of commitment they felt towards a close friend.

4.5.3 Friends as 'Kin-like': 'Chosen' Family

Lastly, some men (n=7) spoke about their friends, not only as family-like, but went further, describing them as being family. Nicky explained that for him "friends are the family you choose". In many cases, choosing friends as family members was predicated on the exchange of support which might typically be expected from someone's family of origin. This is exemplified in the following quote from Theo:

> *"...we call each other the 'framily' like because basically we are like... we do... when we're in ['home' city] we do a lot of things together. We've kind of had that support between us that you'd get from your families anyway and I think it's because some of the people that are in that group don't have such a friendly relationship with their family and don't really speak to them about stuff, that they've kind of found that in the group. And but I'm from a family where it is like really like close and that I've been kind of like, yeah, I really want other people to have that and so I've kind of got into it as well. So, but yeah, I definitely see them as like my family as well." (Theo, 23)*

For men such as Gary and Dexter who noted that they had a poor relationship with their family of origin, having friends that provided support, encouragement and practical assistance was highly important to them.

4.6 Personal Communities in Relation to Wider 'Gay Communities'

Thus far I have focused on the composition of the men's PCs, the reasons they gave for including specific people and groups on their PC map, and some of the ways they conceptualised friendship and kinship. How though, if at all, did men conceptualise their personal community in relation to wider 'gay communities'?

I have elsewhere (see methods, Chapter Three) highlighted my rationale for not describing the research (to participants) as focusing on 'community', nor using this concept as the primary basis of discussion with the men I interviewed. Nevertheless, during the course of the interview I did attempt to explore if, and how, men understood links between their personal community and wider 'gay communities'. Some men spontaneously raised the topic of 'community', particularly where talking about the commercial gay scenes, in other interviews I broached the subject by asking participants how they understood the term 'gay communities'. Figure 4-7, found below, outlines the men's conceptualisations of community and provides key quotes by way of illustration. In the section that follows I explore some of the ways in which men talked about 'gay communities', and note where men described these as informing or shaping their personal communities.

Figure 4-7 Men's Conceptualisations of 'Gay Communities'

4.6.1 Visible Communities: 'Gay Community/ies' as 'The Scene' and as 'Organisations and Groups'

The most common way in which men referred to 'gay communities' were in relation to visible dimensions, such as the commercial gay scene and community-based organisations. Almost all of the men (n=27) explicitly referenced the bars, clubs and other 'gay spaces' that make up the commercial gay scene. Many of the men described regularly spending time on the gay scene (n=15), while others had done so in the past. For some (n=7) the scene was described as a safe and supportive space, in that there was less risk of homophobia and homophobic violence, particularly when showing signs of sexual attraction and affection. Others stressed the sense of mutual support and solidarity that could be gained on the scene. Men often described how they had gravitated to the scene when they were coming out, as a means of meeting other like-minded people. However, not all men reported consistent use of, or attachment to, the commercial scene as they got older. Furthermore, some men (n= 12) highlighted their experience of negative aspects of the scene; it was variously framed as being 'bitchy' and superficial (based on 'looks', age, and ability to fit in), driven by gossip, 'fragmented', highly promiscuous, and driven by alcohol, and to some extent illegal drugs. Men who held negative views of the 'scene community' tended to distance themselves from it, and reported not feeling part of this dimension of 'gay community'. It is important to note that this was the case even among the men who reported going out on the scene regularly. Indeed regular 'scene use' (used as one dimension of the sampling frame) did not neatly map on to holding a positive view of the scene, nor describing a 'sense of belonging' to 'gay community'.

Many men (n=19) also cited community-based organisations (working with gay men specifically, and LGB people more broadly) as another visible dimension of 'gay community'. The majority of these men had current or past connections to such organisations and groups. Indeed it was common for men (around a third of the sample) to describe areas of overlap between these visible dimensions of communities, stressing the scene-based health promotion work conducted by some community-based organisations. Nevertheless, a number of men (n=7) positioned the 'scene community' and the 'LGB organisations community' in opposition to one another, arguing that the scene is primarily about drinking and

having sex, while LGB/gay men's organisations are more about politics, gay rights, and the promotion of general and sexual health.

In general, men tended to express more positive views of community-based organisations because they were seen to be working on behalf of gay men (and wider LGB groups) to provide information, promote equality and gay rights (including resistance of stigmatising notions of gay life), and improve the general and sexual wellbeing of the 'community'. This was particularly the case among those who had ongoing active connections to LGB groups and organisations (n=15). Although some men explicitly reported attending groups run by community-based organisations in order to meet like-minded people, again, being involved in such organisations did not neatly map on to men describing a 'sense of belonging' to 'gay communities'. More often this type of community 'attachment' was framed as just one dimension of their social lives, rather than being central to their identity, or indeed an organising principle and basis for their personal community.

4.6.2 'Gay Community/ies' as 'Online Spaces and Groups'

Around half of the men in the sample talked about online groups and 'communities' as being important spaces in which to connect with other men both socially and sexually. In particular, men who grew up in rural areas, distant from the main commercial scenes of Glasgow and Edinburgh, often reported gravitating to online spaces when initially exploring their sexuality and seeking connections and friendship with other gay men. Indeed for these men, in the absence of easy access to offline dimensions of 'gay community' (such as bars and clubs part of the commercial gay scene), online forums and networks were an important form of community.

Although men pointed out that many gay specific social media and apps (e.g. 'sociosexual media'[10] including Gaydar, Fit Lads, LadsLads, Grindr etc.) are primarily geared towards seeking sex and sexual partners, many (n=12) noted that this is not the only way in which these online spaces can be used. These men stressed how they used and appropriated such forms of social media to develop and maintain friendships with other gay, (and less often) bisexual men.

[10] See Glossary for definition.

4.6.3 'Community imaginaries' : 'Gay Community/ies' as 'Imagined', as 'Culture', and as 'Shared identity and Interests'

Men also conceptualised 'gay communities' in ways which evoked ideas around 'imagined community' as found in the work of Cohen (1985). By this I mean that they described having a sense of connection (albeit at times tenuous) to a collective group of gay men, not necessarily known to them. Around a third of the men (n=9) made reference to having a shared history in terms of gay rights, community development, and a connection to the HIV/AIDS epidemic. At times some of these men were critical of 'other men', particularly young 'superficial' gay men, who were framed as not understanding the importance, or significance, of a 'community' history. Others (n=10) described the significance of representations of gay men and gay life (including references to HIV) within 'mainstream' television, music and film. I would argue that for some, this was described in ways which suggested prior to 'coming out' (and indeed after) this was their first connection to 'gay community': recognising such representations as 'someone like me'. For some men community was imagined through shared 'culture' and understanding of what it is to be gay, and men described the importance of specific cultural resources including gay print media, literature, theatre, and film. Thus, for these men community went beyond visible, spatial or indeed online communities, to exist as an imagined community of other gay men. Such understandings of community were not confined to men with a specific PC composition. However, it is worth noting that many of the men with very 'mixed' or female dominated friendship groups, despite not considering that their PC was shaped or informed by wider 'gay communities', did 'imagine' community in this way.

Around a third of the men (n=10) talked about shared interests on the basis of sexual identity as another way of understanding community. For some men (n=6), notably those with gay dominated friendship groups, this appeared to be an important factor in the development of their friendships with 'like-minded people'. Some (n=9) made reference to the existence of multiple sub-groups, or smaller communities, under the 'umbrella' of 'gay community'. These men made links between these sub-groups and socio-sexual cultures (for example

Bears and Twinks[11]) and specific ways of identifying as gay. Despite acknowledging their existence, none of the men self-identified with specific socio-sexual cultures or groups during the interviews. Indeed, several men made explicit reference to resisting the pressure to conform to particular ways of 'being gay'. One way in which this was manifest by some men (n=9) was the rejection of what they described as some gay stereotypes; camp, flamboyant, promiscuous, fashionable, 'straight dressers', relationships with 'fag-hags'[12], and having a 'victim' mentality. Thus, a complex picture emerged around perceived positive dimensions of shared interest and identity (as support and solidarity), and negative, or devalued, dimensions such as 'gay stereotypes'.

4.7 Summary

In this chapter I have outlined the overall composition of the men's personal communities, the reasons they gave for including specific people and groups on their PC map, and some of the ways that they conceptualised friendship and kinship.

Exploring the composition of the men's PC maps, I have indentified where they were friend- or family- dominated, noting that the majority of men had friend dominated PCs. I have also outlined the composition of the men's friendship groups within their PC. Different patterns emerged, with the majority of men including high numbers of heterosexual friends, while a minority included primarily other gay male friends. Friendship groups were also patterned by gender; around half of the men had higher numbers of female friends. A minority of men included primarily straight male friends.

Men described a number of ways of conceptualising friendship; 'being there for you' and the importance of support; 'spending time with', having regular contact; 'having things in common' and the idea of shared interests; and 'being yourself', being who you are with friends. Different forms of support emerged as a dominant and cross-cutting theme, indeed, this was also an important way in

[11] See Glossary for definition.

[12] "Fag-hag" is a reference to a heterosexual woman who befriends gay men, or indeed wishes to have a sexual relationship with a gay man. Nardi (1999) and Muraco (2012) both acknowledge that this is not necessarily a negative term, but can be used pejoratively. Only two of the men in the sample used or made reference to this term.

which men talked about their relationships with, and to, their families. Ideas around friendship and kinship were outlined, and areas of blurring or crossover between the form and function of friend-like and family-like relationships explored.

Lastly, men's conceptualisations of 'gay communities' were outlined, with three broad themes relating to 'gay community' identified: 'visible communities', 'online community'; and 'community imaginaries'. These conceptualisations were referenced in relation to areas of convergence and divergence with the men's own personal communities.

5 Chapter Five – Safe(r) Sex

5.1 Introduction

In this chapter I present findings around men's understandings of 'safer sex'[13], with the aim of addressing my second and third research questions: how do men understand the concept of 'safer sex'? ; and, do people within men's personal communities (PC) play a role in shaping how men think about safer sex, and if so, how do they do so? I first outline the meanings and definitions that men attributed to the term safer sex, before exploring how men articulated their understanding of different sexual practices as more or less 'safe'. I emphasise the importance not only of the risks men associated with specific sexual practices they engaged in, but also the importance of with *whom* and in *what context* they were practiced. I then begin to unpack the ways in which men described members of their personal communities as informing their understanding and approach to safer sex. I explore how the men thought those within their PCs served both as sources of information and support around sexual health. Following this I outline sources of sexual health information the men reported drawing on, including school-based education, mass-media, online resources and 'professionals'. I then introduce what I describe as 'community resources' - resources accessed through community organisations (including online resources), the commercial gay scene, and gay print media - which men discussed drawing on to inform their approach to safer sex.

5.2 Meanings and Definitions of 'Safer Sex'

In the following section of the chapter I introduce how the men understood and defined the term 'safer sex', and the meanings they attributed to this concept.

5.2.1 Knowledge of Risk (HIV and STIs)

Underpinning men's discussions around the meaning of safe sex was a tacit awareness of sexual risk such as STIs and HIV. Although some men spoke in general terms about sexual risk, others described two distinct, but related

[13] Throughout the chapter I use the term safer sex, except where men themselves made reference to 'safe sex'.

issues; knowledge and awareness of "what you can get" and the need to protect against sexual infection by "taking precautions".

A small number of men argued that there was "no such thing as safe sex", and noted that only sexual abstinence could eliminate the risk of HIV or other STIs. These men noted that there were ways to make sex safer, but their accounts highlighted their awareness that all sexual encounters carry some level of risk. It is interesting to note that Max, the only participant who disclosed being HIV positive, described safe sex in this way, something which he attributed to his own experiences. He explained:

> *"It seems to be very contested in terms, there seems to be a lot in it that, you know, some people say you can't have safe sex, only safer sex because not everything's safe and then there's all sort of, yeah, I mean you hear mixed messages about oral sex and about what's safe and what's not safe or what's what and, you know, and then when you start bringing into the mix like alcohol and poppers and... Just all, there's an awful lot in there I think that, you know, I think back then [prior to diagnosis with HIV] my knowledge of it was so little, limited, you know, to, based on what all the sort of range of things were going on and happening that it was quite sort of, yeah it was very limited." (Max, 25)*

Max highlighted the contingent nature of safer sex, and his understanding that the term can have multiple, and contested meanings. Max also highlighted differing perceptions of risk, something which was echoed across many of the men's accounts. In many ways, Max was an exceptional case in relation to his understanding of safe sex. Through his account of his experience of being diagnosed with HIV, I learned that he had reflected a great deal on what sexual practices could have been the route of transmission. Having been in a relationship (at the time of his diagnosis) where he assumed 'rules' around sex with other men (specifically the need to use condoms) had been agreed, he was less sure whether 'condoms' and 'partner' did constitute safe sex, and continued to reflect on which sexual practices he thought were more or less safe.

The idea of risk was often implicit in the men's accounts of the meaning they ascribed to safe sex, and six of the men explicitly made reference to *knowledge* of sexual risk, as forming part of their understanding of safe sex. For example, Ed talked about the importance of 'knowledge' as one dimension of safer sex:

> *"Safe sex to me means trust, contraception, condoms, good communication and making sure you know knowledge about sex. That's safe sex to me." (Ed, 20)*

Ed went on to describe learning about sexual health through a number of workshops run by 'professionals' with specific expertise in sexual health who came to the Lesbian, Gay, Bisexual and Transgender (LGBT) group he attended. Taken together, Ed's reference to "making sure you know knowledge about sex", speaks to ideas about having the right form of knowledge from a 'legitimate' source; what could be defined as 'expert knowledge'.

The men's accounts of knowing about sexual risk also provided some insight into how sexual risk was conceptualised. Indeed, the most common way in which men framed sexual risk was in terms of the need to prevent infection and disease, and was therefore biomedical in nature. This is illustrated by an extract from Caleb's account:

> *"Sexual health checkups, condoms, lube, and yeah. And if I'm in a relationship asking for you know, for them to go for a sexual health check-up as well. It's primarily disease focused I guess, if I'm talking about safe sex."*

He went on to say:

> *"I think in terms, just generally, it [safer sex] means protecting yourself. Very specifically, it means protecting yourself against illnesses." (Caleb, 26)*

Caleb noted that he understood safer sex as encompassing a variety of strategies – condoms and lube, regular sexual health check-ups, and communication with his partner – all of which ultimately rest on the notion of protecting against infection and disease.

Nick's discussion of safer sex highlights another aspect relating to knowledge; the ability to evaluate and apply what you know. Nick talked about safe sex encompassing the need to be aware of, and assess, potential risks:

> *"...it's about, not engaging in risky behaviours and, and being of sound enough judgement to determine what risks there are, and so on." (Nick, 29)*

Nick went on to talk about how 'knowing' and understanding the relative risks of different sexual practices was an essential dimension of safer sex. Nevertheless, his reference to being of "sound enough judgement" implies that knowledge is not sufficient in and of itself, and that one must be able to evaluate and assess risk.

Knowledge of risk was at times explicitly linked to protecting oneself against disease. Around half of the men discussed safer sex in terms of "taking precautions" or "protecting yourself". Nicky and Harry both talked specifically about their understanding of safe sex as relating to minimising the risk of being infected with HIV or other STIs. This is illustrated by the following extract from Nicky's accounts:

> *"...just taking the precautions that you need to take when you're having like sex, to make sure that you're not putting yourself at risk of contracting HIV, or an STD, or... things like that." (Nicky, 22)*

This view of safe sex was echoed by Harry (23), who also described safe sex in terms of taking precautions with the aim of ensuring "the risk of picking up a sexual transmitted infection is as low as possible". Similarly, Caleb, Noel and Eachan all discussed safe sex in terms of "protecting yourself", linking this both to risk (what they were protecting themselves from) and the form of protection used (typically condoms). Indeed, throughout the interviews the terms 'precautions' or 'protection' appeared to be used by many of the men as shorthand for the use of condoms. The idea of condoms as safer sex is outlined in the following section.

5.2.2 Condoms as Safer Sex

Given the primacy of condoms as a means of preventing HIV it is perhaps not surprising that the most common way in which men defined safer sex was the use of condoms. Condom use was incorporated into all but two of the men's definitions of safer sex, and all of the men talked about condom use in their accounts of sex more broadly. Some suggested that condom use was the primary meaning, or only definition, of safer sex. For example, when I asked about how they understood the term, some men presented a simple definition; the use of condoms. This is illustrated by the following short extract:

> *"Always wear a condom and, if I was, just always wear, always use a condom." (Damon, 21)*

Four of the men also presented safer sex as relating to condom use, but framed this within the wider context of 'contraception'. This can be seen the following short extracts from the accounts of Quinn and Dale:

> *"Safe sex is sex that you use protection, like you use a contraceptive such as a condom" (Quinn, 19)*

> *"Condom, pill, stuff like that. Chastity belt. That's really about it - condom, pill, dental dams... That's really about – jag, implant – stuff like that." (Dale, 24)*

These references to forms of contraception hint at the idea that these men consider safer sex as an issue for men and women, not simply for gay men. More broadly, the use of the term 'contraception' evokes the idea of preventing pregnancy rather than preventing disease. It is worth noting that all four of the men who linked condoms to contraception were in the 18-24 (younger group) age group. The men's use of the term contraception when referring to condom use, may be a product of the way in which they had been taught about safe(r) sex as part of school-based sex education.

Condom use was often described *in relation to* other concepts of safer sex, for example around half of the men referred to condoms alongside other dimensions of safer sex (e.g. use of lube, testing, partner choice and trust etc.). This suggests that although condom use was seen as central to the men's definitions of safer sex, it was understood as part of a range of strategies. Men's experiences of condom use and how they were complicated by different factors will be discussed in the next chapter.

5.2.3 Regular Testing as Safer Sex

Around a quarter of the men introduced the issue of testing and sexual health checks as part of their understanding of safer sex. The majority of these men referred broadly to 'testing' or 'getting tested' without specifying whether they meant testing for STIs generally, or HIV specifically. The other two men referred to going for sexual health check-ups. All of the men who described testing as part of safer sex also referenced the importance of condom use. For example, Caleb noted:

> *"Using condoms, being honest with each other, get regularly tested. That's the only thing you can do. There's no such thing as totally safe sex." (Quentin, 29)*

That testing and condoms were consistently referenced together suggests these men see them as complementary practices that help ensure that sex is 'safer'. Quentin also notes the importance of "being honest with each other", emphasising communication with a sexual partner. Colin and Caleb (one currently in a relationship, the other not), also noted that both partners in a relationship should be tested.

Noel drew attention to the need for support around testing; talking about testing, and being accompanied by someone when going for testing:

> *"Safe sex is making sure you've got condoms, you have them, they're in date, you have the proper lubrication for it and make sure you have the, all different sizes and non-latex and make sure you get yourself tested and you've got the support there to talk to somebody if you feel uncomfortable or have somebody to go with you." (Noel, 23)*

Elsewhere in his account Noel talked about his experience of testing for HIV after being informed that an (ex) partner was HIV positive. This had provoked a great deal of anxiety for him, and it would appear that his reference to needing support when going for testing in part stemmed from his own experience.

The importance of support around testing was discussed more broadly within men's accounts of their approach to testing, and personal HIV testing practices[14].

Of the men who described testing as part of their understanding of safer sex the majority brought up the need for *regular* testing or screening. As Eddie explained:

> *"...safe sex generally speaking is using condoms and making sure it's used properly and stuff and getting checked up regularly, very regularly and that's generally about it I feel." (Eddie, 21)*

Eddie went on to describe his awareness of the need to get tested every "three months as what you should if you're sexually active", citing his local GUM clinic and a friend who is a sexual health promotion worker as the source of this information. While other men were not as explicit about testing guidelines as Eddie, for these men at least, there was recognition of the need for repeated and regular sexual health screening, not testing as a one-off event. Three of the men elsewhere talked about the regularity of their own testing practices, but it is worth noting that the other four described testing irregularly or primarily in response to a 'risk event'. This is perhaps indicative of a gap between 'knowing' and 'doing'; the men knew regular testing was advised but this did not always translate into practice.

5.2.4 Personal (Physical) Safety as Safer Sex

Four of the men interviewed stressed the issue of physical safety as a dimension of safer sex. Terry talked about the issue of personal safety when 'going home with someone'. He emphasised the role of alcohol in making potentially 'risky' decisions:

[14] An analysis of data relating to men's accounts of sexual health screening and HIV testing was conducted, however this is beyond the direct scope of the thesis, and will be written up for publication separately.

> *"Well, I also think, you know, there is a whole protection thing and I think more so it's also like, you know, your own personal safety. Because like I said before, when I was younger, you know, you'd have a few drinks in you and, you know, you would lose your inhibitions and your confidence would be a bit... your confidence would be boosted, and I think also the fact that you're going to somebody else's house, you don't know anything about that person. So, you don't know about your own personal safety, he could be a bloody murderer for all you know, they could be a complete rapist. I think it's more than just about popping a condom on, I think it's more about your own physical safety as well rather than just popping a condom on." (Terry, 27)*

Terry appears to talk from his own experience when younger, and describes the way that alcohol 'boosts confidence', and 'lowers inhibitions'. This implies that alcohol played a role in decision-making around whether or not to go home with someone.

Colin noted that for him, safe sex is not only about *who* one has sex with, and *what* one does (sexual practice) but also the situation or context in which sex takes place:

> *"I guess it's depending on the situation you're in. Like, if you're going out and having sex with a random, then that's not particularly safe. Like, when you're – even, like, I don't just mean, like, sexual-wise, I mean, like, the whole situation isn't safe, because, you know, you could be going home, you don't know what's going to happen. And I think that kind of comes under the whole 'safe sex' thing, because, you know, you could be going home with someone from a night out, and you don't know what's going to happen. So before you even consider the sexual side of it, that's not safe sex." (Colin, 24)*

Colin here framed the encounter, and the person, as 'unknown', emphasising the potential physical and sexual risks of going home with a 'random' person

For Ethan, the issue of physical safety was particularly important because although he consistently practiced safe sex, in the sense of always using condoms with partners (particularly casual partners), he believed he put himself in physical danger by not telling anyone when (and where) he was going to 'hook up' with someone, particularly those met online. Referring to this he explained:

> *"...safe sex has actually been about being safe as well, like for example, I've had a couple of online encounters and not let anybody know.*
>
> ***So, met people online** (yes), **gone to meet them and** (not told anyone) **not told anyone that you were meeting them**.*
>
> *Yep. So, that's the kind of, the side of safe sex that I feel that I'm not being safe, whereas I'm still actively and in line with my training with [name of gay men's organisation]. Like for example, there was a guy who wanted me to obviously have no condoms on and I was just like, "no, no way"." (Ethan, 24)*

Reflecting on his experiences, Ethan went on to explain:

> *"I basically was all about safe sex condoms-wise, which I did keep to, wasn't so safe with meeting up with random guys and that side of things." (Ethan, 24)*

Given his commitment to using condoms for anal sex, Ethan's concern here appears to be less about the risk of infection, and more about the physical risk of having sex with an unknown person, in an unfamiliar location. Indeed, for Ethan, having sex with a condom did not render the encounter "safe". Elsewhere in his account Ethan explained that he sought to ascertain in advance whether a potential partner used condoms for anal sex (using men's online profiles). In this way, Ethan's reference to a "guy who wanted me to obviously have no condoms on" discovered *after* they met, hints at the idea that unfamiliarity may also be problematic in communicating around, and managing, condom use in such situations.

It is important to note that although these men are all aware of potential non-sexual risks associated with 'going home with a random' or 'hooking-up' with other men, they acknowledge that this is what people (including themselves) do. As such, it is important to recognise that such contextual risks may be tolerable (or perhaps even desirable) for some men in certain circumstances. Indeed, I would argue that for Ethan, there was a tension between wanting to hook-up with other ('unknown') men he met online, and his perception that this was potentially risky. Furthermore, these men's framing of 'safer sex' in relation to physical safety represent a contrast to the primarily biomedical conceptions of risk, which appear to underpin the men's discussion of the need to 'protect oneself', use condoms, and go for testing/screening.

An area of commonality across these descriptions of safe sex as relating to physical safety is the idea of 'knowing' someone prior to having sex with them. This can be linked to another dimension men attributed to safe sex: sexual partners. This is explored in the following section.

5.2.5 Partner Relationships as Safer Sex

When discussing how they understood the term safer sex, around two thirds of the men noted relational dimensions of safer sex; partner choice, trust, and good communication. Caleb explained that for him, although in its most basic sense safe sex related to condom use, it also related to partner choice:

> *"I think in a more broader sense it probably has something to do with choosing partners and choosing the right partners and... but I'm sure that works out more sort of subconsciously in my mind than something I actively think about." (Caleb, 26)*

Caleb's reference to 'choosing the right' partner appeared to be based on the notion of trust, as elsewhere in his account he talked about the importance of trust in communicating around safer sex and condom use.

David explained that in the past he had felt under pressure to have sex (particularly casual sex), and emphasised the negative emotional repercussions of this for him. While this represents a contrast to Caleb's conception of the 'right partner' it nevertheless emphasises the importance of partner choice:

> *"I know that sometimes, like, from past experiences, having sex with people just because you feel you have to can really upset you in the long run, and then it, you know, you've got to think about that, that it's not, yes it's a physical thing, and there's a lot of people who are just like, "yeah, I can have sex and not think about it," this that and the next thing, but then they're actively not thinking about it, so there's probably something there [about safer sex]." (David, 27)*

In contrast to these negative experiences, David went on to describe how emotionally safe and comfortable he felt having sex with his current partner (of 11 months). The idea of being comfortable with a partner was something also discussed by both Ed and Quinn. Both men stressed that for them, being comfortable and feeling emotionally safe with a partner was an important part of safer sex. Quinn explained:

> *"I would say that if I was… safe sex on my terms would be if I was… I'd have to be comfortable with that person... mainly my main thing would be for safe sex, I'd have to be comfortable around them, have a trust in them." (Quinn, 19)*

Following a similar logic, Damon described the importance of getting to know someone before having sex with them:

> *"...always use a condom. And get to know the person first. That would be my, that would be my interpretation of it [safe sex]." (Damon, 21)*

While not all of the men made explicit links between 'being comfortable' and 'getting to know someone', my interpretation is that men were referring to developing trust with a partner by 'getting to know' them, a process which would imply the need for communication between partners. Indeed, Ed, Dexter and Quentin noted that communication between sexual partners would ideally play a role in safe sex. Nevertheless, the issue of trust and building trust has elsewhere within the literature been suggested to complicate gay men's use of condoms, as condomless sex can be used as a means of building trust, or developing intimacy within couples (Eisenberg et al., 2011). Indeed, it is important to note that implicit within the illustrative examples discussed above, there is a sense in which 'casual sex' or at least sex with someone 'unknown', is framed negatively, whereas sex with someone 'known', particularly a longer-term part is seen as 'good'. This issue is explored further in the chapter that follows, with particular reference to the way in which men understood condom use in the context of relationships.

Related to the idea of choice of partner was the issue of number of sexual partners. Three of the men talked about reducing the number of partners as a way of practicing safer sex. As highlighted earlier, Quentin explained that he saw all sexual encounters as carrying some level of risk, nevertheless, he acknowledged that risk could be minimised in a number of ways, one of which was limiting the number of sexual partners:

> *"Basically use condoms, plenty of lube, regular tested, try not to sleep around, which is easier said than done" (Quentin, 29)*

Similarly, Eamon explained that for him, having a limited number of sexual partners was an important dimension of safer sex. When I asked what safer sex meant for him he responded:

> *"For me? Just practically like not too many sexual partners, wear a condom" (Eamon, 24)*

Eachan was the only participant to explicitly cite monogamy as a form of safer sex. He explained that although currently single, he wanted any future relationship to be monogamous, emphasising that he did not want to have sex with other men outwith a primary partner. He explained the reason for this:

> *"I think the ultimate safe sex is that it's you're monogamous and there's no like – it's protection for everything." (Eachan, 27)*

Eachan rejected the idea of having an open relationship, or having concurrent partners. Although Ethan was the only person to specifically frame monogamy as a safe sex, around a third of the men discussed monogamy and trust as playing a key role in negotiating safer sex with partners (see 6.4.2).

In this section I have outlined the meanings and definitions the men ascribed to the term safer sex. I have argued that although condom use was framed as a (or the) primary method of protecting against sexual infection and disease, more broadly men understood safer sex as a collection of interrelated dimensions and practices. How though, did men discuss safer sex within the context of their sexual practice? Were some sexual practices seen as 'safer' than others? The section that follows introduces the varieties of ways the men discussed this.

5.3 Exploring Sexual Practice: 'Risky Practices', 'Risky People', and 'Risky Settings'

In general, participants appeared to use anal sex as a comparator or 'yardstick', against which other sexual practices were measured in relation to risk of HIV and other STIs. Some of the men talked about their sexual practice and risk of STIs/HIV in general terms, while others were more specific about the sexual practices that they perceived as being more, or less, safe. Harry explained that for him, there were ways to manage risk so that any sexual practice could be considered 'safe':

> *"I'd happily do all of the things, as long as I was using protection... I know the risk of each thing there and there's nothing I probably wouldn't feel, you know, wouldn't, I wou-, that, from a sexual health standpoint of using the, of doing something correctly and knowing how to do so correctly then I wouldn't be particularly, you know, worried about it."*

He went on to say:

> *"I think there's always a way of doing everything there and doing so safely." (Harry, 23)*

Harry's perspective was echoed across other men's accounts; how men described practicing specific sexual behaviours was integral to how they framed their understanding of safer sex.

The importance of *whom* one had sex with was discussed implicitly and explicitly across the men's accounts. As I highlighted in the previous chapter, casual or 'unknown' partners were commonly framed as being more 'risky' than regular, or long-term partners, or those known to them as friends ('fuck buddies'). As Tony noted:

> *"...it ['safety'] depends on the person themselves, not on what you know, who you know." (Tony, 21)*

The context or setting in which sexual encounters took place also appeared to play a role in whether a practice was considered 'risky' or not. For some men, safer sex was conceptualised in terms of physical safety. For Kalen, sexual encounters in public sex environments (specifically 'cottaging') were framed as being more risky, while Dexter described sex in a sauna as less safe than other contexts. Similarly, Ethan, despite using condoms during sexual encounters with men he met online, described going to an unfamiliar place, and meeting an 'unknown' person as 'unsafe sex'. Indeed, having sex in these settings meant that men were exposed to what they saw as potentially 'risky' (or riskier) partners. This helps demonstrate the intersection between 'risky partners' and 'risky settings' in shaping whether sex is perceived as safe or not.

In the sections that follow I outline a variety of sexual behaviours[15] that the men reported engaging in, exploring how they understood sexual and non-sexual risks

[15] Definitions of each are provided in the Glossary.

as part of their sexual practice. Although some behaviours were framed as 'risky' in themselves, more often how they were understood related to the way in which they were practiced. I therefore emphasise similarities and differences in how different sexual practices were framed in relation to 'risky partners', and in 'risky contexts'.

5.3.1 Kissing

Almost all participants (n=25) talked about kissing, framing it as ubiquitous, part of everyday sexual and social interactions, not simply in the context of sexual relationships. In terms of sexual risk, kissing was presented as posing almost no risk for HIV. Indeed a small number of men laughed and joked about risks from kissing; Terry suggested that it would only be if a person had "fangs" that kissing would not be safe, and Quentin joked that it is not possible to put a condom over your tongue.

Serving to emphasise the role of settings, a small number of men voiced the anxiety that they had experienced around physical safety when kissing in certain spaces or places. For example, Kane noted that although he felt relatively safe to kiss or hold hands with his partner in large cities, such as Glasgow or Edinburgh, he at times felt anxious about kissing in the small town in which his partner lives, due to the possibility of homophobic comments.

Kyle and David talked about the bars and clubs on the commercial gay scene as spaces in which they had felt safe to show signs of affection, such as kissing, when they first came out. David explained:

> *"...you can go into the gay bar, you can meet someone, you know they're gay, you know you're not going to get punched in the face, and whether or not you sleep with them, kiss them, talk to them, whatever, you know that you don't have to worry about that one point that until that thing had been a worry." (David, 27)*

For these men, kissing, something which posed little or no risk of STIs/HIV, could be conceptualised as 'risky' depending on the setting in which it took place. This serves to highlight the importance of the complex interplay between men's understandings of 'risky' practices and settings.

5.3.2 Mutual Masturbation ('Wanking')

In general men who discussed mutual masturbation (or wanking) (n=12) framed it as being one of the 'safest' sexual practices; as being very low risk, the 'lowest', or 'bottom' of risks in terms of STIs/HIV. Although mutual masturbation was framed as a 'low risk', some men highlighted contextual factors that shaped their understanding of the practice. Damon, Max and Dexter all suggested that mutual masturbation was unlikely to be practiced in isolation, and was more likely to be one of a range of sexual practices engaged in during a sexual encounter. Max suggested that although mutual masturbation can be considered "safe" in and of itself, its relative safety is contingent on what sexual practices follow (or arguably precede):

> *"...wanking is... depending on whether or not that stays the way that it is or develops is probably safe." (Max, 25)*

Similarly, Dexter noted that for him mutual masturbation was part of a range of practices that he would engage in during sex, and as such, these had to be taken into account together when assessing whether a sexual encounter was safe or not.

This also related to with *whom* masturbation was practiced. Damon and Kalen both noted that for them, mutual masturbation was one of the safest practices to engage with a casual partner, or someone 'unknown' to them:

> *"I would think mutual masturbation would be probably the safest thing you could do. If that was with a casual person, I would say that is probably the safest thing you could do with someone." (Damon, 21)*

Damon's assertion that mutual masturbation is one of the "safest thing[s] you could do" is especially important when considered in the context of his wider perceptions of risk in relation to sex. Damon elsewhere described being "petrified" of HIV, and was a regular tester, going for screening/testing every three months, despite reporting always using condoms for anal sex. Damon also voiced his anxiety around potential sexual partners, describing a lack of trust in men in general, based on his past experiences of both friendships and sexual partners met on the gay scene. Thus, for Damon, mutual masturbation appeared to be important because he perceived it as a relatively safe practice during

sexual encounters with casual, and I would argue, potentially 'risky', sexual partners.

Similarly, Kalen also described mutual masturbation as being a practice that was relatively safe with 'risky' partners, in what he himself, defined as high risk or 'dirty' contexts, such as cottaging:

> *"I do class 'cottaging' as dirtier than anything. It's... [aside comment]...I mean it is what it is but yeah I just, I find it... and I suppose I use the word "dirty" in the wrong context. But, it's just more chance of picking up things that way. So, I try and change what I do, if I do that to minimise that. So, yeah, usually it's just wanking, and mutual masturbation if, if that because I don't even like to be touched if I'm cottaging." (Kalen, 29)*

Kalen here explains that engaging in mutual masturbation while cottaging is a means of reducing his risk of "picking things up", in other words becoming infected with STIs/HIV. In this context, mutual masturbation, which Kalen in general perceived as carrying a low risk of HIV and other STIs, was used as a means of continuing to engage with other men sexually in what he understood as a high-risk setting.

5.3.3 Fingering and Rimming

Around a third of the men (n=10) discussed fingering and rimming in terms of their own, or others' sexual practice. The majority of men described these practices as posing a relatively low risk for HIV, although some (4/10) noted the potential risk for Hepatitis B. Three of the men voiced concern about anal-oral contact through rimming, although this appeared to be related more to their perception of it being 'unclean' or 'dirty', than in terms of STIs/HIV. Indeed, although Tiernan appeared to be concerned with risk of bacterial infection from anal-oral contact, the other two men framed rimming in the lay sense as 'dirty'.

Here, as with other sexual practices, men highlighted the importance of with *whom* they were practiced in assessing whether they represented a risk to them personally. Eddie, Eamon and Kalen stressed that though they considered fingering to be generally a low risk sexual practice, if multiple partners were involved, or if a person had cuts to their fingers, or damage to their anus, they perceived some risk of STI/HIV transmission.

Similar to Max's discussion of mutual masturbation, Kalen talked about fingering *in relation to* other sexual practices. He noted that anal intercourse after fingering might be more 'risky'. He explained:

> *"... you've got to worry about your nail length, and not slicing the person open. So, I think fingering in and of itself is safer. Whether you have intercourse after that then could change the nature of the game." (Kalen, 29)*

Kalen went on to make a link between the potential for physical and sexual harm, suggesting that damage to the anus or rectum could increase the risk of transmission for STIs/HIV. This was echoed by Dexter, who perceived damage to the anus as a potential site for infection.

Kane differentiated between the potential for physical and sexual harm from fingering. Kane explained that he was concerned primarily with causing (or being the recipient of) physical pain, or harm to his long-term partner's general health. He explained:

> *"...there's certain things within, like, how we practise certain things in sex. Like, I've not cut my... like, [Partner's name] isn't coming through for like a week or so – he's coming through next week – so I've not cut my nails in about a week or something. So, like, before [Partner's name] is getting through, I'm going to, like, cut my nails and make sure they're okay. Just, like, if I'm going to be fingering him or something like that, I don't want to, like... like, catch him inside and he's got, like... like, even if it's a small cut, there's bleeding, you've got, like, shit passing through that – it's not going to be healthy for him." (Kane, 23)*

Kane's focus primarily on physical, and not sexual risk/harm from fingering, may in part relate to the context in which it took place. Kane was here describing sex with a partner of many years, someone he trusted and knew intimately. Thus, it would appear that he is more concerned for the physical well-being of his sexual partner than he is about sexual risk. In contrast, the other men described the practice more generally, not in relation to a long-term partner, thus, sexual risk appeared to play more of a consideration in their assessment of the practice.

Further to Kane's discussion of fingering, Tiernan highlighted the non-sexual risks of rimming. He explained that he no longer practiced rimming, having previously become sick after a sexual encounter with a partner, something which

informed his decision not to continue practicing rimming. Thus, although Tiernan did not understand rimming as a high risk sexual practice, nevertheless, concerns around bacterial infection, and perceptions of non-sexual risk, served to shape and inform his approach to this practice.

Some men did associate rimming with risk of STIs; Max and Eachan both noted that it was possible to become infected with Hepatitis. Eachan explained that changes in his increased knowledge around the risk of Hepatitis, developed through his training at a local gay men's organisations, had shifted his perception of the practice, meaning that he now perceived this as somewhat more 'risky' than he had in the past. A minority of men described rimming as a high-risk sexual practice. Similar to Dexter's perspective described earlier, for Terry this appeared to relate to anal-oral contact. In contrast, for Theo, this related to the person with whom rimming was practiced; he considered it high risk if practiced with someone 'unknown' (a casual partner), but less so if practiced with a regular partner because of perceived knowledge about their sexual history and risk in terms of STIs.

5.3.4 Oral Sex

Oral sex was commonly framed as representing a lower risk of HIV than anal sex. Just over a third of the men interviewed noted that they typically would not use condoms for oral sex, with some explicitly contrasting this with the need to use condoms for anal intercourse. Although men often reported knowing that condoms were recommended for oral sex[16], some appeared to perceive the risk of becoming infected with HIV as minimal. Indeed, many of these men's accounts included discussion of how they had weighed up the potential risks posed by 'unprotected' oral sex, and were willing to forgo using condoms in this context. For example Eamon explained:

[16] Men often referred to knowing that 'they' recommend using condoms for oral sex. This could be indicative of knowledge of public health and sexual health promotion in terms of using condoms for oral sex.

"This like- I know you're supposed to use condoms for it but…

For oral sex?

Yeah but- you can get like Gonorrhoea, Chlamydia, and I think it's quite low HIV risk but-

You're shrugging your shoulder, like…

Yeah it's not very practical.

So for you, you see it as...?

Like the balance of risk like and practicality and actual having fun, like I raise that risk for them." (Eamon, 24)

Here Eamon described the need to balance risk against pleasure when it comes to oral sex, suggesting that the desire for "fun" was more important than the potential risk.

Three of the men stressed that while they perceived the HIV risk from oral sex as minimal, there were some situations in which they would choose to avoid the practice, or use a condom. Such situations included if a partner had ulcers, bleeding gums, or cuts to their mouth. This strategy was in many ways reliant on being able to observe bodily signs of potential risk. Although this seems logical in theory, how this might play out in practice is more complex (see Figure 1: Max as an 'exceptional' case).

Figure 5-1 Max as an 'Exceptional' Case

Max as an 'exceptional' case

In many ways Max represents a counterpoint to the majority of other men who discussed oral sex. Max, the only participant to disclose that he was HIV positive, described his concern that this may have been the way in which he and his partner became infected with HIV:

> *"So, and then I guess there's other stuff around oral sex that, you know, and about, you know, taking, you know, cum in your mouth versus swallowing and all these things that I think there's not...I don't really know an awful lot about what's what and then I think back to, actually think back to me and my ex a bit this, and I actually wonder if this was something because he used to have, I don't know, it never really seemed to cause him an issue but sort of not bleeding gums, but his gums would be quite sort of soft and like in the morning, it's disgus-, and he would drool and be sort of like blood in the drool sometimes and like when he was asleep. So his gums were always a bit dodgy and from when I know that with regard with other people there was, you know, it was always condom use for anal sex as far as I'm aware. I don't know about when he had [sex] with other people, you know, I'm not really, not spoken about in depth, but in my mind I wonder if either... 'Cause I always used to try and not take, I would always, in terms of the safer sex stuff I would think shouldn't take cum in your, someone's cum in your mouth so I would always try and avoid that. He had a different, see it's like that, he did do that and I remember him doing, did doing that sometimes and so I wonder if it's to do with, I think he probably assumed it was fine."*

He went on to say;

> *"So I don't know how it all came about so I don't know the actual, in my head I wonder, I think it might be something to do with him taking it in his mouth potentially and there being some sort of issue with gums or... I don't know, but I just sort, I don't know what the, what happened and I don't think, I don't think we will know, I don't think there's any sort of, don't think you can know necessarily."*

Although Max was unsure about how he and his partner came to be infected with HIV, he made specific reference to oral sex without a condom as a potential transmission route. Indeed, being unsure about how he and his ex-partner came to be infected with HIV, appeared to have led Max to re-interpret knowledge of his partner's bleeding gums as a way of making sense of his own experience. Max's account highlights how knowledge of potential risk factors and observing physical signs (such as bleeding gums) can be further complicated by a person's relationship to a partner. At the time, he did not perceive oral sex as 'risky practice', it was only in retrospect that Max made links between oral sex with other men, and risk of infection from HIV. This helps emphasise the complex interplay between 'risky partners' and 'risky practices'.

Linked to cuts in a person's mouth as a potential site of infection, Kalen emphasised how he would adapt his sexual practice in order to reduce risk:

> *"...I mentioned it, the oral sex, and blowjob. So, yeah, I mean I don't think, I think you can get HIV and AIDS if you've got lacerations in your mouth, and come in contact with other bodily fluids, yeah. So, if I was 'cottaging', or something there was no way I would want the risk of that to get into my mouth to then increase my risk. So, I would probably just avoid that altogether, and it would just become mutual masturbation, or something." (Kalen, 29)*

Kalen noted that when encountering 'risky partners' in the context of cottaging, he chose to engage in a practice which he understood as less risky, namely mutual masturbation. This again highlights the complex interplay between settings, practices, and partners.

Ed further highlighted how oral sex with a 'risky partner', in this case a "random", resulted in him choosing to use condoms, despite finding this unpleasant:

> *"And [I] even have oral sex with a condom - which is disgusting - with like a random. If I was in a relationship, if I know they're clean, I can have it without and it makes it better for both of us." (Ed, 20)*

Here Ed contrasted the need to use condoms for oral sex with a casual partner, but not with a "clean" partner in a relationship. Similarly, Finlay and Theo, both in relationships, described having used condoms for oral sex with casual partners in the past, but not in their current relationships. Thus, for these men, whether a partner was perceived as 'risky' or 'safe' appeared to be a factor in determining whether oral sex was understood as more or less safe, and whether a condom was required.

5.3.5 Sex Toys

Just under a third of the men discussed the use of sex toys. Of the men who discussed sex toys, many stressed the importance of *how* and with *whom* they were used. The majority of men (6/9) noted that if they were used alone (individually) they were wholly safe; it was only if shared with sexual partners that risk of STIs/HIV increased. Several men suggested that condoms should be used with sex toys if they were being shared. As Theo explained:

> *"...sex toys, depending on how they're being used. You know, I know there's, you know, you can get the clean... the things that need to be cleaned afterwards, so I guess... or maybe using a condom with them, but if they're going to be used in a very unsafe manner, you know, sharing them for example, then that is a risk." (Theo, 23)*

Following this, Tiernan and Tom noted that sex toys would only pose a risk of STIs/HIV if they were shared with *multiple* partners, contrasting this with use within the context of a relationship. They stressed that where sex toys were used with a trusted partner, there was little sexual risk.

In contrast to the potential risk of STIs/HIV, Kane emphasised the non-sexual risk he associated with the use of sex toys, specifically the issue of cleanliness:

> *"Because we introduced toys into our sex life, if they're not clean, I'm not going to be a big fan of using them, you know." (Kane, 23)*

The implication is that for Kane, the use of sex toys with a long-term, and arguably 'non-risky', partner was not considered a sexual risk; Kane was more concerned about protecting himself and his partner from possible bacterial infection.

5.3.6 Other Sexual Practices

Around a third of the men referred to other sexual practices such as BDSM[17], sadomasochism (and role playing), fisting and 'watersports'. However, these were always framed as practices which 'other' men engaged in, and were not claimed as part of the men's own sexual repertoire. Although some men appeared to have thought through the relative risk of these other sexual practices, they tended to distance themselves from those practices which they thought were physically unsafe, or in some way distasteful to them.

5.3.7 Insertive and Receptive Anal Sex: 'Top' and 'Bottom'

Nearly half of the men (n=14) discussed what could be described as seropositioning, describing differentiating between the relative risk of being a 'top' (insertive) and a 'bottom' (receptive) partner during anal sex. The majority of these men noted that being the receptive partner carried more risk

[17] See Glossary for definition.

than being the insertive partner. Kalen was the only man to argue that there was no difference in relative risk. The majority of men did not provide an explanation for why they thought this; indeed, David was one of the only men to describe his reasoning:

> *"I think there's a perception that someone who's a bottom has to be the one, would more likely be the one who has something than someone who's a top, because they're the one that's giving, so they think that they're immune to it because they're like... Well, I didn't know I'd lost my virginity because I was a top, I didn't know. So that kind of thing, like, you would think that because you're going in there that you're not, you're leaving things behind, you're not, nothing's going in you. But obviously it can, because that's how it happens." (David, 27)*

David appeared to apply a 'biological' explanation for his understanding of relative risk. Furthermore, David seemed to suggest this is what *other people* think, emphasising that he knew that this is not the case. He later went on to explain that this would not influence or shape his own sexual practice, as he believed the risk of UAI with a casual partner was too great to dispense with using condoms. This again highlights perceptions of casual partners, as 'risky' partners.

Similarly, Gary explained that although he thought being a receptive partner *without the use of condom*s carried more risk than being the insertive partner, when condoms were used this was irrelevant. Indeed, the relative risk of either role during sex was commonly stressed as being unimportant where condoms were used during anal sex. This was common across all the men, as none described their understanding and knowledge of relative risk (between being the insertive or receptive partner) as playing a role in the way that they personally practiced anal sex. Indeed, where I probed on this topic, men were clear that they would not adopt one position or role as a risk reduction strategy, stressing that condom use during anal sex was the primary way to practice safer sex. Thus, for this group of young men, there was no evidence that seropositioning had been adopted as a risk reduction strategy. Given that seropositioning is not widely promoted as a risk reduction strategy, it is not clear what resources the men drew on in shaping their understandings of the relative risks of being the receptive or insertive partner. It is possible that they drew on information

accessed through ‘gay specific’ resources (discussed later in this chapter), or indeed through discussion with other gay friends.

5.3.8 Number of Sexual Partners

Almost half of the men (n=13) discussed how number of sexual partners related to risk of HIV (and to a lesser extent STIs). Two main positions were evident across the men’s accounts; one was that having a high number of sexual partners could be risky, but that it depended on how sex was practiced; the other was that high numbers of sexual partners were inherently less safe, regardless of how sex was practiced.

Four men suggested that having a high number of sexual partners could pose an increased risk of STIs and HIV, but stressed that practicing safer sex could reduce this risk. Gary, Eamon and Caleb specifically cited the importance of using condoms for anal sex with a partner to protect against risk of STIs/HIV. Caleb noted that one of his best (heterosexual) male friend’s (on PC map) advice was to ‘sleep with’ as many people as possible. When I asked how this fitted with his own current understandings of safer sex, he was clear that having multiple partners was compatible with his sexual practice:

> *“As long as, you, no … I guess for me sleeping around doesn’t fe… sleeping around I wouldn’t call unsafe sex. Safe sex would be, you know, stuff during the encounter so condoms, lube and then the sexual health screens...” (Caleb, 26)*

Caleb was clear that for him, safer sex is primarily about how sex is practiced during an “encounter”, and is not directly related to partner numbers. In contrast, Nicky, Gary and Eamon all indicated that high numbers of casual partners *could* equate to increased risk, but that this was ultimately dependent on whether condoms were used. All of the men who discussed multiple partners in this way reported consistent use of condoms in their current sexual practice. Indeed, all but one of the men (Eamon) reported never having had UAI. Thus, it seems that for these men, high partner numbers, even potentially ‘risky’ casual partners, were not problematic as long as condoms were used.

In contrast other men (n=8) framed high numbers of sexual partners as posing a high risk for STIs/HIV. What differentiated these two groups was that high

numbers of sexual partners was framed as a risk in and of itself, regardless of how sex was practiced. When I asked Tiernan why he thought having many sexual partners was risky he explained:

> *"...well, the more sexual partners you have, the more of the spider web or circle of, you know, risk of infection or transmission or anything like that." (Tiernan, 25)*

Here, Tiernan seems to draw on the idea of a sexual network, and appears to imply that when having sex with another partner, you also expose yourself to risk from the people they have previously had sex with. Similarly, Finlay noted that even where condoms were used, having many sexual partners meant there were more chance of being exposed to risk:

> *"Many sexual partners... is statistically, is more risky...But I know, it's a simple fact, if you like, if you have many sexual partners, even if you were safe, the more sexual partners you have the more chance there is of a condom splitting or, you know, it's just, that's just a fact." (Finlay, 22)*

Here Finlay stresses that this is "fact" reinforcing his knowledge of HIV risk by drawing on statistics to stress the validity of his reasoning.

Kalen emphasised the importance of the setting in relation to his understanding of the risk posed by having many sexual partners, drawing on similar reasoning to Tiernan and Finlay:

> *"So, it's just the law of predictability, or whatever it is—probabilities that the more people you're going to get your quick fix from the higher the risk is that you're probably going to get something, etc., etc. So, and it's not necessarily just HIV, there's chlamydia, you can get the clap..." (Kalen, 29)*

Kalen here referred to having multiple casual partners while engaging in sex in public sex environments. It would seem that he frames multiple partners as risky because of the 'risky' setting. Nevertheless, when I asked him about having many sexual partners elsewhere during the interview, he stressed that he saw this as being inherently risky, suggesting that he thought multiple partners could be risky in itself.

Several of the men in this group referred to ‘promiscuity’ in relation to having high numbers of sexual partners, and linked this implicitly and explicitly to increased risk of HIV. For example, David cited a recent conversation he had with an HIV positive volunteer within a community-based organisation. This man had told him that prior to his diagnosis he had been ‘sexually promiscuous’, and David appeared to attribute his becoming infected with HIV to this. Indeed, the use of this term appeared to be pejorative, implying judgement of others’ sexual behaviour. A small number of men stressed that they had not had many sexual partners, and thus were not at risk. For example, Theo noted that although high numbers of partners constituted a risk for HIV, this did not apply to him because prior to his current relationship, he had not had many sexual partners.

Furthermore, with the exception of Tiernan, all of the men referred to ‘other’ men who had high numbers of sexual partners, as promiscuous, not themselves. Indeed, it is important to note that at no point did any of the men explicitly frame themselves as a possible risk to others, rather they described ‘promiscuous’ men as posing a risk to them, framing them as potentially ‘risky’ partners.

5.3.9 The Role of Biomedical Approaches to HIV Prevention

Although not strictly a sexual practice, men’s discussion of biomedical approaches to HIV prevention helps highlight the importance of knowledge of HIV status in men’s assessments of whether sex with a partner was perceived as more or less safe. Around a quarter of the men in the sample spontaneously raised the topic of biomedical HIV prevention such as Post Exposure Prophylaxis (PEP/PEPSE), Pre-Exposure Prophylaxis (PrEP), Treatment as Prevention (TasP), and/or the role of viral load/count in the transmission of HIV.

Six men described having some knowledge of PEP in terms of HIV prevention, however, none of the men reported having accessed or taken PEP themselves. These men were all aware that PEP (or PEPSE) was available in their area and knew that it could potentially prevent, or reduce, the likelihood of HIV seroconversion. The men’s accounts suggested that they considered taking PEP to be appropriate after an episode of unprotected sex which fell outside typical (or ‘normal’) safer sex practices, perhaps after a “lapse in judgement” (Kyle,

26). Three of the men reported personally knowing someone who had taken PEP after an episode of UAI. Nicky described PEP as "useful to have", but took a strong moral stance, arguing that it cannot be considered a valid form of HIV prevention, and does not constitute 'safe sex'. He suggested that some men use PEP as a way of 'justifying' not using condoms for anal sex.

Harry was the only participant to report personally considering accessing PEP after an episode of UAI with a friend. Although Harry recognised that UAI in this context was potentially risky, he reasoned that as this partner was 'known' to him as a friend, and that he had some knowledge of the person's sexual history, this partner did not pose a high risk. On this basis, he decided against using PEP. This again foregrounds the interplay between (potentially) 'risky' practices and people, emphasising that a sexual encounter may be considered less risky if a partner is seen as 'safe'.

Four men discussed the role of antiretroviral drugs (ARVs) and treatment (ART) in HIV prevention. Tiernan and Max highlighted their reasons for interest in the topic; Max had been diagnosed with HIV, and Tiernan was in a serodiscordant relationship with an HIV positive partner. Both men talked about treatment with ARVs, and were conversant with the concept of viral load in assessing risk of HIV transmission. For example, Max explained that he and recent ex-partner (on his PC map) had gone to seek advice on the best way to reduce risk of HIV transmission during sex. This was primarily in response to his HIV negative partner's lack of knowledge around sex in the context of a serodiscordant relationship. Although they had chosen to continue using condoms together, he explained that based on his increasing knowledge around viral load and transmission risk, he might approach sex differently in future relationships:

> *"So if I was to go into another relationship, then I would, you know, I would feel very confident about talking about a whole range of things and about obviously condom use is really important but as time goes on, if that becomes an issue, then if you're in a monogamous relationship and the rest of it, there's lots of things that, other things like viral load and PrEP and all the rest of it that you can know about and be aware of and it becomes something that's got very little effect." (Max, 25)*

Similarly, Tiernan explained that he had sought advice from health professionals to allay his concern around the risk of HIV transmission between him and his

partner. Although he knew that his partner had a low viral load, and as such there was little risk of transmission of the virus, they had agreed that they would continue to use condoms for anal sex.

Finlay reported having some existing knowledge about PEP, and noted that hearing about research around biomedical HIV prevention[18] had prompted him to engage in further research around PrEP. Finlay stressed that the possibility of using ART as a prevention strategy was unlikely to influence his future sexual practice, reasoning that he saw the use of drugs as an "added extra", but not an alternative to using condoms. Eamon was the only other participant to discuss the role of ART as a factor in HIV transmission. He explained that he had developed knowledge of the role of drug treatments and viral load through his university studies, and also by volunteering with a service encouraging testing among men in his area. Although he was aware that the likelihood of transmission from someone on treatment was low, he questioned how he could know and trust whether a person was on treatment and had a low viral load:

> *"But I suppose how would you know if the other person is on retrovirals and got a low viral count; how would you know?" (Eamon, 24)*

Eamon seemed to question whether treatment in and of itself would be enough for him to stop using condoms, but went on to describe how condoms could be used in conjunction with ART to prevent transmission.

Although these men all reported different viewpoints on the use of PrEP and TasP, a common theme across their accounts was the need for knowledge of HIV status in order to be able to access HIV treatment and use ARVs for prevention purposes, thus emphasising the importance of HIV testing.

How though, did men develop knowledge around safer sex and sexual health, and what resources did they draw on to inform the meanings they ascribed to it? The section that follows introduces the varieties of ways the men discussed this.

[18] Two of the men (Tiernan and Max) heard about my research as a result of participating in a project exploring biomedical HIV prevention which was recruiting for participants at the same time as my own research (conducted by one of my colleagues). Finlay had heard about the project, but had not participated in it.

5.4 Informing Ideas around Safe Sex: What, Who, and in What Context

In the following sections I begin to explore the different sources of information that informed the men's understandings of, and approach to, safer sex. It is important to note that when I make reference to specific sources (and resources) I am not implying that there is a simple relationship between knowledge and sexual practice. Nevertheless, it is important to consider what sources of information men reported accessing around safer sex, who these come from, and in what contexts.

5.4.1 Personal Community (Re)sources

In the following sections I begin to unpack the ways in which men described members of their personal communities as informing their understanding and approach to safer sex, specifically the role people played in providing information and support around sex.

5.4.1.1 Gay Male Friends

Around two thirds of participants described confiding in other gay men about sex and sexual relationships, as well as seeking (and sharing) information about sexual health. Men often described engaging in general talk about sex; sharing experiences and confiding in one another about sex and relationships. For some, this was predicated on the basis of mutual understanding of what it was to be a gay man. For example, Eamon noted:

> *"...like some things- there's just like wee things that you just wouldn't really understand if you weren't gay. [Name] was my only really gay friend and so like we just had like different things." (Eamon, 24)*

Similarly, Kane explained that he chose to confide in certain friends within his PC (with whom he attended a local LGBT group) because he felt that they would understand and share his perspectives on sex. He also noted that some of his heterosexual friends lacked an understanding of feeling the need to hide one's sexuality. He explained:

> *"I'm not saying the other ones wouldn't [understand] but they don't understand the secrecy of the lives we've had to lead a lot of the time. They don't understand that I didn't tell them I was out – I was bisexual at that time – for six months, for a reason." (Kane, 23)*

Men described being given (and giving) general encouragement by their gay male friends to use condoms. For example, a small number of men described being given condoms by a friend before they 'went home' with someone on a night out. It was less common for men to describe specifically asking friends for sexual information, except where they were perceived to have expertise in sexual health. As Eddie noted:

> *"I could give [name] a call and, 'cause he's, he himself's a sexual health expert and then I could get information from him. So it's, having connections out of people who know the 'industry' and know about the causes and whatnot." (Eddie, 21)*

In contrast, Finlay explained that he would rather ask a professional than even well informed gay male friends, because he was concerned about the accuracy of the information which they would provide.

Other men emphasised the more practical support they were given in relation to looking after their sexual health. Earlier in the chapter I noted that Noel had emphasised the importance of having support when going for an HIV test. This was reflected in some (n=6) of the other men's accounts where they talked about attending for testing together with gay male friends. David, Tom and Nicky described the importance making testing part of a routine with friends. As David explained:

> *"So for sexual health, [Name 2] and [Name 4], actually, we went to, when we ever had our six month or three month check-up, we made a day of it, so we'd go to the GUM clinic in the morning and then we'd go for lunch afterwards and we'd be like, "oh, yay, we're all clear, everything's fine!" that kind of thing, so...Make it into an event rather than a 'oh my gosh, I'm so worried,' so we'd actually... And from that, we think that we've never really had an issue with getting ourselves tested, because I think as gay men as well, we are always told, "get yourself tested, get yourself tested." (David, 27)*

Similarly, Tom noted that he encouraged his friends to go with him for a regular sexual health 'MOT'. He described how he would send round a text message to

friends asking them to attend the clinic at the same time. Thus, among his close gay male friends going for testing together appeared to be 'normal'.

5.4.1.2 'Straight' Male and Female Friends

When it came to seeking support and information around sexual health, men also described the role of 'straight' friends. Just over half of the men discussed confiding in their female friends and sharing 'confidences' around their sexual lives. Men's accounts of support and confidences shared with their female friends ranged from those who were heavily involved in providing information and support about sex, through to those with whom men would share more general 'sex talk' and relationship problems.

Five of the men talked about the role that female friends played in encouraging them to engage in safer sex. Theo, Ethan and Quinn all described how female friends had stressed the importance of 'being safe', asking them whether they were using condoms, and encouraging them to think through different risks they could be exposed to when having sex. Theo cited the example of his female friend who had highlighted the potential risk of oral sex, something which he had since researched. Although he reported not always using condoms for oral sex, his friend's intervention was particularly influential in shaping his understanding of the relative risk posed by oral sex. Max explained that since his diagnosis with HIV, he more often discussed sexual health (and his general health) with two of his close female friends. He explained his reason for this:

> *"I've spoken to [Name 2] about specific stuff because, 'cause she's a doctor but I've spoken to [Name1] about specific stuff as well because she is a sexual health worker." (Max, 25)*

Max talks here about drawing on the skills and expertise of his close friends who he perceived as having specific knowledge about HIV and sexual health. Thus, these women not only functioned as sources of emotional support, but also as providers of sexual health information.

A minority explained that they had been given more concrete, practical support by female friends who had not only encouraged them to go for sexual health screening for HIV and other STIs, but accompanied the men to the clinic. For

example, Colin described his experience of confiding in a female friend after an episode of unprotected sex:

> *"I talked to [Name 7] about it. Because she'd had experience of STIs. And I was – and because she was training to be a nurse, as well. I was kind of shitting it, and she was just like, "no, you'll be fine". She came up with me and stuff." (Colin, 24)*

All of these men had friendship groups that were dominated by women, suggesting that for this small group of men, female friends served not only as emotional support, but also helped inform their approach to testing.

It was less common for men to describe talking about sex with straight male friends, and indeed only five men spoke about this. Of these, four had PC friendship groups dominated by straight male friends, and described feeling comfortable sharing confidences around sex with them. Nevertheless, none of the men described seeking sexual health information from their friends; rather they sometimes provided information about risk of HIV and STIs. Some of the men noted that this was due to their heterosexual friends being less aware of sexual risks (other than pregnancy).

Participants often appeared to be aware that there were different norms and expectations around safer sex for their straight friends than for them as gay men. A small number of men perceived their heterosexual friends as lacking awareness, and being unconcerned with sexual 'risks' (e.g. STIs and HIV). These men used this as an explanation for not seeking sexual health information from them. As David explained:

> *"I think just, going back to when I was saying that my straight friends really haven't been tested, their main thing in the straight world is they wear a condom because they don't want to get pregnant. That's the main worry for them. Everything else, all the STIs and stuff, is not an issue for them. But I think, being gay, because you won't, you can't get people pregnant no matter how hard you try! It's fun to practice! That you've only got the main, the reason you wear a condom is because of the diseases that you will get, or can – will get – sorry, can get." (David, 27)*

David here appears to contrast what he understands as the heterosexual imperative of pregnancy prevention, with his desire to prevent infection and disease. This was echoed across other men's accounts where they noted that the

issue of HIV was not as relevant to straight friends as for their gay male friends, differentiating between risks to these 'groups'.

5.4.1.3 Partners

As identified in the previous chapter, men's partners figured prominently as part of their personal communities, and men discussed their importance in terms of providing both emotional and practical support. Men's partners were less often framed as a source of sexual health information, rather as a source of support or someone with whom they discussed sexual health. The role of partners, and exes, in informing approaches to safer sex, particularly negotiating condom use, will be examined in the next chapter.

5.4.1.4 Family

The majority of participants talked about their approach to discussing sex (or not) with members of their family within their PC. Men's approaches to seeking and sharing information about sex lay along a spectrum; at one end were men for whom family members (or a specific family member) were highly engaged and influential in providing information and support around safe sex, at the other, those who were adamant that they would never discuss sex with family members.

Around half of the men reported discussing some dimensions of their sexual relationships and sexual health with family members. Some explained that they were happy to speak to some family members, but not others. Among these men there was a pattern in terms of gender; it was more common for men to report being comfortable seeking information and talking about sex with female members of the family. Only three of the men explicitly reported discussing sexual health with male members of their family. Two described being *providers* of sexual health information to their heterosexual brothers, but would not seek information from them. David was the only participant to describe both of his parents providing him with information about HIV risk after he came out.

Around a third of the men discussed how female family members (mother, sister, and aunts etc.) attempted to address sexual risk and safe sex. These men noted that such female family members were anxious about the risk of HIV and other

STIs and would encourage them to “be safe”. Indeed, discussion of safer sex most often appeared to come in the form of general encouragement to use condoms when having sex.

Three of the men reported being given more concrete information about specific sexual risks for gay men. Theo explained that it was his mother who had emphasised and reinforced specific risks for gay men:

> *“My Mum's a nurse, she's not a sexual health nurse, but she's a nurse and, you know, she's always like asking me about what we'd been taught about in school blah, blah and I told her about my sex education thing and by this point I must, thinking back, I must've told her I was gay already because then she was like, “well, have... what have they taught you about?”, and I said, “well, pregnancy and Chlamydia basically”, and she was like, “ok yeah, but it's very important for gay men because HIV's prevalent” ” (Theo, 23)*

Theo went on to explain that his mother’s discussion of specific risks for men prompted him to go and do more research around HIV and safe sex. It is interesting to note that all three of the men who reported being given more ‘concrete’ information about sexual risk and the need to use condoms received this from female family members who were nurses. Caleb explained that the information he received from his mother (a sexual health nurse) was “very, very academic, safe sex”. It seems possible that these women were more comfortable discussing the specificities of ‘how to be safe’ with these men due to their training. Furthermore, the fact that men emphasised their nursing backgrounds is perhaps indicative of their seeing them as ‘legitimate’ sources of sexual health information.

Around a third of the men described feeling uncomfortable discussing sex or sexual health with (some or all) family members. To illustrate, Damon explained that for him, speaking to his family about sex was problematic, not least because he felt that his father and brother avoided contact with him because of his identity as a gay man. Similarly, Quinn explained that he had a poor relationship with his family, apart from his sister, and as a result would not choose to seek or share information about sex. Another reason for not engaging with family members around the issue of sex was a desire to hide the fact that they have an active sex life. Describing his parents, Nicky noted:

> *"They very much know I'm gay. But, they don't know that I'm having sex, they don't know like I said." (Nicky, 22)*

Finlay explained that although he was 'out' to his family and felt comfortable to share some details about his relationship with his partner, his primary reason for not seeking specific information about sex was that he felt that they would be unable to help as they were not gay, and therefore unlikely to understand the specificities of gay sex:

> *"I would speak to friends more than family if I had issues about kind of sex or sexual health, mostly because it's weird! I know it shouldn't be weird to speak to your, but, and also, my family aren't gay so they probably can't help me very much with that, whereas a lot of my friends are, not all of them and not by design, just that's the way it's worked out." (Finlay, 22)*

Finlay's reference to the idea of his parents not being able to help because they are not gay appears to suggest that he desires specific rather than general sexual health information, something he believes his parents cannot provide.

5.4.1.5 Others: Colleagues, Groups and Professionals

As outlined in the previous chapter, five men included colleagues with whom they volunteered in community-based organisations. I argued that these colleagues were 'friend-like', offering support in certain circumstances. Providing information and support around sex and sexual health was one such context, and all of the men described seeking information about sexual health from their colleagues because of their 'expertise' in sexual health. Related to this, the three men who chose to include groups of people within their PC all included at least one group linked to LGBT/Gay men's organisations (see section 4.4.10). Similar to individual colleagues from such organisations, the men described these groups as sources of information about sexual health. Indeed, these groups were framed as a space in which sex and sexual health could be discussed openly.

As noted in Chapter Four, only three men chose to include professionals within their PC. Of these, Noel and Ed cited one or more of these professionals as being a source of information about sexual health. Noel explained that his GP, with whom he had a good relationship, had first pointed him the direction of HIV testing services:

> *"I asked about HIV and the symptoms and how to get tested for it. But she never asked me if I was gay or anything like that but I came out with "well I've, a couple of weeks ago I shagged this guy, we wore condoms but I wasn't sure if the condom was leaking or not. And I wanted to make sure I didn't have HIV or if I'd, you know, like if I did I'd like to get the proper treatment and the proper help for it". And it was great, she actually told us about the service and where to go and she said if I wanted to I could actually get tested here with her and it was actually great." (Noel, 23)*

Similarly, Ed noted that the support worker he included in his PC had helped him access sexual health training which had helped him address some of the risky sexual practices he had previously engaged in when younger.

5.4.2 'Mainstream' Sources of Sexual Health Information

5.4.2.1 School-Based Sex Education

The majority of men referred to their experience of (or lack of) sexual health education while at school, with all but four men noting that they had received general or 'basic' sexual health education in this context. Of those men who had not received any school sex education, three explained that this was because they had attended a Catholic school where sex education was not prioritised. Terry could not recall sex education being taught at his school.

When discussing the content of the education they had received, men often framed it in terms of learning about the 'basics', providing examples such as discussion of puberty, condom use, learning about sexual diseases and STIs, and pregnancy prevention. Furthermore, men's accounts of 'basic' education suggest that it was focused on the need to prevent pregnancy. This is illustrated in the following short extracts:

> *"...they did the banana and the condom thing, but it was all straight, it was all, and there was a lot to do with pregnancy and things like that..." (Finlay, 22)*

> *"'Cause obviously I think the main message when you're at school, well when I was at school, was wear a condom so you don't get her pregnant..." (Eachan, 27)*

Thus, where men talked about being taught about condoms they noted that this was primarily in the context of pregnancy prevention rather than prevention of sexual infection.

Given the 10 year age range of participants within the sample, less age related differences in the men's accounts were found than expected. Two of the older participants Quentin (29) and David (27), spoke about the negative impact of Section 28 legislation when they were at school, something not discussed by the younger men. These men noted that Section 28 had made it almost impossible to discuss same-sex relationships with teachers in the classroom context. Although some of the men from the older age group (age 25-29) *assumed* that school-based sex and relationship education had changed for the better since they were at school, this was not actually reflected in the accounts of the younger men. Indeed, men within both age groups (18-24; 25-29) were critical of the sex education they received, and expressed their sense that it had not really been relevant to them.

When discussing *why* the education they had received was not relevant to them, over half of the men noted that this was because it did not cover same-sex relationships or sexual risk for gay men, and thus had not prepared them for the realities of 'gay sex'. These men often described sexual education as being predominantly 'heterosexual' or 'straight'. The following extract from Ethan's accounts exemplifies the way in which men talked about the 'heterosexual' focus of sex education:

> *"... there was nothing specific for homosexual males, homosexual females, there was nothing brought up in social education, there was nothing even... it was all sort of hetero hetero hetero hetero, whereas our guidance teacher would be a bit more inclusive with stuff like that, but it was kind of like, I felt they were walking on eggshells in how to deal with that. So I feel like school-wise it didn't get me off to a good start because I wasn't really informed that much." (Ethan, 24)*

Ethan went on to explain that this lack of relevant information meant that he felt ill equipped during his first sexual experiences of "touching around" with another boy, and described thinking "'well, what do we do?' kind of thing". Ethan's sense of 'not knowing what to do' was echoed across some of the other men's accounts. Although lacking information and feeling unprepared for sex

may not be exclusive to young gay men, there was a sense that this exacerbated their anxiety around first sex.

For three of the men, their negative experiences of school sex education went beyond the absence of relevant information. These men had all experienced negative reactions from teachers when they asked questions about sex. These men were silenced and left with the impression that their questions would not be answered. As Nicky explained:

> *"...in fifth year SE, no sixth year SE – we got like a list of the laws for teenagers and stuff like that, and I was looking through it, and there was obviously... I don't even really understand the law, but it's like, "committing a homosexual act in public is illegal," which as far as I know is just relating to sex. So, having sex in public is illegal, which is illegal straight or gay. But, I then turned round, and I put my hand up, I was like, "well, does this mean holding hands? Does this mean kissing? Like, what does this mean?" And, my teacher genuinely turned round, and was like, "oh I might have known you would've asked that question," and then walked away without answering it. Like, it was very much... their assumption was, "we're a school of straight people, and this person is an anomaly." (Nicky, 22)*

Similarly, Taylan (25) explained that whenever he, or other pupils, asked questions about same-sex relationships they were told, ""stop talking about that," or "get out of the class"". Although the men themselves did not describe these negative encounters as 'homophobic' they are arguably forms of implicit homophobia. Furthermore, five of the men explained that the school environment had not been conducive to seeking information about sex because of their anxieties about being ridiculed by other pupils on the basis of aspects of their sexuality.

Noel, Nicky and Quentin described how teachers had attempted to help them outside of the context of health education within the classroom. Both Noel and Nicky were referred to LGBT youth groups by a teacher, and spoke positively about how this had enabled them to access support and sexual health information. Quentin spoke about the role one of his teachers (known to be gay amongst the pupils) had played in prompting him to access information on safe sex and HIV testing:

> *"He was saying "look, are you having sexual relationships? Are you using condoms? Do you know the risks?" It was like "oh, I didn't even think of that." So he helped a lot as well." (Quentin, 29)*

Quentin noted that his teacher had put himself in a risky position by attempting to help him during the era of Section 28, but that his engagement with sexual health services and his understanding of the need for regular sexual health screening in part stemmed from the input of this teacher. Thus, although many of the men's experiences of school sexual health education were not wholly positive, where individual teachers provided support and information, this was seen as beneficial.

It is important to note that a small number of men suggested that the 'gaps' in relevant knowledge left by school-based sex education had led them to seek out other sources of sexual health information. As Gary explained:

> *"Really when you're at school everyone's a little bit immature so you don't really learn properly from it. Yeah. But, it's like talking to friends as well like you get people who have had like scares, and stuff, and it makes you look into it. So, you basically do your own research, really. That's where I learned most of like sexual health awareness." (Gary, 20)*

Here Gary notes the importance of speaking to friends, and went on to describe seeking information specific to 'gay sex', online and from community-based organisations. Seeking more concrete sexual health information relevant to gay men was echoed in other men's accounts and is examined further in the section around 'gay community resources'.

5.4.2.2 'Mass Media': TV/Film/Music

Television programmes and films were another source of information around sex and sexual health discussed by the men, with almost half of the men discussing the role of such media in informing them about sex and sexual health.

Tom and David, both in the 25-29 age group, stressed the importance of the programme "Queer as Folk". David explained that this had first introduced him to the ways in which men could have sex together:

> *"I knew that you could have sex with a man, and I wanted to have sex with a man, but in terms of what I could do, I had no idea. Then "Queer as Folk" came out and I was like, 'oh, we do that now? Okay, that's fine.'[...] TV was probably what taught me, like, that people at least have sex, and then, yeah, from there. Just the TV, movies, that kind of thing was sort of what educated me into the fact of people at least had sex..." (David, 27)*

Fictional television programmes were also credited with being a source of information about the risk of HIV, for some prompting them to find out more about how to make sex safer. The inclusion of gay characters or people living with HIV for some appeared to be their first introduction to the idea of HIV risk. This is illustrated by Terry, whose introduction to the issue of HIV came through watching EastEnders:

> *"I think the first time I kind of heard about it [HIV] it was on EastEnders when somebody had it in EastEnders and my Mum was mortified by it, my Mum was like, "oh, they're just going to die", and that always kind of kept in the back of my head. I know also that's completely different, it's kind of like a long term condition, you know, it's not as kind of... like it's still as drastic but not as severe as it was like... this is like years ago this was on EastEnders. And I think when I first heard about it... and that's kind of I suppose why I kind of started investigating about the whole condom thing..." (Terry, 27)*

As one of the older men in the group, Terry notes that his understanding of HIV has changed over time, such that he now sees HIV as a chronic or long-term condition, rather than seeing it as ending in death.

Other men also described their first awareness of HIV as an issue affecting gay men as having come from the media, either through watching films and TV programmes, or through media coverage of musicians with HIV (such as Freddie Mercury). In this way, TV, film and media, appeared to act as a means of enabling men to begin to think through the idea of HIV and the need for safe sex, and more broadly, to conceive of themselves as linked to other gay men in terms of being 'at risk' of HIV. Indeed, it could be argued that this is an example of 'imagined community' described in the previous chapter.

Recent documentaries such as the BBC series 'Unsafe Sex in the City', and the Channel Four series 'The Sex Clinic'[19] were also cited as being a source of information about the need to use condoms and attend for sexual health screening, HIV testing in particular. Gary explained that seeing such recent documentaries, which followed the experiences of (predominantly young) men and women attending GUM clinics had prompted him and his gay male friend to go for testing for the first time:

> *"The one on BBC Three is quite good. But, yeah just stuff like that as well. Like we sat, and watched that together, and like, just like decided we have to go and get tested just in case.*
>
> ***So, that was a kind of a prompt to you to go and get tested?***
>
> *Yeah. It was. Mm hmm. Yeah, we've not been doing it for very long." (Gary, 20)*

Tom described seeing an ex-partner diagnosed with HIV on the same documentary, and expressed his shock at seeing this on "national television". He explained that although he had been tested regularly in the four years since they had last had sex, for him it reinforced the importance of using condoms and regular sexual health screening.

While not strictly 'mass media', four of the men also talked about pornography. Theo, Tom and Colin all suggested that representations of gay sex within pornography could influence 'others' understandings and perceptions of sex. Colin and Theo expressed concern that condomless anal sex portrayed in pornography would have a negative influence on other people, making them less likely to use condoms themselves:

> *"I mean, if... that's the sort of thing you watch and fantasising about, if they're not using a condom then you probably would be less likely to do that yourself, you'd probably be like, "well, they're not doing it, so... and they look healthy, why don't I do that?". So, I guess, yeah, I think definitely it probably is an influencing factor." (Theo, 23)*

[19] Both of these documentary series were broadcast in Spring 2013 in the middle of my period of fieldwork. Even where men did not discuss the documentaries during the interview, during pre- and post- interview discussions, participants often mentioned the programmes, and asked me if I had seen them.

In contrast, Tom noted that 'bareback' (condomless) pornography used to be common, but stressed that more studios now portrayed condom use, with some introducing scenes where men stopped to put condoms on. He hoped this would normalise condom use among younger gay men, but did not appear to acknowledge that watching porn could influence his own sexual practice.

Ed was the only participant to frame pornography as a source of information about *how* to have sex, and explained that without having seen gay porn he would not have known about the specificities of how to have sex with another man.

5.4.2.3 Online Resources (Generic)

Almost two thirds of the sample reported drawing on online resources when seeking information about safer sex. The men described accessing information online in three main ways; seeking and navigating information through 'generic' resources (e.g. Wikis or 'Googling'), accessing 'official' or reputable information sources (e.g. NHS websites, Terrence Higgins Trust, etc.), and use of user-generated content (e.g. discussion forums/chat-rooms).

Around half of the men explained that if they wanted information about sexual health or a specific topic related to this, they would just 'Google it' or use Wikipedia. For example, Tony described how he 'googled' his friend's symptoms to try to identify their cause:

> *"Just the signs of how you can tell when you've got something, usually. Like, that's how I found out what [Friend 2] had. He had Chlamydia. I googled it! [Giggles]" (Tony, 21)*

Some of those who discussed accessing sexual health information online contrasted such 'generic resources' with information from reputable or 'official' sources. This is illustrated by the following short extracts:

> *"…websites you can go to and the other things, you've got like the proper… like government ran ones or organisational ran ones and it's going to be kind of proper information rather than just like googling something that's a load of nonsense came up" (Terry, 27)*

> *"I suppose like most people I'd probably go to Google or if I wanted something that's maybe more credible I'd probably go to NHS" (Eddie, 21)*

These examples suggest that these men distinguished between 'credible' information, as opposed to 'nonsense' and misinformation which they thought was likely to be accessed by 'googling'. Thus, these men appeared to have a strategy for accessing 'reliable' sexual information online.

Six of the men described how they had used online forums and chat-rooms[20] when they were younger to connect with other gay men. However, they reported using such forums to seek social support (and friendship) rather than sexual health information. Men appeared to suggest that such chat-rooms and forums predated (and had perhaps been superseded by) more recent technological developments in socio-sexual networking aimed specifically at gay men (e.g. Gaydar, Fitlads, Grindr etc.). Although many of the men discussed the use of such socio-sexual networking sites and apps as part of their current online practice, these were not framed as sources of information about sexual health.

Taylan and Quentin explained that they did not use online resources, relating this to a lack of technical proficiency in searching for information which they attributed to lack of internet access when younger. Although having internet access when living at home Damon explained that he did not search for sexual health information. As his step-father worked in IT, he was concerned that he would access the search history and identify that Damon had been searching for information about sex, something which he would have found embarrassing.

5.4.2.4 'Professionals'

Around a third of the men interviewed made reference to accessing sexual health information from 'professionals' such as physicians or advisors working within sexual health settings (e.g. GUM clinics and community sexual health services). Across these men's accounts a common explanation for accessing information in this way was to ensure that one would have access to correct or 'scientific information'. As Finlay explained:

[20] Only one man, Ed referenced the name of the chat-room facility which he used (PalTalk).

> *"I think I'd be more likely to ask a professional. I know that sounds... maybe sounds a bit cold, but I think... like, [gay male friend] for instance would never, when he does use protection he never uses it for oral sex, whereas I do, and I think the official answer is that, that if you want to be safe that's the safest thing to do. I know it's less risk and blah blah blah, but... so I think I would rather go somewhere official and get an actual scientific answer, rather than relying on even well-educated friends." (Finlay, 22)*

The importance of gaining accurate information was reflected in other men's accounts of seeking information in a clinical setting, and echoes the men's discussion of seeking 'credible' information online.

Indeed for some men, seeing someone professional meant that they would not only get the correct information, but it would be provided with minimal fuss. For example, Harry highlighted how going to a clinic meant that he did not need to feel awkward or embarrassed because treating sexual infections was part of their job as a 'professional'. Similarly, Terry and Noel explained that their GPs had been their first source of information on sexual health when they were younger, and that they had gone to them because they initially felt awkward about discussing sex with family and/or friends. For the same reason, Taylan, Kane and Quinn all reported accessing generic youth services when they were in their teens. These men were able to access support and advice from staff trained in providing sexual health information in these non-clinical settings.

5.4.3 'Gay Community' Resources

In this section I introduce men's discussion of what I term 'gay community resources' in learning about sexual health and safer sex. These include community-based organisations providing information and services for gay and bisexual men (for example Gay Men's Health, Terrence Higgins Trust, LGBT Youth Scotland, and university LGBT groups), information provided on the commercial gay scene, and gay print media, such as magazines like Attitude and Gay Times.

5.4.3.1 Organisations Supporting Gay Men and LGBT People

Two thirds of the men had either been part of an LGBT group, or volunteered with a community-based organisation supporting gay and bisexual men. All of these men cited such organisations and groups as a source of information around

safe sex. Most often men referred to information provided in drop-in sessions and workshops. Ed's experience of learning about sexual health through workshops illustrates how men accessed formal training in such contexts:

> *"...if I was to put LGBT [group] on it, that introduced me to a lot of workshops, sexual health workshops and yeah I've learnt a lot from LGBT. That would be for STDs and contraception and stuff." (Ed, 20)*

Similarly, men who currently (and previously) volunteered with organisations all noted the value of the sexual health information provided as part of their training. Four of these men also emphasised the value of more 'informal' support from colleagues. This is illustrated by an extract from Quentin's account where he described accessing both formal training and informal advice around safer sex:

> *"So the training, if you actually listen to the training and take it in and take it on board, you don't really have a problem after that. But I know that if I did I could easily just ask [name of worker] or ask [name of volunteer], one of the other members of staff here, cos [name of worker] knowledge is right up there, do you know what I mean. I wouldn't be afraid to ask if I needed to." (Quentin, 29)*

In this way community-based organisations were framed as a context in which discussion of sex and sexual health was encouraged and accepted. It is notable that such organisations were almost always presented positively by the men who engaged with them.

Over half of the men who were university educated, or currently at university discussed their engagement with university LGBT groups and societies, and described how these were sources of sexual health information and support. Tom explained that although he had always been 'clued up' on sexual health issues, attending training through university and other LGBT groups had increased his knowledge:

> *"And then when I was in uni, I started working with the LGBT and then through that I joined LGBT youth...So from getting involved with that they put us through sort of like a mini sexual health workshop qualify-, not like a proper qualification but, you know, you learnt about all the STIs and all the different forms of contraception and of, and that sort of thing." (Tom, 26)*

Terry was one of the seven men who did not report physically attending or linking to groups run by community-based organisations. However, he had accessed information and resources from a community-based outreach worker online. He explained:

> *"...but like there's like counsellors you can speak to and they can kind of e-mail you back and there's like that kind of like almost like instant messenger (yeah) kind of chat, which I think kind of is a really good idea actually.*
>
> ***And what are the kinds of questions that you have gone to them about, can you give me any examples of things?***
>
> *Just for like em... because I knew that was sort of like... you could get like condoms delivered to your door and I just kind of thought that that was a really good idea because, well, and also it's free, you know, and, you know, it's at your door. And I didn't... I couldn't remember where it was I'd found that, so I kind of spoke to the people on the instant messenger thing and I think it was also about getting tested for sexually transmitted diseases, kind of had a bit of a sort of brainwave, let's go and get this tested. And I spoke to... and they kind of referred me to go to a place up in [name of city]."*
> *(Terry, 27)*

For Terry, who had previously described feeling unable to discuss sex and sexual health with friends and family, the relative anonymity of online interaction with outreach workers appears to have enabled him to access information from a 'community' source.

Furthermore, expanding on the issue of reliability and trustworthiness discussed in relation to generic online resources, other men noted that they would use online community-based resources because they provide information and resources specific to gay and bisexual men. In this way, the men contrasted generic (albeit 'official') information, with information tailored to the specific sexual health needs of men who have sex with men.

5.4.3.2 The Commercial 'Gay Scene'

As described in the previous chapter the majority of men I interviewed were conversant with the idea of the 'gay scene', with the majority of them spontaneously discussing the idea of going out to the bars, clubs, and for a minority (n=5) saunas, that make up venues on the commercial gay scene. Men

discussed three main ways in which they had accessed information around safe sex and HIV risk on the scene; posters and leaflets providing health information, the provision of condoms and lube in venues, and outreach workers engaged in peer education and health promotion.

Some of the men discussed how the provision of condoms and lube in the bars, clubs and saunas to them indicated that safer sex (specifically the use of condoms) was an 'accepted' part of sex between gay men. Tom described how safer sex is addressed on the scene:

> *"... the gay scene does tackle it and does address it [issue of safer sex and condom use], you know, you get the posters on the wall, they provide the condoms and, or they provide a venue for the condoms and lube for the condoms from a different organisation sort of thing. But, and you don't get that in the straight community. The straight community doesn't give out condoms. I mean you have to pay for them. This, you know, when I was younger you go to straight club and then go to gay clubs I was like "you get free condoms? You get free ones? I don't have to pay for these?" Yes. "Give me them all." And that's something that the gay community has and gay community does very well." (Tom, 26)*

Tom's discussion of the provision of condoms in gay clubs, in contrast to 'straight' clubs, suggests that this reinforced the idea of condom use as a community norm. Similarly, Nick, despite having a PC dominated by straight friends, and reporting gravitating towards 'straight' pubs and venues, nevertheless framed safer sex and condom as a 'gay community' issue. Like Tom, the condoms, lube and information posters he saw when he very occasionally visited venues on the scene reinforced safe sex as a 'community' issue.

Around a quarter of the men explicitly described how seeing condoms and lube in venues on the commercial gay scene, in combination with health information posters and leaflets, kept them informed about different dimensions of safer sex. For example, David said:

> *"But in terms of the education and stuff, I think it's better now than it was when I first came out. You always had condoms and lube and things in the bars, so you knew that's what it was. It's, I don't know if this was, this is just for me, I just knew that you wore a condom and you used lube, and you had to use a specific kind of lube, you don't use Vaseline because it'll break the condom, and that's just little things that you get from, I think I got from TV or from a poster on the wall while you're peeing, you know, that there's one above the. And that, it works, because you're standing at a urinal and you're staring at, you might as well have something to read, even if it is for thirty seconds." (David, 27)*

Here David suggests that he reads and absorbs information on posters, and appears to expect that other men also do this. However, not all men thought this was the case. Max presented a different perspective. Although he acknowledged the provision of health information provided on the scene, he argued that this required that men make an *effort* to engage with it:

> *"...no like 'cause no-one takes you through anything, no-one sort of gives you -, there's sort of pieces that you can, things you'll pick up in leaflets when you're out but it's sort of you have to kind of make the effort to go and see it so probably like nobody actually [does]."(Max, 25)*

Max seems to question whether other men do actively "make the effort" to seek out, and take in, the information provided. Elsewhere in his account he relates this to his own experience, suggesting that it was not until he was diagnosed with HIV that he took an active interest in seeking information about sexual health.

Around a quarter of the men spoke about the role of outreach workers on the scene in raising awareness of issues around dimensions of safer sex. Four of these men had engaged in outreach work themselves and saw it an important health promotion activity. Others had been the recipient of information while out on the scene. Damon explained how engagement with outreach workers talking about Post Exposure Prophylaxis (PEP) had a direct impact on one of his friends who had unprotected sex:

> *"...[gay male friend] went to A & E and he got something, I think it was PEP, and he was one of the lucky ones that, that pretty much got away with it. I think that was only because the conversation that we had because I think it was a speaker from, I think it was volunteers in [name of bar] who were talking about PEP, and I think that's how we got onto the conversation." (Damon, 21)*

It is important to note that men who reported never, or rarely, going out on the scene were not represented among the group of men who discussed the value of scene-based health promotion, which speaks to debates about whether information provided in this setting can reach a broad section of men who have sex with men.

5.4.3.3 Gay Specific Magazines and Literature

Six of the men reported reading gay magazines and books, and of these, four talked about the role it had played in providing information about safe sex, condom use, and HIV. For both Tiernan and Nicky, reading gay magazines introduced them to sexual health issues when coming out. Growing up, Tiernan lived in a rural area, and explained that this made accessing information and support from other gay men very difficult for him. He noted how reading the Gay Times helped him access relevant information:

> *"My kind of sexual health and information in that regard was growing up, it was what I saw on TV. I sneakily once or twice bought the Gay Times and there was articles about that and information in that regard... I think that's where I kind of picked it up..." (Tiernan, 25)*

Nicky presented a similar account, highlighting how Attitude magazine continued to be an important resource in terms of sexual health advice. He explained:

> *"...you know Attitude magazine? Like I've pretty much read that since January of 2008, and have not missed an issue... So... but, so I read that and they have so many things like there are the sexual health issues, there are like, they have the health advice things at the back now where they've got, like even if it's the most minute thing it's checkable. So, like it could be, "oh, this really random, obscure thing happened..." It's like, "oh, actually that relates to me," and I could, "oh ok, so that's fine." (Nicky, 22)*

Nicky made clear how Attitude magazine enabled him to access information around specific sexual risks for gay men. Furthermore, those men who reported reading 'gay magazines' emphasised the value they placed on gaining sexual

health information specific to them as gay men. Bringing together all of these examples of 'gay community' resources, both formal and informal, it is clear that for some of the men in the study, different dimensions of 'gay community' remain an important source of information and support around safer sex.

5.5 Summary

In this chapter I have introduced the definitions and meanings men attributed to the concept of safer sex, including: knowledge of sexual risk such as STIs and HIV; the primacy of condoms; the role of testing as a dimension of safer sex; and contextual and relational dimensions of safer sex, such as physical safety and sexual partners. Biomedical, social, and relational dimensions of safer sex are well rehearsed within the literature, however, physical safety as a contextual dimension of safer sex is less widely discussed.

I have emphasised how different sexual behaviours were framed as more or less risky, noting similarities and differences based on who they were practiced with, and in what context. Building on men's understandings of safer sex as related to physical safety, this chapter has emphasised that men's understandings of non-sexual risks also informed their perceptions of risk within sexual encounters. I have highlighted how men articulated the need to protect themselves, and at times their partner, from physical harm; the possibility of bodily infection, physical violence, and homophobic comments. A small group of men discussed biomedical approaches to HIV prevention, foregrounding the importance of knowledge of HIV status as a key dimension of TasP and PrEP.

I have outlined sources of sexual health information the men drew on which may have contributed to the way in which they constructed their understandings of safer sex. These included those within the men's personal communities (such as family, friends, colleagues and 'professionals') as well as 'mainstream' (re)sources including school-based education, mass-media, and online resources. Lastly I have outlined the role of what I have described as 'community resources'; resources accessed through community-based organisations, the commercial gay scene, and gay print media.

Throughout the chapter I have focused on ways in which the men framed specific people or sources of information as 'legitimate' or 'credible', emphasising how

men highlighted these as important sources of information around safer sex. I have also emphasised ways in which men differentiated between 'generic' and 'specific' sources of information. This has served to highlight how men gravitated towards more specific forms of sexual health information (such as that provided through community–based organisations), which they found more relevant to 'gay sex', and away from generic (re)sources that were perceived as less relevant. Indeed, the findings presented in this chapter suggest that within this group of young men, 'gay community' resources remain an important source of information and support. Nevertheless, the men's discussion of the role of straight male and female friends in 'sex talk', as well as in encouraging condom use and testing suggests that 'gay community' resources may not be the only route to promoting safer sex among young men.

In the following chapter I further explore the idea of condom use as safer sex and outline factors which contextualised, and at times complicated, the men's use of condoms.

6 Chapter Six - Condom use as 'Safer Sex'

6.1 Introduction

In the previous chapter I examined men's accounts of their understandings of 'safer sex' and the meanings they attributed to this concept. Given the primacy of condom use in men's understandings of safer sex, this chapter further explores men's accounts of negotiating condoms as part of 'safer sex'. The aim of the chapter is to address my third research question: Do people within men's 'personal communities' play a role in shaping and informing how men think about safer sex, and if so, how do they do so? Through the chapter I demonstrate how condom use was shaped by men's relationship to specific sexual partners, and informed by the personal communities in which men were situated. I draw attention to the importance the men placed on their relationships with, and to, sexual partners (past, present, and those 'imagined' in the future), and outline how men negotiated perceived social norms of safer sex within the context of their personal communities, and wider gay communities.

First, I introduce factors which appeared to encourage or act as a motivation for using condoms; risk of HIV/STIs, expectations of condom use with 'new' and 'casual' partners, and social norms of condom use within their PC and wider gay communities. I then outline motivations and explanations for non-use of condoms; alcohol use, the importance of pleasure and sensation, the role of immediacy and 'desire', and expectations of discontinuing condom use with a 'regular' partner. Finally I explore the role of trust in decision-making around condom use. I focus on practices which were seen as contributing to trust and those that were not. In particular I highlight how men articulated the role of testing when discontinuing condom use; both as a way of rendering sex 'safer', and building trust with a partner.

6.2 Motivations for Using Condoms

In the sections that follow I introduce factors which encouraged and motivated condom use among the men.

6.2.1 Risk of HIV and STIs

In this section I outline how prevention of HIV and other STIs were framed as *motivations for* condom use. Whether men saw themselves as being at risk of HIV and other STIs appeared to influence their current condom use

Around two thirds of the men reported current, consistent use of condoms for anal sex. The majority of these men described HIV and STIs as not currently being a risk for them because they considered their own sexual practice to be 'safe'. Four of these men reported never having engaged in unprotected anal intercourse (UAI), and although they recognised HIV as a risk for gay men in general, in terms of their current practice they perceived themselves as at little risk personally. Nevertheless, for these men, the protection that condoms offer against HIV and other STIs was a primary motivation for using them.

A small number of men perceived themselves as being at serious risk of HIV, and this also acted as motivation for using condoms. Ethan and Damon both reported very high levels of anxiety about HIV. Both men described feeling 'paranoid' and very fearful about the risk of HIV during their teens, despite not being sexually active at the time. This appeared to have been compounded by poor relationships with their first sexual partners, who had cheated on them, leaving them feeling betrayed and mistrustful of future partners. Indeed, both men described finding it hard to trust other men. In contrast, Terry framed himself as being at risk of HIV simply because he had sex with other men, not because he had recently engaged in 'risky' sex. As one of the older men (age 27), his perceptions of HIV appeared to have been shaped by early media representations, as ending in AIDS and death, something which stayed with him despite recognising HIV as a chronic disease. Indeed, for these three men risk perception did not necessarily correspond to 'actual' risk; Damon had never had unprotected anal sex, and neither Terry nor Ethan reported recent episodes of unprotected sex with a partner of unknown HIV status. Thus, despite their risk of

STIs and HIV being low, they continued to be anxious about HIV, and framed this as a strong motivation to use condoms.

Some men contrasted their condom use in the past with their current practice. These men acknowledged that they had engaged in UAI in the past, however, they were clear that in all recent sexual encounters they had used condoms for anal sex. These men often attributed past UAI to immaturity or lack of awareness of risks when 'younger', contrasting this with their current commitment to protected sex. This is illustrated in an extract from Eddie's account:

> *"...just from a matter of growing up I suppose. It's not necessarily from information or anything like that. It's just from wising up, I suppose you could say. But I had been unsafe previ-, my previous years and stuff but it still...*
>
> ***Are you defining unsafe as not using condoms?***
>
> *Sorry, yes. In this context, not using condoms and stuff for penetrative sex and whatnot." (Eddie, 21)*

It appeared that these men were attempting to distance themselves from their 'younger selves', by emphasising their current 'good' sexual practice in contrast to their past 'bad' practice.

In contrast to those men who talked specifically about HIV risk, a small number of men described desire to protect against other STIs as a primary motivation for their condom use. Gary noted that he was more concerned with risk of infection from STIs, as he saw this as more likely, though less serious than HIV:

> *"I think I worry more like chlamydia— And, gonorrhoea like the smaller things. It's like HIV it just... I think again it's like something you think like, 'oh, it won't happen to me,' I guess. But, you never know like I feel like... I won't get it, because I'm pretty safe. But, you never know really. You don't know." (Gary, 20)*

Although Gary voiced concern about other STIs, he described being "pretty safe" and elsewhere reported always having protected sex. In contrast, Ed and Dale also described being more concerned with other STIs, however, their responses to risk were slightly different from Gary's. Their accounts suggest that they thought becoming infected with certain STIs was inevitable, though for the most

part they were not excessively worried by this, as the majority were seen as 'curable'.

In many ways Tony was an exception to all of the other men. In contrast to the majority of men, Tony appeared to have very little knowledge of HIV; the virus itself and how it is transmitted. This may relate in part to his lower levels of formal education. When I probed around whether he saw HIV as a risk for himself, or other gay men, he stated:

> *"Nope. Because, if it was a big risk, they'd be warning, having, like, telling people, "do this, do that, protect yourself, blah blah blah."*
>
> ***And do you think that there is... (overtalk)***
>
> *No, because, like – they found a cure for it, didn't they?" (Tony, 21)*

Tony went on to talk about news reports of a baby being cured of HIV as evidence of lack of HIV risk. Although he talked in general terms about the importance of "being clean" (free from STIs) and using condoms to prevent infections, he did not appear to link condom use to protection against HIV. Indeed, although he talked about the need to use condoms, it appeared that he did not have an in-depth understanding of why he (or others) used them. Although Tony reported seeking sexual health information (online, and through a local community-based organisation) it would seem that this had not translated into his sexual practice.

6.2.2 Expectations of Condom Use with 'New' and 'Casual' Partners

Participants identified risk not only in relation to infection with HIV and STIs, but also in relation to particular partners. Indeed, differentiating between new, casual, and regular partners appeared to relate to expectations for condom use; the majority of men, regardless of their reported condom use, stressed the importance of using condoms for sex with new or casual partners, but not always for regular partners. Sex with new and casual partners was often framed as being more 'risky'. This is exemplified by an extract from Damon's account:

> *"Casual [sex], I think that might be quite dangerous because, for one, if it's a one night stand, you've only got one phone number and say you were to catch an STI or, if the worst comes to the worst, you've caught HIV from that person, there's no way you can get back in touch with them because you might not necessarily know where they live. With a regular partner you are probably much more familiar with them..." (Damon, 21)*

Damon's account illustrates how casual partners were framed as more risky due to a lack of knowledge about that person. Other men emphasised that with new or casual partners they lacked knowledge about personal details; sexual history, likes and dislikes in terms of sexual practice, and previous sexual behaviour (including use of condoms). Thus, not 'knowing' a partner was seen as motivation for using condoms with casual partners. Only one man, Nicky, described no difference in the way that he considered casual and regular sexual partners. When I asked him about this he explained that he treated all partners in the same way, always using a condom for anal sex regardless of his relationship with them:

> *"...they're both the same, like I treat them both the same, and it's very, "this is how this is done." "Cut, go, done..."" (Nicky, 22)*

Nicky reported only ever having protected sex, and described being committed to condom use. He had friends who were HIV positive and noted that one of these had become infected with HIV while in a relationship, something which appeared to have informed his thinking around consistent condom use with different partner 'types'.

One particular area in which men noted they lacked knowledge of a new or casual partner was in terms of their HIV status. Although none of the men made explicit reference to what could be described as serosorting (e.g. having unprotected anal intercourse with partners with the same HIV status), the majority of men interviewed reported thinking about (or having thought about) the HIV status of a partner when having, or considering, sex with a partner. Moreover, of the twenty men who were not in a relationship at the time of interview, the majority described future aspirations for condomless sex in the context of a relationship with a regular partner. The majority of men described seeking sex and relationships with HIV negative, seroconcordant sexual partners, and were clear that they would not knowingly start a sexual relationship with

someone they knew to be HIV positive. Only four of the men, Eamon, Caleb, Eachan and Tom, reported that they had, or would consider, having sex with an HIV positive partner, and then only with condoms. Thus, 'knowledge' of HIV status appeared to be important for two related reasons; first, lack of knowledge of HIV status appeared to be part of the motivation for initially using condoms with 'new' or 'casual' partners due to risk of infection; and second, for those men who aspired to condomless sex with a 'regular', HIV negative seroconcordant partner in the future, establishing a partner's HIV status was essential.

For around a third of the men, communication around HIV with new and casual partners was deemed unnecessary because they considered themselves to be at little risk due to their consistent use of condoms with all new and casual partners. For other men, gaining knowledge of a potential partner's HIV status appeared to be complicated by the men's reticence around communication about HIV (specifically HIV status) with a potential partner. This was most pronounced in men's accounts of communication around sex with new and casual partners but was not confined solely to these groups, as communication around HIV within relationships also seemed to be problematic for some (see section 6.4.4).

Discussion of HIV status with casual partners was framed as being problematic for a variety of reasons; it was described as running counter to the norms of "gay society" (Kalen, 29), as potentially arousing suspicion and mistrust with a potential partner, as being insulting and rude, and also as being 'too personal'. This suggests that for these young men HIV continues to be stigmatic. For example, when asked about whether he would ever talk about HIV with a potential sexual partner, Gary explained:

> *"No, I wouldn't. I would feel like that was too personal, especially if like you didn't really know them very much, or if you were getting to know them it would be like too... too much to ask I guess." (Gary, 20)*

Gary saw communication around HIV status as a potential barrier to the development of the relationship. He went on to say that he hoped people would ask him and start a discussion but thought they would be too nervous to do so.

Similarly, Colin noted that discussing HIV could potentially arouse suspicion and mistrust with a new partner:

> *"...if I was seeing someone, and they brought that up [HIV], I'd be like, "well, why are you bringing this up, because, is there, like, an issue with you?" (Colin, 24)*

Colin notes that he would interpret discussion of HIV as an indication that there could be something 'wrong' with this person. This was echoed by other men who also suggested that a new relationship could very quickly break down if either partner appeared to mistrust the other. This appeared to serve as motivation not to discuss HIV status, but rather use condoms as a means of avoiding this potentially problematic topic, at least in the early stages of a relationship.

In the absence of direct communication with a partner about HIV, some men reported strategies for trying to ascertain the likelihood of a partner using condoms, as well as their HIV status. One such strategy used by men who reported meeting potential partners online was to examine a person's profile on online gay dating sites (such as Gaydar, Fitlads, LadsLads etc.) and apps (such as Grindr). Kyle, Kalen and Ethan all reported seeking information about whether a potential partner stated that they used condoms for sex, as a means of trying to ascertain their HIV status. These men acknowledged that stating use of condoms did not necessarily mean a person was HIV positive, however this was one factor they used in their assessment of potential risk. They also reported looking at how men described their sexual preferences, such as their role ('bottom', 'top' or 'versatile'). All three of these men acknowledged that profiles were open to interpretation, and may not reflect the 'real' person, but saw this as one strategy in minimising risk.

Another way of attempting to broach the issue of HIV status was to ask indirect questions about the person's sexual history and number of sexual partners. Eddie reported asking such indirect questions in order to assess HIV risk:

> *"I think it's fine to ask, "so have you been sleeping with many people recently?" …and stuff 'cause obviously you're engaging with them and it's like you want to sort of know how many people you're by proxy sleeping with. So it's, it can lower your chances per se but of course not everyone is honest so you have to go by your gut instinct and by your feeling." (Eddie, 21)*

Ethan explained that in the past he had at times assessed whether to use condoms with a partner on the basis of physical attractiveness. He explained:

> *"I think there's a real thought that there's a specific type that you should use the condom for, and that the dirty sleazy ones are, "oh, make sure you use a condom for," and the pretty ones you don't....But then my own thought is basically, when I'm not being, when I've got my common sense hat on [aside] common sense hat on, I'm a bit like, 'you should use condoms for all.'" (Ethan, 24)*

Tony was an exception to the majority of other men, in that he reported inconsistent condom use, and was the only man to explicitly report making a decision around condom use based on bodily signs of infection and disease. He explained:

> *"I can tell, sometimes, because there's some signs, like, when someone's having an STI or something.*
>
> ***Mmm, okay. What kind of signs?***
>
> *Like the rashes for example. Usually. Because I've caught someone out once, and they were like, "damn you." They weren't very happy. I was like, "your fault for getting an STI, not mine." (Tony, 21)*

In addition to looking for physical signs Tony explained that he would ask a partner if they were "clean"[21] (free from STIs, not HIV) and use this as a decision about whether to have sex with a new or casual partner . As noted earlier, Tony saw himself at little risk of HIV due to his lack of awareness of the virus, and assumption that it is curable. In contrast, Theo, David and Nicky made specific reference to the absence of physical markers of HIV (although not STIs). Indeed, all three explained it was not possible to tell from looking at someone whether they were infected with HIV.

Concerns around communicating about HIV, specifically, discussing serostatus, meant that some men simply assumed the status of a sexual partner. This was manifest in the way some men described assuming that a potential partner was HIV negative. While acknowledging that this could be incorrect, six of the men described preferring to work on this assumption, than consider the possibility that a partner could be HIV positive. Eamon and Harry were the only two

[21] Almost half of the men (n=13) used the term "clean" in the context of discussions of being free from HIV or STIs.

participants to describe taking the opposite approach, and assuming that a sexual partner was potentially HIV positive.

Not only did some men describe assuming that a potential partner was HIV negative, around a third of the men made reference to their belief that if a sexual partner knew that they had an STI or HIV, they would (and should) tell them. As Dale explained:

> *"Well... to be honest I think if someone had something [STI or HIV] they wouldn't do something or they'd disclose it, which they should." (Dale, 24)*

This appears to be reflective of the idea that responsibility for disclosure lies with a person who is 'infected' (whether with HIV or another STI). Nevertheless, some did note the complexity of the issue. For example, Noel explained his understanding of the legal position around HIV disclosure in Scotland, suggesting that he thought 'legally' a partner did not need to disclose HIV positive status if they used condoms, but that he hoped they would.

Only three of the men explicitly acknowledged that a partner may not know their own HIV status. These men appeared to recognise that knowledge of one's HIV status was dependent on whether or not they had tested, and also when they had last tested. It is not clear whether the other men's lack of discussion on this topic reflects a lack of consideration of this issue, or simply that I did not probe further on this topic.

6.2.3 Social Norms and Expectations of Condom Use within Personal Communities and Wider 'Gay Communities'

Around two thirds of the men spoke about ways in which people within their personal communities shared their understandings of safer sex, particularly the need to use condoms for sex. Shared expectations of condom use were most often highlighted among friends. Nevertheless, as highlighted in the previous chapter, some spoke about the formative influence of family members in encouraging, and shaping their approach to condom use.

Tom explained that he believed that he and his close gay male friends (included on his PC map) all shared similar perspectives on the need for consistent condom use, as well as testing. He described the importance to him of knowing that his

friends expected one another to use condoms, stressing how they would react to another friend being 'irresponsible':

> *"...we [his group of friends] know we're being responsible 'cause if any of them weren't being they know we would kill them. Any time it's coming up in drunken conversation it's always "oh no, we always use condoms".*
>
> ***So it's kind of the norm amongst your friends here [on map]?***
>
> *Amongst my friends, yes. I tend, I, you see people in Grindr and stuff like that who put like "bareback only" or "looking for bareback or breeding" or whatever, that sort of thing and that's, to me is a complete turn off. I wouldn't even associate with someone who's that... It's not the explicit side it's the fact they're careless... Someone who's that flippant about their life and someone else's, that just, that grounds my gears or whatever the, you know, turn of phrase may be. I just do not agree with that and I can't associate or be friends. I wouldn't be friends with someone who was like that." (Tom, 26)*

Here Tom differentiates between norms of condom use among friends within his PC, and men within wider gay communities who engage in intentional unprotected anal intercourse ['bareback' community]. He uses this different perspective on intentional UAI to delineate, or highlight, a boundary between his own personal community and 'communities' in which condom use is not the norm.

Other men implicitly delineated between the sexual behaviour of friends in their PC with those in the wider 'scene community'. For example, one of the men[22] talked about condom use among men who used the sauna in which he worked:

> *"...when people get cabins you have to change their bins and all, so you see if a bin needs changing, so you can see by the amount of condoms they've used and whatnot. And I know people that have been in there a lot and I know that they're quite, you know, shall we say they're really, you know, they're machines, shall we say, when they go in and stuff and you might hear things going on but then when you go check their bins and everything, there's really not that many, there might be some tissues and stuff but there's certainly not as much condoms as kind of you would think there should be."*

[22] Name deliberately not included because of risk of deductive disclosure; distinctive workplace.

While acknowledging that he had engaged in UAI in the past, he nevertheless stressed that condom use was the norm among his group of gay male friends, in contrast to many of the men he met through his work in a sauna.

Some men, whose PC friendship groups were comprised predominantly of heterosexual friends (both male and female), described having shared expectations around safer sex with such friends. Quinn highlighted communication between him and his female friends around safe sex:

> *"[names of three female friends]; we've all spoke about 'look we all think the same about safe sex,' we've all sat together and spoke about it one time, and we've all spoke, like we all feel like the sort of same thing, that we need to be comfortable with the person that we're with... [Name of female friend] always says that she uses protection and I know that she does, she always carries a condom with her just in case the boy doesn't have one, and [Name of other female friend] is the same really" (Quinn, 19)*

Quinn went on to explain that although female friends within his personal community used condoms to prevent pregnancy (rather than sexual infection), they nevertheless all expected one another to use condoms, particularly with casual partners, and supported one another in using condoms. Thus, rather than emphasising differences in the ways he and his female friends use condoms, he instead highlighted the 'sameness' of their shared perspectives on safe sex. Other men suggested that their heterosexual friends would agree with them that using condoms was 'normal' and an important dimension of safer sex.

In contrast, some of the men insisted that condom use was a norm among their gay male friends, but not among heterosexual friends (both male and female). As highlighted in the previous chapter, this in part related to what they understood as differentiated risks (sexual risks) for heterosexual peers, who were seen to be more concerned with pregnancy prevention, than for gay male peers who were concerned with prevention of infection. Quentin noted that his heterosexual male friends did not see the need to use condoms, nor perceived a need for STI and HIV testing:

> *"I've found more so my gay mates do [use condoms], whereas my straight mates, they act more Jack the Lad. "I don't need that, I'm cream[23]," blah blah blah. "Yeah just cos you might think you are doesn't mean you are. Have you ever been tested?"" (Quentin, 29)*

In this way, Quentin's straight male friends' norms around condomless sex ran counter to those of his gay male friends. Nevertheless, he saw himself as attempting to influence their behaviour, rather than being influenced by his heterosexual friends' non-use of condoms.

Nick presented a somewhat different perspective on his personal community, which was comprised primarily of heterosexual men, and some women. Nick appeared to have reflected on the ways in which his own views and behaviour were shaped by his peer group. He explained:

> *"...you know, the football guys are my core group, if there was also a 'gay group' or, or an offshoot of one of those that was, that was composed of gay men, I think you would have different conversations and I, feel like I would benefit from their input on things that I am probably, that are unique to a gay man, that my friends, as concerned and liberal and gay rights advocates as they might be, aren't, aren't going to be as interested in, so, yeah… And I think it would affect my views and possibly my behaviour, depending on the information that I got, because I think, I think my view of, of things like 'safe sex' are very much related to that group of people (points to map), and their views, rather than the views of a single gay man, which might be different, I don't know." (Nick, 29)*

Nick here articulated his belief that if he had more gay male friends, his views and behaviour in relation to 'safe sex' would be different. Although Nick was currently not sexually active, and reported infrequent anal sex, he did note that in the past he had engaged in UAI and attributed this in part to failing to see condom use as a norm for him. Thus, Nick appeared to recognise that his personal community, comprised as it was largely of heterosexual men, reinforced what he understood as wider social norms that did not support safe sex in terms of prevention of sexual infection.

6.2.4 Condom Use as a 'Community Issue'

Around a third of the men described condom use as a 'community' issue, often drawing on the notion that gay men are more at risk of HIV than the general

[23] 'Cream' is slang word here used to denote someone thinking they are 'the best'.

population. Theo explained that as 'community' gay men were more at risk of HIV:

> *"I mean, in general it is, it's a community wide issue. I don't think there's any kind of, with gay men anyway, I don't think there's any kind of group within that that can say, apart from people that are abstinent, to say, you know, "we're not at risk, it's not an issue for us". It's definitely a community thing." (Theo, 23)*

Similarly, Eamon and David both drew on strong communitarian perspectives around responsibility towards other men to continue using condoms. When discussing the importance of safer sex, Eamon highlighted that a 'good' community *should* involve looking out for other people:

> *"...because it's community it's like it would affect everyone in the community and then a good community will look after like people in its community, so yeah. Yeah I think just if you're part of a group you want to like look out for that group and just… yeah." (Eamon, 24)*

Tiernan, Eachan, Tom, and Theo all stressed the importance of continuing education and health promotion on the scene and within community-based organisations, with the aim of informing men about the specific risks associated with having sex with other men. Eachan, the only one of these men personally engaged in outreach work (at the time of the interview), talked specifically about the importance of peer education in promoting condom use. Furthermore, Finlay described how over time he had changed his position on whether health promotion work should continue to focus specifically on gay men as a 'community':

> *"I have mixed thoughts on that. I, because this comes up a lot in kind of organisations that I work with, the whole idea of 'should, like, Gay Men's Health almost exist?' Like, should there be Gay Men's Health, or should it be sexual health for everybody? Because is it perpetuating stereotypes? But at the same time, I think I've kind of decided that yes, it should, because there are different issues, different risks, different ways of having sex, different dynamics in terms of relationship. So I think it is important, I think it is. But I have been backwards and forwards on it, because I just, I don't like the idea that we are sitting here saying "gay men need to be more careful than straight men", but I think ultimately, yes." (Finlay, 22)*

Thus, these men highlighted the importance not only of community engagement, but addressing specific community needs. It is perhaps not surprising that this

particular group of men framed condom use as continuing to be a community issue, as all were either currently involved in LGBT or gay men's organisations, or had been in the past. Thus, it is likely that promoting condom use and safer sex as a collective responsibility was well established among this group.

Although they all reported using condoms for HIV prevention, many (n=9) of the younger men - those aged 24 or under - expressed the view that less emphasis should be placed on gay men and HIV risk, suggesting that it was 'everyone's issue'. It is interesting to note that all but two of these young men also had friendship groups (within their PC) dominated by heterosexual friends, and over half had never or rarely went out on the gay scene. Thus in some ways these men appeared to have a 'lighter' engagement with some dimensions of gay community.

Furthermore, there seemed to be a perception among these men that among 'younger men' (and I would argue to some extent themselves), HIV was seen as a chronic disease, and less 'urgent', though not less serious. Harry maintained that among the younger men he knows HIV is seen as less important or relevant because they no longer "see" people living with HIV, and therefore perceive it as a historical disease rather than a 'real' one. Nicky attributed this to the historical context of HIV, and younger men's lack of connection to the early epidemic and 'community' responses to HIV. He noted:

> *"I think there was a point where it became every gay man would use—well, not every gay man, but like the majority of gay men would use condoms. And there became a point at like late eighties, early nineties when that was just... "for your survival this needs to happen". And then, it massively peetered off, and like coming into the noughties and the beginning like 2010, 2011 and stuff, it was down a lot. Like contraction of HIV in Edinburgh increased like it was very... people became more lackadaisical about it." (Nicky, 22)*

Nicky went on to explain that he thinks some young men see HIV as a "non-issue" and therefore do not see the need to use condoms. Similarly, Kalen (aged 29) emphasised what he saw as a generational divide between those who had lived through the early years of the epidemic, and younger generations of men who had not experienced "seventy per-cent of your friends vanish[ing] because of a mysterious illness".

Some men framed condom use as an individual, rather than community (or collective) responsibility. Quentin highlighted that 'no two people were the same', stressing that despite condom use being promoted as a community issue, individuals all have different responses to information provided. Similarly, Caleb stressed the way in which he felt individuals rather than communities should take responsibility for sexual health:

> *"I think it's an individual issue. I think individual people have to sort of take responsibility for their own health. I think individual people should be… see I've done research on this, not my own research but just like… reading stuff and that. But I think people should be free to sort of choose the sexual risk that they want to choose" (Caleb, 26)*

The men who framed HIV risk and condom use as an individual issue tended to have more 'mixed' personal communities, having included more heterosexual male and female friends and family. In general, these men reported less engagement with the commercial gay scene over time than those men who framed safe sex as a community issue. It seems possible that these men felt less connected to 'gay communities', shaping their understandings of condom use as an individual, rather than a collective issue.

Other men (n=12) sat somewhere between these two positions. These men highlighted condom use in relation to HIV prevention as both a 'community' and individual responsibility. Men within this broad group more often presented gay communities as being heterogeneous, highlighting different groups, sub-communities or 'sub-cultures' within broader conceptualisations of community. Ethan, Harry, Dexter and Eddie all talked about groups which had different norms around condom use. Eddie, stressed his belief that there were some groups of men that festishised condomless sex, and as such represented a sub-group of a wider gay community. Similarly, based on his experience of outreach work on the commercial gay scene, Ethan felt that some groups of "older bears[24]" who frequented certain bars (and used sex on premises), represented a sub-culture that was unlikely to respond to safe-sex messages. He explained:

> *" I feel like... they wouldn't participate in that. They would be quite happy to obviously bareback and stuff like that. So this is my 'hat off', this is just a personal kind of feeling, a feeling that I have." (Ethan, 24)*

[24] See Glossary for definition of 'bears'.

Ethan's discussion of condom use among groups of "older bears" speaks to ideas around divisions between younger and older gay men on the basis of age related stereotypes.

6.3 Motivations and Explanations for Non-Use of Condoms

Where men described experiences of unprotected anal intercourse with new or casual partners, three main factors were used to explain this; alcohol use, the importance of pleasure and sensation, and the role of desire and immediacy. Men also described their expectations around non-use of condoms, specifically discontinuing condom use in certain contexts; with 'regular' partners and/or in the context of a 'relationship'.

6.3.1 Alcohol

Of the men who had ever engaged in UAI (n=24), over two thirds discussed the role of alcohol in sexual risking taking, specifically sex without condoms. Being "drunk"[25] was commonly used by these men as an explanation for engaging in unprotected anal sex when they were otherwise committed to using condoms. Indeed, being drunk was often used as a post-hoc rationalisation for having unprotected sex with a casual partner, or "random". Tiernan explained this, saying:

> *"Any misdemeanour's or any things that I ever had in which I practised unsafe sex, it was either there was drugs or alcohol usually involved, it was never a time where I was sober and I was going to meet someone, where I didn't practice safe sex. So, I've always seen them as barriers or I would always use them as a blame thing... "I didn't think at that situation because I was too influenced by drink or drugs". That's just one example of it, but more often than not, nearly all my... all my times, I think, of unsafe sex with randomers have all been as a part of that." (Tiernan, 25)*

Nevertheless, examining the accounts of the men who explicitly linked alcohol to their *own* experiences of unprotected sex (n=16), there appeared to be an intersection between the idea of 'knowing' a partner and having sex while under the influence of alcohol. Of these men, half described how they had unprotected

[25] Many different terms for being "drunk" were used including; "pissed", "steaming" "wasted" and "intoxicated".

sex with someone already known to them, for example an ex-partner, friend (including friend-of-a-friend or "fuck buddy"), or "regular casual partner". This included men within their personal communities. Indeed it appeared that 'knowing' the person they had sex with, and in some cases having had protected sex with them in the past, contributed to a sense in which having unprotected sex was framed as less risky. This is illustrated by Tom's experience of having sex with a friend whilst drunk:

> *"I was travelling visiting my friend [name] who I'd slept with before but we'd always use condoms and we just, it was that thing, you know where, one of those evenings where I was adjusting and just we talked for ages but just as friends and I just thought it was, we both thought, you know, there's no chance but we met and there was just sort of, just an attraction, just a "holy fuck" sort of thing. And then saw him again and like the condom's by the bed, it was by the bed, I remember it and we just got so caught up in it we realised afterwards "fuck, shit, okay that's bad but, you know, should be fine" and he said "I've only ever used condoms with guys before, it's fine"." (Tom, 26)*

For Tom, alcohol combined with attraction to his friend made accepting that he had engaged in UAI 'easier'. Although Tom and his friend assessed that there was little risk (as both had used condoms with their previous partners) Tom went on to explain that this experience had further reinforced the need to maintain consistent condom use with casual partners.

Drawing on men's explanations of the importance of friendship (described in Chapter Four) including the sense of trust and support that men described having with friends within their PCs, it is possible to appreciate why, and how, unprotected sex with someone 'close' is framed as less risky. When combined with alcohol and desire, as Tom and Quinn highlight, it appears that for some men it is easier to forego condom use in this context.

Around half of the men claimed that alcohol had little or no effect on their own sexual behaviour, but suggested that it resulted in increased sexual risk taking for others. Indeed, all of the men who always practiced protected anal intercourse (PAI) stressed that for them, alcohol was not a factor in their condom use. Nicky provided an explanation of what he thought constituted a difference between his own behaviour, and that of others for whom alcohol led to UAI:

> *"I think it's the same as anything with like, when—the more intoxicated you get, the more your risk-taking behaviour increases. And, I think it very much depends where people start off at. Like, if you start off at a point of, "oh..." kind of wishy-washy... and you're more likely to. Whereas if you start at a staunch, "no way," like it may decrease your staunchness, but it will still be there." (Nicky, 22)*

Nicky here suggests that alcohol may weaken, or erode, intention to use condoms among those who are less committed to condom use at the outset. This speaks to the idea that condomless sex may be desired prior to drinking alcohol, and that for some men drinking acts both as catalyst and an explanation for unprotected sex. It also serves to emphasise how alcohol relates to existing sexual practice, and is more complex than simply not using condoms due to alcohol consumption.

Men also described alcohol in terms of norms within wider gay communities, specifically the culture of the commercial gay scene. Six of the men reasoned that alcohol use was intimately bound up with the commercial gay scene. Harry made links between the gay scene and ways of 'being gay' that are tied to alcohol use, describing the links between alcohol and sex among gay men who regularly go out on the gay scene:

> *"The gay scene is just people getting drunk together and often sleeping with each other. And that fills a need to get drunk and a need to have sex but it's, that's a lot of the time more the scene than the gay community and that's a lot of the time unfortunately a big issue. " (Harry, 23)*

Harry went on to emphasise what he considers a norm within the scene community (which he differentiated from wider 'gay community') the idea of getting drunk and having sex with other men. Similarly, Finlay also emphasised the idea that the 'scene' community is embedded within a culture of drinking, promiscuity and casual sex, while those within 'LGBT organisations' are more linked to gay rights/politics and long-term relationships. Finlay did go on to note the existence of an overlap between these elements of gay communities, but nevertheless positioned himself, and his friends within his personal community as being in opposition to the 'casual sex and promiscuity' he associated with the scene. Similarly, Quentin stressed that he chose to distance himself from the stereotype of drinking and drugs he associated with a particular form of gay community:

> *"Well I don't do drugs, I don't go out and get drunk every weekend, so I'm totally different to other gay men. So to say I'm part of a gay community in that respect, I'm not, just like they're not part of my community, do you know what I mean?" (Quentin, 29)*

Both Colin and Theo highlighted alcohol consumption as a problematic dimension of the commercial gay scene, noting that they have seen the negative repercussions of alcohol within the scene community. Whether or not high levels of drinking and drug use are specific to gay scene culture, what is important here is that they were framed as such within these men's accounts.

6.3.2 Dislike: Pleasure and Sensation

Of those men who had ever engaged in UAI, five discussed the issue of pleasure as a factor in sexual practice and condom use. Indeed, sex without condoms was at times framed as being 'better' due to increased pleasure during sex. Eamon explained:

> *"...they're not as good as, like pleasure wise, they're not as good as like not using a condom; they can be fiddly and stuff. Like a bit of a passion killer so that's just something you've got to- I think that it's kind of more- I just feel kind of more accepted now, like just kind of standard maybe." (Eamon, 24)*

This was supported by Harry who stressed that using condoms could reduce the pleasure experienced when "cumming" (orgasm). Indeed, these men argued that a reduction in pleasure constitutes one reason why gay men do not always use condoms. Nevertheless, for these men sexual pleasure and physical sensation as motivations for not using condoms appeared to be weighed up against anxiety around risk of STIs/HIV, such that they would choose to use condoms with casual partners, but once 'trust' had been established would practice condomless sex in the context of a relationship.

Although all of the men that consistently practiced PAI cited risk of HIV and other STIs as a motivating factor in their commitment to condom use, potential benefits to non-use were also acknowledged. Damon described how he *imagined* that sex without a condom would be much 'better' and more pleasurable:

> *"I personally think it [anal sex] would feel much, much better without one. I have never had anal sex without using a condom, but I would think it would be much better, I personally think that is probably the reason why people don't use them." (Damon, 21)*

Nevertheless, Damon stressed that his anxiety about living with HIV meant that at present he could not foresee a time when he would chose to discontinue condom use. In contrast, Gary spoke about his aspirations for future relationships, explaining that if he and a future partner had both tested for HIV and other STIs, they could stop using condoms and "could like avoid all that". This suggests that condom use was understood as necessary, but perhaps a chore. Nevertheless, men who only ever practised PAI seemed reluctant to consider the idea of risk reduction strategies, other than condoms, as a way of managing HIV risk within their *current* sexual practice, as for them, the risks they associated with UAI outweighed any possible benefits of condomless sex.

6.3.3 Immediacy and 'Desire'

The role of 'desire' was discussed by five of the men who had engaged in UAI in the past. Both Harry and Quentin explained that in different ways, immediacy and 'desire' were linked to past episodes of UAI. When I asked Harry if he could tell me about his last experience of UAI, and what made it different from instances of protected sex, he explained:

> *"I didn't have any on me but I wanted to have sex. That is, that's the reason why there wasn't a condom used at that point."*

He went on to say:

> *"I was worried about the risk afterwards because so yeah you can think of it a little bit during but again the body wants what the body wants at times. It's very hard to say no. And that's always something that has to be taken into mind that it's never a rational decision in these situations." (Harry, 23)*

Harry notes that sex is not "rational", and that wanting to have sex, the immediacy of the encounter, can override any process of risk assessment that he may apply in other contexts. Harry's account illustrates how 'need' or 'desire' to have sex were framed as factors in the non-use of condoms. Similarly, both Tom and Nick talked about the "heat of the moment" and how this could affect decision making and communication around condom use:

> *"No because if I, if I was being, if I had a rationale, if I was being rational, and making an active decision, I would always make the decision to use a condom. It's in those situations where you are not thinking it through, you are, in the heat of the moment..." (Nick, 29)*

Furthermore, Tom explained that for him the immediacy of sexual encounters meant that condom use was rarely discussed in advance, rather, was something that had to be managed at the time. In contrast, Terry emphasised that his awareness of how quickly discussion of condoms could 'kill the moment', meant that he preferred to agree condom use upfront, so that there was no "embarrassing moment during sex".

6.3.4 Expectations, and Aspirations, of Discontinuing Condom Use with a 'Regular' Partner

As highlighted earlier in the chapter, the majority of men stressed the importance of using condoms as part of 'safer sex' with new, or casual partners. Nevertheless, condomless sex with a regular partner did not necessarily equate to 'unsafe sex' amongst these men. Many of the men (n=14) who were not in a relationship at time of interview talked about their aspirations for condomless sex in future relationships with a regular partner. Furthermore, six of the nine men who were in a relationship at the time of interview had discontinued condom use with their partners, and described the sex they had with their partners in this context as 'safe'. A small number of men framed discontinuing condom use in a regular relationship as being common practice among other gay men that they knew. Thus, for these men this appeared to be a social norm and among their friends. Other men did not explicitly cite examples of friends in relationships, rather presented discontinuing condom use over time as something they personally expected to do.

Men who discussed discontinuing condoms often talked about this happening over time; using condoms in the early stages of the relationships while the relationship was new and they did not know the person well, before ceasing condom use once the relationship was more established. This is exemplified by an extract from Eamon's account:

> *"Whether it was just like a casual thing, I would always use condoms and then if we're going out like, at the start for like a couple of months depending on the person, we would use a condom and then after that if like we trusted each other, if I trusted him, we would not until...And then I would go for regular check-ups." (Eamon, 24)*

Eamon here also refers to the importance of trust, something that was common across other men's discussion of expectations of discontinuing condom use. Around a third of the men (n=11) explicitly linked trust in a long term partner to 'safe sex':

> *"...if I was to be like the safest as it could be it would be having a long term partner in sex. Whether that was with condom or not 'cause that, in the end with a long term partner it comes down to trust and just how you feel about things with that person so generally just anal sex with a long term partner..." (Eddie, 21)*

Eddie here argues that sex with a long-term partner, with or without condoms, could be considered safe, as long as partners trust one another. Given the primacy of the relationship, particularly the importance of 'trusting' in men's discussion of discontinuing condom use, I now go on to explore this in greater depth.

6.4 Trusting a Sexual Partner

In the previous section I highlighted how 'trust' of a partner was framed as playing a critical role in decision making around condom use. How did men define trust in relation to their sexual partners? In the following sections of the chapter I outline practices that the men described as contributing to trust, and those that did not. I then examine the role of monogamy and fidelity, and HIV/STI testing as means of establishing trust in a partner, and rendering sex without condoms 'safer'.

6.4.1 Understanding Trust

The majority of men did not explicitly define what 'trust' meant to them, however it is possible to gain some insight into practices that men saw as contributing to trust, as well as those which were not.

There was an expectation that regular and long-term partners would 'look out' for them. Where the expectation that a partner 'look out' for them was

violated, trust was seen to be broken. Three of the men talked about past experiences of being in an abusive relationship, and were clear that the behaviour of their ex-partners had violated their sense of trust, both emotionally and sexually. Kalen described some of his experiences:

> *"...a previous relationship where I was actually locked in a room, I had to phone every time I got in, or was leaving. I had to say where I was going, and what time. So—and that was during I think quite a crucial part of my development, and my need for human relationships, and the need for wanting that I just thought that that was acceptable behaviour, and should've known better but didn't" (Kalen, 29)*

Kalen went on to explain that he had contracted an STI from this partner, because they were having unprotected sex with other men outside of their relationship, something which compounded his sense of betrayal. He felt strongly that his past experiences had gone on to shape how he interacted with current partners, and that he found it hard to fully trust them. This was echoed by Ethan and Eachan who both reported finding it hard to trust other men, something which they felt complicated their communication around sex with partners.

A small number of men (n=4) described their experience of a sexual partner attempting to have anal sex with them without using a condom, and stressed that they would not trust someone who attempted this. For these men, such behaviour appeared to be a violation of the implicit trust placed in a partner when having sex, and to indicate that they were not trustworthy. In Dexter's case, he described ending the sexual encounter:

> *"I stopped him as soon as he entered. I was like "no, I'm not doing this with you," and then I walked out on him pretty much." (Dexter, 21)*

Dexter noted that as his experience occurred in the context of a sauna, he assumed that this was the norm among men who go there and decided not to have sex with other men in this context. In this way he framed the 'type' of people that go to saunas as untrustworthy, and the setting itself as "totally risky".

In contrast, Tom, Ethan and Gary all described going ahead with sex, but insisted that the men they were having sex with use a condom. All of the men noted that they did not see the person again, as they felt they would not be able to trust them in future.

6.4.2 Monogamy and Fidelity

Where men talked about trust in the context of relationships, this was often referenced in relation to monogamy and fidelity. Indeed, some men cited monogamy as being a criterion for trust, and emphasised how perceptions of monogamy related to decisions around whether to continue, or discontinue condom use.

Almost half of the men (n=14) explicitly discussed the issue of monogamy as a factor in the use of condoms within a regular relationship, linking monogamy to knowing and trusting a partner. Around a quarter of the men in the sample had been in monogamous relationships in the past and had used this, along with testing as a rationale for discontinuing condom use. Similarly, for some men in relationships, monogamy was central to their current sexual practice. Indeed, David, Theo and Colin were clear that their decision to have condomless sex with their current partners in part rested on their sense that they were in trusting, monogamous relationships. Other men, despite never having experienced a monogamous 'long-term' relationship, aspired to this in the future. These men all emphasised the importance of testing for HIV and STIs as part of the process of trusting that such a monogamous relationship could be understood as 'safe'.

In contrast, some men (n=7) (both those in and not in relationships) were clear that monogamy was not necessarily essential to a committed relationship, in that as long as both partners trusted one another and were in agreement it was acceptable to have sex with other men. Discussing his expectations of future relationships, Caleb explained that he would expect to reach an agreement on the use of condoms with a long-term partner:

> *"I think if I were in a relationship long enough where there was an element of trust and sort of an element of negotiated safety where we'd both been for checks, we'd both sort of discussed sexual fidelity and what that means and what that looks like, I think after that period then I would say it was fine to not use condoms." (Caleb, 26)*

Caleb himself introduced the term 'negotiated safety' during the interview, explaining that he had researched the topic in the past. Thus, at least in theory, Caleb was clear that he would seek to make an explicit agreement about using condoms for sex with men other than his primary partner.

Although some men talked about having agreements about sex with someone other than a primary partner, at times this appeared to be based on assumptions rather than explicit agreement. This was the case for two of the men who were in relationships at the time of interview. Finlay acknowledged that while he and his partner were monogamous (at time of interview), they both found other men attractive, and in the past had sex with other men. When I probed about whether he and his partner had any explicit agreements about sex with other partners, he explained:

> *"I don't think monogamy is the be-all and end-all thing, but I think I've probably said "I have no issue if you want to be with someone else, if you tell me, and if I, in terms of sex then we would have to be using protection in that case." I don't think I've ever sat down and said it in that clinical way, but... there is a shared understanding that that would be the case, and he's the same. I mean, we are, we are monogamous at the minute, but it wouldn't, it wouldn't bother me, you know, from an emotional perspective it wouldn't affect me at all, but I would want to know so that I could be using protection, because of course then there's more risk. But again it's, I'm quite an open, practical person in that respect, a logical, so to me it's just about kind of... but I know, I trust him and I'm putting my health in his hands, because if he did that, then it puts me at risk, but I trust that he would tell me if that was the case or whatever." (Finlay, 22)*

Here Finlay makes it clear that he and his partner have a "shared understanding" of how sex should be practiced outside of their relationships (always with condoms) and this appears to be predicated on trust, rather than an explicit or defined agreement (i.e. not negotiated safety). Similarly Kalen, made clear that his partner has stated that he did not want to have sex outside the relationship, Kalen has stressed that if he does, he should use condoms. Crucially, Finlay and Kalen appeared to place greater importance on trust in their partnerships, than formal agreements of monogamy or sexual fidelity.

Discussions of monogamy and fidelity were not restricted to the men in relationships who had discontinued condom use. Indeed, Tiernan discussed the issue of monogamy at some length stressing that despite having previously "played away" a number of times in the past, he and his partner currently had a monogamous relationship. Indeed, Tiernan described being committed to not having sex with other partners, primarily because he felt that this could potentially put his HIV positive partner at risk of STIs, but also because he wanted to live up to the trust that his partner placed in him.

Many men (n=9) acknowledged the risk that a regular partner cheating could pose, particularly if condoms were no longer being used. For some men who had never engaged in UAI, this seemed to be an explanatory factor in their commitment to condom use, even within a monogamous relationship. Kyle, Nicky and Damon all cited examples of friends from their personal community who had become infected with HIV while being in a relationship, something which appeared to have informed their thinking around monogamy and condom use in future relationships. Nicky described how a friend was diagnosed with HIV at the age of 21 after being in an apparently monogamous relationship:

> *"He's twenty-one, and he's had HIV since he was sixteen. He got it when his long term boyfriend, after a year they finally stopped using condoms, and that was when his boyfriend started cheating on him. Which is horrible but it's a... If nothing else it's a cautionary tale..." (Nicky, 22)*

He was clear that this had negatively influenced how he thought about condomless sex in future relationships, as he recognised the potential for a partner to cheat as a risk for HIV. Indeed, he noted that he been advised by an older gay male friend to always use condoms regardless of the length of the relationship, stressing, "Don't risk it". Similarly Kyle and Damon were clear that for them, the risk of HIV, and their anxiety about living with the condition meant that they would not stop using condoms in a relationship, monogamous or not.

In contrast, other men noted that while cheating was a possibility, ceasing to use condoms was a risk they were willing to take in relation to a long-term partner, because to indicate otherwise would be indicative of mistrust. As Harry explained:

> *"Yes, there's still that risk that he might cheat, that person might cheat on me and with unprotected sex and I could get, become ill, and a lot of people do pick up HIV from that, but it's a risk I'm actually willing to take because I, it's more just a trust issue than anything, and I'm actually not too bothered about that." (Harry, 23)*

For Harry, to question a partner's fidelity would be damaging to the relationship. Thus, accepting the risks that go along with condomless sex in this context was framed as being critical to maintaining trust. This was echoed by other men who noted that accepting the risk of cheating, and exposure to sexual infection, were part of trusting a partner.

6.4.3 The Role of Testing in 'Safer Sex' and Establishing Trust

Testing for HIV and STIs was cited as a way of demonstrating trust, and ensuring that sex was safe. Both men in, and not in, relationships at the time of interview emphasised the importance of testing for HIV (and other STIs) in decision making around condom use, particularly in the context of 'regular' or 'committed' relationships. As noted previously, many of the men (n=14) who were not in a relationship at time of interview talked about their aspirations for condomless sex in future relationships. Of these, the majority (n=10) described testing for HIV/STIs as playing a role in assessing whether it was safe to discontinue condom use, and as a way of displaying trust in a partner. This is illustrated by the way that Eddie described the need for testing to ensure that both partners are 'happy':

> *"But with my partner's HIV status it's always important to, say if I was to get in a relationship and stuff or if things were sort of to progress and whatnot, always get tested and stuff. I feel I should always get tested just so everyone's fine and you know everyone's, you're both fine and you can both be relatively happy and at peace of mind." (Eddie, 21)*

Other men reported having tested together with a regular partner in the past as a way of minimising risk when ceasing to use condoms. For example, Tom reported that he had previously used such a strategy:

> *"So three months is the window period [for HIV], after three months we want to lose the condoms we go, we get tested and then we can ditch the condoms but that would only be in a monogamous relationship." (Tom, 26)*

Taken together, I would argue that for this group of men testing was to some extent understood as a way of demonstrating trust within a relationship. Furthermore, all but one of the men (Ed), that discussed the role of 'testing together', currently tested regularly on an individual basis, suggesting that they may seek to encourage testing in the context of a relationship. The experiences of the men who were in relationships at the time of interview provide further insight into the role of testing in communication and negotiation around discontinuing condom use. This is explored in the following section.

6.4.4 Men in a Relationship: Testing as 'Knowing and Trusting' when Discontinuing Condom Use

In the last section I highlighted men's intention to test together before discontinuing condom use within future relationships. How did testing play out for men who were already in a relationship? Six of the nine men in relationships had discontinued condom use at the time of the interview. Although all of these men discussed the importance of testing as part of their decision to stop using condoms with their partner, a complex picture emerged of how this had happened in practice. Two of the men, David and Theo, reported what could be described as explicit or 'formal' discussion with their partners about the possibility of stopping using condoms. This discussion appeared to have been a prompt for these men and their partners to go and be tested for HIV and other STIs. Theo explained how he and his partner negotiated this process:

> *"We came here [name of gay men's organisation], just had a full test done, you know, got the results at the time, didn't have HIV. I'd recently been for a chlamydia and the other kind of ones test and that had come back as negative and I'd not had any other sexual partner in-between other than [name of partner]. So, we had actually discussed it at the start, I was more like, I think we probably should both just go, so we know the HIV status. I mean, if either of us have it then, you know, we'll cross that bridge when we come to it, but he was like, "I'm sure I don't", and I was like, "I'm sure I don't", and then we had it confirmed and it was like, "ok"." (Theo, 23)*

From this extract it becomes clear that Theo and his partner had discussed the possibility of either of them having a positive test result, but had decided to deal with this only if it happened. He went on to explain that having both had a negative test result he and his partner felt free to stop using condoms together.

Likewise, David and his partner received negative HIV results after going for testing together, and stopped using condoms together.

Similar to Theo and David, Colin described going for testing with his partner, however this was complicated somewhat by the 'status' of their relationship. Colin explained that he and his partner had been going out together for some time, but had decided to split up at one point. Getting back together prompted a discussion of testing, and they made the decision to go for testing together. As Colin explained:

> *"And, you know – like, when me and [name of partner] first, when me and [name of partner] broke up, we both just said, I was like that, "look – I believe that you haven't, you know, done anything with anyone else. I know that I haven't. But I would much rather that" – we both just agreed that we'd go and get checked. I said "look, we'll need to do it anyway", I says, "so let's just go and do it". And we did. And we were both fine. "(Colin, 24)*

Colin did not make clear the length of time between testing and their decision to stop using condoms, but he went on to explain how important it was to him that they had had shared their test results and "showed each other that we were both like safe". For Colin, testing seemed to have taken on increased importance due to his relationship with his partner having previously broken down, and I would argue that the decision to test together was also used in an effort to re-build trust in their relationship.

For the other three men – Kane, Kalen and Finlay - who reported discontinuing condom use, a much more 'fuzzy' or complex picture around testing emerged. Although all three of these men discussed the role of testing in decision making around discontinuing condom use, these men appeared to have engaged in less formal communication with their partners than David, Theo or Colin. Finlay explained that he and his partner had both been tested together as part of their regular sexual health screening, but had not 'formally' discussed discontinuing condom use, rather, knowledge of each other's HIV status meant that they felt safe to stop using condoms:

> *"...it was more kind of "we should be going to get tested, this is what, it's just something that should happen," and from that we both knew that we were safe to be together without protection, and I think... I think it was maybe something like we didn't have a condom or something and thought, 'oh, it doesn't matter, if something happens to us, actually, it doesn't matter anyway' kind of thing." (Finlay, 22)*

A similarly complex picture emerged in relation to Kane and his partner. Kane explained that prior to meeting his partner he had been for regular testing, and that to his knowledge, his partner had never had sex before. As Kane was sure of his HIV status, he was not overly worried when he and his partner had unprotected sex on a number of occasions; nevertheless, these episodes of unprotected sex appeared to prompt them to discuss discontinuing use of condoms. He describes how they managed this, saying:

> *"...we just talked about it and I was just like "look, I'm clean, you, I'm the only person you've ever had sex with. The chances of you having an STI are very low" and [name of partner] was just like "yes". And then [name of partner] got checked. So we had sex a couple more times and then [name of partner] got checked and he was like "yeah, yeah, we're both clean. Like, let's not bother with condoms." (Kane, 23)*

Thus, although testing played a role in Kane and his partner's decision to stop using condoms altogether, this happened over time, without using condoms up to a point where they both tested together.

In contrast to the negotiations around testing within partnerships described above, Kalen did not report either discussing testing, or actually testing, with his partner prior to stopping using condoms. Instead, Kalen noted that he and his partner decided to stop using condoms, and appeared to have a tacit agreement about what that would mean in practice. Although Kalen did describe going alone for testing, and elsewhere in his account made clear how important testing is in term of managing risk of HIV, it does not appear that testing had formed an integral part in the decision to cease using condoms with his partner.

It is worth noting that approaches to testing in couples discussed here to some extent appear to be patterned by the men's personal (individual) testing

practices[26]. Theo, David and Finlay all reported regular and proactive approaches to individual testing prior to testing as part of a couple. In contrast, Colin, Kane, and Kalen all described more reactive approaches to testing on an individual basis; testing in response to a 'risk event' or specific symptoms. This may help to explain some of the differences between approaches to testing as part of a couple.

6.5 Summary

This chapter has shown how members of men's personal communities, as well as wider 'gay communities', shaped and informed their approach to one specific dimension of safer sex, condom use. In particular, it has emphasised the role of one particular group of men that men included as part of their personal communities, their sexual partners. As not all men included current sexual partners within their PCs, this chapter has also drawn on wider discussions of past experiences and future aspirations, exploring the importance of condom use as safer sex.

In many ways these men described 'orthodox' conceptions of safer sex, articulating well rehearsed public health messages around the need to use condoms for anal sex. Although regular condom use was reported by the majority of participants, consistency of use was affected by a range of factors. Risk of HIV and STIs was framed as a primary motivation for using condoms for anal sex with other men. The majority of men expected to use condoms for anal sex with new and casual partners, who were framed as more 'risky' than regular partners. Men often labelled new and casual partners as more risky because of a lack of knowledge about their HIV status. Some men reported using condoms as a way of avoiding discussion of HIV, whereas others described a range of strategies for attempting to ascertain a partners HIV status. Men also reported making assumptions about serostatus; many worked on the assumption that partners were HIV negative. Some men also expected that an HIV positive partner should, and would, disclose this prior to sex (protected or not).

[26] See footnote 12. As noted earlier, an analysis of data relating to men's accounts of their personal approach to sexual health screening and HIV testing was conducted, however this is beyond the direct scope of this thesis.

Men articulated shared expectations around condom use with individuals (and groups) within their personal community. Some men whose PC included many heterosexual friends noted areas of shared expectations around condom use, recognising how their own approach to condom use was informed by friendship groups within their personal communities. Men at times differentiated their PC from wider 'gay communities' on the basis of norms around condom use.

Wider 'gay communities' were also framed as playing a role in shaping approaches to condom use. While some men suggested that condom use and understandings of HIV risk were highly individualised, others stressed the importance of communitarian (collective) approaches to promoting condom use, noting community members' responsibilities towards one another. Some men highlighted different norms within specific sub-cultures or sub-sections of the 'gay community', articulating the ways in which they thought such groups may be more or less committed to 'safe sex'. The idea of generational differences, and lack of connection to the early HIV epidemic, was used by some to explain why 'other' young men perceived HIV as a 'non-issue' resulting in inconsistent use of condoms for anal sex. Indeed, the chapter has demonstrated that younger men, often those with very mixed, or straight dominated, friendship groups understood safer sex and condom use as 'everyone's issue' rather than one primarily for 'gay community'.

Where men described experiences of unprotected anal intercourse with new or casual partners, three main factors were used to explain this: alcohol use, the importance of pleasure and sensation, and the role of 'desire' and immediacy. Alcohol was often used as a rationalisation for not using condoms, and some men highlighted that alcohol (and to some extent illegal drug use) were part of the culture of the commercial gay scene. Condoms were at times framed as reducing sensation and pleasure and this was used as an explanation for non-use. Immediacy in "the heat of the moment" was used by some as explanation for instances of UAI, and men emphasised the non-rational aspects of sex.

In contrast to the way in which men described the need for consistent condom use with new and casual partners, the majority reported either having discontinued condom use (in current and past relationships), or aspiring to do so in the context of future relationships with regular or long-term partners. When

discussing their aspirations for condomless sex in future relationships, those who were not in relationships (at the time of interview) drew on their knowledge around HIV risk reduction, their past experiences of sex with different partners, and examples or experiences drawn from communication around condom use and HIV with friends within their personal communities.

Men emphasised the importance of their relationship to a sexual partner in determining whether they considered sex to be ‘safe’. Men highlighted the importance of trust, emphasising practices that they saw as demonstrating untrustworthiness. Practices that men described as building trust were also discussed; communication around expectations of monogamy and fidelity, and testing.

Ceasing to use condoms has long been shown to be used as a means of demonstrating trust and increasing intimacy between sexual partners (both same-sex partners and heterosexual). The participants in this study expressed similar sentiments; however, a more novel finding was that many of the young men specifically articulated their intention to test, and to ‘test together’, prior to discontinuing condoms with a partner. I would argue that not only was this strategy framed as a way of rendering sex safer, but also as a way of enabling partners to build trust, by proving they were ‘clean’. For some young men this was expressed in terms of future intention, or aspiration, to test together prior to discontinuing condom use. Nevertheless, using the example of men who were in a relationship at the time of interview, it was possible to see that for at least some of the men, this seemed to have translated into their sexual practice.

However, this finding must be interpreted within the men’s wider discussion of communication around HIV risk. Indeed, the reticence of many of the men to broach the subject of HIV with their sexual partners (primarily casual, but for some regular/long-term) represents a continuing barrier to communication around testing, and suggests that requests to test still have the potential to be interpreted as indications of mistrust, or indeed that something is 'wrong' with the partner making the suggestion.

7 Chapter Seven – Discussion

7.1 Introduction

In the preceding four chapters I outlined the findings of the qualitative research I conducted. In this chapter I discuss key findings and how they relate to literature presented in the initial review. First, I briefly recap on findings. I then go on to discuss four areas I have highlighted as worthy of greater discussion because they both confirm and extend existing research. I also discuss more novel findings and their potential policy implications. The areas of focus in the discussion are: patterns across the men's personal communities; discussion of safer sex and condom use; resources men drew on in informing their understandings of safer sex; and the importance of terminology.

7.2 Summary of Findings

The men's personal communities were complex and diverse. The majority of participants had friend dominated personal communities (PCs), that is, they chose to include more friends than family members when 'mapping' their PCs. Across the men's PCs friendship groups, patterns in terms of the gender and sexual orientation of friends were found. The majority of the young men included higher numbers of heterosexual friends, both male and female although a minority had friendship groups comprised primarily of relationships with straight men. A minority had friendship groups patterned by high numbers of gay male friends.

Across the men's accounts the importance of friendship and support were emphasised. The men conceptualised friendship in a range of different ways: having things in common; shared interests; being able to be themselves with a friend; and the importance of support and care. Indeed, support emerged as a key theme, and the giving and receiving of support (reciprocally) was at times used to differentiate between 'real' friendship and someone who was 'just a friend' (or acquaintance). Friends were described as offering emotional, practical, and informational support, and participants provided examples of people who had 'been there' during difficult life experiences, such as bereavement and illness. Similarly, the issue of support permeated many men's

accounts of their relationships with, and to, family members. Although some reported poor relationships with specific family members, in general, 'family' was framed as a key site of affection, support, and advice. Men more often spoke about receiving financial support from their families than from friends. Furthermore, patterns in terms of gender were observed, with female family members framed as providing more emotional support than male family members. 'Blurring' or crossover between the form and function of friend-like and family-like relationships were found. Some family members were framed as 'friend-like', especially where men chose to spend time with them socially, had things in common, and chose to disclose confidences that they would typically share with friends. Some friends were described as going 'beyond' friendship, providing unconditional support, such that they were framed as being family-like, or indeed 'as good as' family members.

'Gay communities' were understood and conceptualised in a variety of ways. The majority of men discussed the existence of 'visible' dimensions of community such as the commercial gay scene and community-based organisations, as well as communities in online spaces, including those developed and maintained through socio-sexual media. Although many of the men had connections to such forms of community, either currently or in the past, feeling a 'sense of belonging' to such communities did not necessarily follow directly. Indeed, some highlighted negative dimensions of 'gay communities' such as cliques and divisions on the basis of appearance, age, and capacity to fit in. In many ways men's PCs went beyond these conceptions of 'gay communities', and were not directly patterned by a connection to these dimensions of 'gay communities'. That is not to say that there was no link between men's PCs and wider 'gay communities', however, their PCs were not determined by their connections to 'gay communities'; rather, they were part of a complex pattern of sociality and personal relationships.

Men reported drawing on a range of resources in developing knowledge and understanding of sexual health and 'safer sex'. People within the men's PCs, such as some family members, friends, colleagues and 'professionals', were cited as sources of information about sexual health. Such people were often framed as people they could discuss sex with, and as such were individuals who encouraged them to take care of their own sexual health. Men also drew on

what can be described as ‘mainstream resources’ including online sexual health resources, school-based education, and forms of mass-media when articulating how they accessed sexual health information. Furthermore, some accessed and drew upon what I have termed ‘community resources’. These included resources accessed through ‘visible’ dimensions of ‘gay communities’ such as community-based organisations and the commercial gay scene. In addition, men described the importance of gay print media and representations of gay sexual life within TV and film, arguably a form of ‘imagined community’. For many, accessing ‘reliable’ information around specific sexual risks relevant to them in terms of same-sex sexual encounters was a priority.

Men’s conceptions of ‘safer sex’ were primarily based on biomedical understandings of the need to protect against the risk of sexual infection, particularly HIV. A primary understanding of safer sex was the use of condoms, however, men also framed safer sex within the context of other risk management strategies such as sexual health screening/testing, and ascertaining a partner’s HIV status. HIV testing was articulated by a small number of men as forming part of their understanding of safer sex.

Men emphasised contextual and relational dimensions of safer sex, such as relationship to a sexual partner, and concerns around physical safety depending on where sexual encounters took place, and how a partner was met. A small group of men highlighted the need to protect themselves (and for some, their partner), from the possibility of bodily infections, and also physical harm and violence relating to homophobia, or ‘risky’ partners. Thus, safer sex was not understood only in terms of what happened *during* sex, but also included what could be understood as relational and non-sexual risks.

The majority of men I interviewed displayed good knowledge of STI and HIV risks, and articulated how they responded to risk in their own sexual practice. In general, men described ‘others’ as engaging in risky behaviours, rather than themselves. Where they did refer to themselves as having engaged in ‘risky sex’, this was generally in relation to past, rather than current sexual practice. A minority of men discussed biomedical approaches to HIV prevention, and although these men noted the importance of knowledge of HIV status in relation

to TaSP and PrEP, biomedical approaches to HIV prevention were not generally framed as a viable alternative to the use of condoms to prevent infection.

Although the majority of participants (who were not in a relationship at the time of interview) reported regular condom use as part of their current sexual practice, consistency of use was affected by a range of factors. Where men reported UAI, three main factors were described as contributing to this: being intoxicated, immediacy and 'desire' in the moment, and the importance of pleasure and sensation. Relational factors were also emphasised. Condom use for anal sex with new and casual partners was described as being very important. Casual partners were perceived as more 'risky' than regular partners for a number of reasons. With a 'casual' partner, the men described having a lack of knowledge of the person's HIV status, past sexual history and sexual behaviour. In contrast, with a 'regular' partner they 'knew' the person better, and often reported having greater trust of such partners. Men emphasised practices which facilitated trust, for example; 'looking out' for a partner, communicating about sex, discussion of expectations of monogamy and fidelity, and HIV/STI testing.

Participants stressed the need for consistent use of condoms with new or casual partners, citing examples of condomless sex as 'mistakes', and emphasising their regret when discussing instances of UAI. No participants reported using HIV serostatus ('real' or assumed) as a rationale for condomless sex with a new or casual partner. Nevertheless, most men reported being concerned with HIV status when having sex with a new partner. Participants' accounts suggested that for many, communication around HIV with a new or casual partner was not easy. Indeed, some participants framed use of condoms as means of avoiding discussion of HIV, whereas others described employing a variety of strategies in an attempt to ascertain a partner's HIV status indirectly.

Many participants noted that individuals (and groups) within their PC expected them to use condoms as part of 'safer sex'. The majority of men assumed that their gay male friends used condoms, although there was more ambiguity when it came to discussion of heterosexual male and female friends. Nonetheless, some men with friendship groups comprised of high numbers of heterosexual friends described areas of shared expectations around condom use. Indeed,

some participants articulated how their own approach to condom use was shaped by norms among friendship groups within their PCs. Men at times differentiated their PC from different 'gay communities' on the basis of norms around condom use. Such men articulated assumptions of norms around the non-use of condoms among some 'sub-communities' of gay men such as 'barebackers', older bears, and highly sexually active young men who regularly go out on the commercial gay scene. Men tended to distance themselves and close friends within their PC from such community norms which they perceived as running counter to 'responsible' sexual practice. A notable finding relating to age was that many of the younger men, often those with straight dominated or mixed friendship groups, framed safer sex and condom use as 'everyone's issue' rather than a 'community' issue.

The majority of those not in relationships highlighted their aspiration to discontinue condom use in the context of future relationships with a regular or long-term partner. This was not framed as running counter to their understandings of safer sex, nor as being 'unsafe'. Indeed, some men cited examples of friends (both in their PC and beyond) who had taken this approach. As a counterpoint to this, some who described being committed to condom use regardless of partner status ('regular', 'long-term', or 'casual') cited examples of friends within (and beyond) their PC who had become infected with HIV in the context of an apparently 'safe' long-term or 'committed' relationship. This was emphasised as a reason for continuing to use condoms. Both groups of men noted the potential risk posed by cheating, however, for men who aspired to discontinue condom use this was presented as a risk they were willing to take, as for some, it was evidence of trust.

A novel finding was that many of the young men specifically articulated their intention to test, and to 'test together', prior to discontinuing condoms with a partner. At times this was framed as a way of 'trusting' that it was safe to discontinue condom use. I would argue that this was not simply a response to risk, and a way to make sex 'safer', but for some also appeared to be seen as a way to display and build trust. For those young men who were not in a relationship, this was expressed as a future intention (or aspiration); however, for some men in relationships such aspirations to 'test together' had already been incorporated into their sexual practice. For some of the men who were in a

relationship at the time of interview, testing had in some way formed a part of their decision to discontinue condom use. However, agreeing to testing and communicating around expectations of monogamy and sexual exclusivity were at times complicated by issues of trust and intimacy.

7.3 Men's Personal Communities

I have chosen to focus further on the concept of personal communities as part of the discussion because this constitutes a novel aspect of my research. Indeed, my application of Spencer and Pahl's (2006) approach in exploring young gay and bisexual men's personal communities constitutes a contribution to an emerging literature around gay and bisexual men's personal communities (Holt, 2011; Wilkinson et al., 2012). The findings presented in the thesis reveal that the participants' personal communities are complex and diverse. The young men chose to include a range of different people that they considered to be 'important to them now'. These included friends, family, current and former partners, and for some, groups, colleagues, and professionals working in health and social care. An overarching logic evident in the men's accounts of their reasons for choosing to include specific individuals was the close relationships they shared with them, and the support which these people provided. Spencer and Pahl (2006) have argued that such connections represent forms of solidarity and personal identification which historically have been foregrounded in discussions of 'community'. The findings of this study support this contention, indeed, the young men's accounts emphasised the importance of bonds developed through shared interests and mutual support.

It is important to note that for the majority of the young men, a sense of connection through friendship was not necessarily predicated on 'similarity' in terms of sexual identity or orientation, rather, 'having things in common' could relate to any number of factors which were personal to the individual; for example, shared interests in terms of music, film, or sport. That is not to say that sexual orientation did not play a role in men's friendships. For some, shared sexual orientation was seen as the basis of friendship, and eased the process of making new friends, or maintaining a friendship. Indeed, for the small group of men who had friendships primarily with other gay men, these friends were framed as better able to understand aspects of their experience of gay life, and

this ‘commonality’ served to make friendship with these other men easier. Nevertheless, the composition of the men’s PCs demonstrates that the majority of participants had a mixture of friends in terms of gender and sexual orientation.

Rather than emphasising the importance of the gender or sexuality of their friends, the majority of the men’s accounts of supportive relationships served to highlight different forms of support they received from friends. For example, some were there for the bad times, others were trusted confidantes, while others could be relied upon to give good advice when necessary. I would argue that this supports Holt’s (2011) assertion that sexual identity is not the only, nor indeed the primary, organising factor underpinning men’s personal communities. The findings suggest that the young men gained a sense of support and meaning, not only from their relationships with other gay men ‘like them’, but also from broad groups of family, friends and other significant individuals. The patterns found across these men’s personal communities suggest that for many of these young men ‘gay communities’ are not *the*, or even *a* central organising factor for their personal social relationships. Furthermore, the men’s accounts indicate that for most, there is not a strict distinction between ‘networks’ of gay and straight friends. This supports Holt, Wilkinson and colleagues (Holt, 2011; Wilkinson et al., 2012) assertion that using personal communities as a ‘lens’ for research enables one to explore relationships beyond a ‘sexually bounded’ community.

Among the young men in the sample, it was relatively uncommon for their friendships to be predominantly with other gay men. I would argue that the high number of heterosexual friends (male and female) reported among some of the men in the study is reflective of the maintenance of friendships from school, and the integration of ‘newer’ friends met through college, university and employment. Although men did not often refer to colleagues as friends, many had met their friends in the context of work (including volunteering), and subsequently developed close personal friendships. Extending this discussion, many men included high numbers of female heterosexual friends within their personal communities, and the findings suggest that many of the young men had strong bonds with these female friends. The young men in this study often turned to their female friends for emotional and affective support. This may be

reflective of notions of gendered patterns of friendship, and the importance of 'emotions talk' which some suggest informs relationships between gay men and their female friends (Muraco, 2012; Nardi, 1999; Wilkinson et al., 2012). Furthermore, the high number of female friends appears to reflect and extend a pattern observed in the work of Nardi (Nardi, 1999; Nardi and Sherrod, 1994) and his exploration of gay men's friendships. Writing back in 1999 he noted that among the older men in his research (aged over 30) most had a gay male best friend and high numbers of close and 'casual' gay male friends. In contrast among the younger men in his study, those aged 30 or under, it was more common for men to report having a female best friend. The findings within this thesis to some extent support Nardi's suggestion that this shift in the gendered patterning of friendships is in part due to increasing social acceptability of homosexuality, the development of friendships in educational settings, and a move away from socialising primarily with other gay men.

In relation to men's accounts of their relationships with, and to, their family, there was evidence that men's family of origin represented a valued source of support and identification. Although not all men had good relationships with all family members, in general men emphasised that 'family' could be trusted to look out for them, and had their best interests at heart. For the most part, men described feeling that their sexuality was accepted by family members. This should not be interpreted as indication that these men found it easy to share all aspects of their 'gay life' with family members, indeed, some described a concern about sharing specific details about their social or sexual lives. However, some men indicated that this was not a 'gay thing', but a 'family thing' as they did not want their family to know every detail about them. Indeed, when considering the way in which men framed willingness (or ability) to discuss sexual relationships and sexual health with family members, it is important to acknowledge that discomfort in discussing sex and sexuality with parents has been reported among young people, regardless of sexual orientation (Diiorio et al., 2003).

Echoing key findings from Wilkinson and colleagues (2012) quantitative analysis of gay men's personal communities, family members were most often highlighted as a source of financial and practical support. Extending their analysis, the findings from this research suggest that a key reason for turning to

family for support around financial issues is that they felt that they would not be judged for doing so. Although no clear differences emerged between the older and younger age group in the sample it is interesting to consider whether this pattern of family inclined financial support may be related to the age of this sample of men. Given that many of the men in the study were in full or part-time education, or unemployed, it is arguably less likely that they are completely financially independent, having had less time to establish themselves in employment. It seems possible that accepting financial support from family is important at this stage in their life. Muraco (2012) argues that financial support has typically been constructed as 'kin-work', such that family are understood as a primary source of monetary support. However, among pairs of 'intersectional friends'[27] she interviewed many provided financial support to one another. This was not generally reflected among participants in my research. Participants reported discussing financial issues with friends, and lending and receiving small amounts of money with friends was generally described as being acceptable. However, a small number of men voiced anxiety about lending money because of the potential to complicate their relationships with, and to, friends. Given that the majority of the participants in Muraco's study were in their 30s, it may be that these friends were better established financially and thus better able, and more open, to provide support to one another.

7.4 Safer Sex and Condom Use

Further discussion of the findings around safer sex and condom use are warranted because the findings both support and extend findings from research in this area. The most common way in which men conceptualised 'safer sex' was in terms of the prevention of sexual infection, specifically, the use of condoms. This is not surprising given the widespread promotion and adoption of condoms as the primary method of preventing the onward transmission of HIV since early in the epidemic (Adams and Neville, 2012; Flowers, 2001). These findings support past research which suggests that the prevention of sexual infection/disease remains a key understanding of the term 'safer sex', and is often a motivation for condom use both among young gay and bisexual men, and young adult heterosexual men and women (Bourne and Robson, 2009; Braun,

[27] Muraco's study explored friendships between gay men and straight women, and lesbian women and straight men.

2013; Eisenberg et al., 2011). A more novel finding of this research was that for some of the young men, HIV testing (and sexual health screening more broadly) appears to be beginning to be understood as forming part of the range of strategies that can be broadly defined as 'safer sex'. This was evident in the ways that men defined safer sex during interviews, but also in the young men's discussion of testing in the context of a relationship. Knowledge of HIV serostatus (real or assumed) has long been acknowledged as a strategy employed by men in assessing risk when having sex with casual and regular partners (Campbell et al., 2014; Flowers, 2001; Gastaldo et al., 2009; Keogh et al., 1998; McLean et al., 1994). Another novel finding was that many of the young men specifically articulated their intention to test, and to 'test together', prior to discontinuing condoms with a 'regular' partner. I have argued that this strategy was framed not only as way of responding to risk, in order to make sex safer, but also as part of the process of building trust with a partner, a subtle but important distinction.

Aspirations to discontinue condom use were often informed by men's perceptions that condomless sex is more pleasurable, and that not using condoms can facilitate greater intimacy, something that many of the men aspired to in the context of their sexual relationships, current or future. Nevertheless, concern about the risk of possible infection with HIV and other STIs appeared to inform their ideas about the benefit of testing prior to discontinuing condom use as a way of reducing risk. As noted, for the young men who were not in a relationship at the time of interview this was at times articulated in terms of intention (or an aspiration) to test with a future partner prior to discontinuing condom use. Furthermore, some of the men who were already in a relationship appeared to have integrated this into their current sexual practice.

Among these young men, condomless sex was not generally framed as 'unsafe' sex, nor framed as a 'resistance' to the public health imperative to use a condom for sex every time (Adams and Neville, 2012). What was distinctive about the men's discussion of testing prior to discontinuing condom use was that this process was emphasised as something which could enhance or build trust. Nevertheless, this finding must be interpreted with a degree of caution, and contextualised within the men's wider discussion of communication around HIV

risk. The reticence some participants voiced about communicating around the subject of HIV with their sexual partners (primarily casual, but for some regular/long-term) could be a potential barrier to 'testing together'. It also suggests that while testing may be understood as a indication or signifier of trust for some men, for other men, or indeed in some circumstances, a request to go for testing nonetheless has the potential to be interpreted as indication of mistrust, or perceived as a signal that there is something 'wrong' with the sexual partner making the suggestion. Furthermore, the concern expressed by men in this study around communicating about HIV with a partner, broadly supports findings from past research around men's difficulties in communicating about sexual agreements and HIV with their partners (Campbell et al., 2014; Prestage et al., 2006).

A recent needs assessment among MSM in central Scotland (Coia et al., 2014) noted that "men in relationships are more likely to stop using condoms with their partner as a sign of trust, intimacy and commitment. However it is clear that some men require support to reduce the risks associated with this decision, such as supporting men to adopt a 'test, test, trust' approach with their partners." (p.33). I would argue that although not articulated in these specific terms, among some young men within this sample, the idea of testing as a way of establishing trust, not just as a response to risk, is already circulating. Indeed, the findings of this research indicate that some of the young men interviewed to a certain extent have already taken on board prevention messages around the need to establish the HIV (and STI) status of themselves and their partner as a part of 'safer sex' practice. Furthermore, even where the young men are not already doing so, their recognition of the importance of testing may mean that they are amenable to further interventions focused on encouraging testing as a precursor to ceasing condom use with regular or long-term partners. To be clear, I am not making the claim that this strategy should be promoted in all cases. Indeed, other young men in the sample were clear that they would choose to maintain consistent condom use, and perceived the potential risk posed by a partner cheating as too great. Nevertheless, this research supports the suggestion that health promoters, sexual health workers, and clinicians need to respond effectively to men for whom the 'using a condom every time' no longer resonates (Adams and Neville, 2009; Adams and Neville,

2012; Coia et al., 2014; Imrie and Macdonald, 2009). This would include the need to continue promoting regular and repeated testing as a part of such a risk reduction strategy (Imrie and Macdonald, 2009). The findings also speak to the importance of considering couples as a dyad, and the potential of HIV prevention interventions aimed at young men as a potential avenue for future intervention development (Coia et al., 2014; Mustanski and Parsons, 2014; Purcell et al., 2014b)

7.5 Informing Safer Sex: Members of the Men's PCs and other (Re)sources

Another area which is worthy of further discussion are the (re)sources men drew on in developing understandings of safer sex. The findings of this study confirm previous research which has shown that young men draw on a broad range of resources in developing knowledge about sexual health; friends and peers, parents, online resources, the media, school-based sexual health education, 'professionals' including physicians, and sexual partners (Buston and Wight, 2002; Buston and Wight, 2006; Kubicek et al., 2010; McDavitt and Mutchler, 2014; Mutchler and McDavitt, 2011). Furthermore, the findings suggest that the majority of this group of young men perceived high levels of support from friends and family around the practice of safer sex. Indeed, many of the young men were encouraged and supported by friends to engage in practices that promoted sexual health, such as using condoms and going for HIV/STI screening. Although some men noted that condom use was not the norm among all of their friends (nor family), some actively positioned their friendship groups in opposition to groups or sexual 'communities' which they perceived as not subscribing to their understandings of 'safer sex'. Such groups included 'barebackers', 'other' younger ('promiscuous') gay men, and some groups of older gay men. These findings support the ideas that social support from peers and family plays a role in shaping safer sex norms (McDavitt and Mutchler, 2014; McKechnie et al., 2013; Mustanski et al., 2011b).

The findings also suggest that even where friends did not serve as a source of information about sex or sexual health, they often engaged in 'talk' around sex and relationships with friends. In line with Mutchler and McDavitt (McDavitt and Mutchler, 2014; Mutchler and McDavitt, 2011) I would argue that such 'talk' can

be an important channel for the transmission of social and peer norms around sex, specifically, what constitutes safer sex. Mutchler and McDavitt (2011) raise a concern around the danger of misinformation, and note that inaccurate information around HIV and STIs can be circulated between young gay men and their friends (gay male, and straight female friends). Although I would acknowledge the power of implicit social and peer group norms around sex (Mustanski et al., 2011b), as well as the possibility that inaccurate information can be shared between friends and peers, nevertheless, I contend that it is important that young men are not framed as 'passive' within this process. Indeed, I would argue that Mutchler and McDavitt's discussion of misinformation fails to fully acknowledge young men's agency in the process of 'talk' around sex. For example, many of the young men I interviewed articulated a concern with both the specificity of information about sex (wanting it to be relevant to them as men who have sex with men) and the credibility of the information (its trustworthiness or reliability). I will discuss these points in turn.

Where men described friends and family members as a source of information about sex and sexual health, this appeared to be most readily accepted where the individual was perceived to have 'legitimate' knowledge about the topic. This played out in the way that some men highlighted the employment role of people who provided such information, noting where they were nurses, or medics with specific sexual health expertise. These individuals, including for some professionals with whom they had a sufficiently close relationship to include within their PC, appeared to have two-fold importance; they were trusted individuals with whom the young men had 'close' relationships, and they were also sources of credible sexual health information. This was further emphasised by the explanation provided by other participants for *not* seeking or accepting advice from family members or certain friends; that they were unlikely to know about different risks for men who have sex with other men, and would be unable to provide information that was specific to them as young gay men. Indeed, for some men their perception that friends and family lacked accurate information acted as catalyst for them to go and do further 'research' around sexual health and HIV/STI risk. Nevertheless, regardless of whether family members have high levels of knowledge around sexual health, encouraging open communication around sex, specifically safer sex and HIV risk,

between young men and family members is an important area to consider in the development of HIV prevention interventions (Garofalo et al., 2008; LaSala, 2007).

Participants' accounts of seeking information often highlighted how they differentiated between credible and trusted information, and what they understood as potentially inaccurate information. This was further evidenced through their accounts of the sources of information they sought online; they reported accessing websites such as those developed by the NHS or well-known organisations such as Terrence Higgins Trust, contrasting these with information found in chat-rooms and 'wikis'. The findings suggest that the majority of these young men actively considered their sexual health, and appropriated information which they used in responding to risk around HIV/STIs. In interpreting these findings, it is important to consider levels of educational attainment. Many participants had high levels of education, indeed the majority (n=24) had a further, or higher educational qualification. It is perhaps unsurprising that these young men articulated a concern with credibility of information, and reported researching issues around sexual health and HIV risk. The majority of the men who participated in this study reported high levels of education, and many were clearly conversant with ideas around high/low 'quality' information. Many were able to clearly articulate how they had thought through potential risks, and responded to them in their own sexual practice. Tony stood in contrast to this overall pattern, and examples from his account highlight important issues to consider. Tony was one of the few participants who chose not to include details of his educational qualifications, however through the interview process it became clear that he had relatively low levels of literacy. This was evidenced in part by his discussion of his experience of school and work, but was also evident in his account of accessing sexual health information online. Indeed, he was one of the participants who did not make reference to the relative quality of different sources of information. Tony's example serves as a counterpoint to the relative ease with which other participants navigated complex discussions of sexual risk and 'safer sex'. Tony noted the well rehearsed message that 'condoms made sex safer', yet his account suggests that he did not really understand *why* this is the case. Furthermore, while he noted that he googled 'rashes caused by sex' when his friend had a rash on his genitals, there seemed

to be a disjoint between this and his understanding of sexual infection. In many ways, this lends weight to the argument that there are many well informed gay and bisexual men, aware of public health messages around sexual risk, who respond to risk in ways which fit into their wider social and sexual lives (Prestage et al., 2013), whereas some men whose levels of educational attainment are lower (less formal education), and who lack some of the functional skills needed to interpret relatively complex information around risk, may be less well equipped to navigate, negotiate and respond to sexual risk within their sexual practice (Chinn, 2011; Coia et al., 2014; Nutbeam, 2008).

Related to the importance of the specificity of information, it is worth considering the negative way in which many of the young men framed their experiences of school-based sexual health information. Although participants noted that school-based sexual health education equipped them with 'basic' information around sex, many were highly critical of the lack of specificity to them as young gay men, and also of the lack of discussion of same-sex sexual relationships. Although a minority of men singled out specific teachers as having been particularly supportive, assisting them to meet their sexual health needs, the negative way in which in many teachers were described, particularly in relation to implicit homophobia suggests that these young men did not feel their needs were met in the classroom setting. This echoes the findings of other research in the UK around young people's experiences of LGB issues within sex and relationships education (Buston and Hart, 2001; Formby, 2011). For the most part sexual health education was perceived as catering primarily for heterosexual students, and failing to engage adequately with specific risks for those in same-sex sexual relationships. For some young men, this lack of specificity seemed to be a 'push factor' for seeking information from sources which were seen as providing information specifically relevant to them. Such sources of information were often what I described as 'community' sources; by that I mean that men gravitated towards information provided by community-based organisations, as well as that available on the commercial gay scene, and through gay specific print media. Furthermore, where men engaged with sexual health services, information obtained in these settings were also framed as being more relevant to their sexual health information needs. These findings speak to ongoing debates around heterosexism and implicit homophobia in

school-based sexual health education (Buston and Hart, 2001; Formby, 2011), and suggest that as long as school-based education is perceived by young gay and bisexual men as failing to meet their sexual health needs, they will continue to gravitate, or indeed be 'pushed' towards alternative 'community' (re)sources. Concerns that younger men may be more detached from community have been raised, and community organisations have been faced with challenges around making their work relevant to younger men (Fraser, 2004; Holt, 2011). While somewhat simplistic, I would argue that while sources of information and support remain heterosexist, or are portrayed in ways which do not seem to fit young men's sexual health needs, then 'community' resources remain important. When I use the term 'community' here, I mean this in the broadest sense invoked by a number of researchers, and encompassing not only visible communities, and tangible places and spaces (particularly the 'scene') but in more diffuse and nebulous ways as part of an 'imagined community' (Formby, 2012b; Holt, 2011; Kelly et al., 2012; Kelly et al., 2014; Ridge et al., 1997; Rosser et al., 2008). Indeed, the findings presented suggest that for this group of young men, 'community resources' remain an important source of information, even where they do not necessarily have a sense of belonging to wider 'gay communities'. Such 'community' resources do not have to be accessed in person, with online resources enabling relatively 'easy' access to information around sexual health. Nevertheless, it would be simplistic to suggest that 'information' alone is sufficient, as the capacity to evaluate risk and apply knowledge is crucial. This speaks to the importance of debates around health literacy generally, and critical health literacy more specifically (Chinn, 2011; Nutbeam, 2000; Nutbeam, 2008). Indeed, enhancing capacity among individuals and groups to critically engage with health information in a way that empowers people to exercise greater control within their wider social contexts appears to be an important goal for health promotion, and public health more broadly.

7.6 The Importance of Terminology

An important point for discussion from this research is the importance of terminology, and the language used to describe 'community', as this has potential implications for policy. The main focus of this research has been exploring young men's personal communities, however, the young men's discussion of the concept of 'gay community' or 'gay communities' has

emphasised the multiple ways in which this concept was understood and conceptualised by them. Although the men did not necessarily describe having a sense of 'belonging' to 'gay communities', they clearly articulated the diversity encompassed under this umbrella term. Similar to findings from previous research around men's experiences of 'gay community', and LGBT communities more broadly, these men spoke about the plurality of 'gay communities', and their experiences of 'sub-communities' or 'communities within communities' (Formby, 2012b; Fraser, 2004; Fraser, 2008; Holt, 2011). Indeed, the men's discussion of visible dimensions of 'community'; online communities, socio-sexual communities, community as gay culture and shared interests, and connections to 'imagined communities', served to highlight the multiple ways in which 'gay communities' were experienced by them. These multiple definitions and meanings draw attention to the importance of terminology in policy, practice, and service provision.

From the start of the project, during both the literature review and the pilot stage of the research it became clear that terms such as 'community', 'gay community', and 'the gay community' were often presented simplistically within policy documents, and to some extent, academic literature. The use of such terminology has been critiqued by a number of scholars, with particular reference to the implications for this within policy and service provision (Barrett and Pollack, 2005; Formby, 2012b; Formby, 2012a; Keogh et al., 2004a; Keogh et al., 2004b; Keogh et al., 2004c). I would argue that the continuing use of the term 'the gay community' or 'the LGBT community' within policy documents represents at best a somewhat 'lazy' use of terminology as shorthand for a diverse group of people or different groups, and at worst a failure to recognise and engage with the multiple ways in which 'communities' are understood and experienced. Indeed, the failure to acknowledge the multiple ways in which 'gay communities' are understood and experienced represents an ongoing danger that the term is used as a catch-all phrase, the result of which is that different dimensions of communities may not be considered in terms of service provision. As Formby (2012b; 2012a) notes, there is a real need for policy which utilises the concept of 'gay communities' (or 'LGBT communities' more broadly) to fully acknowledge the diversity encompassed in such labels, and recognise the complex power dynamics and inequalities between different groups within such

'communities'. Formby notes, "Use of LGBT communities in the plural is just the start to this; there is no one community, just as there is no one experience of the commercial scene, so there are very real potential pitfalls in oversimplification, and clear implications for diverse needs in terms of service planning and provision." (Formby, 2012a, p. 5). This echoes Keogh's and colleagues work (Keogh et al., 2004a; Keogh et al., 2004b; Keogh et al., 2004c) around community which emphasised that there are "myriad ways of being gay" (p.1) and that as such there is no one group or experience which encompasses these positions.

This is particularly important when taken in conjunction with the findings from this research about the composition of the young men's personal communities. I would argue that the findings support both Holt (2011) and Fraser's (2004; 2008) claims that some younger men have a 'lighter' engagement with the concept of 'gay community' and that they are more reliant on wider groups of 'mixed' friends. As such, policy recommendations for HIV prevention in Scotland which suggest the need to engage with "the community" (Coia et al., 2014, p. 48, 50, 53, 65) may be especially difficult to enact where men do not feel a sense of connection, or do not engage with visible dimensions of 'gay communities'. Thus, I agree with Holt's assessment of the value of applying a personal communities perspective. As he argues "addressing personal communities provides a way to engage men whose relationships to gay community are ambivalent, promotes beneficial practices of care and support and references values that gay men see as markers of strong communities without explicitly mentioning 'community'" (2011, p. 868). Extending Holt, Wilkinson and colleagues (2011; 2012) arguments in the local (Scottish) context in which this research took place, I would argue that moving beyond conceptions of 'community' as a sexual collectivity, and addressing other dimensions of men's personal communities, such as relationships with/to other groups of friends, family, and to some extent colleagues, could be a fruitful avenue for future health promotion and HIV prevention with young gay and bisexual men. Emphasising mutual care and support within friendship groups, as Holt suggests, speaks to notions of community without invoking this specific terminology. This is in no way intended to undermine the importance of 'gay community'

connections and resources for many men, rather I suggest that this could form an adjunct to current health promotion and peer education strategies.

The importance of terminology and language is further highlighted by men's discussion of partner 'types'. The ways in which men conceived of sex in relationships and condomless sex with a regular partner as 'less risky', brings into sharp relief the complexity of terminology use by the men. If sex in a 'relationship', or with a 'regular partner', is for many deemed less risky, it raises questions around how young men themselves define 'relationships'. Although I did not explicitly set out to explore definitions of specific terms such as 'partner', 'relationship, 'casual' and 'regular' during interviews, throughout analysis I have become increasingly interested in the ways in which men talked about, and used these terms. The 'fuzzy' distinctions and 'blurry' nature of such terms can be seen through the men's accounts. For example, one man described being in a relationship and having a current sexual partner during the interview, but stated that he was 'not in a relationship' in the pre-interview questionnaire. I would argue that this does not necessarily represent a contradiction; rather, it serves to highlight how individuals conceptualise relationships differently.

The fluid use of terms when describing partners was also highlighted by a small number of men who used terminology such as 'casual regular' partner. In other instances during the interviews, men questioned terminology, asking what terms such as 'casual' and 'regular' meant. Indeed, some men questioned me about how I would define terms, and whether the term 'casual' could be defined as a 'one night stand'. Others noted that they differentiated between a casual partner and 'friends with benefits' on the basis of how well they knew a person. These examples help demonstrate how complex and 'messy' such terms are, and the multiple meanings which men may attribute to them. Nevertheless, the use of such terminology or more specifically, the way men interpret the meaning of terms, may have material, or practical implications. If men, as many I interviewed suggest, draw distinctions between condom use in casual sexual encounters (for example "condoms should be used for a one-night stand/casual sex/sex with a random") with condom use in a regular or committed relationship (for example "sex without condoms is more safe in a relationship"), then what happens in the 'gap' between? Although I agree with recent Scottish policy recommendations that suggest that sexual health practitioners and clinic staff

should be open to discussion about how best to manage sexual agreements about condom use within relationships (Coia et al., 2014), questions remain about what 'counts' as a relationship to men themselves. Thus, further research examining terminology and the meanings men ascribe to specific words and phrases may provide valuable insights into how to frame language when preparing materials for future HIV prevention interventions, or in supporting clinic staff to discuss HIV risk management in the context of men's relationships.

7.7 Theoretical perspectives: Risk, Governmentality and Candidacy

Different theoretical perspectives have the potential to bring greater coherence to the analysis and interpretation of data presented in this thesis. In particular it is worth considering how the application of theoretical perspectives on risk, governmentality and citizenship (Keogh, 2008a; Petersen et al., 2010; Petersen and Lupton, 1996) can be linked to the explanatory potential of candidacy theory (Dixon-Woods et al., 2006; Mackenzie et al., 2013; Mackenzie et al., 2015). In this section I provide a brief outline of these theories, potential intersections between these perspectives, and discuss how these could be use to extend both my interpretation of the data, and to inform future research.

Writing in the late 1990s Petersen and Lupton (1996) provided a critical account of the way in which the 'new public health' emerged in response to discourses of risk. They identified that a dominant theme of contemporary Western societies is a concern with health status and the vulnerability of 'bodies' to pervasive health and environmental risks. They argue that a key imperative of contemporary society is the need for individuals to take responsibility for maintaining and preserving their own health, and that of other citizens. Using the concept of the 'healthy citizen', they argued that health, and the pursuit of it, is framed as both a right and a responsibility. This perspective can be linked to Foucault's later work around 'technologies of the self' (Rose, 2007), which emphasise the way in which people regulate their bodies, behaviour and thoughts in response to pervasive discourses. In this sense, the imperative of health is not simply to engage in healthful activities which are deemed appropriate, but to *consistently* strive to be healthy. Although 'healthy citizenship' can be understood as an individual responsibility, it also relates to

membership of particular communities. For example a healthy citizen not only has a responsibility to themselves, but to pursue wider public and community 'good' (Petersen et al., 2010; Petersen and Lupton, 1996). For example, in the case of gay men, the imperative to be a 'healthy gay citizen' or 'healthy homosexual' rests on the imperative to know one's HIV status, to engage in safer sex practices, and to protect citizens within the wider community (or population) in which one is embedded (Bell and Binnie, 2000; Davis, 2008; Keogh, 2008a; Keogh, 2008b). Thus the 'good gay' comes to be framed as citizen who complies with legal and social regulations of society, and is contrasted with the 'irresponsible gay' or 'bad gay' who fails to achieve full citizenship because of their resistance, and failure to attend to such social, legal, and arguably medicalised responsibilities (Bell and Binnie, 2000; Richardson, 2004; Richardson, 2005).

As Petersen and colleagues (2010) note, Foucault's later writings on governmentality have been used by many social scientists who have focused on the practices and discourses of health promotion within the framework of public health. Perspectives on governmentality help to emphasise that despite the dominant language of 'empowerment' and 'choice' within the field of health promotion, individuals who fail to regulate their own health behaviours are often vilified, and risk social exclusion. Indeed, governmentality has been widely applied to the study of HIV risk and health promotion with gay and bisexual men (Keogh, 2008a; Keogh, 2008b; Rangel and Adam, 2014), specifically discourses around condom use (Adams and Neville, 2012), the imperative not to engage in 'bareback' (Adam, 2005) or promiscuous sex, and the need to conform to ideals of monogamy (Klesse, 2012).

These perspectives help frame the findings presented in this thesis. Indeed, the overarching imperative for gay men to engage in safer sex as a response to risk of HIV underpins the key findings of this research. In many ways, the accounts of men presented throughout this thesis serve to emphasise the way in which they frame themselves as 'responsible' gay men, who both understand the risk of HIV, and respond to it appropriately in their sexual practice. The findings demonstrate that even where men choose to dispense with condoms, this is not necessarily framed as a resistance to discourses of consistent condom use. Indeed, the discussion of the role of HIV testing as precursor to ceasing to use

condoms in the context of relationships can be interpreted in terms of engaging in self-regulatory practices. Furthermore, the way in which men articulated their responsibility to protect themselves from HIV risk - as well as their (potential) sexual partners and wider communities of gay men – is indicative of the type of 'healthy citizenship' found in the work of Petersen and colleagues (Petersen et al., 2010; Petersen and Lupton, 1996). Revisiting such theoretical perspectives helps strengthen my interpretation of the findings, and offers potential in further interrogating the data.

Candidacy was first developed by Dixon-Woods and colleagues in the mid 2000s as part of a critical interpretive synthesis examining literature on access to healthcare (Dixon-Woods et al., 2006; Dixon-Woods et al., 2005). It has been framed as a way of theorising and conceptualising the process by which people negotiate services, through the identification of themselves as 'candidates' for specific illnesses and potential interventions (Mackenzie et al., 2013; Mackenzie et al., 2015). As a concept, candidacy recognises that individual's perceptions of their candidacy for different health conditions, and those services which may be appropriate to them, are socially constructed (Mackenzie et al., 2013). This perspective has been described as dynamic, because it takes into account that barriers to engagement with, and uptake of, services operate at different levels - structural, material, social, cultural, organisational and professional – and, as such, people's 'journey' through services are open to change over time (Mackenzie et al., 2013; Mackenzie et al., 2015; Purcell et al., 2014a).

Candidacy has been widely applied as a framework for understanding access to, and utilization of, services but has been less widely applied in empirical research (Mackenzie et al., 2013). It has been used as framework for exploring a diverse set of illnesses/conditions and vulnerable groups including: access to abortion services (Purcell et al., 2014a); the views of black and ethnic minority older people around health services access to care (Koehn, 2009; Manthorpe et al., 2009); patients' experiences and perceptions of emergency care (O'Cathain et al., 2008); obstetric emergencies (D'Ambruoso et al., 2010); low-income African-American women's access to breast screening (Klassen et al., 2008); and mental health care (Kovandžić et al., 2011).

Mackenzie and colleagues outline seven stages to, or steps of, candidacy: identification of candidacy; navigation of services; permeability of services; appearing at services and asserting candidacy; adjudication by professionals; offers of (and resistance to) services; and local production of candidacy and operating conditions (2013, : p.809). For example, a person may identify themselves as a candidate for a condition due to their experience of specific symptoms, present at their GP (or another relevant service), be referred on to other specialist services, and accept or resist such service provision. However, barriers can disrupt this process at different points. For example, the stigma associated with some health conditions, groups or services, may make it less likely for some individuals to claim candidacy. This could be because they are less able to identify themselves as candidates, or alternatively they may reject a claim to candidacy because of stigma surrounding a condition. While stigma in the process of candidacy has been explored in relation to mental health (Kovandžić et al., 2011), and abortion (Purcell et al., 2014a), it has less often been applied in relation to sexual health broadly, and HIV specifically.

I would argue that there is potential to make links between perspectives on governmentality and candidacy. Mackenzie and colleagues (Mackenzie et al., 2013) note that in the recent past narratives of citizenship, choice, rights and responsibilities have shaped the development of the welfare state. They discuss this in terms of the implications for access to services for those who 'fail' to demonstrate their responsibility as citizens to engage in employment, thereby eroding their claims for support from the welfare state. As identified earlier, similar moral discourses around the responsibilities of gay men to be 'healthy homosexuals' and regulate their own sexual behaviour also exist (Keogh, 2008a). In this sense, it is possible to consider that men whose 'bad' sexual behaviour means they do not conform to the ideal of the 'good gay citizen' (Bell and Binnie, 2000) may find it more difficult to claim candidacy for HIV testing and treatment. Indeed, this perspective could be usefully applied to interpreting some of the findings presented within this thesis. It is interesting to consider whether men consider themselves a 'candidate' for HIV and other STIs, and if they do, how they navigate and negotiate services.

For example, in considering the case of Max, one could interpret his account of his HIV diagnosis in relation to candidacy. He did not see himself as at risk of, or a candidate for, HIV and this shaped his response to uptake of services after his diagnosis. Indeed, the stigma of HIV and a desire to distance himself from the condition, also meant that he found it difficult to access GUM services prior to his diagnosis. Candidacy could be particularly useful in exploring this issue further because it takes into account the issue of stigma, and potential for multiple candidacies (Mackenzie et al., 2015). Not only could this be applied to seeing oneself as a candidate for HIV testing, but also the moral discourses surrounding HIV treatment could be explored with reference to uptake of treatment, and issues of stigma and discrimination. This offers potential for application as the conceptual and theoretical basis for future empirical studies of gay and bisexual men's engagement with HIV testing services, and access to HIV treatment and care.

7.8 Summary

This chapter has provided a summary of key findings from the research, linking specific findings to existing literature emphasising similarities and differences between the findings of this research, and those of previous studies. In the next, and final, chapter I outline conclusions that can be drawn from the research. I also highlight the strengths and limitations of the study, and implications for policy and future research.

8 Chapter Eight – Conclusions and Recommendations

8.1 Introduction

In this final chapter I reiterate the original research questions, outlining the main conclusions that can be drawn from this research, and presenting some implications for policy. I discuss the strengths and weaknesses of the study, before finally addressing recommendations for future research.

8.2 Aims of the Study

To recap, the overarching aim of the research was to develop an understanding of gay and bisexual men's 'personal communities', and to explore the role those within them (e.g. partner(s), friends, family, and colleagues) may play in shaping men's safer sex strategies. I will now address each of the original research questions in turn.

8.3 Main Conclusions

8.3.1 How do men describe and understand their 'personal communities' and wider 'gay communities'?

This thesis demonstrates the complexity and diversity of the composition of young men's personal communities. Analysis of the 'affective maps' developed by the young men indicates that their personal communities are comprised of a broad range of individuals (and for some, groups). Patterns in the men's personal communities could be observed in terms of composition, with personal communities being classified as friend or family dominated. Within these categories there was considerable diversity, however, the importance of support emerged as a key meaning, and valued dimension, of friendship and family relationships. The findings suggest:

- Many of the young men have highly 'mixed' groups of friends, both in terms of sexual orientation, and gender. In contrast to some past research which found that many gay men had groups of friends comprised primarily

of other gay men, the findings suggest that these young men have high numbers of heterosexual male and female friends.

- For the majority of men, sexual orientation was not framed as a primary factor shaping their personal communities. Nevertheless, men noted that at times it was easier to 'be themselves' with people who were seen as sharing similar experiences, whether in terms of sexual orientation, or other factors such as similar background or interests.

- Men strongly value the support they receive from friends. For some, the 'chosen' relationship they have with friends is understood as being 'family-like', suggesting a strong and committed bond. Likewise, some family members are seen as being 'friend-like', and sought out as people to share close confidences with.

- Family members were valued as an important source of practical support, especially financial support. Gender differences were found, and men noted that it was often easier to accept financial support from female family members (i.e. mother, aunt etc.) as they were perceived as being less judgemental.

- Poor relationships with family members made communication around sex, sexual health, and sexual relationships more difficult. Although the majority of men were 'out' in the context of their families, some found it difficult to be open about aspects of their 'gay life' with family members.

- It was less common for men to include colleagues or 'professionals', as part of their personal community. Where men did include colleagues and professionals they were often cited as a key source of informational support. This was particularly the case for men who worked within community-based organisations for gay and bisexual men.

- Men articulated their understanding of wider 'gay communities'. Men conceptualised these in a variety of ways : as 'visible communities' such as the commercial gay scene; 'online communities' including social and sexual networks, often facilitated through sociosexual media; and

'imagined communities', articulated in terms of shared ('gay') culture, identity and interests.

- Although the majority of men were able to clearly articulate their understandings of different dimensions of 'gay communities', such 'gay communities' were not framed as a central organising factor in terms of their personal communities.

8.3.2 How do men understand the concept of 'safer sex'?

Men's accounts of their understanding of safer sex indicate that they conceptualise it as a range of different, often interrelated, strategies. Although the men articulated safer sex as the need to protect against sexual infection, they also emphasised the importance of non-sexual and relational risks, and the need to protect against these. The findings suggest:

- The main motivation for engaging in safer sex practices is to protect against sexual infection. It is for this reason that the use of condoms remains a (if not *the*) primary understanding of safer sex.

- Condom use with new or casual partners was the norm among the young men, however, discontinuing condom use with a 'long-term' or 'regular' partner was not framed as 'unsafe sex'.

- Moving beyond well-rehearsed understandings of safer sex as condom use, some men framed HIV testing as a safer sex strategy, suggesting that for some, HIV testing is beginning to be incorporated into broad understandings of safer sex practices.

- It was uncommon for the young men to spontaneously discuss biomedical HIV prevention such as PrEP or TasP, or to discuss the role of viral load in assessing HIV risk. Those who did discuss biomedical approaches to prevention primarily framed it as an 'added extra' rather than an alternative to other forms of prevention.

- Perceptions of risk relating to specific sexual practices were shaped by knowledge of sexual risk, the person with whom men had sex, and the context in which sex took place. The young men drew on notions of biomedical risk (sexual infection), their personal experiences, and those of friends (and others known to them) when responding to risk in sex.

8.3.3 Do people within men's 'personal communities' play a role in shaping and informing how men think about safer sex, and if so, how do they do so?

This thesis demonstrates that people within men's personal communities do play a role in informing how men think about, and practice safer sex. People within men's personal communities serve both as a source of information and support about sex and sexual health. The findings suggest:

- Men were concerned with both the relevance/specificity of sexual health information, and the credibility of the information. Men sought information and support from people, and sources, that were understood as 'legitimate' or 'credible'.

- Men's understandings of safer sex are shaped by social norms, particularly within their personal communities and wider 'gay communities'. Men were often able to articulate where norms ran counter to their own understandings of safer sex, and norms within friendship groups within their personal community.

- Trust and intimacy within relationships with a sexual partner continue to be important, and although such relationships inform decision making around discontinuing condom use, other factors also influence such decisions.

- In line with previous research, discussing HIV with sexual partners (both casual, and for some, long-term) continues to be problematic for some.

- HIV testing was framed by some men as a way of building trust within a relationship, as well as a way to ensure that sex is 'safer'.

8.3.4 What are the implications for HIV prevention, specifically community-level interventions?

The findings suggest that men understand 'gay communities' in a variety of different ways; as 'visible communities', 'online communities', and 'community imaginaries'. Although the young men all described links (currently or in the past) to various different dimensions of 'gay communities', not all men reported a sense of belonging to 'gay communities', nor regularly accessed venues on the commercial gay scene. The findings suggest:

- Approaches to health promotion which attempt to appeal to young men on the basis of 'community' membership may exclude those who feel little or no sense of connection to 'gay communities', however, the findings suggest that a sense of (mutual) support from friends remains important. HIV prevention intervention strategies that emphasise mutual support may continue to be a useful way to encourage men to support one another to engage in safer sex practices.

- For some men family members were an important source of information and support around sexual health. Future HIV prevention efforts could seek to build on this by incorporating approaches which encourage open communication with family members, helping to facilitate discussion of sexual health, and reduce anxiety around discussing HIV.

- Future community-level interventions need to take into account changing patterns of sociality among young gay and bisexual men, recognising that many young men are likely to have very 'mixed' groups of friends in terms of sexual orientation and gender. As such, it would be useful to consider how different members of men's personal communities, such as straight male and female friends, and work colleagues could be included in, and contribute to, HIV prevention efforts.

8.4 Policy Implications and Recommendations

The findings of this research suggest that for some young men, HIV testing (and sexual health screening more widely) is beginning to be understood as part of the range of strategies that can be conceptualised under the umbrella of 'safer sex'. It is therefore important to continue to build on framings of HIV testing as a routine practice, not simply as a response to 'risk events' or indeed, to symptoms of sexual infection. It is important to continue to emphasise the value of a proactive, rather than a reactive, approach to sexual health screening.

As outlined in the initial literature review, many community-level interventions have sought to engage men through networks of their peers and have often capitalised on men's engagement with one another on the commercial gay scene, specifically in the bars, clubs and saunas. Although many of the young men who lived in urban areas such as Glasgow, Edinburgh and Dundee acknowledged the importance of this approach in enabling them to access relevant information and inform their own approach to safer sex, this was not always the case for those who lived in more rural areas. These men were more reliant on information from the internet, suggesting that this represents a key site for health promotion. This also emphasises the importance of having different strategies for different geographical areas, and recognising that what works in one area may not necessarily be as applicable in another.

Furthermore, the findings from this study suggest that men value the support of their friends around safer sex. Exploring ways to capitalise on the ways in which some young men already encourage one another to use condoms and go for testing , particularly to 'test together', could be a fruitful avenue for future HIV prevention interventions among young gay and bisexual men. That some young men reported being supported by female friends, suggests that future interventions need not focus only on young men and their other gay male friends. Indeed, within some local community-based services for gay and bisexual men there is already a focus on framing 'peership' as existing along different axes, and working with gay men and their straight 'allies' in encouraging them to practice safer sex. This would appear to be a promising avenue for future HIV prevention efforts.

Future HIV prevention services should aim to address the needs of men in relationships (however the young men define these). This should involve encouraging young men to engage in HIV testing before they discontinue condom use with a partner. Where services do not already exist, the option for services for 'couples' should be made available. To this end, it would be beneficial for services (both clinical and community-based) to provide further information and support for young men wishing to discontinue condom use with a partner. In line with recommendations from the recent local needs assessment in Glasgow and Edinburgh (Coia et al., 2014) it is important that clinic staff respond positively to men who may not wish to continue condom use with a partner, and that they openly discuss safety in relationships, building on discussions of trust and intimacy in relationships. Given that young men may choose to have open relationships, it would be beneficial for staff in both community-based organisations and clinical settings to encourage communication and discussion between men and their partners about 'rules' around sex outside of the primary relationship. Men's existing approaches to safer sex and reduction of risk in sexual encounters could be used as a basis for further discussion about the role of HIV testing, and for some, negotiated safety.

8.5 Strengths and Limitations of the Study

A key strength of the research is that that it has focused on young gay and bisexual men living in Scotland. Much of the UK research on sexual health among MSM takes place within large populations in urban centres such as London and Manchester. Furthermore, in the Scottish context, much of the research is conducted in the main centres of Glasgow and Edinburgh. While many of the participants recruited came from these areas, I have attempted to, and to some extent succeeded in, accessing men living in other regions of Scotland. My research therefore provides some insight into the experiences of young men living beyond areas of high HIV prevalence, in areas which are less well researched.

Although this study represents a contribution to an emerging literature around gay and bisexual men's personal communities, my application of this approach was necessarily partial. As discussed in the methods chapter, I applied Spencer

and Pahl's (2006) methods of exploring personal communities in the research, using this a 'jumping off' point for exploring the topic of safer sex. This dual focus meant that my analysis of the composition of the men's personal communities was somewhat limited. Although I have been able to provide a broad overview of the composition of men's personal communities, as well as insight into the meanings men ascribed to their relationships with those that comprised them, this research has not explored all dimensions of the men's personal communities in great depth. In particular, patterns relating to geographical distance, class, and employment were not explored in depth during analysis. Moreover, changes in the patterning of personal communities over time in response to different life events were explored to a limited extent. These limitations are representative of my use of the personal communities approach as a tool, rather than as the primary focus of the analysis and overall thesis.

Furthermore, this research was not intended as an analysis of young men's social networks, and as such it cannot provide insight into the overall composition of men's social networks, rather only those people they consider 'important to them now'. This also means that the research represents a 'snapshot' in time, and cannot provide evidence about changes to the men's personal communities over time. Nevertheless, the findings speak to the idea that personal relationships change over time, and as such different people may become more, or less, important at different points over the lifecourse. An implication of this is that different people and groups may be best placed to inform and support men in their approaches to safer sex at different points in time.

Overall the men in the study reported high levels of education, and their accounts suggested that the majority had high levels of knowledge relating to sexual health generally, and HIV specifically. Indeed, their accounts suggested that in general these men did not regularly engage in high levels of risky behaviour such as UAI with casual partners and UAI with serodiscordant/unknown partners (see McDaid et al. (2013) for further definition of 'high risk UAI'). Furthermore, the findings from analysis of the men's personal communities suggest that the majority of men in the sample had relatively high levels of support from friends, family, colleagues, and other individuals. Taken together, these factors suggest that this sample of young men would not be conceptualised as being a 'high risk' group for HIV, indeed, it would suggest that these are well

educated, sexually informed young men. It is therefore important to acknowledge that the findings of this research may not be directly transferable to other groups of young men who engage in high levels of risky sexual behaviour, have little social support, and low levels of formal education.

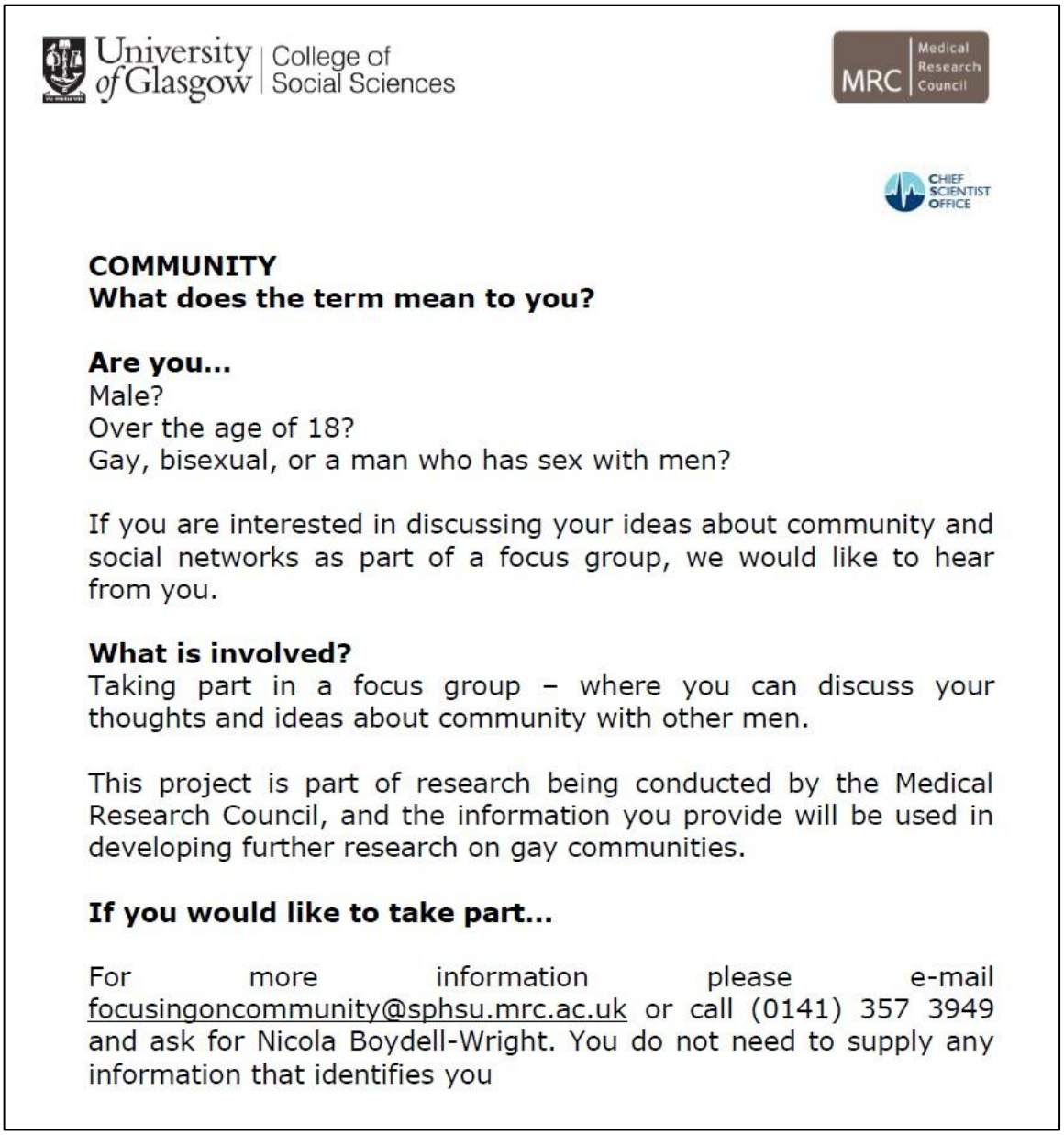
8.6 Recommendations for Future Research

This is the first UK study to focus specifically on young gay and bisexual men's personal communities, and the findings from this qualitative study could be explored with other samples of men in other areas of the UK. It would be useful to explore the experience of men in different age groups in order to examine the composition and patterning of their personal communities. I would argue that many of the issues which emerged around financial support from family, workplace relationships, and indeed the patterning of friendships over time could be very different for older groups of men. The young men's discussion of generational differences in terms of experiences of HIV risk and connection to the HIV epidemic, as well as connections to wider 'gay communities', suggest that future research would do well to explore such issues within different age groups. Indeed, research with men from different age groups could provide insight into the sources of support that different groups of men draw on, both in terms of sexual health, and in other areas of their lives.

Given my limited analysis of other dimensions of the men's personal communities, future research could explore this in more depth. This would provide a more comprehensive, and perhaps more nuanced interpretation of gay and bisexual men's personal communities, which could be used as a basis for exploring other issues such as supportive relationships in the workplace, and ways in which these could be capitalised upon in future health promotion.

Appendices

Appendix 1 Advert for Offline Focus Group



University of Glasgow | College of Social Sciences

MRC Medical Research Council

Chief Scientist Office

COMMUNITY
What does the term mean to you?

Are you...
Male?
Over the age of 18?
Gay, bisexual, or a man who has sex with men?

If you are interested in discussing your ideas about community and social networks as part of a focus group, we would like to hear from you.

What is involved?
Taking part in a focus group – where you can discuss your thoughts and ideas about community with other men.

This project is part of research being conducted by the Medical Research Council, and the information you provide will be used in developing further research on gay communities.

If you would like to take part...

For more information please e-mail focusingoncommunity@sphsu.mrc.ac.uk or call (0141) 357 3949 and ask for Nicola Boydell-Wright. You do not need to supply any information that identifies you

Appendix 2 Information Sheet for Offline Focus Group

University of Glasgow | College of Social Sciences

MRC Medical Research Council

Chief Scientist Office

Focusing on Community - Information Sheet

Who am I?
My name is Nicola, and I am a research student funded by the Medical Research Council. I am conducting this study as part of my PhD research on Gay Community norms at Glasgow University.

What is the research about?
I would like to know more about what men who are gay, bisexual, or have sex with men think about community and social networks. The main aim of the research is to get a better understanding of how men think about the term *community*. This research is part of bigger project, which will explore how links to communities and social networks, particularly gay communities, relate to awareness of HIV prevention and safer sex.

What will I need to do?
Discuss your thoughts and ideas about *community* with other men in a focus group. There are no right or wrong answers - I just want to hear what you think. You do not need to have thought about this in advance, as the group will be guided by a series of more specific questions by me, the researcher. If you wish to participate, you can contact me, and we can arrange a suitable time and location for the group discussion. The discussion itself will last approximately one hour. Before the focus group you will be asked to fill in brief questionnaire to gather some background information. Our discussion will be recorded so that I can listen to it again later.

After completing the focus group, you will be given a £20 gift voucher in appreciation of the time you have given to participate.

Do I have to take part?
Taking part in this research is entirely voluntary, and you are free to make your own choice about whether you want to participate. If you do agree to take part but later change your mind, you are free to withdraw from the research at any point.

Will my taking part in this research be kept confidential?
Any information that is collected about you during the course of the research will be kept strictly confidential, no information that could identify you will be given out to anyone else. We will not use your name or reveal that you took part in the focus group. Other people in the discussion group will hear what you have to say but we will ask all group members to respect the confidentiality of what is said in the group.

What will happen to the information I provide?
Should you decide to take part, the focus group will be digitally recorded and later I will listen to recordings again. Any potentially identifying details, including your name, where you live, where you work etc., will be removed. The audio file will either be passed to a professional transcriber to be transcribed, or be transcribed personally by me. The transcribed files will be stored on a password-protected computer, and stored safely after use. These documents will not be linked to the contact details you provide, and any written information you provide will be stored separately, so that you cannot be identified. The Medical Research Council requires us to keep all research documents securely for 10 years, but your name and any identifying details will be removed.

Once the project is completed, the information you have given me will be kept safely by the MRC. If you give your consent, it may be used by other researchers with the MRC's approval, under the strict rules governing the confidentiality of your information. So again, your name, or any material that might identify you will never be used or be given to anyone.

What will be done with the results of the research?
What you tell me will be used in developing a report on how men think and talk about community and social networks. I may use extracts taken from what you told me, however, I would use extracts that will not identify you to anyone reading the report. The findings of the research may also be published in research journals. If you would like to be sent a summary of findings, we can arrange this at the end of the focus group.

Who funds the research?
The research is funded by the Medical Research Council.

What will happen if I decide to take part?
If you want to take part, contact me (see below for contact details), and I will contact you to discuss possible dates, times, and location for our discussion.

What do I do it I have any more questions?
You can ask me, Nicola Boydell-Wright. I am a research student from the Social and Public Health Sciences Unit of the Medical Research Council.
Email: focusingoncommunity@sphsu.mrc.ac.uk Phone: 0141 357 3949 and ask to be put through to Nicola Boydell-Wright.

You can also speak to my supervisor, Lisa McDaid. Email: l.mcdaid@sphsu.mrc.ac.uk
Phone: 0141 357 3949
If you would like to speak to someone independent of the research, you can contact Dr Valentina Bold at the University of Glasgow. Email: Valentina.Bold@glasgow.ac.uk

NB/ An adapted version of this information sheet was developed for the online arm of the pilot study. This made reference to the use of an allocated (unique) username to assist in protecting anonymity during the online focus group, and arrangements for providing £20 voucher while maintaining anonymity. As no one came forward to participate in this arm of the pilot study, this version of the information sheet has been omitted from the appendices.

Appendix 3 Advert for Online Focus Group

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MRC Medical Research Council

Chief Scientist Office

COMMUNITY
What does the term mean to you?

Are you...
Male?
Over the age of 18?
Gay, bisexual, or a man who has sex with men?

If you are interested in discussing your ideas about community and social networks as part of an online focus group, we would like to hear from you.

What is involved?
Taking part in an online focus group - where you can discuss your thoughts and ideas about community with other men in a private chat room that no one else can access.

This project is part of research being conducted by the Medical Research Council, and the information you provide will be used in developing further research on gay communities.

If you would like to take part...
For more information please e-mail focusingoncommunity@sphsu.mrc.ac.uk or call (0141) 357 3949 and ask for Nicola Boydell-Wright. You do not need to supply any information that identifies you.

Appendix 4 Consent Form for Offline Focus Group

Focusing On Community
Consent Form

Please read and tick each statement:

1. I confirm that I have read and understand the information sheet for the Focusing on Community study. I have had the opportunity to think about the information and ask questions. ☐

2. I understand that it is my choice to take part and that I am free to withdraw at any time, without having to give a reason. ☐

3. I understand that any information I provide will be treated in strict confidence by the researcher. ☐

4. I agree to an audio recording of the focus group being made, and I understand that the information I give will be recorded and stored securely for 10 years in line with MRC policy. ☐

5. I understand that what I say may be used in future reports, articles or presentations by the researcher. ☐

6. I understand that my name will not appear in any reports, articles or presentations. ☐

7. I understand and agree that the information from my focus group may be made available to other bona fide researchers in the future for further research, but that this would be overseen by the MRC and be in accordance with their strict rules of confidentiality. ☐

8. I agree to participate in a focus group interview. ☐

I hereby consent to take part in this study and agree that my participation has been fully explained to me.

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

Appendix 5 Topic Guide for Focus Group

Focusing on Community - Focus Group Topic Guide

Topics for both online and face-to-face focus groups:

1. **Social networks**
2. **Community**
3. **Gay Community**

Face-to-face focus groups - Introduction

Researcher introduces herself and research. Researcher restates the length of focus group (approx 90mins), voluntary nature of participation, discusses anonymity and confidentiality (including limits to), and checks whether there are any questions or concerns about the study.

Online Focus groups - Introduction

Researcher introduces herself, reiterating the purpose of the focus group and the format to be followed. Researcher lays out basic ground rules e.g. respecting the privacy of each other's contributions, no 'flaming' or bullying of other participants, no abusive language tolerated etc. Researcher discusses anonymity and confidentiality.

Face-to-Face Focus Groups

Possible opening questions:

- Tell us who you are and what your ideal night out (or night in) would be.
- Tell us who you are and your favourite food.

Social Networks

Focusing exercise: At this point I will ask participants to think about the term social network asking them: When you hear the social network, what comes to mind? Participants will be asked to write down all the words, phrases or images they associate with the term. I will remind them that there are no right or wrong answers to the question. I will provide post-its and/or small pieces of paper for participants to write on, and a flip chart or large piece of paper. Participants will

be asked to stick their ideas to the flip chart. The words, phrases and images as the basis for next part of the discussion.

- When you hear the term 'social network' what comes to mind?
- Think about the last time you went out to socialise, who did you go out with?
- Thinking about your ideal night out, how would spend it and with who?
- What social activities do you like to engage in?
- Who with? How did you meet these people?
- How important is your sexuality/sexual orientation in shaping your social networks and social activities?
- Do people in your (different) networks socialise together? If not, why not. If so, in what circumstances.
- Are there any social activities that you engage in that are important to the way you experience your sexuality?

Use of the internet for developing social networks, and making links to community

- Thinking about the internet, how would you say you use the internet to keep in touch with friends?
- Some people use the internet to meet new partners, what do you think about using the internet for dating or hooking up?
- What are the advantages and disadvantages of online social networks?
- Do you think there is such a thing as an 'online community'?

Gay Communities

Focusing exercise: This focusing exercise is designed to think about different images and stereotypes sometimes associated with gay communities, and the extent to which participants associate them with their own views on gay community. I will explain that I am going to hand out images which have been suggested relate to gay communities. I will state that some of these may be

stereotypes, or things which they feel strongly are not related to gay community, while other images are more abstract and they can interpret them as they wish. I will ask participants to sort the images into those which they **do** think relate to gay community, and those they **don't**. I will provide flip chart pages for the men to stick the images to. This will again form the basis for a discussion of what gay community is (and isn't). (See table of images and examples of the type of images to be used at the end of this document)

- People sometimes use the term 'gay communities' (or community), what does this term mean to you?
- Do any of you consider yourself to be part of a gay community? (If this issue has not already been covered).
- What does being involved in/associated with gay community involve? (Prompts: Going out on the scene or to saunas and cruising areas? Political activism? Links to gay men's charities? Gay Pride?)
- What are the greatest needs (sexual health, dating/hooking up/political activism) within gay communities? THEN, which of these is the most important?
- What are the biggest challenges facing gay communities today? THEN, what should be done about it?
- Thinking back to our discussion of social networks, what role do you think social networks and communities play in finding romantic or sexual partners?
- Thinking about the issue of safer sex, some people have said that safe sex is a 'gay community' issue, what do you think?

Community

So far we've talked about the idea of gay community, I'm wondering if we could talk about communities more generally.

- People often use the term 'community, what do you
- Thinking about the term community, how is it different from social network? (Introductory question)
- Thinking about community again, what communities (if any) would you say you belong to/are part of? (Transitional question)

- Thinking about those communities, what are the different parts (or groups) that make up the community?
- What do you think draws people to get involved in communities/ community activities?
- Tell me about an example of people being involved with community that you know of
- What helps build a sense of belonging in a community?

Possible ending question

Of all the things we discussed, what do you think is most important I understand about your ideas on community?

Possible summary questions

Is this an adequate summary?

How well does that capture what was said here?

Final questions

Have we missed anything?

Is there anything we should have talked about but didn't?

Draw focus group to a conclusion

Researcher thanks everyone for participation.

Participants again given opportunity to ask any questions which may have emerged during the focus group.

Researcher stays behind for short period to enable participants to ask questions, and provide participants with vouchers as thank you etc. (Face-to-face).

Images Used In Picture Sorting Exercise
Gay Community Images
Pride
Sauna
Club
Bar
Café
Two people meeting up
Group of friends out for meal/drink
Picture of a neighbourhood/ area of a town
Cruising area
Charity logos
Gay men's websites/Sociosexual media
Picture of family
Community Centre
Condoms
Abstract images
Social network images
Support
Inclusion/exclusion
Clique
Social support
Peer support
Counselling
Stereotypes
Bear
Leather
Twink
Gym goers/muscle bound
Older
Activist
Professional
Arty/Artist
Drag
HIV+
Clubbers

Appendix 6 Conference Poster: Pilot Findings

"What does the term 'gay community' mean to you?"– Understandings among gay men in Glasgow and North Lanarkshire

Nicola Boydell-Wright, Katie Buston and Lisa McDaid
MRC/CSO Social and Public Health Sciences Unit, Glasgow

Background

'Community' responses to HIV have been linked to successful HIV prevention among gay men. Recent research has questioned the role of 'gay community' in responding to recent increases in HIV incidence, highlighting changes in its role in HIV prevention (Fraser 2004; Davis 2008; Dowsett 2009; Holt 2011). Gaining insight into how men understand 'gay community' has important implications for future HIV prevention interventions.

Aim

To explore the meaning of the term 'gay community' to a sample of gay men, how relevant they felt it was, and which social networks are most important to them.

Method

- Two face-to-face focus groups were conducted with a total of 15 men in Glasgow and North Lanarkshire
- A combination of focusing exercises and more structured questions used to explore key topics:

  - Social networks
  - Gay community
  - Community more generally

A picture sorting exercise designed to facilitate discussion around 'gay community' and how men understand and describe it

Focusing exercise designed to explore how men understand the term social network. Image shows men's responses to the question: "When you hear the term 'social network' what comes to mind?"

Findings

Men's understandings of the term gay community were complex and diverse. Several men across both groups expressed doubts about its existence, while other men questioned what constitutes gay community.

NBW: ....some people say gay community exists, some people say it doesn't exist...

Scott: It does

Tim: It doesn't **(Focus Group 2)**

Some men suggested that multiple communities exist, rather than a unified 'gay community'. Others felt that gay communit/ies are underpinned by organisations providing support to Lesbian, Gay, Bisexual, and Trans people.

Keith: The more that the conversation has been going on, I don't actually believe that there is *a gay community*. I believe there is many, many small communities, and whether that is groups of friends, or people who go to different things, and I think each person belongs to maybe hundreds of different communities...
Alan: See like the gay community is that not, classing it with kind of Terrance Higgins Trust, LGBT. Like when we started off talking about the gay community is it not...
Simon: Well what do you believe it is then? What do you think?
Alan: Well, I think the gay community starts being about gay communities like THT, LGBT, all the groups, and support groups is classed as the gay community
(Focus Group 1)

Men discussed the importance of terminology in defining community, and questioned whether a unified gay community exists.

Anthony: Well, first of all, as you say, it's the terminology. I mean, depending if you refer to it as a unified gay community, I mean, there's a gay scene, but is there a gay community in the sense that you've got your local neighbourhood community?

Tim: The only thing for me that makes me think... the first time I would say I experienced what people call gay community was during the 80s and 90s when HIV hit and for then I did see a community, what could be classed as a community, a real group of people coming together.
(Focus Group 2)

Despite the use of different terminology, and debate among the men about what constitutes community, there was a consensus that the term has many meanings in different contexts and to different people.

NBW: ...What is a community?
Graham: A group of people. Different people that know each other.
In fact, they don't necessarily need to know each other.
NBW: Mmm, so what defines it then?
Simon: It could be identity, geography, age, HIV, hmm, HIV status, I don't know. Gender. Religion or religious belief.
John: An interest in something.
NBW: What does anyone else think?
Simon: (To Keith) Come on then...
Keith: I don't know if I agree with that.
[Loud cheers and laughter from group members] **(Focus Group 1)**

Implications and future directions

Findings are similar to previous Australian studies exploring the meaning of 'gay community' (Fraser 2004; 2008; Holt 2011). The findings of this PhD pilot study raise an important issue around the use of terminology in research – in exploring relationships between gay men and significant others, is 'gay community' the best term to use? The research highlights the need to explore wider communities and social networks which may influence gay and bisexual men's sexual health. Thus, the findings have been used to inform the development of a larger PhD study which will explore how links to communities and social networks, particularly gay communities, relate to awareness of sexual health, specifically HIV prevention and safe sex.

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www.sphsu.mrc.ac.uk

Appendix 7 Advertisement for Main Study

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MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Are you...

- Male?
- Aged between 18 and 29?
- Gay, bisexual, or a man who has sex with men?

If you would be willing to take part in an informal interview discussing personal and social relationships, social networks, as well as issues around sex, and sexual health we would like to hear from you.

You will receive a £20 high street voucher as thanks for your time.

If you would like to take part...

For more information please visit http://tinyurl.com/cc3obxt, email srash@sphsu.mrc.ac.uk

or call (0141) 357 3949 and ask for Nicola Boydell-Wright

You do not need to supply any information that identifies you

Appendix 8 Information Sheet for Main Study

University of Glasgow | College of Social Sciences

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Social Relationships and Sexual Health - Information Sheet/Plain Language Statement

Who am I?
My name is Nicola, and I am a research student funded by the Medical Research Council. I am conducting this study as part of my PhD research around social relationships, personal networks, and sexual health at Glasgow University.

What is the research about?
This research is exploring experiences in personal and social relationships and sexual health amongst young men (aged 18-29) in Scotland who are gay, bisexual and/or who have sex with men (MSM). Previous research has suggested that personal and social relationships can influence how we think about sex, and our sexual health. I would like to know more about your important personal and social relationships, and how you think about sex, and sexual health. This research is part of a project, which is exploring how links to communities and social networks, particularly gay communities, relate to awareness of HIV prevention and safer sex.

What will I need to do?
Discuss your thoughts and experiences of important personal and social relationships and issues around safer sex and sexual health in an informal interview discussion with me, the researcher. There are no right or wrong answers - I just want to hear what you think. About a week before the interview I will send you some information and questions it would be useful to think about, however, the interview itself will be guided by a series of more specific questions, so don't worry if you unsure about how you would answer. If you wish to participate, you can contact me, and we can arrange a suitable time and location for our discussion. You can either contact me by returning the reply form provided, or via email or phone using the contact details below. The interview itself will last approximately 60-90 minutes. Before the interview you will be asked to fill in brief questionnaire to gather some background information. If you agree, our discussion will be recorded so that I can listen to it again later.

After the interview, you will be given a £20 gift voucher in appreciation of the time you have given to participate.

Do I have to take part?
Taking part in this research is entirely voluntary, and you do not have to take part if you do not want to. If you do agree to take part but later change your mind, you are free to withdraw from the research at any point.

Will my taking part in this research be kept confidential?
Any information that is collected about you during the course of the research will be kept strictly confidential; no information that could identify you will be given out to anyone else. We will not use your name or reveal that you took part in an interview.

What will happen to the information I provide?
Should you decide to take part, the interview will be digitally recorded and later I will listen to recordings again. Any potentially identifying details, including your name, where you live, where you work etc., will be removed. The audio file will either be passed to a professional transcriber to be transcribed, or be transcribed personally by me. The transcribed files will be stored on a password-protected computer, and stored safely after use. These documents will not be linked to the contact details you provide, and any written information you provide will be stored separately, so that you cannot be identified. The Medical Research Council requires us to keep all research documents securely for 10 years, but your name and any identifying details will be removed. Your personal contact details will be destroyed at the end of the study.

Once the project is completed, the information you have given me will be kept safely by the MRC. If you give your consent, it may be used by other researchers with the MRC's approval, under the strict rules governing the confidentiality of your information. So again, your name, or any material that might identify you will never be used or be given to anyone.

What will be done with the results of the research?
What you tell me will be used in developing a PhD thesis on how men think and talk about social relationships, personal networks and sexual health. I may use extracts taken from what you told me, however, I would use extracts that will not identify you to anyone reading the report. The findings of the research may also be published in research journals. If you would like to be sent a summary of findings, we can arrange this at the end of the interview.

Who funds the research?
The research is funded by the Medical Research Council.

What will happen if I decide to take part?
If you want to take part, contact me by returning the reply form provided, or via email or phone using the contact details below. I will then contact you to discuss possible dates, times, and location for our discussion.

What do I do it I have any more questions?
You can ask me, Nicola Boydell-Wright. I am a research student from the Social and Public Health Sciences Unit of the Medical Research Council.

Email: srash@sphsu.mrc.ac.uk or Phone: 0141 357 3949 and ask to be put through to Nicola Boydell-Wright.

You can also speak to my supervisor, Lisa McDaid. Email: l.mcdaid@sphsu.mrc.ac.uk Phone: 0141 357 3949

If you would like to speak to someone independent of the research, you can contact the College Ethics Officer Dr Valentina Bold at the University of Glasgow. Email: Valentina.Bold@glasgow.ac.uk

Many thanks for taking the time to read this. I would be delighted if you would be willing to take part.

Appendix 9 Alternative Advertisement

University of Glasgow | College of Social Sciences

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Are you…

Male?

Aged between 18 and 29?

Gay, bisexual, or man who has sex with men?

If you would be willing to discuss personal and social relationships, social networks, as well as issues around sex, and sexual health we would like to hear from you.

What is involved?

Taking part in an informal interview – where you can discuss your thoughts and ideas about personal and social relationships and sexual health with a researcher.

This project is part of research being conducted by the Medical Research Council, and the information you provide will be used in developing further research on personal and social relationships and sexual health.

If you would like to take part…

For more information please e-mail shrash@sphsu.mrc.ac.uk

or call (0141) 357 3949 and ask for Nicola Boydell-Wright

You do not need to supply any information that identifies you.

Appendix 10 Letter to Participants

University of Glasgow | College of Social Sciences

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Social Relationships and Sexual Health

Dear….,

Thank you for agreeing to take part in this study. I am looking forward to meeting you on…. at…. at…. If this time does not suit you, or there are any other changes, please do get in touch using the contact details below.

As part of my research here at the MRC SPHSU I am interested in finding out more about people's relationships with others, particularly those who are important to them, including friends, sexual partners/'lovers', family, work mates, neighbours, and others from different social contexts. I'm keen to know more about if, and how, these relationships change at different points in people's lives, and also if and such people affect the way you think about issues around sexual health, particularly safer sex.

It would help me a lot if you could fill in the two sheets enclosed, and have them with you when we meet together for the interview.

The first sheet is a page of sticky labels, and I would ask that you list people who are important to you now on each of the labels. As I mentioned above, these people could include friends, partners, family, lovers, work mates, neighbours or anyone else who is particularly important to you in your life. When you have decided who you would like to include, please list them on the labels (one name per label). You don't have to use every label supplied, only use the number you want to. If you need any more labels please just keep a note of the people and let me know at the interview so that you can add them then.

On each label please add a few details

- The person's first name. If there is more than one person with same name just add the first letter of their surname.
- Age (if known)
- Kind of relationship to you (e.g. partner, sister, mother, friend, neighbour, work colleague etc.)
- How far away the person lives (e.g. 100 miles, next door, couple of miles etc.)

For family, no more detail is needed, but for other people, it would be really useful if you could add

- How long you've known this person
- How, or where you met them (e.g. work, out socialising, online, on the scene etc.)

If you can't fit all that on the label, don't worry, we can discuss this in the interview. Once you've finished, just leave the sticky labels attached to the sheet.

I've added a few examples below to show the kind of things you might write on the labels.

Jack **24** **Boyfriend** **Glasgow** **(2 miles away)** **Met online**	**Sam** **19** **Sister** **Edinburgh**	**Chris** **27** **Friend** **London** **Met at college**

It would also help me a lot if you could take a little time before the interview to think about a few of the topics we will discuss in the interview. There are no right or wrong answers to any of these issues or questions; I'm just interested in getting your thoughts and opinions. Below, I've listed some issues for you to think about which I'd like to discuss with you during the interview.

- Friendships and support

  What is a friend? What does it mean to you?
  Who do you get support from? Why are they important?
  How important (or not) is your sexuality in shaping your relationships with others?

- What does the term 'safe/safer sex' mean to you?

- Support and advice around sex

  Who do you tend to discuss issues around sex and relationships with?

Your views will be really important and valuable to the study, but I want to assure you that they will remain confidential, and you will not be named or identified in anything I write about the study.

Thank you once again for your interest in taking part in the study.

If you have any questions or queries between now and the interview, please don't hesitate to get in touch with me by email or phone. My contact details can be found below, and you have my mobile number.

Yours sincerely,

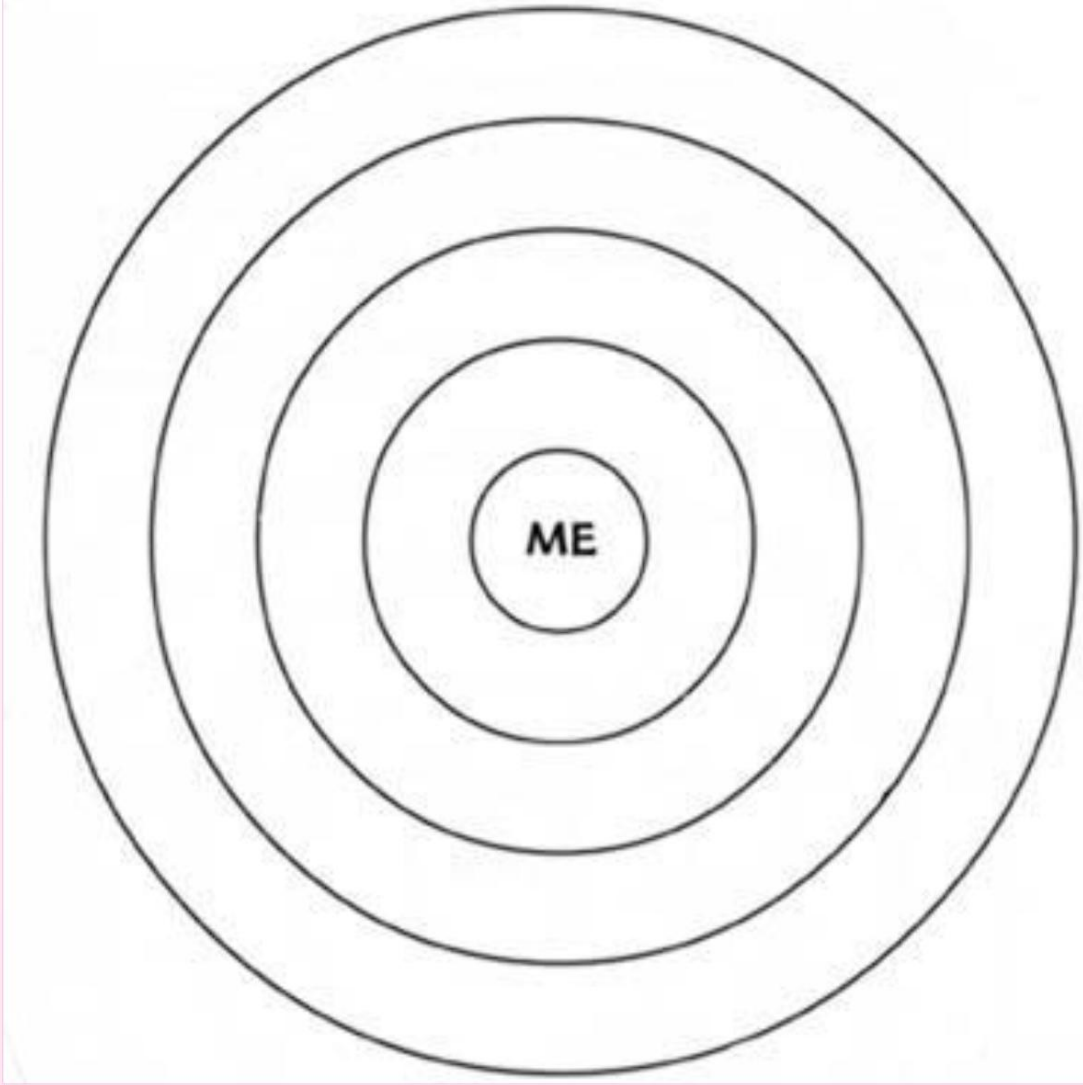
Nicola Boydell-Wright
MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
4 Lilybank Gardens
Glasgow
G12 8RZ
nboydell-wright@sphsu.mrc.ac.uk
Tel: +44 (0) 141 357 7560

Appendix 11 Copy of Blank 'Affective Map'

CHIEF SCIENTIST OFFICE

MRC Medical Research Council

Social Relationships and Sexual Health



www.sphsu.mrc.ac.uk

Appendix 12 Finalised Topic Guide

Introduction

⇒ Restate aims of the project and reaffirm confidentiality of the interview.

Background

⇒ To begin, ask them to tell me a little about themselves.

Constructing the Personal Community

Spend short time exploring how they came up with list of names on labels

- How did you decide who to include?
- Were there too many labels/too few?
- Were people left out? How many? What kind of people?
- Did you include online friends as well as offline friends?

At this point will explain how to place people on the 'map' and ask them to start doing this. Ask questions below to probe decisions.

- Are some of these people more important than others? If so, why?
- Why have you put them in that position on map?
- What is the difference between the relationships in different circles? (Can you explain a little more about how you've made that choice?)

Can also probe details of individuals as placed on the map, e.g. how did they meet? Offline, online? etc.

Structure of the personal community

- Do any of the people on this map know each other?
- Are they friends/friendly with one another?
- Do any of you meet as a group? (Probe: In what context? What kinds of things do you do as a group?)
- What about 'meeting' in online spaces? (Probes: use of social networking sites, sociosexual networking sites or apps)

At this point I will recap what we have discussed and check whether they are happy that the 'map' represents their 'personal community'.

- Looking back over the map, are you happy this represents the people who are important to you now?
- Is there anything you want to change at this stage?

Friendship and Support

Exploring relationships with friends

What is a friend? What does it mean to you?

- Point to the particular friends on map and encourage them to tell stories illustrating their general points in specific ways

Is there any difference between types of friends (probe: best friend, acquaintances, work mates, family, people met online vs. people offline etc.)? Can you give men an example?

- What about differences between friends in each of the circles? Would you speak to them about different things?

Can you tell me who you tend to confide in? What types of things would you share/discuss with them?

- Can you give me an example of the last time, or a recent time, when you confided in someone? Who, what was it about, can you tell me about it? (Use 'flashcards'/'prompt cards' if necessary)

- Can you give an example of practical support you have received from someone on the map?

Exploring relationships with family

Can you tell me a bit about your experience of relationships with family members on the map? [If they have family members on map] Or, other important people on the map.

Do you get anything from family that you don't from relationships with friends?

- Can you relate an incident to me where you feel family filled in a gap that friends would not have done (or vice versa).

Can a family member also be a 'friend'?

Can you give me an example of a time when a family member has been there for you?

- In what way(s)? (Use 'flashcards'/'prompt cards' if necessary)

Community

Is your sexual identity important in shaping your relationships with people on this map?

We've been talking about relationships with friends and family, but I wonder if you could tell me about how you understand the term community?

- What about the term 'gay communit/ies', what does it mean to you?

- Does 'community' shape or influence your relationships with people on this map?

Sex and Safer Sex

This project is also about sex and sexual health. Would it be ok if we moved on to talk more about sex?

[Remind that if they do not wish to answer any questions they do not have to.]

Sexual Network

At this point if it is clear that they have not included sexual partners or ex-partners on the map, begin to probe this.

- Why excluded?
- Why included?

Sex - First Sex

Can you tell me about how you began being sexually active?

Did you discuss being sexually active with anyone on your map? Or [If not sexually active] Do you discuss becoming sexually active with anyone on your map?

Support and Advice Around Sex

Where have you got your sexual health information? Probe based on responses from pilot interviews:

- Seek information online?
- Health professional?
- Talk to gay community/LGBT organisation worker?
- Friends and family? (On map?)
- Schools based sex-education?

If you wanted information about sexual health would you discuss it with anyone on your map?

- Who? Why?

- Can you give me an example of a time you've spoken to someone on your map about sex and sexual health?

Sex and HIV

How/When did you first hear about HIV?

Do you think HIV is an important issue for young men who have sex with men?
- Why? /Why not?

Do you think HIV is a risk for you personally? Or What are the risks of HIV for you?

Can you give me a specific example of a time you have discussed HIV with anyone on the map
- If so, who and why?
- If not, why not? Do you speak to people who aren't on map instead?

What about a potential partner's HIV status, is that s you have thought about when having sex - Example when have/have not

Do you usually talk about status [HIV] with your sexual partners? Have you always known the status of your sexual partners?
- If yes, how do you know?

HIV testing; Experiences, access, when, in what context? Regularity?

Safe Sex

What does the term safer sex mean to you?

If necessary introduce 'flash cards' with different sexual practices or 'things they might do' when having sex. Give these to the participant and ask them to have a look through and pick those that are relevant to them.

Use these to help ask questions and 'probe' around safe sex.

- Which of these would you describe as safe sex?

- What makes it safe sex?

- What would make it less safe/more safe?

Have you engaged in/used any other safer sex practices to reduce your risk of HIV?
- If so, can you tell me about these?

Do people on your 'map' agree with your views on safer sex?

- If not, why?
- If yes, how do you know? Can you give me an example?

Do you think safer sex is an issue for wider gay 'community'/ community of gay men?)

Condom Use

What do you think about using condoms?

Have you ever talked about using condoms with anyone on the map?

Have you ever used condoms? When? In what circumstances?

If you are going to have sex with someone, how do you decide whether to use a condom or not? Example - last time you had sex with a new partner?

Have there ever been times when you have not used condoms?

- Why?
- Can you give me a specific example of a time when you did not use a condom?

Has your use of condoms changed over time?

- How?
- Can you tell me about why this has changed?

Do your friends usually use condoms?

What about family; do any members of your family use condoms? Do you talk about this?

Do you think gay men generally use condoms?

Concluding Questions

Are there any questions/areas we haven't covered that you would have expected to discuss?

Is there anything else you would like to add?

Do you have any questions you would like to ask me?

Any thoughts on completing the 'map'?

Appendix 13 Content of 'Prompt' or 'Flash' Cards: Sex

Kissing	Oral Sex	Many Sexual Partners
Anal Sex/Shagging with Regular Partner	Anal Sex/Shagging with Casual Partner	Sex with Long-Term Partner/Sex in a Long-Term Relationship
Top/Insertive	Bottom/Receptive	Mutual masturbation/Wanking
Fingering	Rimming	Sex Toys
Sex Toys	BDSM / S+M	Other...

Appendix 14 Content of 'Prompt' or 'Flash' Cards: Support

Money Problems	Relationship Breakdown	Sex and Sexual Relationships
Practical Issues/Practical Support	Health in General/Sexual Health	Feelings and emotions
Relationships and Friendships	Issues relating to Work or Study	Shared Interests e.g. Music, Film, Politics etc
Socialising	Fun	Other...

Appendix 15 Consent Form Main Study

University of Glasgow | College of Social Sciences

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Consent Form: Social Relationships and Sexual Health

Please read and tick each statement:

1. I confirm that I have read and understand the information sheet for the Social Relationships and Sexual Health study. I have had the opportunity to think about the information and ask questions. ☐

2. I understand that it is my choice to take part and that I am free to withdraw at any time, without having to give a reason. ☐

3. I understand that any information I provide will be treated in strict confidence by the researcher. ☐

4. I agree to an audio recording of the interview being made, and I understand that the information I give will be recorded and stored securely for 10 years in line with MRC policy. ☐

5. I understand that what I say may be used in future reports, articles or presentations by the researcher. ☐

6. I understand that my name will not appear in any reports, articles or presentations. ☐

7. I understand and agree that the information from my interview may be made available to other bona fide researchers in the future for further research, but that this would be overseen by the MRC and be in accordance with their strict rules of confidentiality. ☐

8. I agree to participate in an interview. ☐

I hereby consent to take part in this study and agree that my participation has been fully explained to me.

Name of Participant	Signature	Date
Name of Researcher	Signature	Date

Appendix 16 Questionnaire for Main Study

University of Glasgow | College of Social Sciences

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Questionnaire

Age

1. 18-24 2. 25-29 Please state your age_____

First part of postcode (e.g. G4, TD15, EH16). Please note that you cannot be identified from this information.

Please state...

Highest Level of Education

1. No educational qualifications
2. 'O' levels or CSEs (or equivalent)
3. 'A' levels or Highers (or equivalent)
4. Further education (e.g. NVQ, SVQ, HNC)
5. University degree or higher

Current employment

Are you currently?

1. Employed
2. Self-employed
3. Unemployed
4. Retired
5. Student

Which of the following options best describes how you think of yourself?

1. Gay or homosexual
2. Bisexual
3. Straight or heterosexual
4. Any other term. Please state...
5. None of these

Relationship Status

Are you currently in a relationship?

1. Yes
2. No

If yes, how long ___years___months

Gay Scene Use

In the last month, how often did you go out on the gay scene?

4-5 times a week

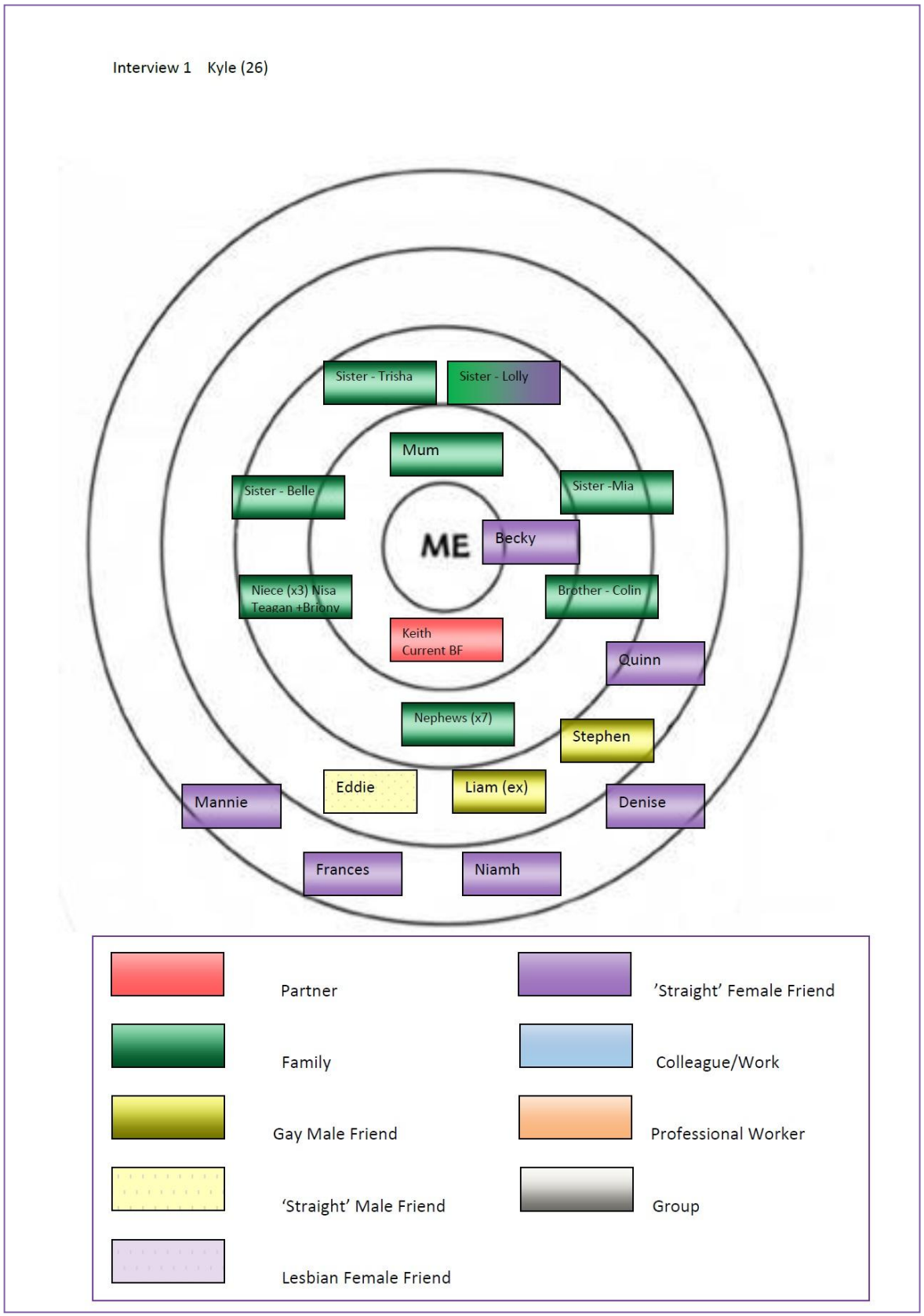
1-2 times a week

2-3 times a month

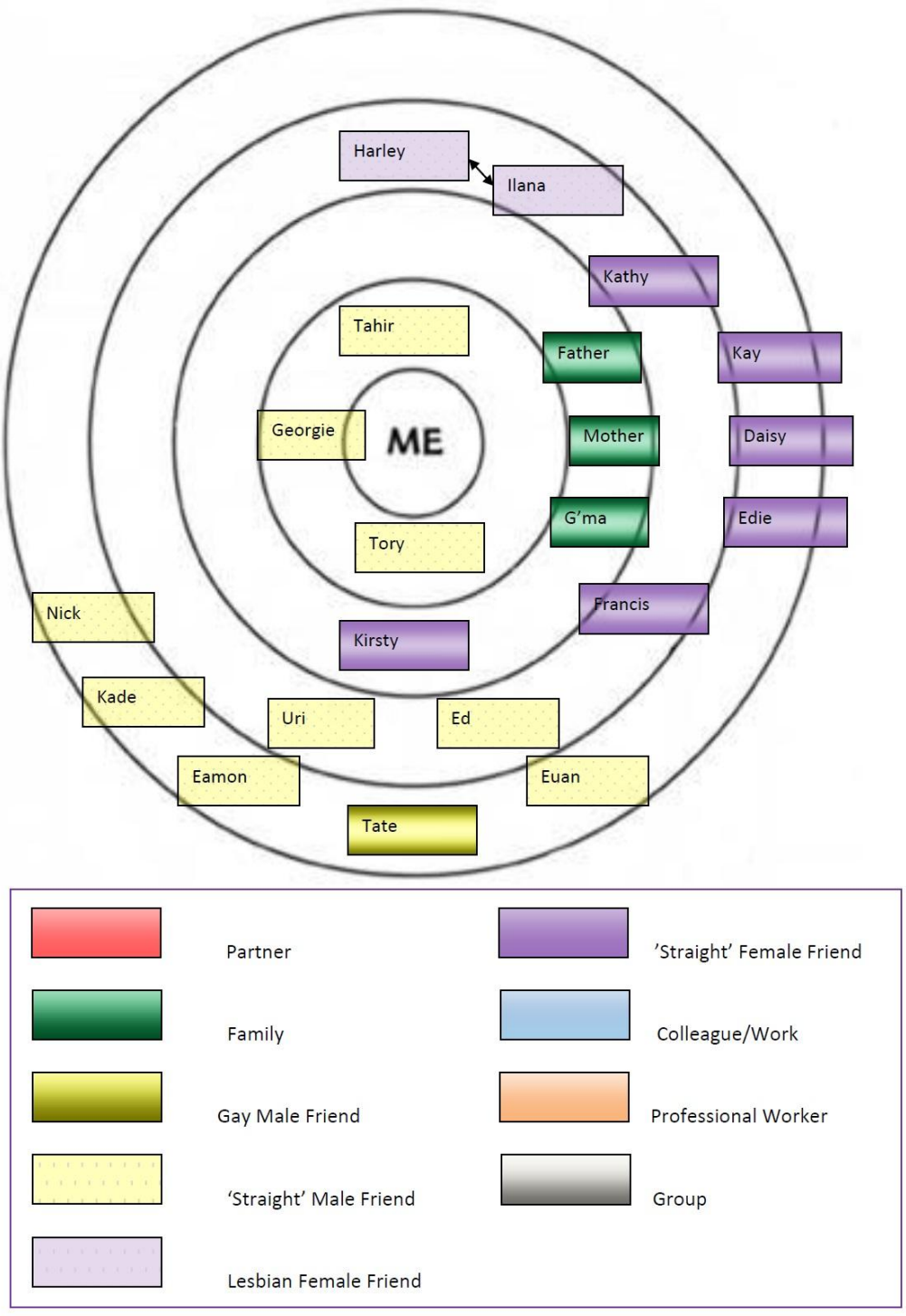
Once a month or less

Never

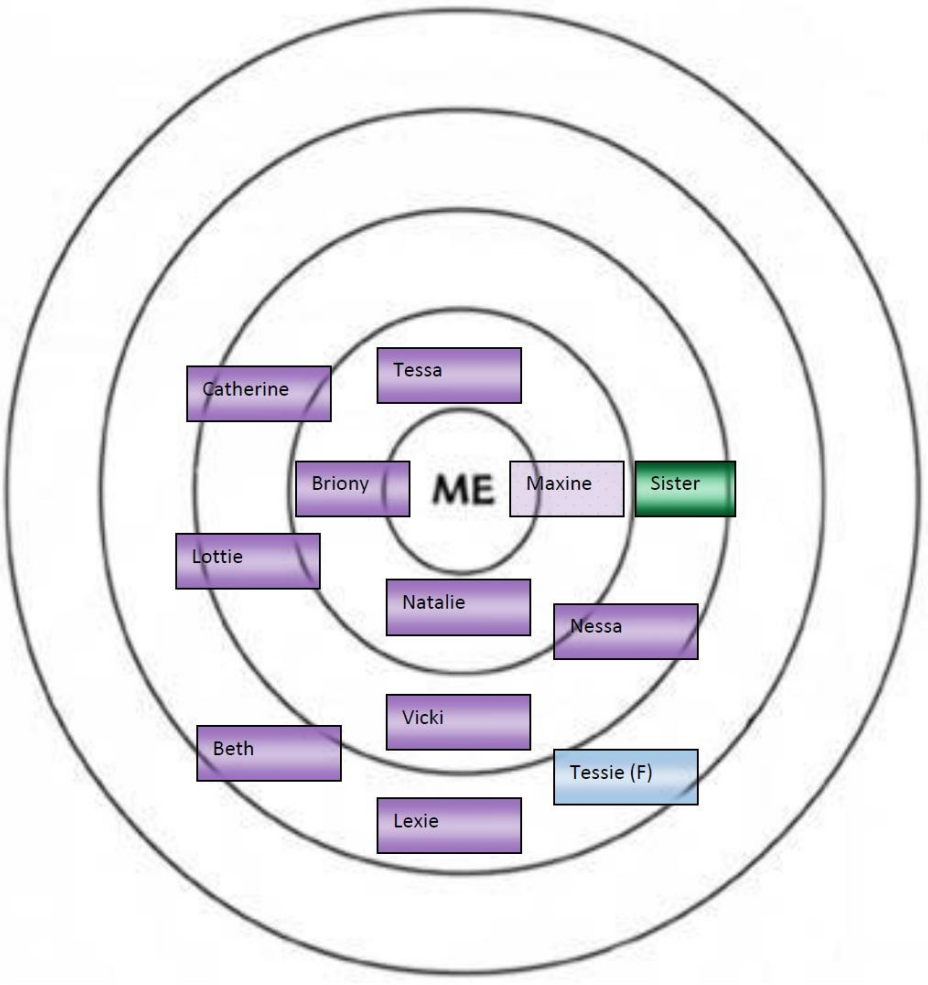
Appendix 17 Participant's Affective Maps

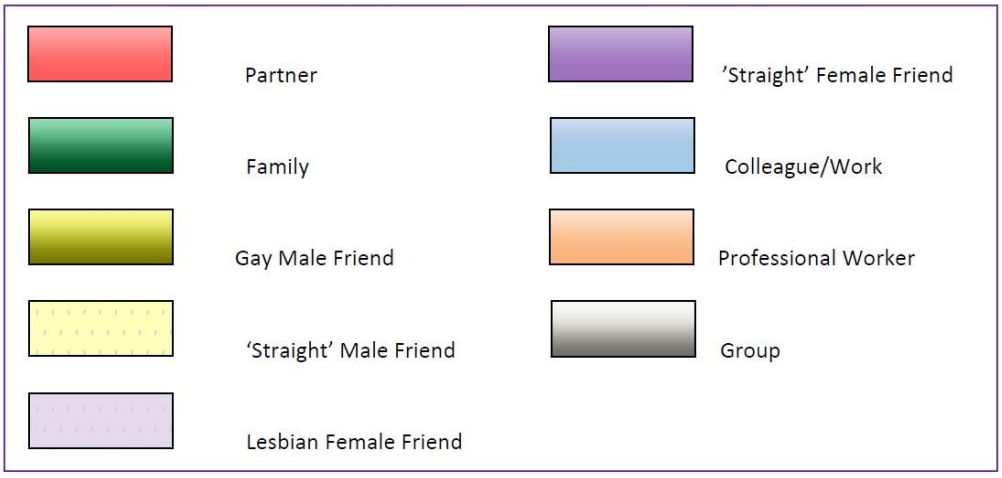


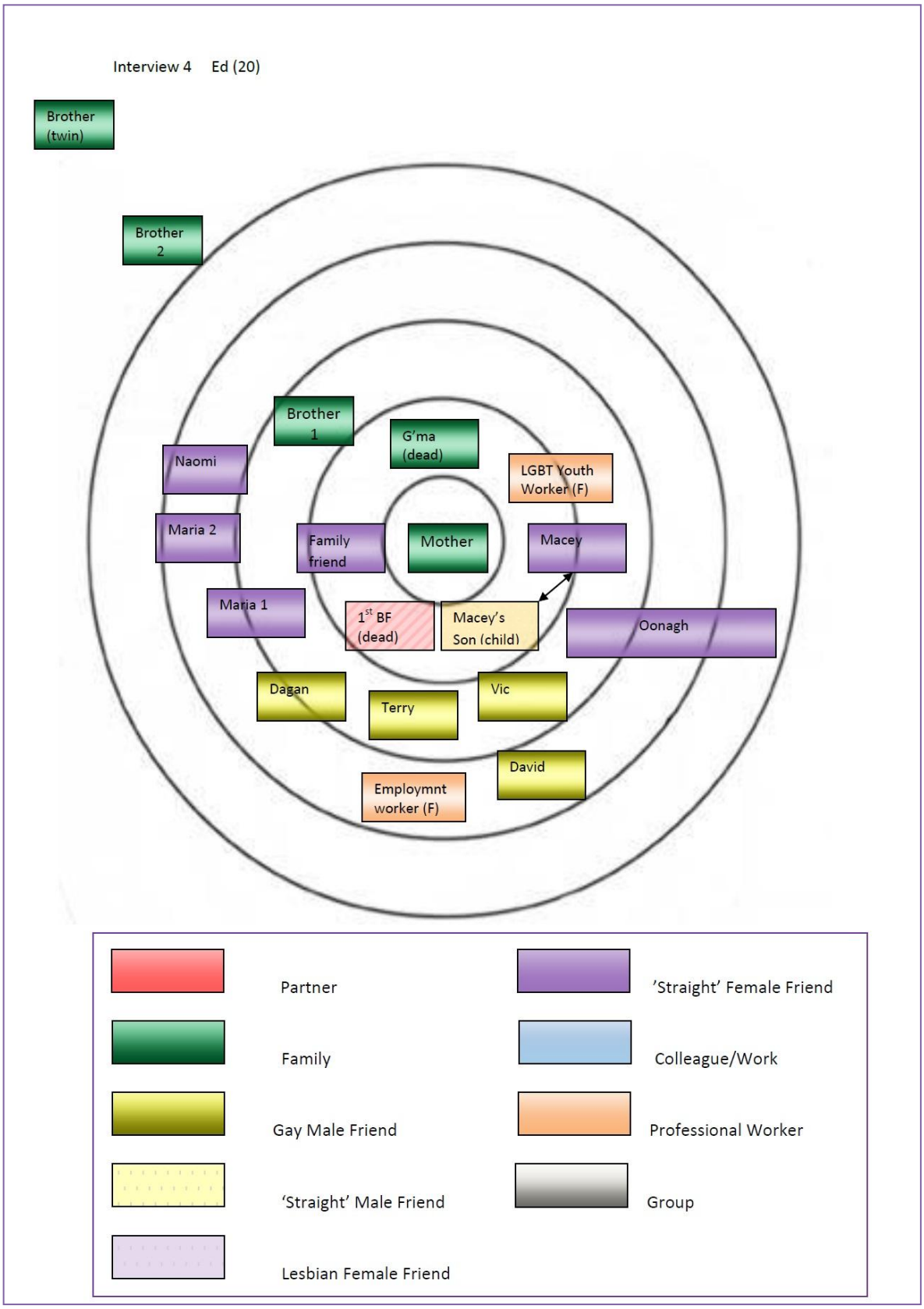
Interview 2 Caleb (26)



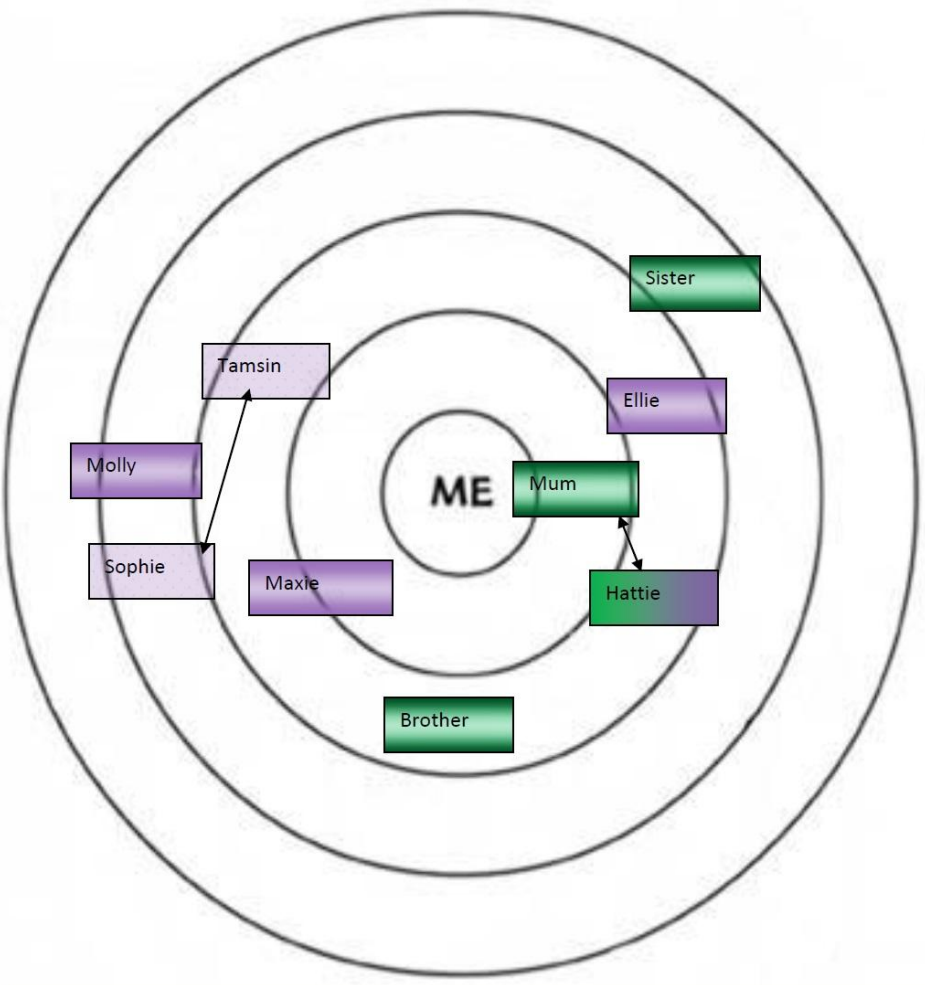
Interview 3 Quinn (19)






Interview 4 Ed (20)
Brother (twin)
Brother 2
Brother 1
G'ma (dead)
Naomi
LGBT Youth Worker (F)
Maria 2
Family friend
Mother
Macey
Maria 1
1st BF (dead)
Macey's Son (child)
Oonagh
Dagan
Terry
Vic
David
Employmnt worker (F)
Partner
'Straight' Female Friend
Family
Colleague/Work
Gay Male Friend
Professional Worker
'Straight' Male Friend
Group
Lesbian Female Friend

Interview 5 Dale (24)



Partner

'Straight' Female Friend

Family

Colleague/Work

Gay Male Friend

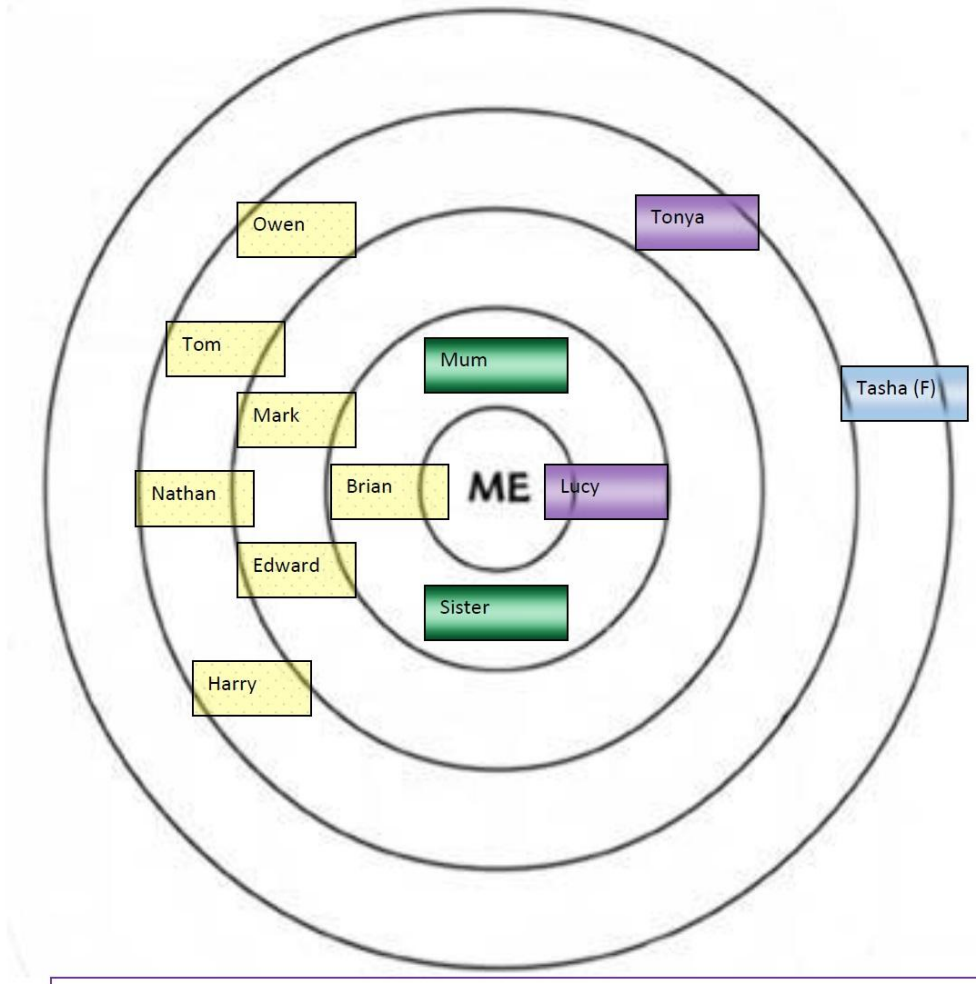
Professional Worker

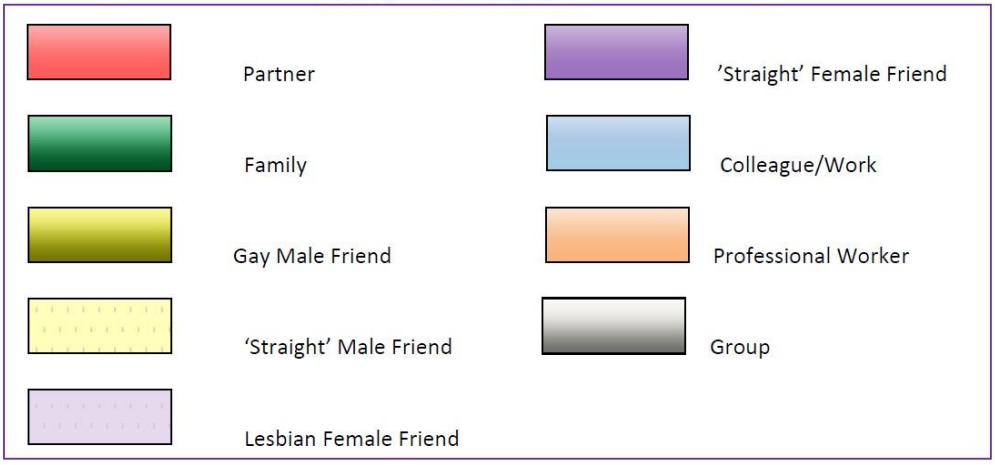
'Straight' Male Friend

Group

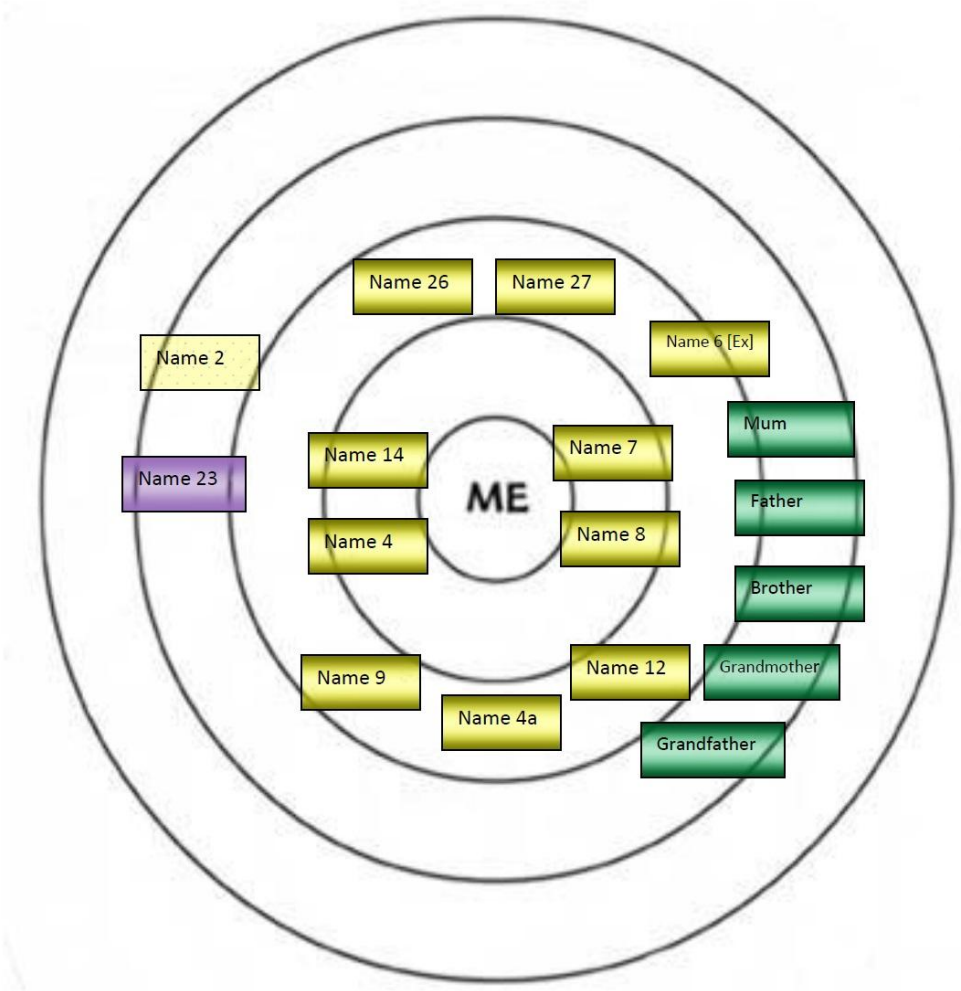
Lesbian Female Friend

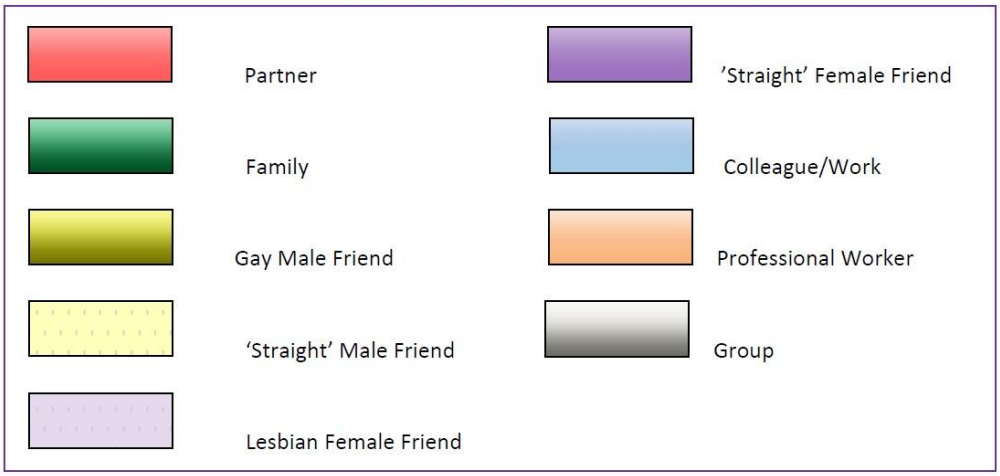
Interview 6 Nick (29)



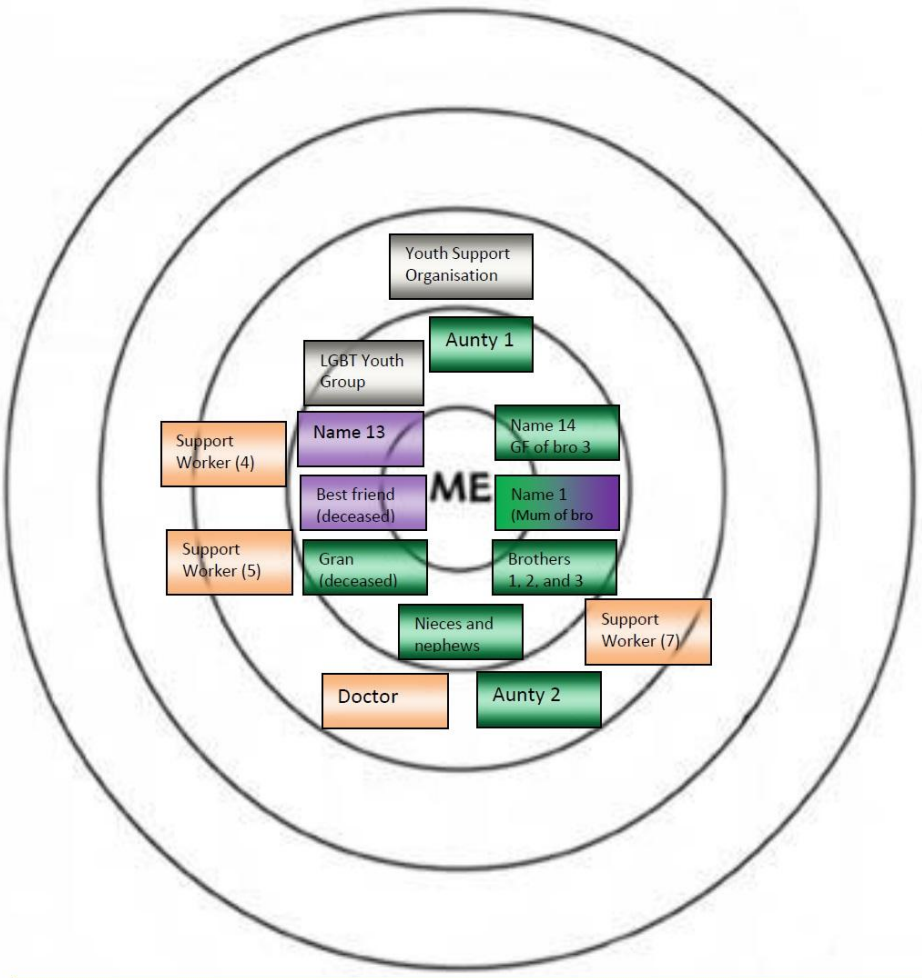


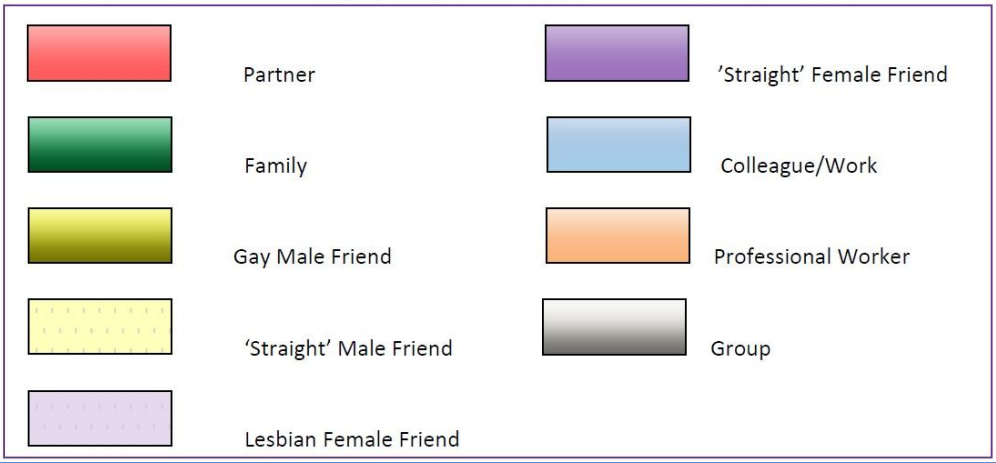
Interview 7 Tom (26)



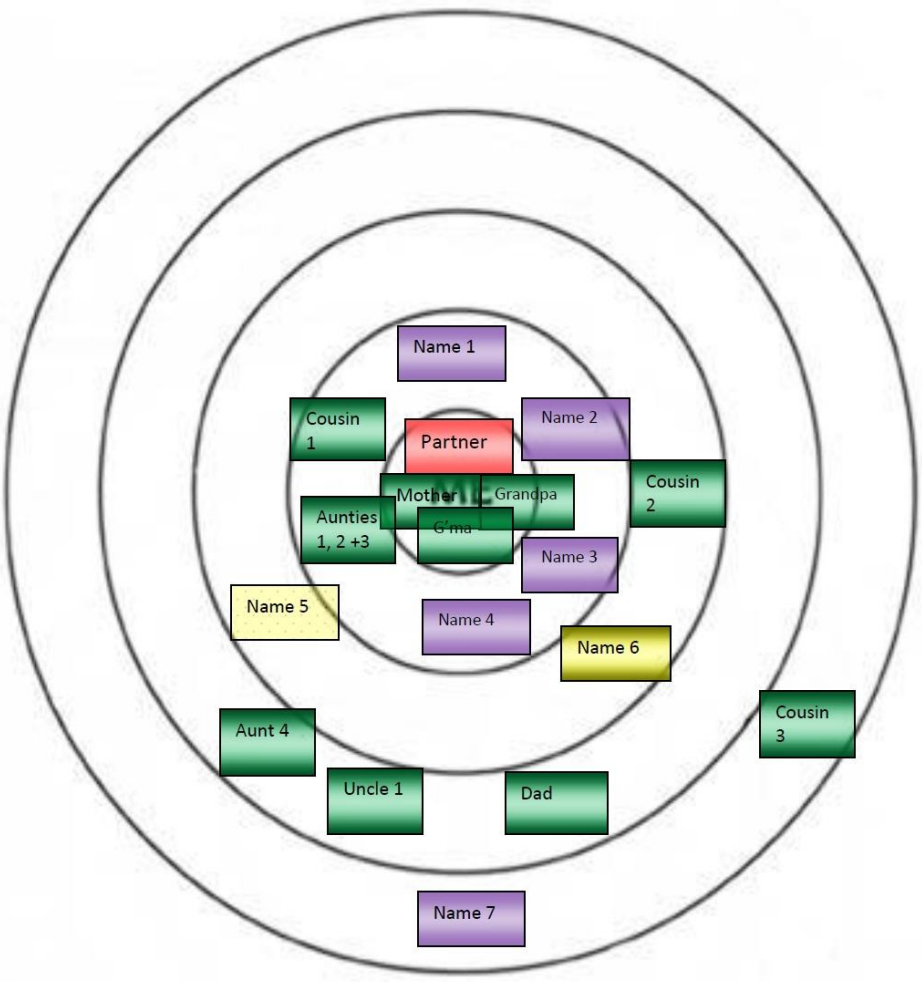


Interview 8 Noel (23)





Interview 9 Colin (24)



Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

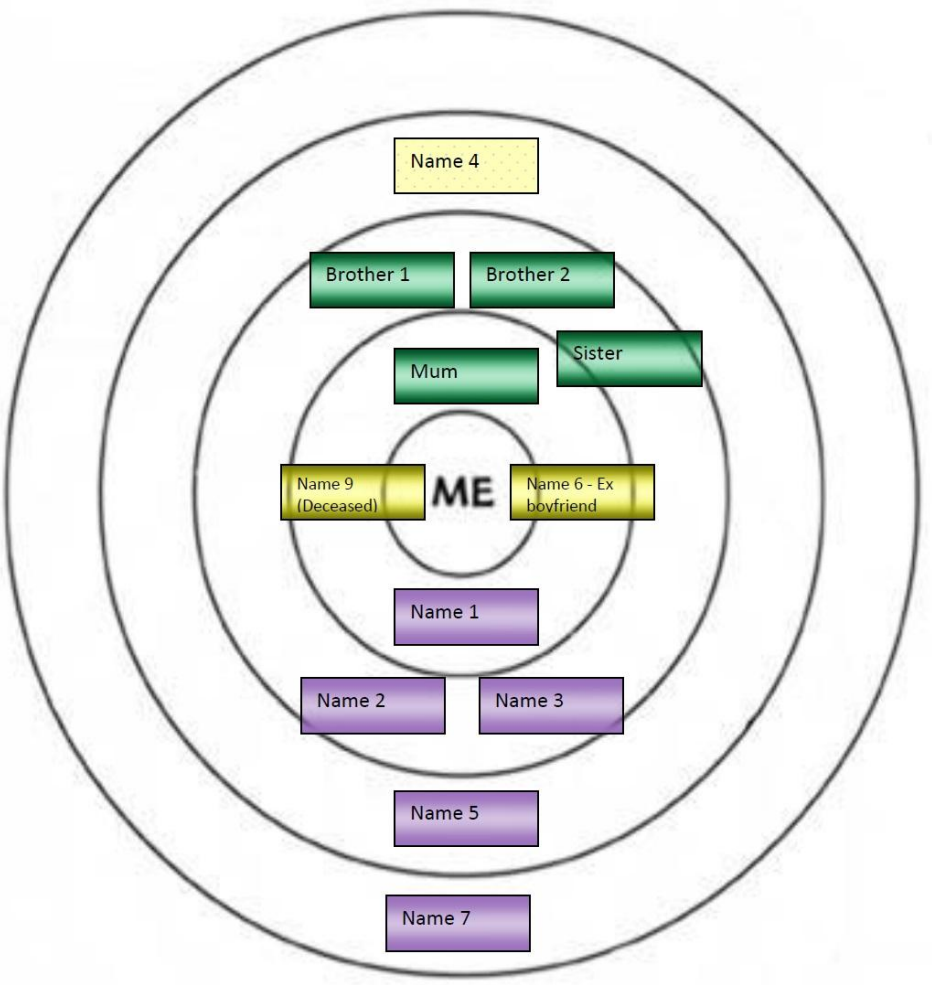
'Straight' Female Friend

Colleague/Work

Professional Worker

Group

Interview 10 Eamon (24)



Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

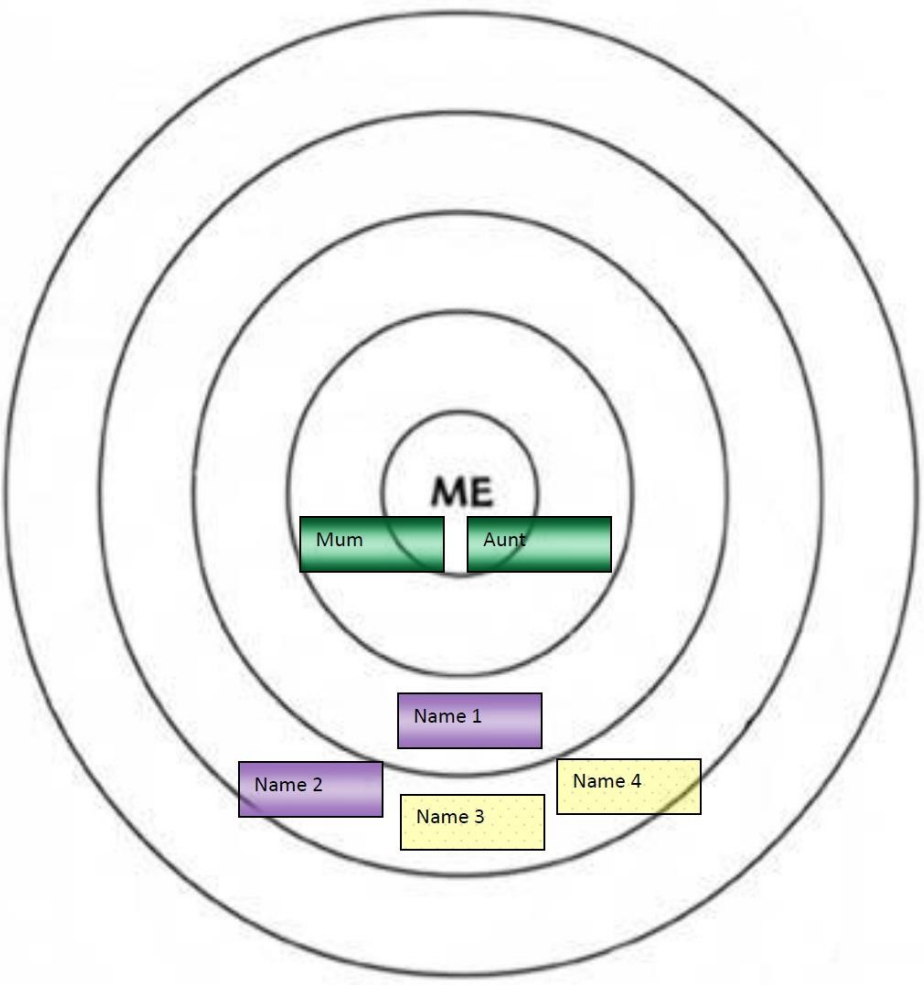
'Straight' Female Friend

Colleague/Work

Professional Worker

Group

Interview 11 Terry (27)



Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

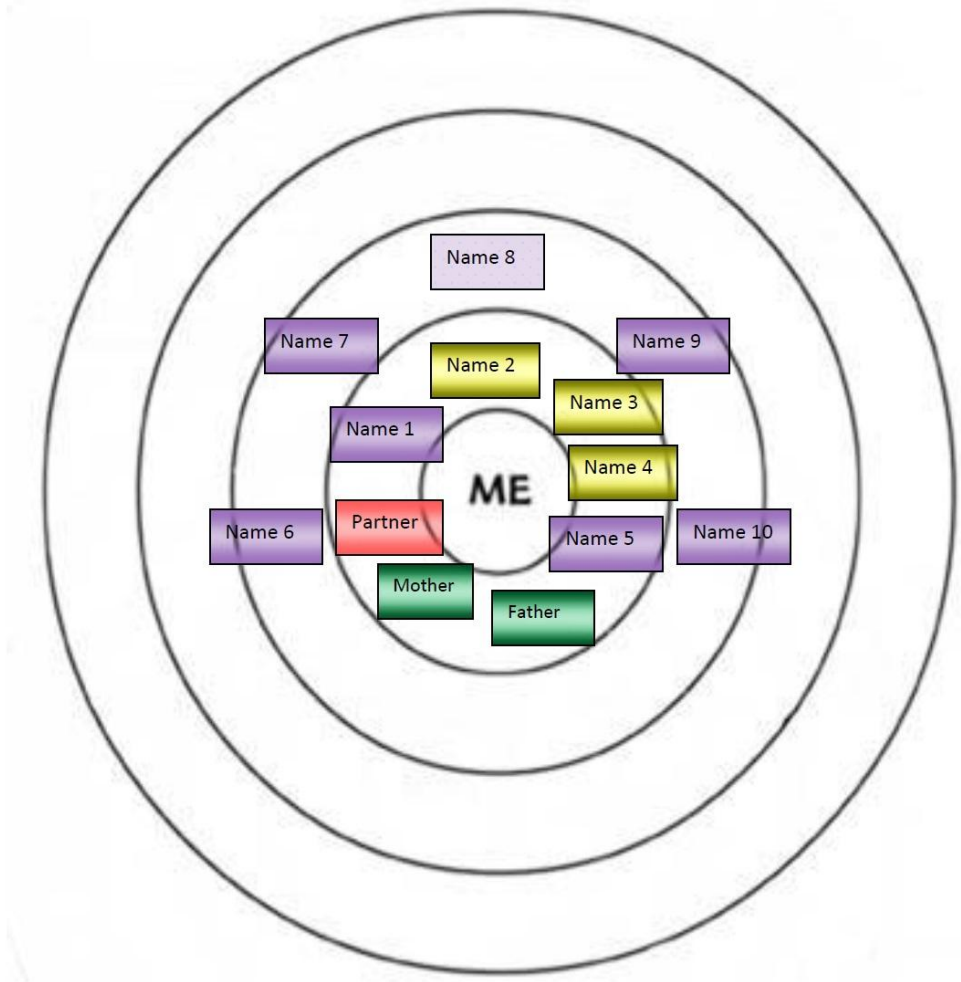
'Straight' Female Friend

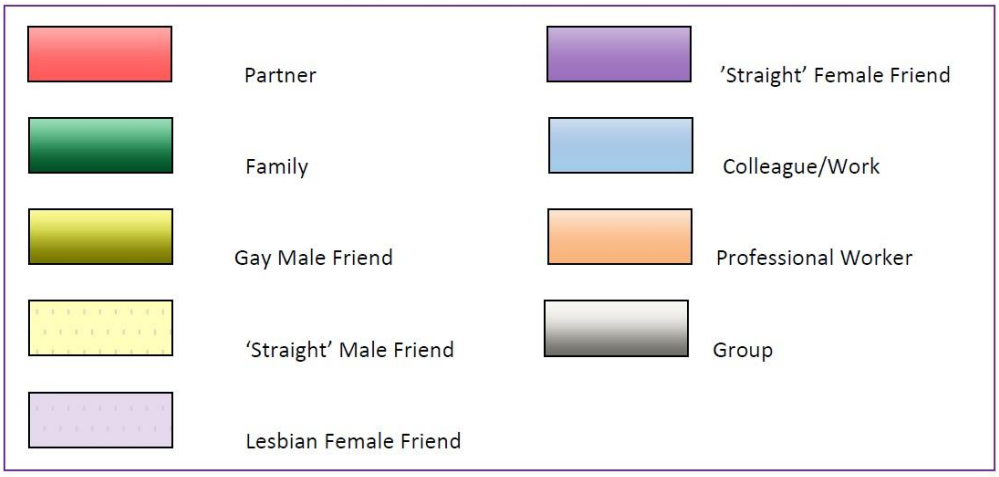
Colleague/Work

Professional Worker

Group

Interview 12 David (27)





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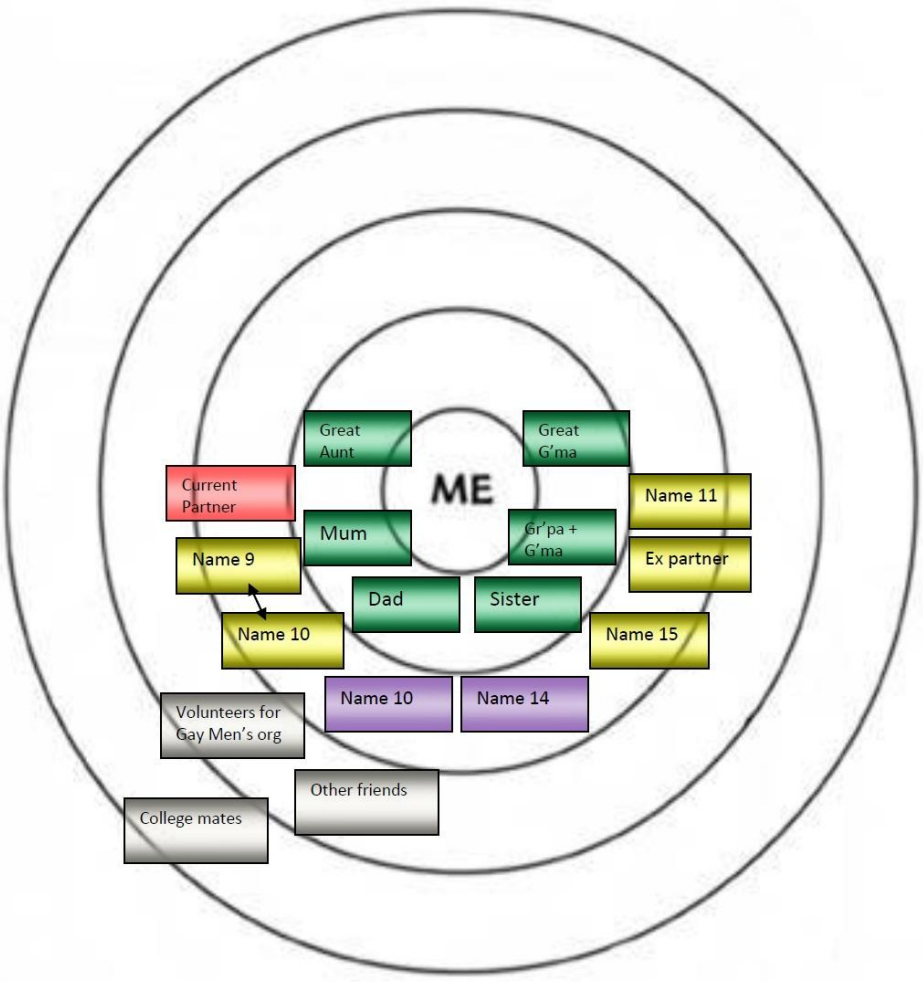

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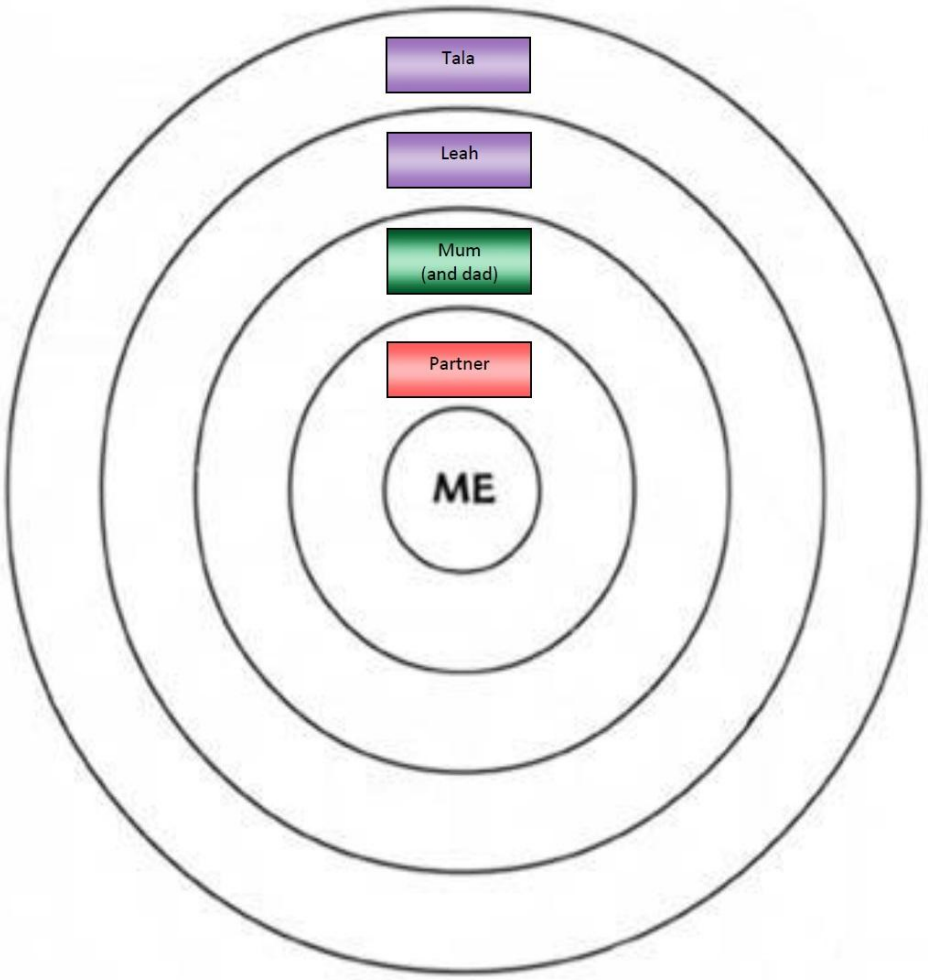

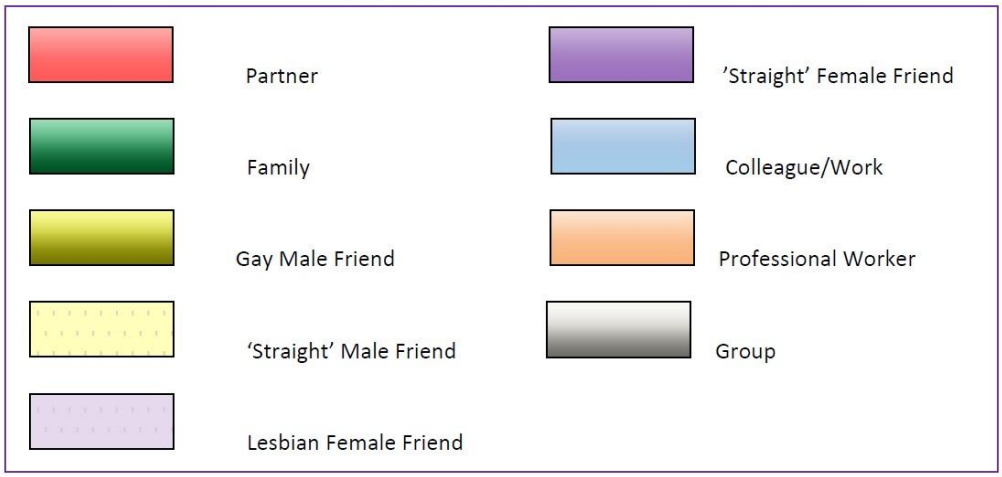

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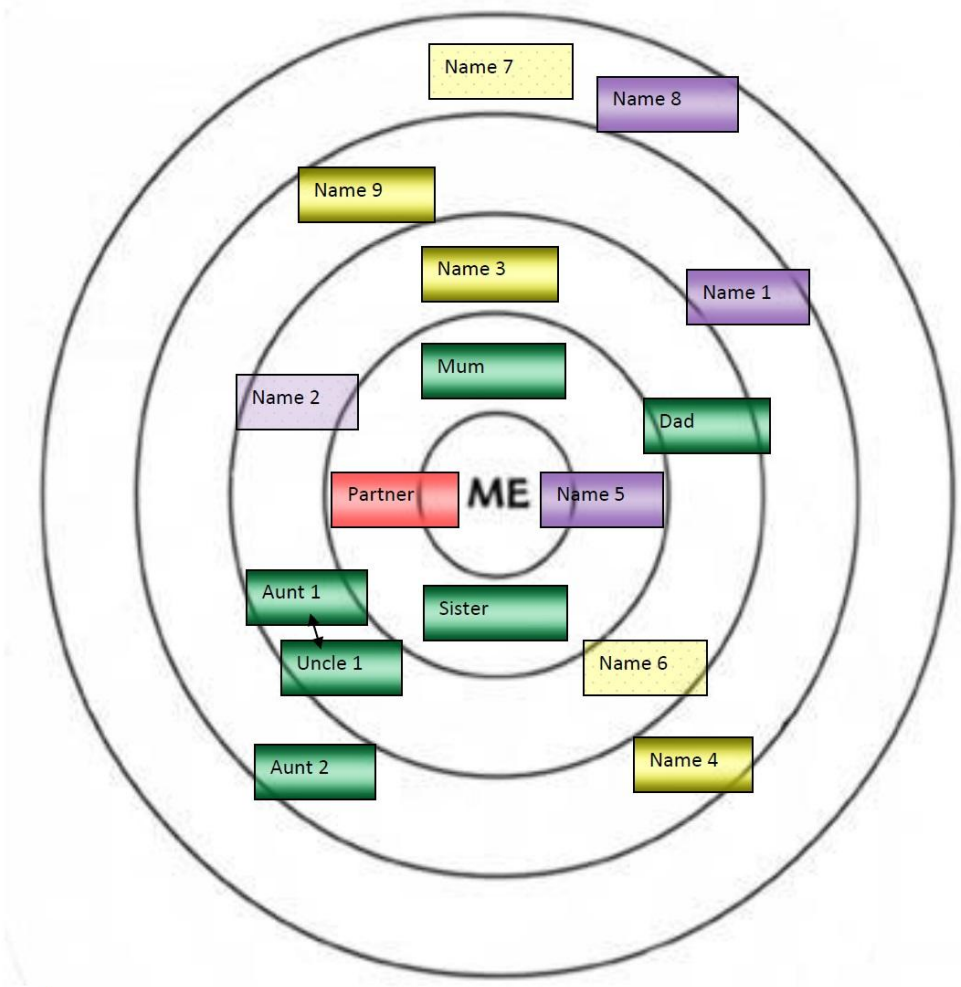

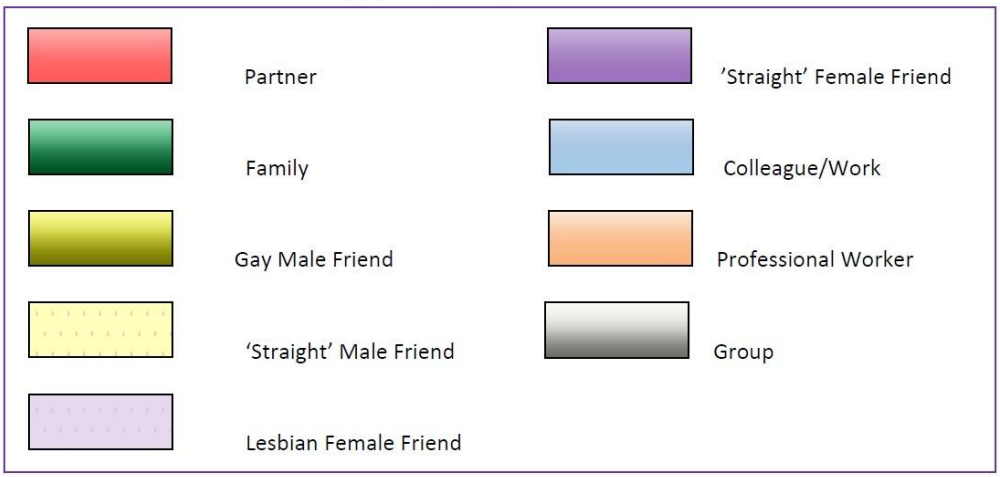

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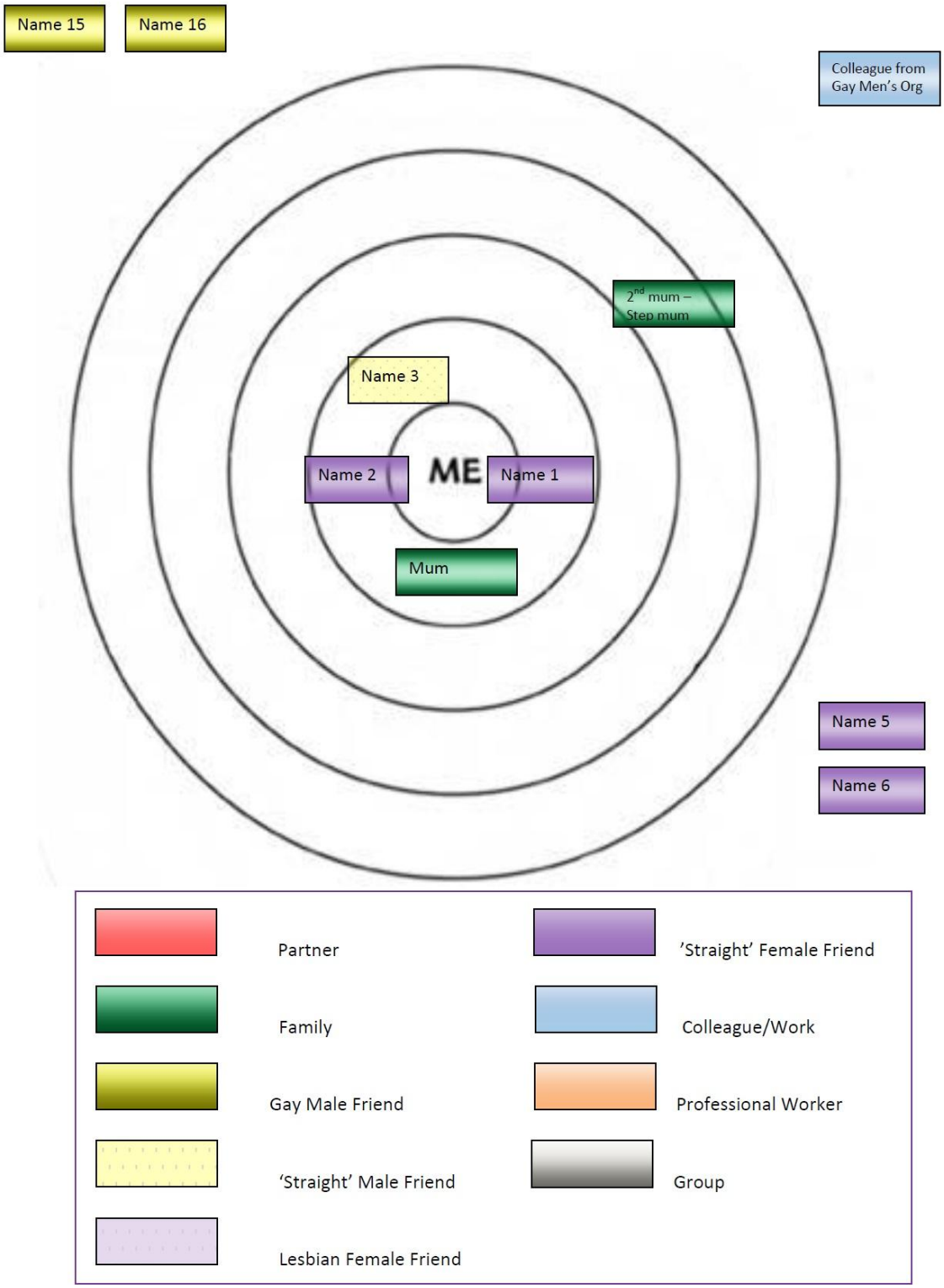

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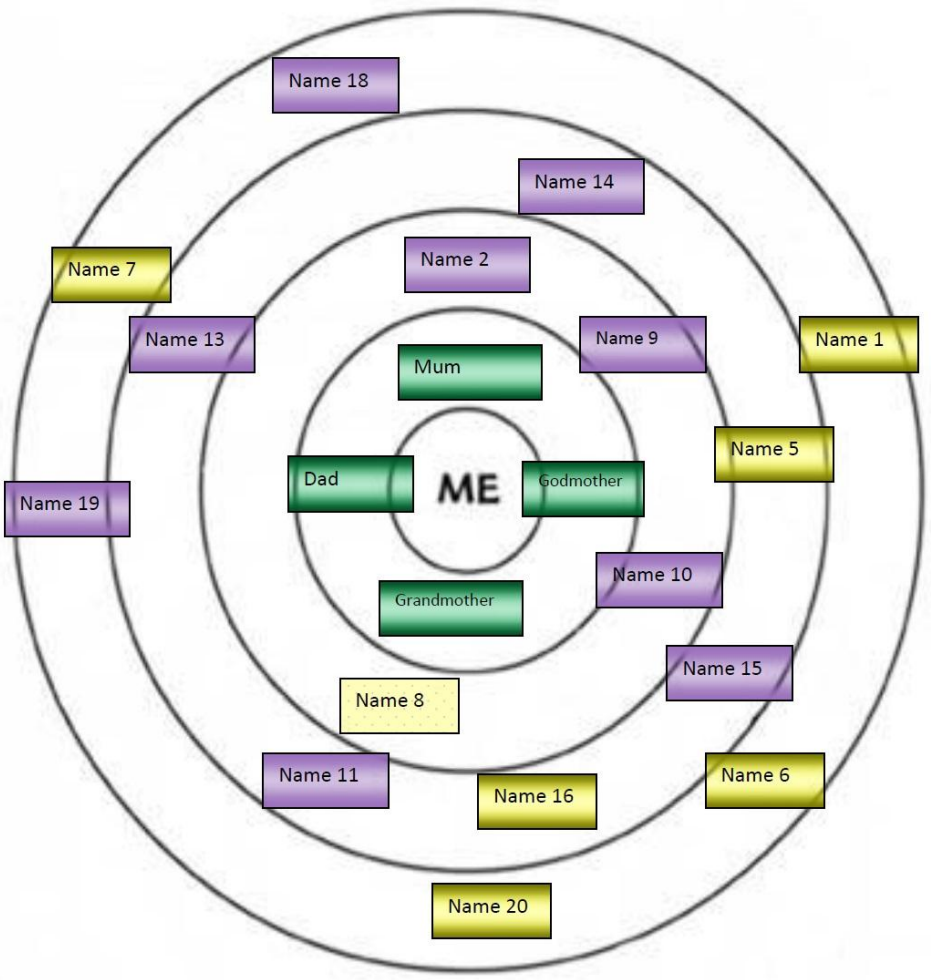

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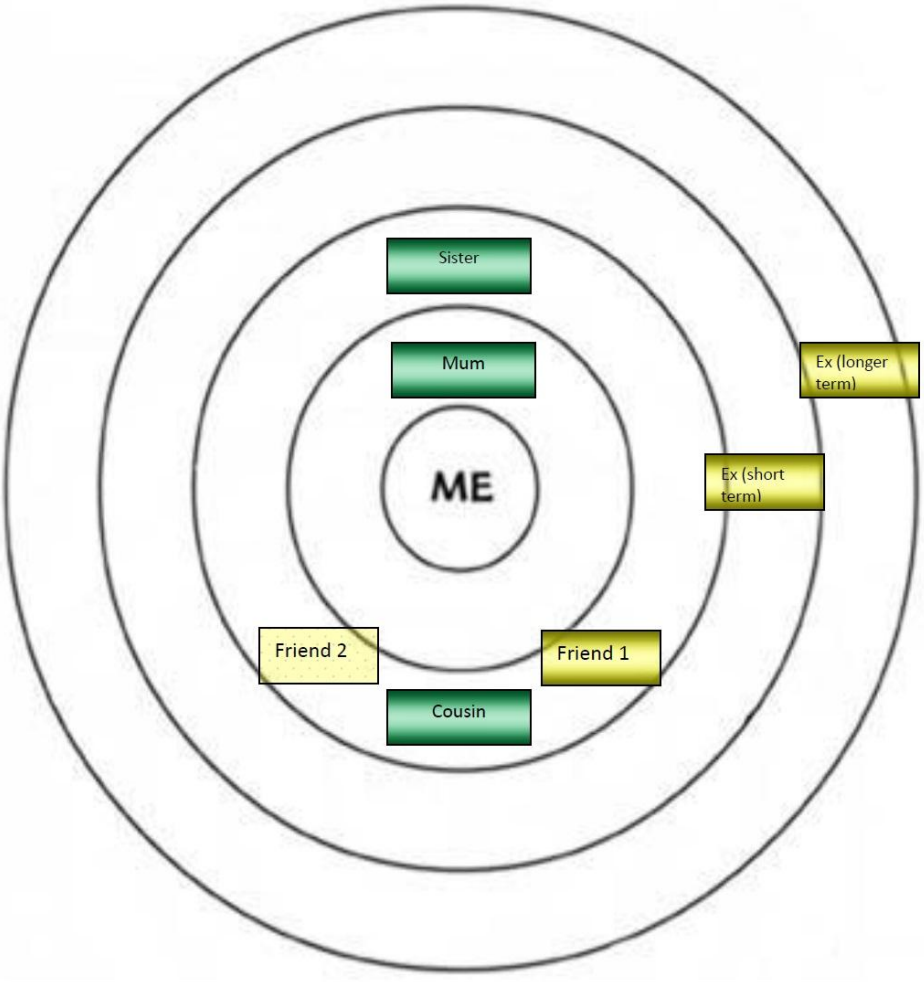


Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

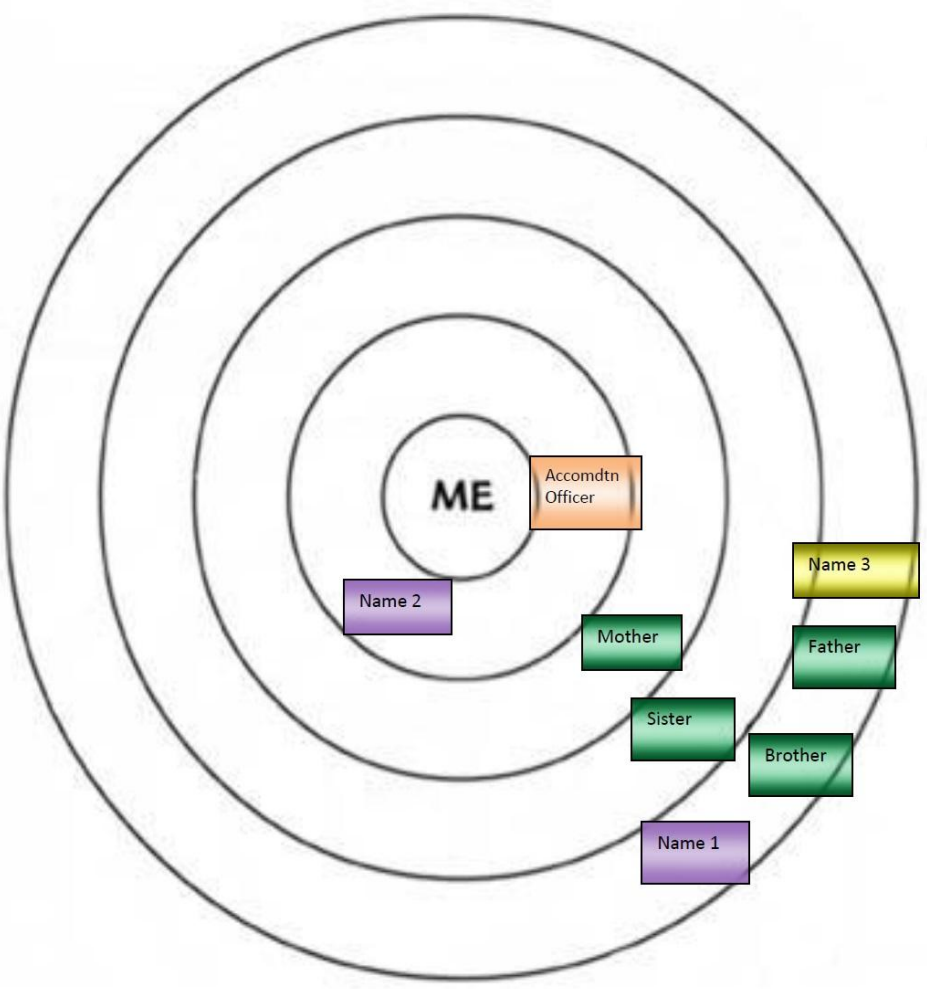
'Straight' Female Friend

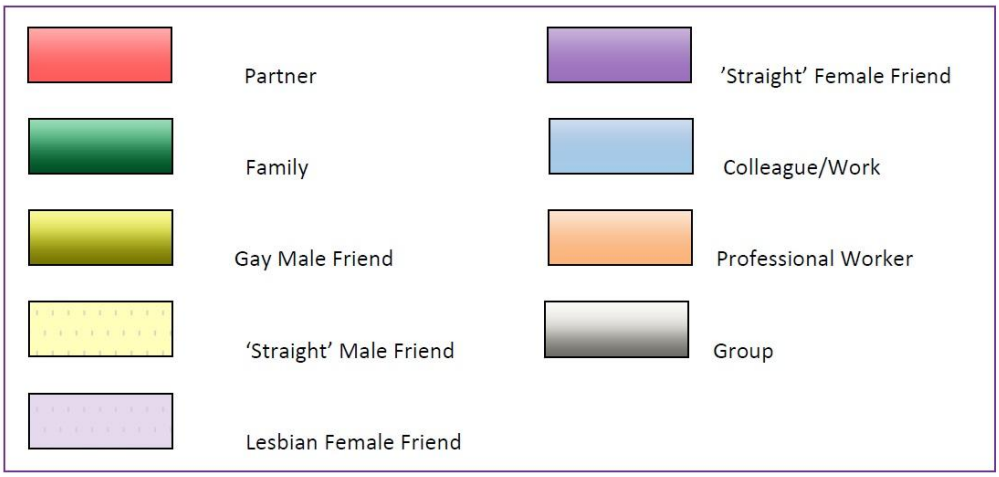
Colleague/Work

Professional Worker

Group

Interview 20 Damon (21)





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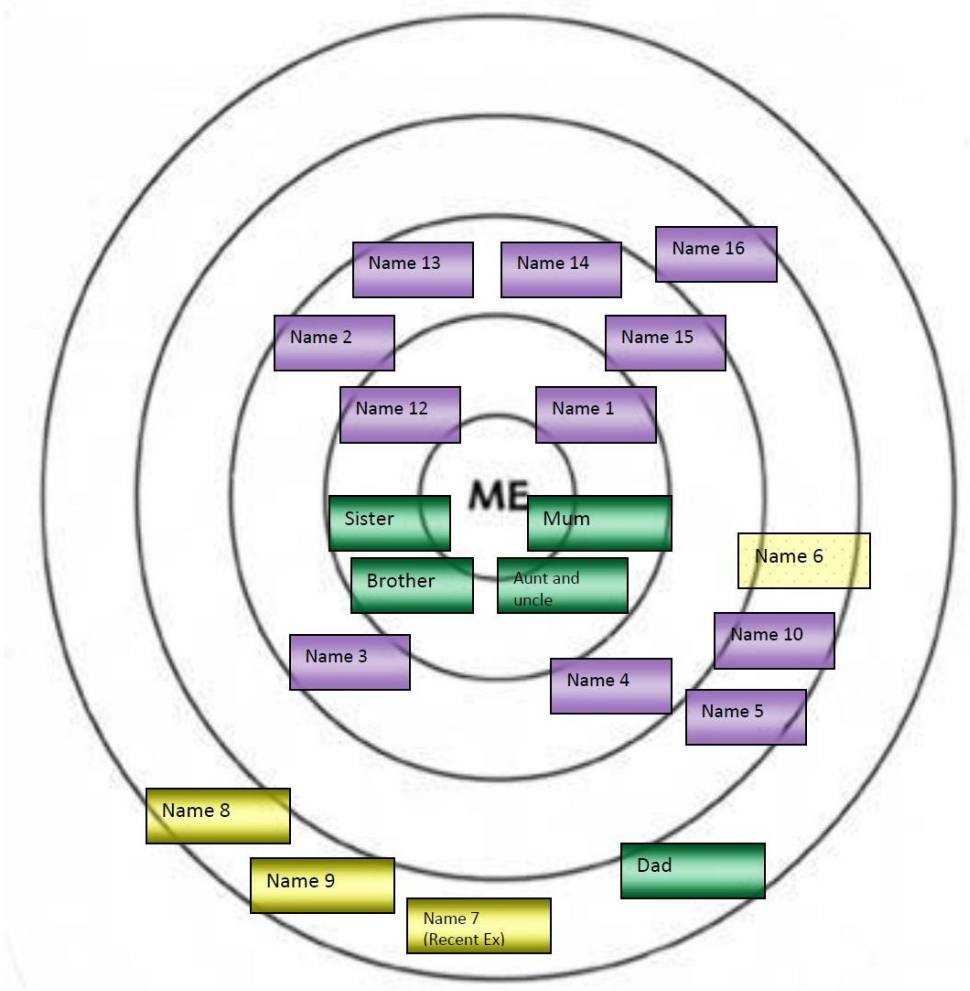

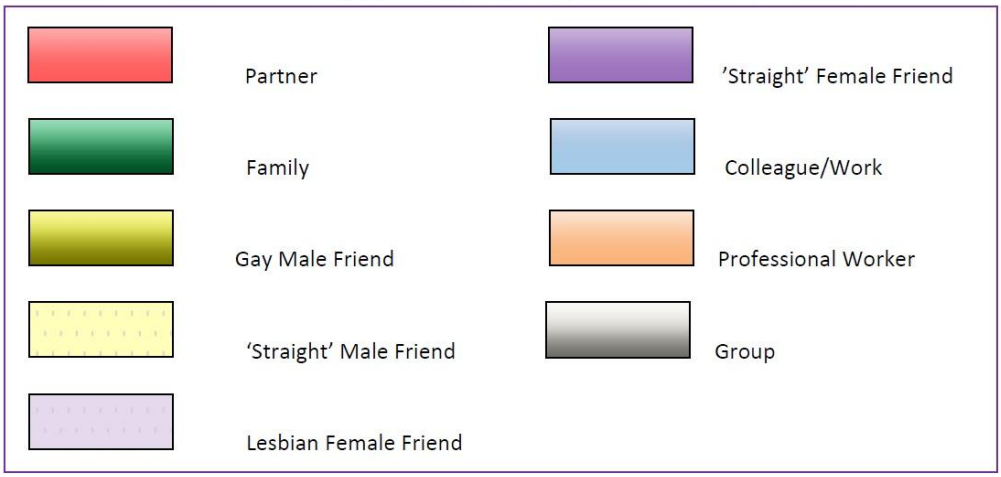

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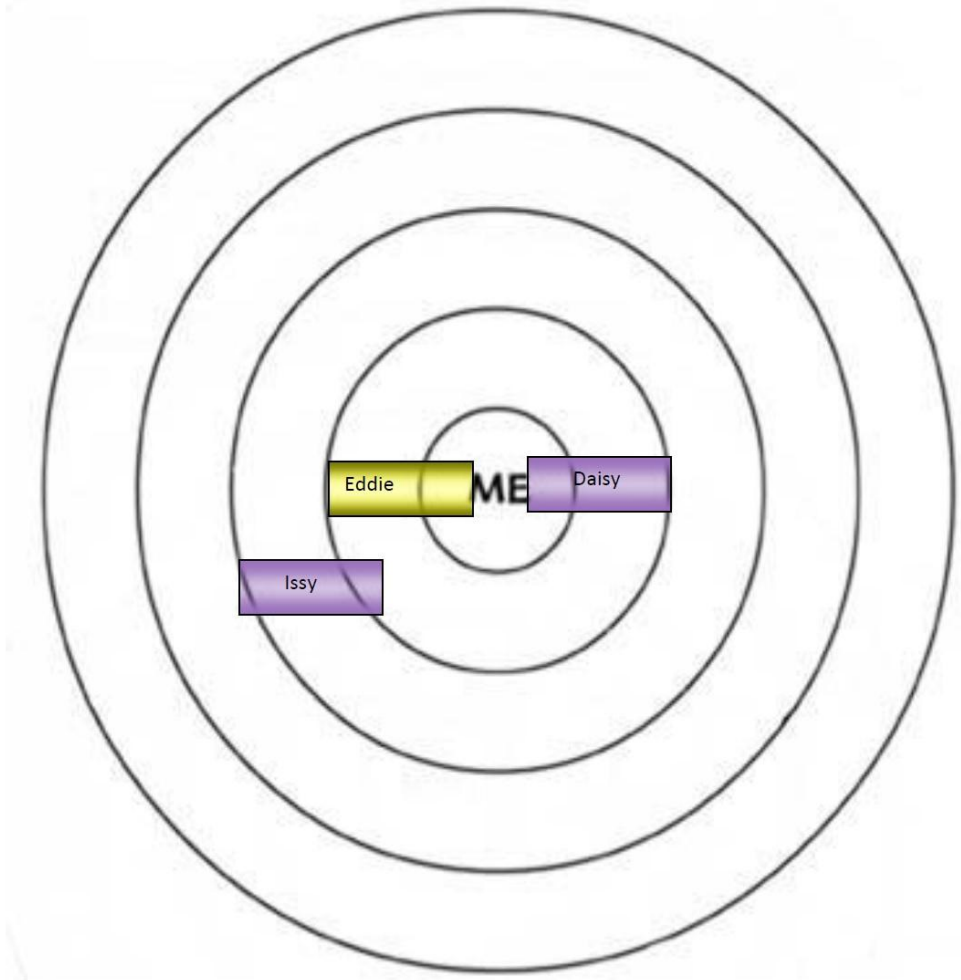


Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

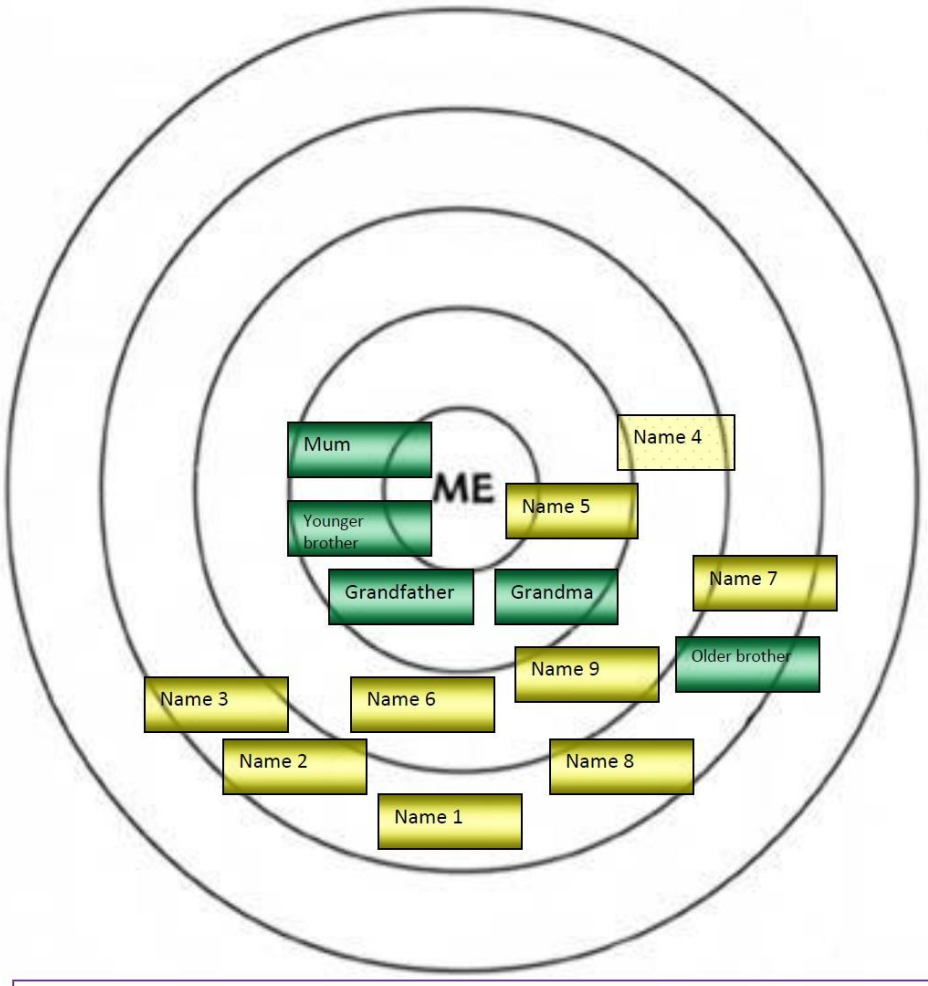
'Straight' Female Friend

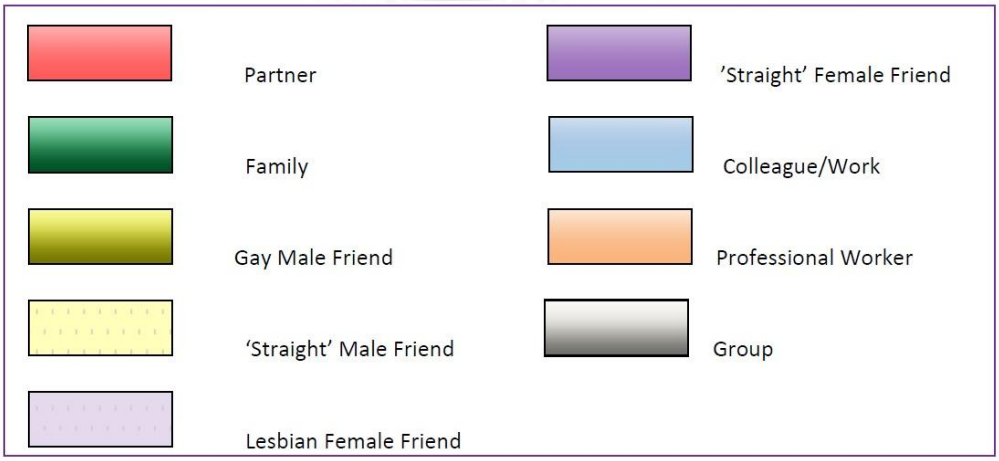
Colleague/Work

Professional Worker

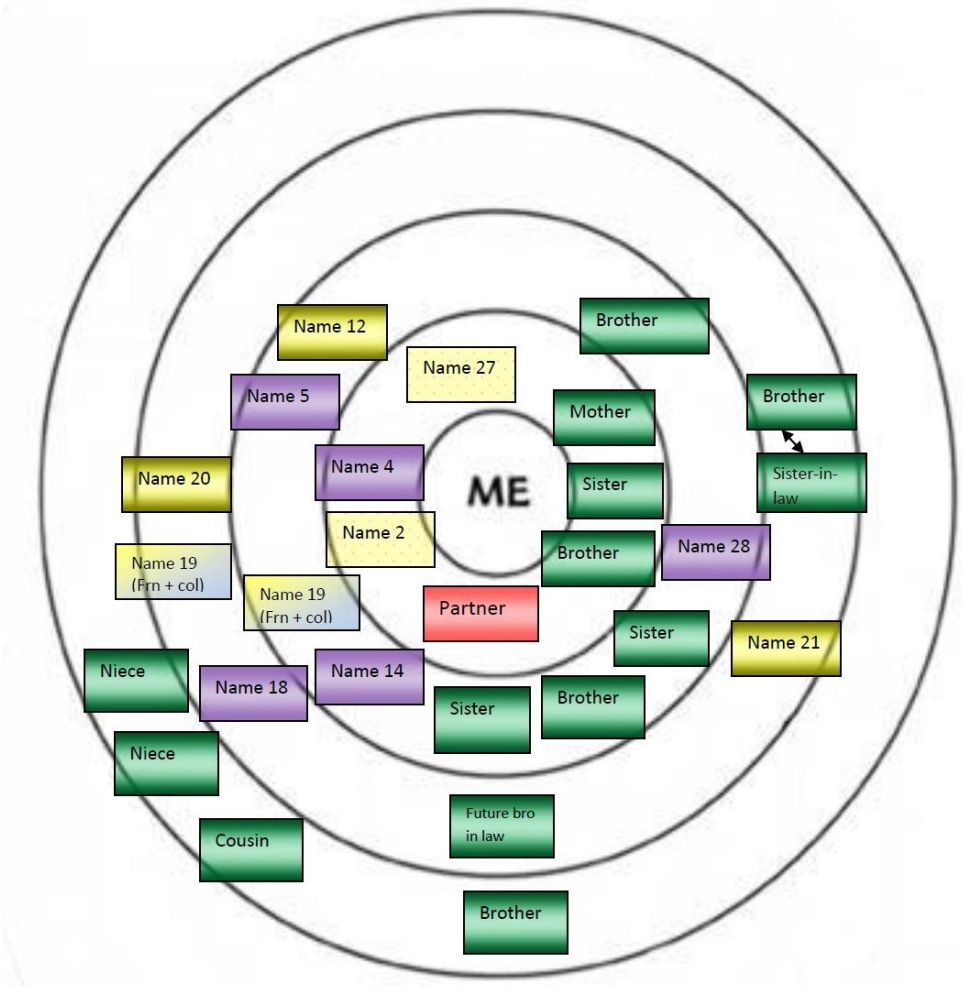
Group

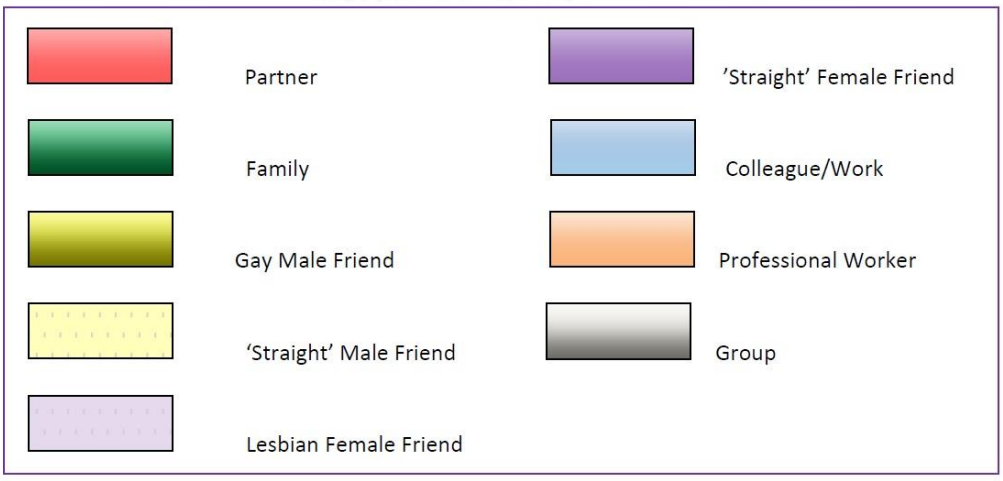
Interview 23 Eachan (27)



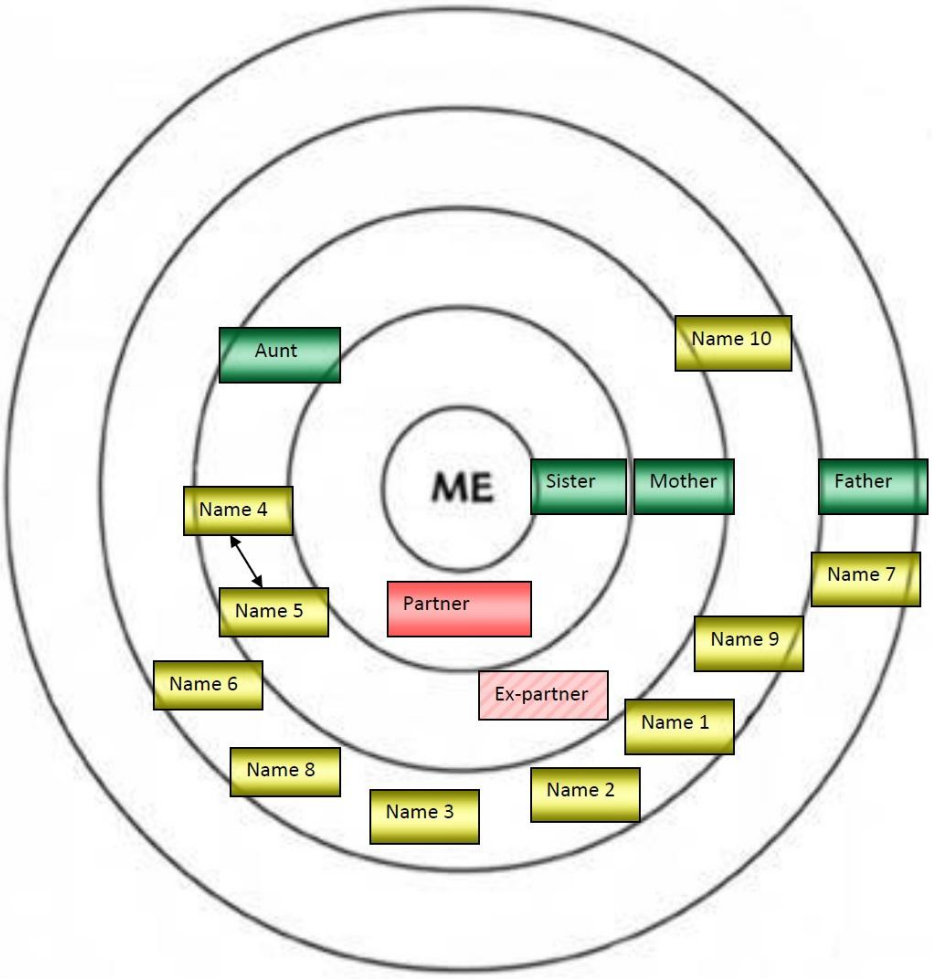


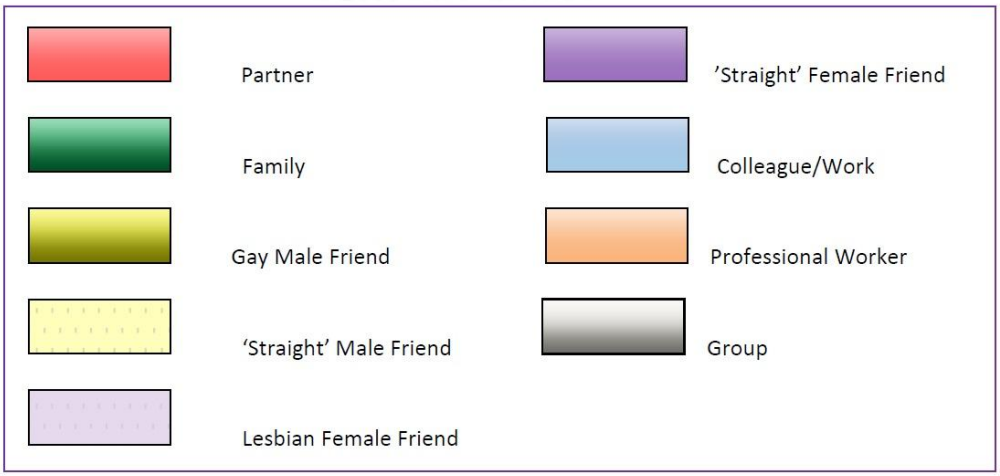
Interview 24 Tiernan (25)





Interview 25 Kalen (29)





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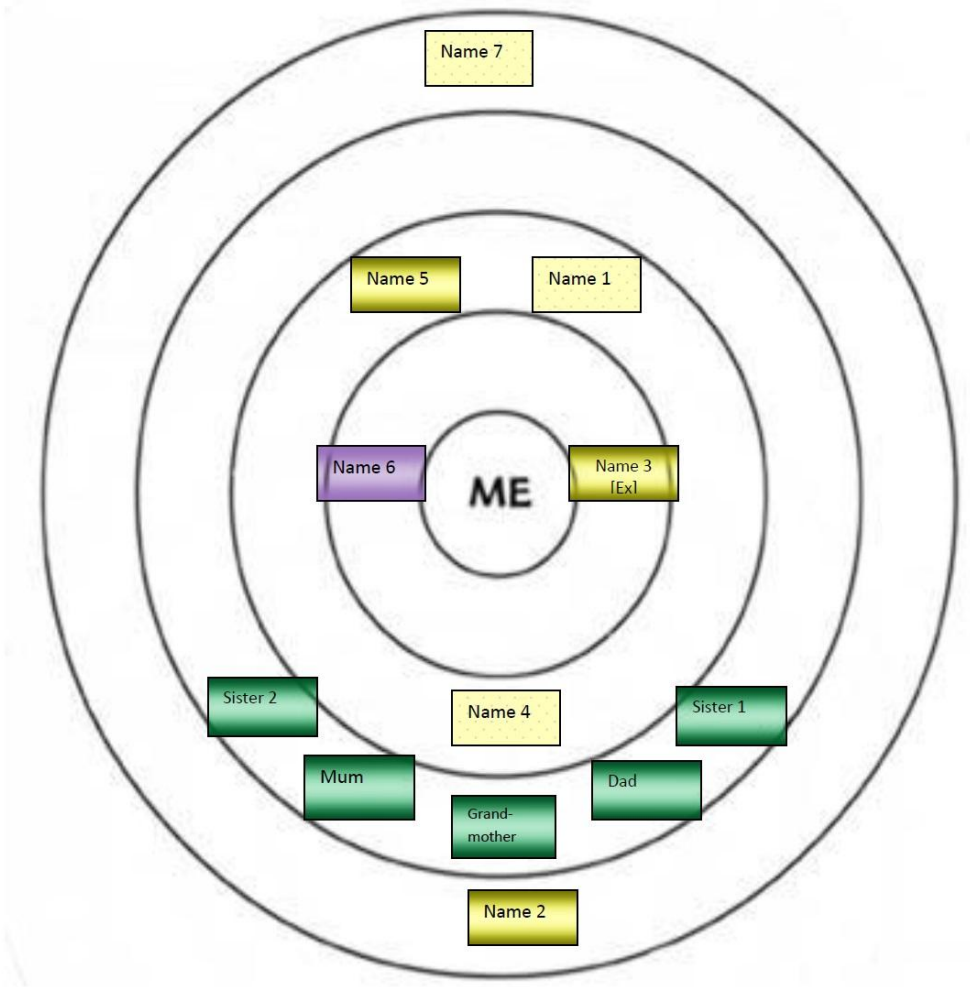


Partner

'Straight' Female Friend

Family

Colleague/Work

Gay Male Friend

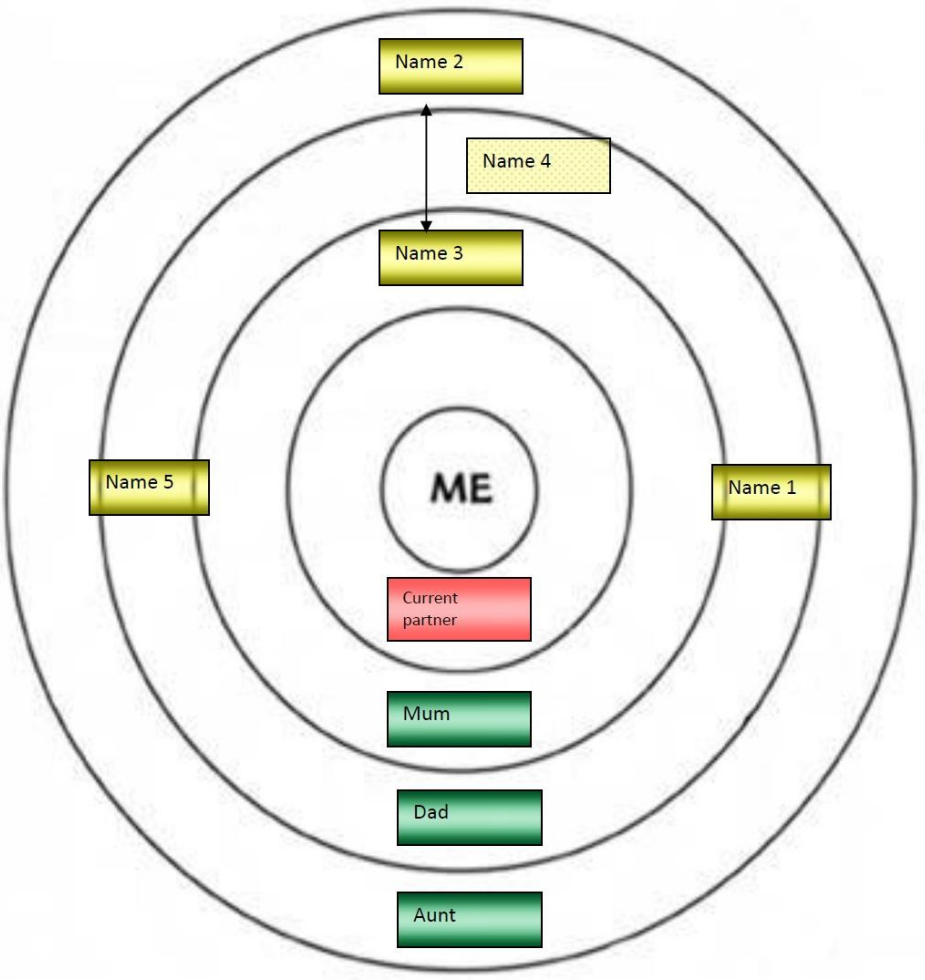
Professional Worker

'Straight' Male Friend

Group

Lesbian Female Friend

Interview 27 Finlay (22)



Partner

Family

Gay Male Friend

'Straight' Male Friend

Lesbian Female Friend

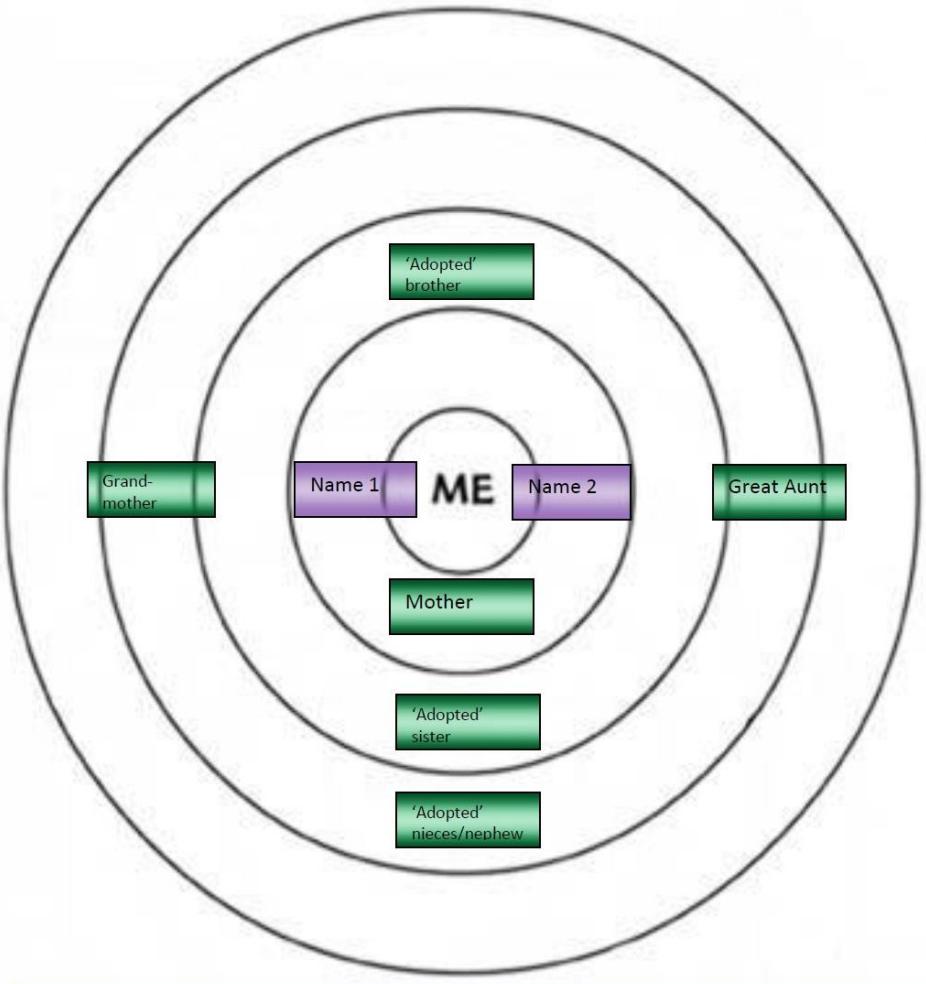
'Straight' Female Friend

Colleague/Work

Professional Worker

Group

Interview 28 Dexter (21)



Partner

'Straight' Female Friend

Family

Colleague/Work

Gay Male Friend

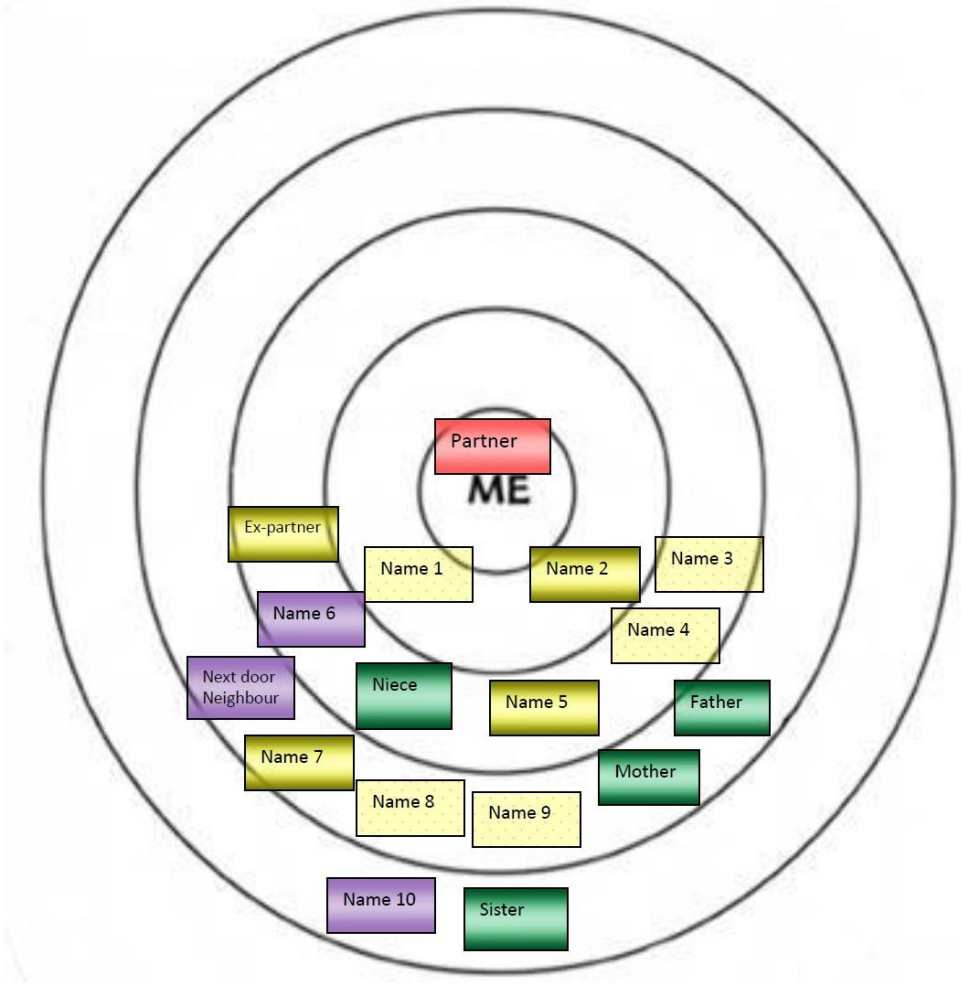
Professional Worker

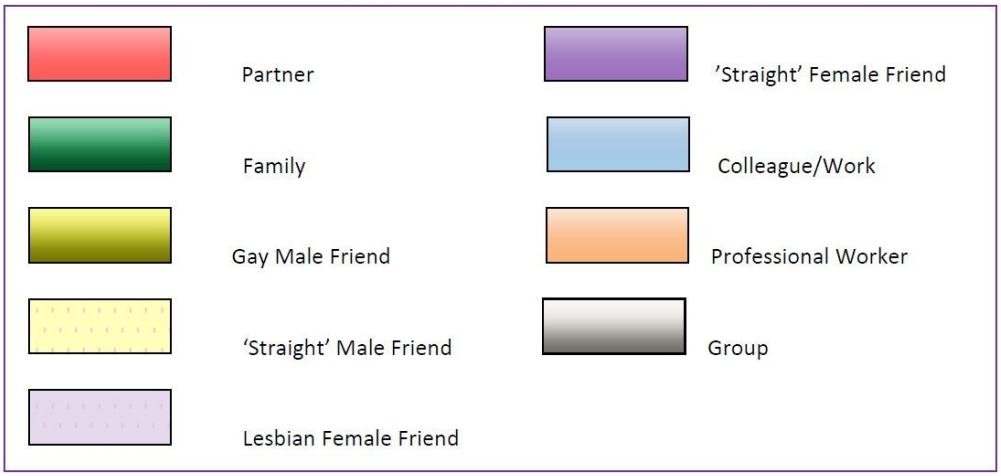
'Straight' Male Friend

Group

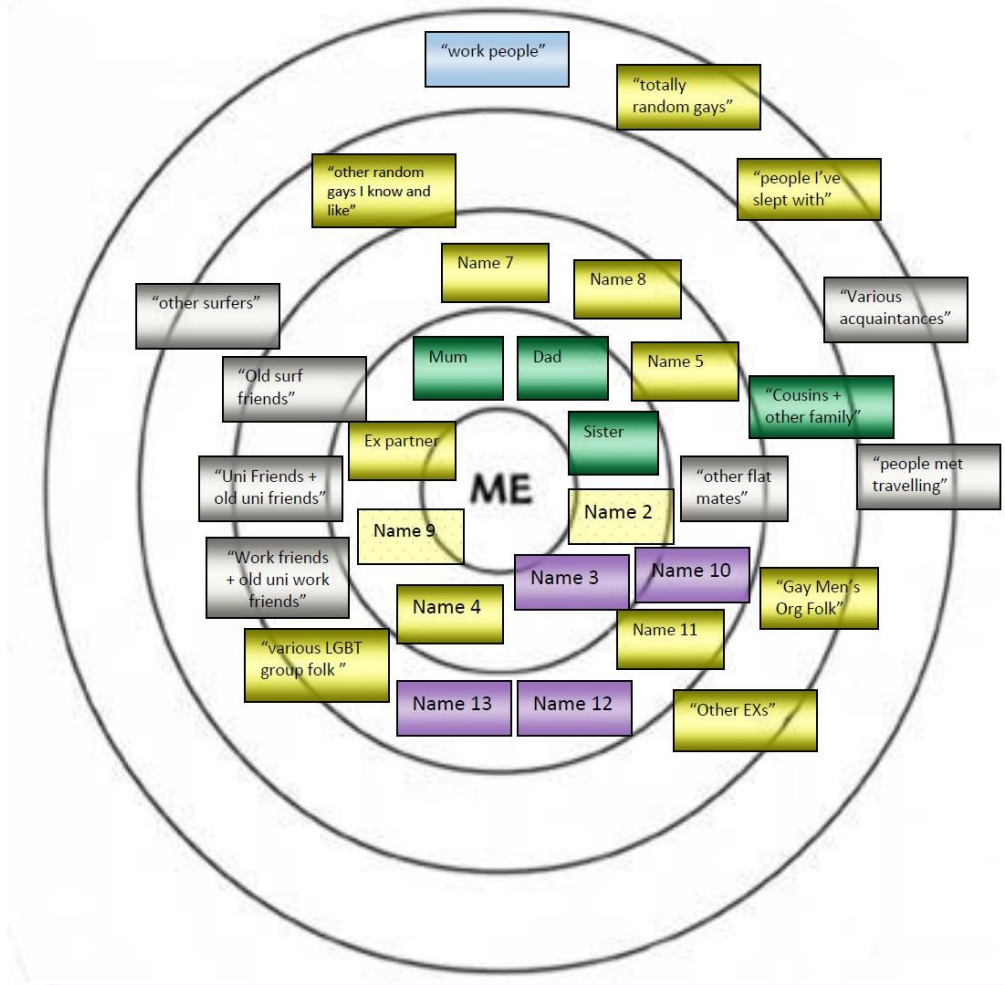
Lesbian Female Friend

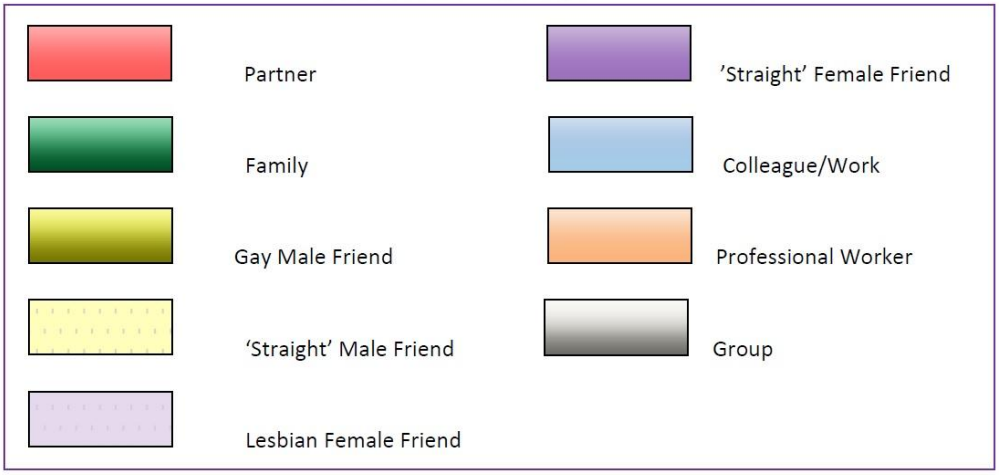
Interview 29 Quentin (29)





Interview 30 Harry (23)





Glossary[28]

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome.
Barebacking/bareback sex	Berg (2009) defines barebacking as "intentional unprotected anal intercourse (UAI) among men who have sex with men (MSM) where HIV transmission is a possibility".
BDSM	Bondage, Domination, Sadism, Masochism.
Bear	A 'bear' in gay vernacular refers to men who are hairy and/or of a large build.
Bi-phobia (see also Trans-phobia)	Bi-phobia can be defined as an aversion, prejudice and/or fear of bisexual people or bisexuality. This may be manifest through denial of the existence, and negative stereotyping, of bisexual people.
Bottom / Bottoming	Being the receptive partner during penetrative anal sex
Come out /Coming Out	A figure of speech to describe people's self disclosure of their sexual orientation and/or gender identity.
Commercial Gay Scene (Gay Scene/Commercial Scene)	Infrastructure developed to facilitate the socialisation of gay or bisexual men. May include bars, clubs, saunas, physical and online retail environments. Can also relate to gay specific magazines, social networking websites and apps.
'Cottaging'	Cruising (see below) which takes place in public toilets. Public toilets in this context are termed "cottages" or "tearooms" (Frankis and Flowers, 2009).
Cruising	The act of looking for sexual partners (e.g. in bars, clubs, PSEs, PSVs and online).
Cruising location (See also PSE)	A public place such as park, bus station or toilet facilities where there is potential for men to meet each other and have sex.
Fingering	The act of stimulating the anal opening and the insertion of an object, typically fingers, into the anus.

[28] Elements of this glossary have been adapted, with permission, from reports produced by Bourne et al. (2014) and Frankis et al. (2014).

Fisting	Inserting the hand (and sometimes the forearm) into the anus and rectum of a sexual partner.
Fitlads	A gay sociosexual networking site and smartphone app.
Gay Men's Health (GMH)	Scottish charity for gay men. Aims to promote the health and wellbeing of all men who have sex with men.
Gaydar	A gay sociosexual networking site and smartphone app.
Grindr	A gay sociosexual networking smartphone app.
GUM clinic	Genito-urinary medicine clinic.
HIV	Human immunodeficiency virus.
LGBT Youth Scotland	Scottish Charity and the largest youth and community-based organisation for lesbian, gay, bisexual and transgender (LGBT) people in Scotland.
MSM	Men who have sex with men.
Mutual Masturbation	The act of two or more people touching, caressing or stroking each other's genitals, typically with the goal of reaching orgasm.
Oral Sex	The act of stimulating a sexual partner's genitals with the mouth, lips or tongue.
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.
Post-exposure prophylaxis (PEP)	Antiretroviral medication taken by HIV negative people to prevent seroconversion after viral exposure has occurred. Preventative medical treatment started immediately after exposure to a pathogen (in this context HIV), in order to prevent infection by the pathogen and the development of disease.
Pre-exposure prophylaxis (PrEP)	Antiretroviral medication taken by HIV negative people to reduce the risk of seroconversion upon subsequent viral exposure.
Public sex environment (PSE)	Public places such as parks, public toilets, and cemeteries where men meet other men for sexual encounters.

Public sex venue (PSV)	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.
Rimming	The stimulation of one man's anus with another man's tongue.
Serosorting	A term used to describe the practice of choosing partners or sexual behaviours in relation to the perceived or known HIV status of both sexual partners.
Seroconcordant	Having the same HIV status as a sexual partner.
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. The biological process by which an individual's status changes from HIV-negative to HIV-positive.
Serodiscordant	Having different HIV status from that of a sexual partner.
Sex Toys	Objects used during sex for sexual stimulation. Common sex toys include butt plugs, dildos, and vibrators.
Sociosexual media	Social networks where sexual networking is prioritised or implied as a primary feature (e.g. Recon, Gaydar, Squirt etc.).
STD	Sexually transmitted disease.
STI	Sexually transmitted infection.
Terrence Higgins Trust (THT)	UK charity providing HIV and sexual health services.
Top/ Topping	Taking the insertive role in penetrative anal sex.
Trans-phobia	Trans-phobia can be defined as an aversion, prejudice and/or fear of transsexual or transgender people. This may be manifest through negative attitudes towards, and stereotyping of, transsexual and transgender people
Twink	A term used in gay vernacular to describe a young (young-looking) man with a slim build, little or no body hair, and no facial hair.

Unprotected anal intercourse (UAI)	Anal intercourse where a barrier such as a condom is not used.
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 to many millions of copies per millilitre.
Watersports	Sexual activity involving urine. This can involve drinking urine and/or urinating on, or into, a partner's body.

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