BEING GAY POST-HAART:
YOUNG HIV-NEGATIVE GAY MEN NEGOTIATING IDENTITY, DESIRE, AND SEXUALITY

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In partial fulfillment of
The requirements for
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Master of Arts
In
Human Sexuality Studies

by

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San Francisco, California

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CERTIFICATION OF APPROVAL

I certify that I have read *Being Gay Post-HAART: Young Gay Men Negotiating Identity, Desire, and Sexuality* by Trevor Alexander Hoppe, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree: Masters of Arts in Human Sexuality Studies at San Francisco State University

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Despite social marketing efforts aimed at reducing its practice, unprotected anal intercourse (UAI) has been increasing among gay men in San Francisco. Younger gay men have been more likely to engage in UAI than older men. To better understand young gay men's sexual norms and identities, I conducted a focus group and individual interviews with three 20-27 year old HIV-negative gay men living in San Francisco. Participants reported having received sexuality education in high school that did not discuss same-sex relationships; fear and paranoia of testing HIV-positive; ambivalence towards HIV prevention social marketing; a sense of disconnection from the idea of a "gay community"; and a personal struggle with heteronormative relationship norms. More research is needed to better evaluate young HIV-negative gay men's experiences, which could then be used to develop more relevant HIV prevention efforts.

I certify that the Abstract is a correct representation of the content of this thesis.

____________________________________ ________________

Chair, Thesis Committee Date

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This is for you, Eric.

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Introduction

> Well, it's just like, when you walk down Castro you see all these like HIV billboards or whatever. It's hard to differentiate which one… like, if they're the same campaign. I don't really even notice that much to be honest (Tom, Focus Group Discussion)

This study explores the ways that three young, HIV-negative gay men in San Francisco experience being gay in a post-HAART world. HAART, or highly active anti-retroviral therapy, was developed in the mid-1990s as the first treatment for HIV that significantly improved life expectancies and quality of life for HIV-positive patients. Today, young gay men are coming out in what the late activist and scholar Eric Rofes has called a "Post-AIDS Moment" (see Rofes, 1998) – or when "HIV became understood as 'chronic' and 'manageable' among privileged gay men, as it continued to decimate communities of gay men with limited access to treatments (men of color, drug-addicted men, men living in poverty)" (Jablonski, 2004).

Given this dramatic shift in experience, understanding young HIV-negative gay men's sexualities, desires, and conceptions of risk in this new moment is critical for 21st century HIV prevention efforts. To investigate this, I conducted one focus group and three individual interviews with three young, HIV-negative gay men. Participants were recruited online through the website "Craigslist," and they were asked to: be between the ages of 20 and 27; be sexually active as they defined it; identify as both HIV-negative and gay; and have lived in San Francisco for at least 2 years.

Initially, this study set out to investigate the ways in which HIV-positive and

HIV-negative young gay men were relating and responding to the “HIV Stops With Me” HIV prevention social marketing campaign in San Francisco. This campaign was chosen because it had been in use in San Francisco since 2000. It was also chosen because it was targeted at HIV-positive men, yet assessments of its impact on HIV-negative men are wholly absent. The initial research design was in response to the lack of independent research assessing the impact of HIV-related social marketing campaigns, which utilize traditional marketing strategies such as billboards, television advertisements, and other types of mass-media to convey messages about sexual risk and HIV (Lamptey & Price, 1998). While many of the agencies contracted to design these campaigns perform some kind of in-house assessment, almost no scholarly work exists that attempts to gauge their impact.

While the initial design was to evaluate the way young gay men were responding and relating to HIV prevention social marketing, what instead emerged from the initial focus group with HIV-negative men was a deep-seated ambivalence and sense of disconnection from local HIV prevention efforts – particularly social marketing. Participants felt as though the HIV-related messages that they were familiar with were out of touch with their own experiences as HIV-negative young gay men. They also reported taking sexuality education courses in high school that did not include any information on HIV prevention that was relevant to their own sex lives as gay men. Thus, a need for relevant prevention efforts – including but not limited to social marketing – became clear.

To inform such efforts, this study shifted focus to evaluate these young men's experiences with sex, risk, and desire.

It is important to note that this study is not intended to make any sweeping claims about all young gay men living in San Francisco. The sample is small and far from representative (all of the participants were either in college at the time or have since graduated; two were white and one was Asian-American). However, these men's limited experiences do raise important issues to explore in future research.

I now turn to the relevant literature in three key areas: young gay men, unprotected sex, and HAART; HIV prevention and social marketing; and, finally, young gay men's identities and cultures. These three knowledge bases provide a foundation for the analysis provided in the results section.

Young Gay Men, Unprotected Sex, and HAART

Recent research reveals an emerging national trend among gay men of increasing acceptance of engaging in unprotected anal intercourse (UAI) (Halkitis, 2003; Race 2003; Suarez & Miller, 2001) – particularly in San Francisco (Sheon & Crosby, 2004). Sheon and Crosby found that gay men in their study had experienced a community-wide shift towards norms of unprotected sex and nondisclosure in San Francisco since the introduction of HAART in the mid-90s. However, while rates of unprotected anal sex and rates of sexually transmitted infections have increased since 1998 in San Francisco, HIV rates have stabilized in that time period (Truong, et al., 2006). Troung, et al. explained this

apparent paradox by suggesting that increases in the sexual practice known as "serosorting" (or the selection of like-serostatus partners for sex) have reduced new infections (Truong, et al., 2006).

While several studies have shown that many young gay men may be engaging in unprotected anal intercourse (Ridge, 2004; Warwick, 2003), others have demonstrated that this behavioral trend does not put young gay men at a higher risk categorically for contracting HIV (Craib, 2000). The emerging trend of "serosorting" in San Francisco further complicates this by potentially making unprotected sex among like-serostatus partners less risky. However, because HIV tests may only detect antibodies after already being infected for several weeks or months, there is potential for men with unrecognized infections to infect their partners unknowingly.

However, in a 2004-2005 study of men who have sex with men in five US cities (including San Francisco, Baltimore, Los Angeles, Miami, and New York City), San Francisco had by far the lowest incidence of unrecognized infection (23% of the men who tested HIV-positive) compared to the other metropolitan areas (Centers for Disease Control and Prevention, 2005b). In comparison, the city with the next lowest rate of unrecognized HIV infection was Los Angeles, with 42% of men who tested positive being unaware of their serostatus. This suggests that while "serosorting" may have reduced new infections in San Francisco, it may do the opposite in other cities with much higher rates of unrecognized infection. Notably, this pattern has also been explained in part by the

introduction of HAART, which, by reducing viral loads in patients, has also reduced the potential for people taking it to transmit the virus to other people (Porco, et al., 2004)

Regardless of outcome, many researchers, activists, and journalists have linked the shift towards unprotected sex among young gay men to the fact that these men “came out” (or, began to reveal to others that they identify as gay) after the introduction of HAART in the mid-1990s. While these treatments often came with unpleasant side-effects (including diarrhea, vomiting, lipodystrophy syndrome, and others), HAART dramatically improved the life expectancies of HIV-positive people.. Young gay men never experienced the traumatic loss that gay activist, author, and research Eric Rofes likened to that experienced by Holocaust survivors. Rofes (1996) describes the month prior to writing part of his book, *Reviving the tribe: Regenerating gay men’s sexuality and culture in the ongoing epidemic*, like this:

> During this particular month, seven friends and colleagues died, four in San Francisco and three in other locations. I supported one friend with the planning of his suicide. I attended three memorial services. I clipped another six obituaries of casual friends out of my newspapers; some of the deceased I hadn’t known were ill. I stood by as my HIV-infected lover developed a series of upper respiratory infections. I observed my best friend’s HIV-infected lymph nodes swell as his T-cell count dropped dramatically (p. 22).

Just two years later, Rofes described a much different experience in his book, *Dry bones breathe: Gay men creating post-AIDS identities and cultures*. In it, he argued that HAART had essentially eliminated the presence of AIDS in urban American gay

communities. While acknowledging that men without access to HAART were still dying, Rofes (1998) argued that “We are no longer in the midst of a time in which vast numbers of our friends are dying. The profound impact we felt in epicenter cities from 1989-1995 has abated” (p. 12).

For those who had access to it, HAART dramatically changed the nature of the disease and the epidemic by vastly improving quality of life and life expectancies for those infected with HIV. It also dramatically changed the emotional and psychological impact of HIV/AIDS on gay men by transforming HIV from a terminal illness to a chronic infection. Young gay men coming out today never knew the experience Rofes described in 1996, and thus are likely understanding and relating to the epidemic differently than men who lived what Rofes described.

HIV Prevention and Social Marketing

In an effort to contain new infections, HIV-related social marketing campaigns – or mass-media campaigns aimed at reducing sexual behavior with a high risk for contracting HIV – have long been a popular tool for HIV prevention efforts globally (Basil & Brown, 1997). These campaigns utilize traditional marketing strategies such as billboards, television advertisements, and other types of mass-media to convey messages about sexual risk and HIV (Lamptey & Price, 1998). They often target gay men, a population disproportionately affected by the U.S. epidemic.

Until the late 1990s, most prevention efforts focused on self-protection for HIV-negative men (Blower, Service, & Osmond, 1997). "Positive prevention" campaigns targeted at HIV-positive men, like "HIV Stops With Me," were developed after calls in the late 1990s for prevention organizations to expand their reach beyond HIV-negative men to include advocating "social responsibility" for HIV-positive men (Bayer, 1996; Blower, Service, & Osmond, 1997). Novel when it was first implemented in San Francisco in 2000, the "HIV Stops With Me" has since been exported to seven additional metropolitan areas across the United States (*About the Campaign*, n.d.).

Social scientists, epidemiologists, and public health scholars have yet to thoroughly investigate the impact of HIV prevention social marketing campaigns. A handful of studies have demonstrated a correlation between reductions in some sexually transmitted infections (STIs) and social marketing campaigns. In particular, campaigns related to syphilis in San Francisco have been linked to a reduction in disease prevalence (Montoya, et al., 2005). However, empirical research does not definitively demonstrate that any particular campaign reduces new STI infections.

The literature that does exist narrowly defines the effectiveness of a campaign as a reduction in high-risk behavior (most often defined as unprotected anal or vaginal intercourse) or STI incidence (Chesson, Harrison, Scotton, & Varghese, 2005). Despite their widespread use in metropolitan gay communities and the millions of dollars annually spent by public health organizations funding such campaigns, independent assessments of

how these campaigns are impacting gay communities, sexual norms, and the psychological well-being of gay men do not yet exist.

Young Gay Men's Identities and Culture

Previous research on the identities of lesbians and gay men tended to focus on the differences between "assimilationists" (or those who wanted to legitimize their sexuality within mainstream heterosexual culture) and "liberationists" (or those who wanted to create autonomous queer cultures and spaces) (see, in particular, Vaid, 1995). Recent research on young gay men today has problematized that dichotomy. One study of a college gay fraternity suggests that, while wanting to create their own space as gay men, members also had "one foot placed in one of the most traditionally heterosexist cultures in straight society" (Yeung and Stombler, 2000). This suggests a potentially paradoxical struggle for young gay men to negotiate their identities as gay men with other identities that may be situated in a heterosexist culture.

Research concerning older cohorts of gay men who lived through the death and destruction of the epidemic in LGBT communities before the invention of HAART documented the traumatic impact of the disease. As previously mentioned, Eric Rofes' research from the mid-1990s likened the impact of AIDS for many gay men to that experienced by survivors of prolonged, repeated trauma, such as Holocaust survivors (Rofes, 1995). Other research from this period described the "AIDSification of homosexuality," or the confluence of AIDS and death with gay male sexual culture

(Odets, 1995). That same study, and others like it, highlights how HIV-negative gay men exist as outsiders in a world in which homosexuality and AIDS had become synonymous (Odets, 1995; Johnston, 1995).

Few studies have investigated the specific experiences of young gay men coming out today. Several new factors emerge in the literature. First, the introduction of the Internet as a means for networking and communication is changing the way that gay men interact with one-another (Levine & Klausner, 2005; Heinz, Gu, Inuzuka, & Zender, 2002). Second, while examinations of previous generations of gay men documented their identity formation in opposition to the dominant heterosexual paradigms of monogamy and marriage (Weeks, 1985; DeCecco, 1994), little research has examined how the current socio-political movement to legalize same-sex marriage is changing gay men's sexual norms, identities, and communities. Small studies have identified romantic love as a dominant sexual script in some young gay men's lives, but it is not clear whether this was true as well for previous cohorts (Mutchler, 2000). Finally, with nearly 9 out of 10 of 9th-12th graders in 2005 nationwide reporting learning about HIV/AIDS in sex education courses (Centers for Disease Control and Prevention, 2005a), the experiences of gay youth and other sexual minorities with these typically heteronormative curriculum need examining.

Given these new realities, the need for qualitative work evaluating meaning structures, social scripts, and norms is critical to understand how young HIV-negative gay

men (and HIV-positive men as well) are negotiating sexuality in this "post-AIDS" moment. This study's methods were a direct response to this need.

Methods

Three HIV-negative participants were successfully recruited using the online web community "Craigslist" to attend a 90-minute focus group and, two weeks later, a 60-90 minute follow-up one-on-one interview. Participants were required to be between the ages of 20 and 27; have lived in San Francisco for at least 2 years; be sexually active; identify as a gay man; and identify as either "HIV-negative" or "HIV-positive." Participants were compensated $25 for each session, for a total of $50 cash per participant.

Initially, this study initially set out to evaluate how young HIV-positive and HIV-negative gay men were relating and responding to the "HIV Stops With Me" social marketing campaign. The goal of the project began to shift, however, as it became clear that young gay men felt disconnected from HIV-related social marketing, which they saw as out of touch with their lives. Problems recruiting HIV-positive participants for a later focus group further altered the original design.

I initially posted advertisements on Craigslist (see Appendix 4) to recruit both HIV-negative and HIV-positive participants for an initial focus group and a follow-up one-on-one interview two weeks later. Complications arose when Craigslist users repeatedly flagged and ultimately had removed many of the advertisements seeking HIV-positive participants. Craigslist, a self-described "online community," is divided first by

metropolitan area and then further into a series of topical bulletin boards. Bulletin board topics include job postings, housing listings, and "personal" ads for people seeking sex, romance, or friendship. Craigslist allows users a certain level of self-regulation with their "flagging" policy, which allows users to "flag" ads they perceive to be inappropriate. Users can select a number of reasons they believe the ad to be inappropriate, including it being "miscategorized" (in the wrong category or geographic area); "prohibited" (in violation of Craigslist's terms of use, such as an attempting to sell narcotics); "spam" (a repeated posting or an ad linking to an external commercial website); and "discussion" (a comment or response to a previous posting).

Craigslist describes their flagging policy as empowering "tens of millions of craigslist users to identify inappropriate postings for speedy removal, much more effectively than our staff could ever do, while preserving everyone's ability to express themselves within the law" ("Flags and community moderation", 2006). In total, 15% of all ads posted on the website are removed through this process. Without providing further detail, Craigslist only says that "enough" users must negatively flag an ad before it is automatically removed

Over a two week period, 11 advertisements seeking HIV-positive men for this study were posted on three of Craigslist's bulletin boards: "volunteers" (four ads), "event gigs" (four ads), and "men seeking men" (three ads). Craigslist users flagged and deleted all four of the "event gigs" and one of the "men seeking men" postings. This always happened within eight hours of posting, but sometimes occurred within one hour. In

comparison, Craigslist users deleted only one (out of 21 total advertisements) for HIV-negative men. The deleted ad was posted on the "men seeking men" board. Even though some advertisements survived, not a single person responded to the ads seeking HIV-positive participants. In comparison, in that same amount of time, over a dozen men had responded to the ad seeking HIV-negative participants.

This raised immediate questions about the cultural sensitivity of the study's topics. Craigslist users may have felt uncomfortable with any research on HIV-positive people, who remain a stigmatized group to this day. Because of the sometimes tumultuous history between scientists and people living with AIDS, they may have also had anxieties about research on HIV-positive people in general. While it is impossible to know what the precise reason for the ads' deletions was, the disproportionate number of deleted ads seeking HIV-negative men seems to indicate that the HIV-positive serostatus of participants sought caused some anxiety among Craigslist users.

Further complicating recruiting was the fact that, compared to HIV-negative men, the population of HIV-positive 20-27 year old gay men is rather small. Between the years 2002 and 2005, only 120 new infections occurred in San Francisco among men between the ages of 20 and 29. Among men, this represented only 8% of new infections in San Francisco (San Francisco Department of Public Health, 2005). Thus, recruiting men from this very small population would require different strategies, such as working with service providers to recruit participants. This strategy was avoided for the purposes of this study

because the "HIV Stops With Me" campaign is funded by the Department of Public Health, which also works with and finances many of those local service providers.

In the end, six participants were scheduled to attend the focus group; only three actually attended. At the beginning of the focus group, each participant was asked to fill out a nametag using a pseudonym of their choosing that they would use to refer to one-another during the course of the focus group. These are also the names used in this paper to refer to each participant. In both the focus group and individual interview, participants were asked questions about their sexuality, understanding of risk, and their relationship to HIV prevention social marketing campaigns (see Appendix 3). They were also shown graphical representations of several ads used (see Appendices 1 and 2) in the "HIV Stops With Me" campaign, and asked to respond to the images. An undergraduate gay male research assistant took notes during the focus group, but did not contribute to the discussion.

The interview and focus group audiotapes were transcribed by the research assistant. Transcripts were coded using "grounded theory" (Glaser and Strauss, 1967), an approach that highlights the participant's subjective perspectives. This focus on the participant's perspective was critical because this study is focused on the participant's identity and experiences as a gay man and their subjective relationship to the HIV epidemic. Codes were developed based on the participants' collective responses, therefore being "grounded" in the participants' responses, not in the expectations of the researcher. This involves listening to the audiotapes and reading the transcripts to listen for themes

connecting the three men's experiences. With the assistant of the research assistant, the data was repeatedly gone over to find two kinds of themes: 1) those consistent with each participant's experience, and 2) those consistent throughout all three men's experiences. What follows is an analysis of these themes and, when applicable, their inconsistencies. Differences between the men's narratives are also highlighted.

Results

The results of this study are presented in two parts. First, a short discussion of their comments on HIV prevention social marketing campaigns explores participants' ambivalence and sense of disconnection towards social marketing efforts relating to HIV prevention. Participants discussed social marketing in general, and then were asked to specifically respond to materials from the "HIV Stops With Me" campaign.

The second (and more substantial) section of this paper presents three case studies, one for each participant. Each case study presents a narrative covering several major topics, including: their experiences coming out (or not) as gay; their sexual norms and experiences; their relationship to the HIV/AIDS epidemic; their experience with sexuality education; and their understanding of sexual risk. These case studies will shed light on their experiences, and help illuminate potential explanations for their ambivalence and disconnect with social marketing.

"It's just like, billboard after billboard": Reponses to HIV Prevention Social Marketing in San Francisco

This study initially set out to evaluate how young gay men were relating and responding to HIV prevention social marketing campaigns in San Francisco. It quickly became clear, however, that the young men involved in this study were simply not relating to the campaigns. The quote from Tom, the youngest of the participants, that opens this paper nearly summarizes their perspective. They felt oversaturated with media messages about HIV, and "tuned out" as a result. They felt that the campaigns, which they noticed typically used images of shirtless muscled men, tended to "blend together."

Because of this tendency to use similar images as a way to catch their attention, they felt like they could readily identify campaigns and easily tune them out without much thought. In the focus group, Jake, the oldest of the participants, said that "you kinda glance and it's like, oh HIV prevention, Okay, *whatever*." Responding to Jake's comment, Alistair sarcastically remarked that he tunes out mostly, "except the ones with the cute shirtless guys, then I was like, *Oh*!" Tom continued the conversation by commenting that "I did see a cute shirtless guy and I'm like 'Oh HIV-positive', I'm like 'Oh.' (Laughs). Like, I think it's some porn ad or something. (Laughs) And then I'm like oh wait, this is a campaign for HIV awareness."

Participants speculated that perhaps they were already sufficiently educated about HIV, and that led them to tune out to the campaigns. Jake wondered whether their not

looking at the ads would be something like not looking at an ad for a cellular phone if you had recently purchased one:

> The three of us, we pretty well understand what HIV is – what the risk behaviors are. We're comfortable with how we act. And so it's kind of it's, it's not an issue for us. It'd be kind of like flipping through a magazine. You just bought a new cell phone, you see an ad for another cell phone, you're not going to look at it.

Alistair felt similarly. He suggested that, if prevention organizations are interested in attracting him, perhaps they should develop new kinds of messages. Instead, he feels like he sees the same message recycled time and time again:

> It feels like I already have the message, so I don't really need to pay attention to it. Maybe if they told me something I've never heard of, that I've never considered. Whereas if it's just the same message of 'use a condom, use a condom, use a condom!' Okay, I do that, I use a condom. It's like alright, you know, that's fine, I've heard that before.

While the participants agreed that they did not think they needed the information contained in HIV prevention social marketing campaigns, they felt that they were necessary for people who were less informed. Revealing his prejudice against both those who live in rural areas and against gay men who are not well informed about HIV, Tom speculated that perhaps they could be useful to "some kid from like bum-fuck Louisiana who doesn't know a thing" who moves to San Francisco. Alistair offered the analogy of airline stewards' safety demonstrations that are required on every flight. Many have heard the information before, but some have not:

> Yeah, I mean it's kind of like when you're on the plane and the stewardess is doing the whole, you know, 'this is how to put on your seatbelt, and if there's a fire you run here.' I've been on, like, billions of planes in my life so I know where the fire exit is, and I know to put the oxygen mask on. But the person next to me might not.

Of course, while airline demonstrations offer practical information for what to do in case of an emergency, social marketing campaigns are designed to change norms, not necessarily to provide basic information about HIV. Jake recognized this gap in Alistair's analogy by attempting to apply it to the "HIV Stops With Me" campaign:

> I think that analogy is good in some ways. But it's different than what's going on here because in that case, like the 'HIV Stops With Me Campaign' is about people with HIV taking a stand and being personally responsible for their being infected. And sort of taking care to not infect other people.

Participants remained mostly ambivalent when asked specifically about the "HIV Stops With Me" campaign. Participants were given samples of materials from the campaign and asked to respond. In general, they were hesitant to critique the materials because they felt that, as HIV-negative men, they were outside the target audience. "HIV Stops With Me" is an example of what is known as "Poz Prevention," or campaigns targeted at HIV-positive men aimed at promoting social responsibility (Bayer, 1996; Blower, Service, & Osmond, 1997). In general, they felt that the campaign seemed to include appropriate messages. Jake felt that it "personalizes HIV" and that he could see how it "validates the people that are positive." Tom felt that if he was HIV-positive, he'd

finding the campaign's messages "very uplifting." However, they were reserved in their conclusions because they did not think it appropriate to critique messages developed for a community of which they were not a part.

The lone exception to this was a copy of a billboard from the campaign that was prominently displayed in the Castro a few months prior to the study. It was starkly designed with a purple background and black letters that read: "New Years Resolution: Don't Infect Anyone" (see Appendix A). Alistair felt that it was "cruel" and that it seemed to "propagate more fear and shame." He also felt that it was "accusatory" because it assumed that "you are infecting someone right now." Jake felt that there was a nasty subtext to the ad, which he thought might have read "don't infect anyone, fag." They thought that this was strange, considering the other materials in the campaign featured positive messages that they saw as uplifting. Jake noted that the other messages were "about fostering respect for yourself and other people and community – and not being ashamed. And then this one is just like, a hammer coming down. Its kind of weird."

Outside of this billboard, all three participants felt disconnected from the materials and felt that, if HIV-positive men thought it was appropriate, then that was their decision in the end.

"AIDS Was Out to Get Me", Alistair, 22

Alistair is a 22-year-old Asian-American college student from the Pacific Northwest. He grew up in what he called a "traditional Asian-American family," living in

an “upper-middle-class conservative white community.” He realized at the age of six that he was attracted to other boys, but felt that telling others about his same-sex desire was incompatible with the norms of his community. In particular, norms around gender in Asian-Pacific Islander culture impacted his experiences as a gay youth:

> There are very traditional notions of masculine and feminine, especially in Asian society, where roles are very important, you know? So, you play your roles as a father and a mother and a son and a daughter. And they’re all very distinct and, you know, there are certain expectations that a son does this and a daughter does this and a son acts this way and a daughter acts this way. So I was very much cognizant of, like, this is how you survive. This is how you act and you don’t deviate too much from the norm.

As a member of an Asian-American community, Alistair perceives certain heteronormative scripts – those of the role of father, son, etc – as having impacted his experiences growing up. Alistair lays out heternormativity as a concept quite neatly here. Theorists have defined it as a system of power relations that privileges heterosexual ideas and people while demeaning or ignoring non-heterosexual ideas and people. Importantly, as an institution, it depends on binary gender roles. Michael Warner, who first coined the term, defined it as a system of power rooted in a binary gender system that privileges heterosexuals and heterosexuality (Warner, 1993).

Like most young people today, Alistair, 22 years old, first learned about HIV/AIDS in sex education classes in high school (Centers for Disease Control and Prevention, 2005a). He describes his experiences in these classes as feeling “clinical” and

"detached" from his life, with no mention of homosexual sex. He does not remember when or where he learned about how HIV can be transmitted through gay sex, but he was sure that he did so on his own – probably "on the Internet or something." While his high school sexuality education courses made no explicit association between the disease and homosexuality, the connection for him was nonetheless clear:

> It did feel like it was a gay disease. When I first heard about it, it was pretty much, you know, aimed at someone like me… I totally identified with that disease, and took it in. And it was like, okay, this is something that I am going to be struggling with forever. Because it seemed like it was honed in on gay men. Yeah, much more than you know other STDs. And it almost felt like, you know, AIDS was out to get me. Which is weird.

Alistair's deep sense of identification with the disease and epidemic was consistent throughout the focus group and individual interview. Despite well-documented attempts by public health officials, epidemiologists, and doctors in the 1980s and 1990s to try and squash the media narrative of "gay related immuno-deficiency" (what the media used to refer to HIV before it was scientifically named), that very same kind of narrative still haunts Alistair and his sex life. Feeling as if HIV was "honed in" on gay men and that the disease was "out to get" him, Alistair is clearly struggling to negotiate an identity that is both gay and HIV-negative while trying to keep the disease at arms length.

This may have been, in part, due to Alistair's experiences with high school-based sex education, which were wholly unhelpful in educating him about HIV-related risk and gay sex. This lack of practical information may have made him particularly vulnerable to

negative media messages about homosexuality and HIV/AIDS. While he was unable to pinpoint exactly where he learned the idea that AIDS was “out to get” gay people, numerous accounts of media images from the 1980s and early 1990s have demonstrated their widespread homophobia and misinformation about how the disease is transmitted. Alistair, 22, grew up surrounded by these images.

After graduating high school, Alistair moved to San Francisco where he first became sexually active. Despite his conflation of HIV/AIDS and being gay, his first sexual experiences with his boyfriend were unprotected. His boyfriend had just gotten tested and was HIV-negative, and Alistair had not ever had sex before, so they opted to not use condoms. Despite his boyfriend’s precautionary HIV test, he looks back on his decision to have unprotected sex with his boyfriend as being “naïve”:

> And I kind of just trusted him, which I mean now I realize how stupid that was. But at the time, you know, yeah it was just like ‘oh, you know, he's probably clean and I can trust him.’…. I don't do that anymore. That was the first and last time.

Research suggests that unprotected sex within boyfriend relationships is common among gay men (Hays, Kegeles, & Coates, 1997), though the motivating factors behind this phenomenon are unknown. For Alistair, he seems to describe a kind of blissful ignorance and naivety that he would not again repeat. It was not clear at what point this changed for Alistair, but observing one of his friends repeatedly having unprotected sex with a new boyfriend of only a few weeks seems to have had an impact:

> He's someone who gets tested a lot and knows just as much as me and has the same viewpoint, but for some reason, when he gets in a relationship all that falls away. They'll just have unprotected sex right away – and a lot of these guys have cheated on him! He's found out after the fact, but doesn't really change his behavior. You know, I've called him out on it. And he'll agree. He'll be like, 'yeah that's not safe, that's not smart. I don't know why I'm doing this.' But then he'll do it anyway.

Recent HIV prevention campaigns in San Francisco have played on this sense of naivety and misplaced trust described by some gay men. Though not explicitly geared at men in boyfriend relationships, the "Shining a Light on HIV" mini-campaign produced by the STOP AIDS Project attempts to foster this kind of anxiety. Digitally projected on a screen in San Francisco's historically gay neighborhood, the Castro, during the 2005 Gay Pride festivities, it featured a slideshow with messages such as "He may have HIV and not know it" and "Some of the guys you cruise tonight have an STD" (STOP AIDS Project, n.d.). Campaigns playing on similar anxieties have been used by other organizations in San Francisco (see, for example, "How do you know what you know?" campaign by the San Francisco AIDS Foundation). While Alistair did not mention these efforts specifically, the use of this kind of narrative in HIV prevention suggests its widespread presence in the community.

Since his first boyfriend, Alistair has not had anal sex with anyone that he was not dating – though he has had casual oral sex with men that he met on the Internet. While oral sex does not pose a significant risk for contracting HIV (Page-Shafer, et al., 2002),

Alistair regularly “freaks out” about contracting HIV – even when he had been celibate since his previous HIV test:

> I wouldn't have had sex, but I would have gotten tested anyways and still been like ‘oh my god, oh my god, like it's going to come back positive’ – even knowing I hadn't even engaged in sex in the period since my last test.

This cyclical fear – which peaked each time he was tested – suggests a lack of basic understanding about the transmission of the disease. Without any formal education about gay sex and HIV transmission, this may not be surprising. While statistics reveal that about 9 out of 10 high school students learn about HIV in sex education classes, no data exists as to how many of these curricula include information specifically about gay sex (Centers for Disease Control and Prevention, 2005a). Despite this seeming lack of understanding, Alistair felt that he was well educated about HIV. Responding to a question about whether most HIV prevention materials he had seen were relevant to him, he responded by saying that prevention messages had been “rammed down his throat” for his entire life and that he “knew all this already.”

Beyond education, however, other factors seemed to contribute to his fear and paranoia. First, the cultural stereotype that all gay men will eventually test positive for HIV made convincing himself that he would test positive all the more easy. He described HIV as a “shadow hovering over you” that “tells you… you’re gay, you’re going to get AIDS.” Thus, while a lack of basic information may have initially led to some anxiety and

confusion, the cultural stereotype that all gay men eventually get AIDS seems to add a level of inevitability and fatalism for Alistair.

Second, anxieties around trust and monogamy made even the act of unprotected sex with a regular monogamous partner anxiety-inducing. Even the possibility that his first boyfriend could have cheated on him instilled a kind of nervousness about sex – even though his boyfriend never actually did cheat on him:

> I think I was pretty naïve in my first relationship. I was just like, 'oh well, he's my boyfriend and we're only sleeping with each other.'… Once reality sets in, you know, 'well he could have cheated on me and caught something from someone. And he probably wouldn't tell me until afterwards, and maybe he doesn't even know.'

Trust is the issue here. Australian researchers developed the harm reduction concept of "negotiated safety" to describe monogamous partners who have unprotected sex within the primary relationship as a way to maximize pleasure and reduce harm. As a strategy for risk reduction, studies by the Australian researcher Susan Kippax have suggested that it is highly effective (Kippax, et al., 1997). However, other recent studies have suggested that such agreements are often broken and that it is common for men to not tell their partners of such infractions (Prestage, et al., 2006). While it seems likely that some of these broken partner agreements may be leading to HIV transmission, it is not clear how often this is happening. This was precisely Alistair's fear, and why he looks back disapprovingly on his decision to have unprotected sex with his boyfriend.

Combined, these fears present a barrier to having casual anal sex for Alistair. While he has had casual oral sex, he avoids having casual anal sex because of the paranoia and anxiety it causes him:

> For me, I think, with all those associations with HIV – what we were talking about before – I think to get over that is a very active, conscious thing I had to do. And so it takes energy for me to get in that state, where I'm like, I don't know if comfortable is the right word, but at ease enough where it can be something enjoyable for me. Because, if it's just a casual one night stand, I would have to be working to kind of quiet that paranoid voice inside me. You know, and then afterwards I would be really paranoid and want to get tested.

With or without condoms, Alistair saw anal sex as something too risky to have outside of the context of a relationship. Because of his close associations of anal sex and HIV transmission, he cannot have anal sex casually without the "paranoid voice inside" making the experience uncomfortable for him. Instead, he noted just moments later that anal sex is "something I save for a relationship as opposed to some random guy" and that he's "pretty [much] into monogamy." Here it seems that Alistair is exposing a connection between normative ideas about monogamous relationships and his fear of contracting HIV. If casual anal sex is so anxiety-inducing for him, then monogamous relationships may provide the only context in which he can have anal sex without "freaking out." In fact, he admitted that "sometimes it would be nice to be able to go out and fuck someone, because I still have the urge to do that." But, "at the end of the day," he said, his deeply

engrained fear "keeps me the way I am 'cause it keeps me out of trouble." The "way I am" that he is referring to here seems to be HIV-negative.

His anxieties about "hooking up" may also bear some relation to stereotypes about gay men's sexualities and Alistair's relationship to San Francisco's "gay community" – or lack thereof. Despite living in San Francisco where there is a large population of gays and lesbians, Alistair did not feel connected to a gay community. In fact, he expressed doubt that such a thing even exists in the city – or, he says, "if there is, I'm not a part of it." This was, in part, related to a sense of fragmentation in San Francisco and, in particular, among the gay men in San Francisco:

> San Francisco, and especially the gays in this city, seem very disparate and kind of fragmented. It's hard to, kind of, find this community that I thought existed, really didn't… And I think a lot of that is because, you know, we are labeled the 'gay community' like all of us together. And that's supposed to mean something, you know? …Even walking around the Castro, it seems very non-inviting.

Alistair seems to be describing a lack of social trust and any real sense of community among gay men in San Francisco, which parallels his anxieties about his first boyfriend's potential breaking of trust through infidelity. Alistair hypothesized that perhaps this general lack of trust was a West Coast phenomenon – a sentiment echoed by other participants. However, he experienced this lack of trust as being particularly acute among gay men in San Francisco.

Whether the lack of social trust is rooted in the West Coast or in the Castro, it is clear that Alistair is struggling to find a place as an HIV-negative young gay man. Being in San Francisco, a city acutely impacted by the epidemic, is part of that struggle. Exemplary of his struggle was his resistance to relate to the "HIV Stops With Me" campaign materials:

> I think just subconsciously if I identify with [the "HIV Stops With Me" campaign] too much it would be because I'm positive… Because, it's like, if that really speaks to me, it's because I'm positive. And in my head, I don't want it to speak to me because… I want to be on this side and say, that doesn't apply to me.

Again, Alistair is struggling here with his identification with the epidemic – here in the form of media messages targeted at HIV-positive men. This is more complicated than simply refusing to look at prevention messages because he believes he is already sufficiently educated on the topic. Instead, he seems to be trying to maintain his identity as an HIV-negative gay man, something that seems difficult to do given his repeated statements linking being gay with HIV/AIDS.

Statements like these from HIV-negative men should give HIV prevention organizations and researchers pause. His anxieties over relating to the campaign reveal a great struggle to exist as an HIV-negative gay man in a community where so many men are HIV-positive. His experiences as a young man growing up in a world saturated with messages linking being gay with HIV/AIDS have created, it seems, something of an identity crisis. Though it came out of a study over a decade old, Alistair's experiences

speak directly to what Walt Odets called the "AIDSification of homosexuality" and, most importantly, the resulting outsider experience that many HIV-negative gay men experience (Odets, 1995).

This quandary is likely the root of much of his anxiety about contracting HIV. AIDS was out to get him and, even if he succeeded in eluding infection, it would always be a shadow lingering over his shoulder. Even when Alistair had not engaged in any sexual activity, he still convinced himself that he had somehow managed to contract the disease.

"I'm getting what I need," Jake, 27

Jake is a 27-year-old college educated white IT Professional from upstate New York. He moved to San Francisco five years ago. He is very close with his family, who he came out to as gay when he was 18. Coming out, for Jake, was not an overnight process. He describes it as a process that took years:

> I came out when I was 18… I'm 27 now. For me, it wasn't all at once coming out. It was tell a couple friends, you know then tell my sister a year later, then tell my mother a year later. I told my whole family over one Christmas break. Came back to college, told my roommates, you know. I had never done anything gay before that, so it was like 0 to 100.

Like Alistair, he remembers first learning about HIV in a sex education course in school. He describes the video shown to his class as "clinical," and he does not remember

the disease being associated with gay men at that point. It was not until he became sexually active that he became paranoid about catching HIV:

> When I became sexually active, I was more concerned about HIV than I needed to be. I was paranoid about catching HIV… I had a real long talk with [my gay doctor] about STDs and risk and all that. And, I learned that, I think a lot of my anxiety around HIV and AIDS was because there was a 'gay connection' as opposed to actually engaging in risky behaviors.

Even when he knew that he had not engaged in any high-risk sexual activity, he would convince himself otherwise and worry about testing positive. His anxieties were fueled by what he refers to as the "gay connection," or the cultural stereotype that all gay men will ultimately catch HIV. Jake describes this in ways that are strikingly similar to Alistair, and again speaks of the powerful cultural link between discourses around being gay and those of HIV/AIDS – or, what Walt Odets called the "AIDSification of homosexuality" (Odets, 1995). Like in Alistair's case, for Jake this conflation of AIDS with being gay was compounded by a lack of basic information about transmission. He describes these two forces as the primary reasons behind his paranoia about testing positive.

For Jake, the "gay connection" was complicated by his monogamous relationship ideals that conflicted with San Francisco's gay sex culture. The cultural myth of gay men eventually contracting HIV is built on the premise that all gay men are promiscuous and sexually indiscriminate. Initially, Jake rejected that stereotype and hoped to find a monogamous boyfriend. However, he realized that his search for a boyfriend was not

driven by any desire for sexual or emotional intimacy, but instead by heteronormative social expectations – or what he calls “the wrong reasons”:

> I still felt like I wanted to get laid, but I was still having trouble with dating relationships, generally. [I was getting] frustrated with them and in some cases feeling like I was pushing on them for the wrong reasons. You know, I wanted to have sex with this person, so I would go with them on a date. And I had plenty of dates where it was obvious that we both just wanted to have sex…. The dinner beforehand was almost painful because there was nothing to talk about.

Jake’s “painful” dinners reveal his struggle to try to make his relationships with gay men fit a heteronormative monogamous model. As part of his effort to make it work, he says that he used to “push away” anyone he met whose sexual lives were outside of these norms. As his dates continued to turn sour, however, he grew increasingly frustrated. Over time, however, his ideas about sex and relationships began to change. He stopped being ashamed of wanting and having casual sex:

> I kind of got over the shame factor. I’m like, you know what? That’s fine. There’s nothing wrong with that at all. And it was really good for me. You know, a relationship may happen for me in the future. It may not. It’s much more relaxed now that I’m getting what I need, and not feeling so much pressure towards a relationship.

It is not entirely clear what prompted this change for Jake, but conversations with his gay doctor about HIV transmission seemed to play a role in this process. Because his sex education classes in high school taught him nothing about gay sex, he began asking questions about HIV and its transmission to his doctor and to other STD counselors:

> My ideology around [sexual health] has been shaped by my discussions with my doctor who is gay and HIV-negative and in a relationship with an HIV-positive man – and they've been together for eight years. He's been very frank with me in his discussion of his relationship, and I really appreciate that…. [Now,] every time I go in for HIV test, I ask them, 'so, you know, of the people who have tested negative before who come back with a positive result, what are their risk factors? What are the people who are seroconverting doing to contract HIV?'

While it came in the form of a professional relationship, Jake is describing here having a gay mentor. At least one study with young gay men identified mentorship from older gay men as a desired need for prevention geared at young people (Seal, et al., 2000). Qualitative research on mentorship for sexual minorities describes positive outcomes from these kinds of relationships (Ross, 2005). For Jake, his conversations with his gay doctor had a significant impact. By providing information about HIV and its transmission, his gay doctor was dispelling what Jake called the "gay connection." By learning about how HIV can be transmitted through gay sex, he was also learning ways to better protect himself and stay HIV-negative. Through education and mentorship, he had discovered a way to reject the fatalism inherent in the stereotype that most gay men will eventually test positive. Though he did not explicitly say it, it seems that this learning process allowed him to explore his sexuality more fully and without fear:

> I used to feel really anxious. It's kinda funny because, as I've come to understand what the risk factors are and have a more realistic view of it… Like, back then, I would be freaking out and think that I was at really high risk. But I worry less about my test results now than I did back then.

For Jake, the technology and setting involved in getting tested has also eased some of his anxiety. He praised the use of a new technology that yields HIV antibody results in-house in 20-30 minutes for reducing the anxiety involved in getting tested. Similarly, an open, stigma-free clinical setting was important for Jake. Before he moved to San Francisco, he described experiencing homophobia when going to the doctor for a regular STD screening. He praised Magnet, a gay men's health clinic in San Francisco's historically gay district, the Castro, for its openness and lack of stigma:

> And then when I moved up here, and I got tested up here both at city clinic and then at Magnet. People there are so cool, 'cause they're used to dealing with the gay population. They know the reality of risks, there's no homophobia, there's no stigma associated with it… Part of it, I think, is the atmosphere you get tested in that really contributes to the comfort level and the level of anxiety.

Unique in its vision, Magnet was launched in 2003 as a comprehensive gay men's health center that aims to "bring men together in an affirming environment that embraces the diversity of gay male culture" (Magnet, 2007). Aiming to be more than an STD clinic, its website suggests patrons can "cruise" there to pick up guys or attend a book reading by a local gay author. Jake did not mention any of these services, but he did express appreciation for the atmosphere Magnet provided him when getting tested.

Today, instead of freaking out, he feels like he has come to a place where he can balance risk and desire. He understands the risks that he takes, but sees them as comfortable in relation to what he gets out of it:

> It’s a comfort level… It's not zero risk, but its very low risk, and you know, at some point you kinda have to balance risk with what you’re getting out of the experience. I don't personally enjoy oral sex with a condom, and it's a very low risk behavior for HIV transmission and for other STD's it's a higher risk. But those are typically treatable, so it's less of a real concern.

Jake has essentially described his own version of a harm reduction approach to sex. He acknowledges that risk exists and does not seek to eliminate it. Instead, he decides what kinds of risks he feels comfortable taking and only engages in sexual behavior at that risk level. Since Jake reports consistently using condoms for anal sex, he has likely greatly reduced his risk of contracting HIV.

Despite using condoms consistently with his partners, he reports refusing to have sex with HIV-positive men. This suggests a misunderstanding of a recently popularized harm reduction strategy known as “serosorting.” This concept was originally developed to encompass “the selection of sexual partners, practices, and positions to reduce the spread of HIV” – which includes practices ranging from HIV-positive men choosing HIV-positive partners for high-risk sex to HIV-positive men only “bottoming” when having unprotected sex with HIV-negative men (McConnell, 2007). Today, however, the term is largely used to describe a strategy of same-serostatus partner selection (McConnell, 2007). While he never used that word explicitly, he is essentially practicing the narrowly defined “serosorting” harm reduction strategy by only having sex with men who tell him that they are HIV-negative.

Jake, now more informed, looks back on his old anxieties over contracting HIV as "not logical." After becoming more informed about risk, he was able to have more casual sex without the fear, regret, and paranoia that characterized his previous experiences with casual sex. Today, Jake is a regular at several bathhouses in the area. He enjoys the bathhouses because he does not have time to hook up online and he does not enjoy going to the bars:

> I don't have time to just be posting Craigslist ads, and going, I don't like bars to begin with. I don't care for that. And I'm on anti-depressants, so I can't drink. It's so frustrating when you go to a bar and you try to meet people, and you know… I'm not the life of the party type of guy. Much more chill, like to deal with people one-on-one. So the bar scene doesn't work for me. I don't have the patience for doing anything online. The sex club is just like, I'm horny, I want to get laid; this is where you can do that. I mean if you're hungry you go to a restaurant, right?

His analogy of the restaurant is revealing. He likens his desire for sex to the less politicized act of eating. This speaks to his newfound non-judgmental approach to anonymous sex and hooking up. This is a radical departure from just a few years earlier, when he would have disapproved of anyone who regularly visited sex clubs.

But, while Jake feels satisfied sexually, he is frustrated with other elements of the Castro and San Francisco's "gay community." In fact, he does not believe himself to be a member of such a thing. He uses San Francisco's LGBT Community Center as a whipping post for his frustrations with what he sees as a real lack of community:

> I've lived in [The Castro] for over 3 years now, and it's been tough. I've tried getting involved with different organizations. I went down to the gay community center and asked them what they had going on, and were there ways to get involved. My experience is that that whole community center is like a waste of space, and resources, and money, and people's time and everything because there's just not a whole lot going on down there. It doesn't seem very welcoming. They have a welcome desk at the front with some random ass volunteer there who can maybe help you maybe not, but I have never been able to figure out what the hell that community center is for. I mean, if you want to hold support group meetings, that's a good place to do it. But it doesn't feel like a sort of general community center – which is what it's trying to be.

For Jake, who was not interested in the Castro bar gay scene, getting involved in LGBT community organizations seemed like a way into being part of the "gay community." He went to the center to try to get involved, but instead found only "support groups." The LGBT Community Center of San Francisco is a waste of space to Jake because he believes that it does not make room for people who do not need "support" in the clinical sense. He speculated that, perhaps in a community with so many gay people, being gay stops being enough to bring people together:

> In a small town that's not very gay friendly, when you do meet some gay people, you're the minority. And it's very empowering to get together and you feel good and you tend to bond with those people much more strongly um, just by virtue of your being gay because it's not a common thing. Then you move here to the Castro in SF and everybody's gay, and it's not a connector anymore, because you know that's the majority. You lose being gay as a connecting factor. And if you don't have anything else, you're kind of floating

Jake points to an important point about identity formation. Marginalized identities are often formed in opposition to dominant norms. Yet, in San Francisco, being gay has almost become part of the mainstream culture. He notes that if you "don't have anything else" – that is to say, anything else that makes you different – that you're "kind of floating." His comments may reflect broader sociological questions raised in research on the decline of communities in American culture for everyone (see, in particular, Putnam, 2000). But they also point to a "gay community" in San Francisco that seems to be built around a clinical support culture in which young, HIV-negative gay men largely do not fit. Jake speaks to this most clearly when he talks about first moving here:

> I remember when I first moved up here, and I got bitter and at one point I was like, "well shit, I wish I was an alcoholic or a crystal meth addict," you know? I don't have any problems, I don't have anywhere to go.

His comments and sense of isolation as an HIV-negative man suggest a real need for community building outside of clinical support groups in San Francisco. While its culture of sex clubs and bathhouses has provided him with venues to explore his sexuality in ways not possible before, San Francisco's gay community has not provided spaces for him to build friendships and non-sexual relationships.

A "Romantic Idealist", Tom, 20

Tom is a 20-year-old white undergraduate student who grew up in Southern California. Unlike many gay men his own age who have never known someone who died

of AIDS, two close family members passed away from AIDS-related complications early on in his life. His gay uncle's partner tested positive for HIV and ultimately died of AIDS-related complications when he was nine years old – as did his grandfather before he was born. HIV was a part of his life long before he "came out" as gay – even before he was born. He remembers watching his uncle's partner get sick and his mom having to explain the disease to him at an early age. At the time, he did not feel connected to them because he did not yet realize he was gay:

> At the time, I really thought I was straight, so I just thought, 'look at these two happy gay men – oh but one of them died of AIDS.' I didn't see myself connected to them, but it certainly did help me. Because I think that seeing someone that I did know die of AIDS, made me feel more inclined to learn about it. And it's kind of weird, because my mom's dad died of AIDS too. So it's like, 'fuck! Is this a curse?' I don't get it.

Even though some of the earliest gay figures in Tom's life were deeply affected by AIDS, Tom describes coming out with little relation to the HIV epidemic. Unlike many gay men who often describe having a difficult time coming out to their friends and family as gay, Tom remembers it as something "wonderful":

> It couldn't get any better than basically what I had. I came out on the last day of my junior year in high school. I literally came out to everyone in two weeks. I was coming out to people – like, it was exhausting. I was coming out to four people a day! Going through my phone book, like, 'oh FYI, I'm Gay'... Everyone was really supportive. My sister's bi-sexual so she didn't care, obviously. And my mom, you know, has a gay father – gay family, whatever. And my dad; whatever he's just my dad. He still loves me.

Tom’s narrative of coming out suggests a shifting tide for many gay youth in their identity formation. While the number of gay family members in his extended family make his experience exceptional, recent studies have suggested that coming out today post-HAART for young gay men is significantly different than coming out before (Grierson and Smith, 2005). The decline of homophobia (and of the link between homosexuality and AIDS) has made “coming out” for many gays and lesbians today a much easier process.

It was not until he became sexually active that Tom again sought out information about HIV/AIDS. At that time, he actively looked for workshops and trainings on the disease, and eventually ended up giving community presentations on HIV/AIDS as part of a community service requirement in high school. His self-education about the disease and desire to educate others about the epidemic reveal a proactive approach to HIV/AIDS education. Given his early experiences of AIDS-related death, this was not surprising.

Despite those early experiences of death, he does not remember initially worrying much about contracting HIV. Like Alistair, his first sexual experiences were with his first boyfriend, who was also a “virgin” at the time. Having unprotected sex in that relationship, he describes feeling “invincible”:

> Because, you know, you’re fresh and you’re new and you’re a virgin and so you think you’re invincible. He's a virgin too, so, I don't know, it just never really went through my thought process at that age. Certainly as you get older it kind of becomes more of a reality. But at that time, no.

For Tom, those feelings of ease and invincibility are all in the past. His “relaxed” perspective dramatically changed when he found out that his boyfriend, who he had been having unprotected anal sex with, had cheated on him with a woman:

> The only time that I was nervous was when, towards the end of the relationship, my ex-boyfriend cheated on me with a really skanky girl who had been with, like, everyone. So I got tested. I was a little bit nervous slash really pissed.

His experience is similar to Alistair’s in that their fear of infidelity (and, thus, the potential for heightened risk of HIV infection) produced a set of anxieties about contracting HIV that remain to this day. However, Tom’s boyfriend – unlike Alistair’s – actually cheated on him. This experience seems to have left a mark on him. Since then, he has not had anal sex – protected or unprotected – with anyone. To avoid putting himself in similarly anxious situations, he describes avoids having casual sex:

> I try not to put myself in positions where I would be paranoid and worried, so I don't have one night stands, and sex with randoms or whatever… I'm more [of a] long term relationship kind-of-person. I've never been promiscuous, so I'm not too paranoid.

The idea of promiscuity surfaced throughout Tom’s interview and in the focus group. Tom regularly derided sexual promiscuity while praising monogamous relationships. He distanced himself from what he called “bad gays,” who he described as “fucking gross, like seriously, like gross. Like slutty, and like wearing really gross outfits

and just kind of ugly. And just like Ugh! Gross." For Tom, being promiscuous was clearly troubling and inconsistent with what he believed was socially acceptable.

Tom's anxiety over promiscuity is closely related to risk. While Tom mocked "bad gays" for having casual sex with each other, he has no problem engaging in the same kinds of sexual behavior with his straight male friends. Since his breakup with his first boyfriend, Tom's primary sexual community has been with his straight male friends, who he has been "turning" for casual encounters. Tom wants to have sex with people who he already knows and trusts, which seems to be anathema to "hooking up" with other gay men.

Instead of hooking up, Tom has a different vision for his life as a gay man. Responding to Jake's comments about monogamy not working, Tom talked at length about his hopes in life and his suspicion that his dreams may be incompatible with the stereotypical gay lifestyle:

> I'm really sort of a romantic idealist, you know? I always have this image of gay guys being very hard and very like cold, you know, one-night-standish - shunning love. When Jake said… 'monogamy doesn't work' – like, for me, and seriously, my heart just broke into a million pieces for like the millionth time. I was sad. I was like, GOD! That's a terrible thing to say. It can totally work! I totally want to get married – I'm so into getting married. I want to go to IKEA, I want to pickup my fucking furniture, I want to have parties, I want to have a good group of gay husbands, you know have dinner parties, and have fun, and yeah. It's in my future, I hope it is. It's what I want. So when he said that, it just made me totally sad. I totally got totally sad. I don't want that suspicion confirmed.

Tom's describing here his own version of the "American Dream" – complete with a husband, trips to IKEA and dinner parties with other gay male couples. This is an idea that gay and lesbian political organizations have used to argue for legalizing same-sex marriage. An interview with the recently "out" former professional football player Esera Tuaolo featured on the website of the Human Rights Campaign – which refers to itself as "the nation's largest civil rights organization working to achieve gay, lesbian, bisexual, and transgender equality" – exemplifies this (Human Rights Campaign, 2007). Tuaolo says that, despite being gay, he has "a beautiful family. The white picket fence. The American Dream. Two dogs, two children and two daddies. I have what my straight friends have and what my brothers and sisters have" (Human Rights Campaign, 2003). This is exactly Tom's dream – a dream that he suspects may be difficult to realize in a community of men whose sexual norms he sees as antithetical to his own.

Tom's vision for his future may be impacted by the fact that most of his friends are straight. While he did not feel that he was a part of a gay community, he did experience being part of another community – that of friends at his university who are all his own age:

> I feel like sometimes my own social life is just like me and my friends. I have a big group of people, we all hang out and, I don't know, my friends throw parties a lot. So, I'll be [in the neighborhood] at a lot at my friends' parties, and they're fun. It's like my own little college world. It's like my own college bubble.

While he enjoyed his time spent with his friends on and around campus, he felt like his life was somewhat of a "bubble" isolated from the rest of San Francisco. Though he felt he had friends and expressed a sense of belonging there, Tom expressed a desire for more gay friends:

> Sometimes I really crave… It's weird, like sometimes I hate gay men, but certain ones that are like me or like… Because gay men have this relationship where they just understand things that aren't like a woman 'cause they aren't a gay male. So, sometimes, I crave that understanding. I mean, I do have a couple good gay friends – but I wouldn't mind having more. They're good to have around. They're fun, and they get things that your fag hags won't.

While Tom expressed a desire to have more gay men "around," he did not seem to be describing a desire to be a part of a mostly gay community. Indeed, he seems to have something of a love-hate relationship with gay men. While previously he expressed a desire to have a "group of gay husbands" later in life to have "dinner parties" with, he also said that he thought that "gay guys are kind of judgy and bitchy." His broad generalizations may be, in part, a product of his distance from San Francisco's gay community. Because he is under the age of 21, Tom is unable to patronize most venues in San Francisco's historically gay neighborhood, the Castro. He did, however, manage to get served at one bar in the Castro a few months before the interview. "It was really fun! I genuinely liked the Castro. I'm like, 'This can be fun!' And we went again and they kicked us out of, like, every bar." He seemed somewhat surprised by his own enjoyment of the Castro, noting that he "genuinely" liked it.

Once he does turn 21 and has more ready access to San Francisco's predominately gay venues, it is not clear whether or not he will become a more frequent visitor of the Castro. For now, Tom has made a home for himself on campus that does not have anything to do about his being gay. While this may change in the future, Tom's story is a relatively new one. His smooth coming out process, rejection of promiscuity, and desire for marriage may signal a new kind of being gay that has nothing to do with being a part of a gay community. His largely "integrated" life may very well be the vision of so-called "assimilationist" gay and lesbian activists. While he is unsure of what the future has in store, he seems committed to realizing his gay version of the "American Dream."

Discussion

These case studies present three men with incredibly different experiences and relationships to their sexualities. Yet, despite their differences, several overarching themes emerge. First, each participant described having experienced some level of fear of contracting HIV. This varied by participant, but they all described at some point feeling anxious or paranoid about testing positive. For Jake and Alistair, this was a deep-seated fear of contracting HIV that bore no relation to their actual engagement in high-risk sexual activity. Indeed, Alistair even "freaked out" about contracting HIV when he had not engaged in any sexual activity since his last HIV test. While Tom did not describe this kind of fear explicitly, the judgmental and loaded language he used to talk about

promiscuous gay men (e.g. "bad gays" who were "gross" and "slutty") suggests a need to distance himself from what he sees as dangerous sexual behavior in order to feel safe.

In the face of this fear, each participant revealed his own struggle to find a comfortable sexuality that balanced risk with desire. For Jake, this involved the mentorship of his gay doctor that provided him with practical information about gay sex that allowed him to more comfortably explore his sexuality. On the other hand, Alistair was so scared of catching HIV through anal sex that he only felt comfortable having it in the context of a monogamous relationship. Similarly, while Tom never expressed an explicit fear of contracting HIV, his casual encounters with straight men and simultaneous rejection of the same behavior by gay men with other gay men suggests a need to feel safe in his sexual life. He achieved this by avoiding any kind of casual sex with gay men and, like Alistair, only having anal sex in the context of monogamous relationships.

For Alistair and Tom, these boyfriend relationships provided a trusting environment in which they felt comfortable not only having anal sex – but anal sex without condoms. Their narratives of trust and safety within these relationships are consistent with research that has documented this phenomenon (Hays, Kegeles, and Coates, 1997). Though studies often view unprotected sex between boyfriends as a significant risk factor for contracting HIV and thus as a problem, others have argued that this kind of behavior is a way to reduce harm and maximize pleasure (see, in particular, Kippax, et al., 1997). In both cases, Alistair and Tom look back on their decisions to have unprotected sex as naïve. For Tom, this was because his boyfriend ended up cheating on

him with a woman. For Alistair, it was that very possibility of infidelity. However, whether or not they would repeat this decision in the future was unclear.

While Alistair and Tom were hoping to find a monogamous relationship, Jake had decided that monogamy was not for him. All three, however, described grappling with the heteronormative monogamous relationship ideal. Jake’s comment that he had abandoned that vision for himself deeply troubled Tom, who worried that being gay might eliminate that possibility from his future. In all three cases, the desire for a coupled, monogamous life seemed to be, at least in part, a strategy to remain HIV-negative. When Jake learned strategies from his gay doctor for protecting himself against infection, he began to feel comfortable exploring casual sex and ultimately abandoned his quest to find a boyfriend. Similarly, while Alistair noted that he sometimes wished that he could “go out and fuck someone” without fear of infection, he seemed relieved that his fear prevented this possibility and thus prevented him from becoming infected. For both Alistair and Tom, feeling “safe” and having casual anal sex was impossible.

Alistair and Tom’s radical sense of anal sex outside of relationships as inherently dangerous suggests a lack of understanding of HIV transmission, risk, and prevention. Only in the context of monogamous relationships could Tom or Alistair feel safe having anal sex. While none of the participants were assessed of their knowledge of HIV and its transmission, their strategies for staying HIV-negative suggested they might not be as well informed as they believed. All three seemed to be practicing a sexuality infused with their own conception of safety. For Tom, this meant feeling safe when having casual sex with

straight men, but openly disparaging as "gross" the same behavior between two gay men. Even Jake, who is a regular at local sex clubs and bathhouses, refuses to have any kind of sexual interaction with HIV-positive men. It is not clear whether his decision to avoid sex with HIV-positive men would result in any significant reduction of risk, since he reported using condoms in all of his casual sexual encounters.

Contributing to this deep-seated need to feel safe was the fatalistic cultural stereotype that most gay men will inevitably test positive. Walt Odets' study on HIV-negative men and the "AIDSification of homosexuality," though a decade old, still speaks to these men's struggle to negotiate their identity as an HIV-negative man in a culture that associates being gay with being HIV-positive (Odets, 1995). Jake referred to this as the "gay connection" with HIV, while Alistair expressed the same concern by saying that he thought AIDS was "out to get" him and other gay men.

It's not clear from where this stereotype emerged for participants. Recently, this stereotype was reinforced in the Los Angeles Gay and Lesbian Community Center's "Own It. End It" social marketing campaign, which prominently featured the provocative message, "HIV is a gay disease" (Better World Advertising, n.d.). Developed by the same social marketing firm as the "HIV Stops With Me" campaign, it was intended to instill a sense of ownership of the disease in gay men, hoping that this sense of ownership would inspire men to "End It." While ending the epidemic is certainly a commendable goal, this kind of message only reinforces the very stereotype that these participants have struggled against for most of their lives as HIV-negative gay men.

This association between gay men and HIV was also reflected in Jake's frustration with San Francisco's gay community, which he felt was built around 12-step culture. In particular, Jake disparaged San Francisco's LGBT Community Center because he felt that, as an HIV-negative man who was not an alcoholic or a substance abuser, he had no way to give involved in their "support group" culture. Similarly, Alistair found San Francisco's gay community to be "fragmented" and "uninviting." He questioned whether there even was such a thing as a "gay community" in San Francisco. Finally, as a person under the age of 21, Tom was largely unable to access bars, which he saw as the primary gay community space in the city. Tom was, however, the only participant to say that he felt a part of any community, which for him was with his classmates at the university he attends.

It is perhaps tempting to suggest here that their experiences with San Francisco's gay community may simply reflect a gap that exists between an idealized "gay community" and what really exists on the ground. Or, put differently, that their expectations for what the community should look and feel like were simply too high. However, Jake's theorizing about the greater potential for "gay" to be a uniting factor in more rural areas precisely because of the marginalizing experience it offers suggests that less progressive cities may have be home to stronger gay and lesbian communities. Ironically, it is possible that San Francisco's gay and lesbian community may very well have weakened as gays and lesbians have become less stigmatized.

These findings present a number of opportunities for developing prevention models that are relevant to these men's lives. First, their dismissive attitudes about what

they saw as cliché "use a condom every time" social marketing efforts featuring "shirtless guys" need serious revamping if they are going to have a positive impact. Using positive messages that relate to their experiences and do not reinforce negative stereotypes about gay men are crucial. For example, two themes that emerge from the data that may provide pathways or themes for prevention efforts are their struggle with heteronormativity and their disconnect with the idea of a "gay community." Developing messages that relate to these two key experiences could make for more relevant prevention.

However, given their disregard for social marketing in general, developing new strategies for intervention that do not involve billboards and posters may be more effective. While the participants all felt confident that they were savvy about HIV and its transmission possibilities in gay sex, it was not clear that they were as well informed as they believed. Interventions providing basic information may be necessary. Also, given their feeling like they did not belong to a "gay community," prevention work that focuses on community building may prove useful. Magnet, as Jake described it, may very well be a model to follow here. Notably, participants all commented that even the focus group session – where the men talked with each other about sex, sexual norms, and HIV – provided a welcome opportunity to discuss issues with other gay men they otherwise did not have the space to consider.

Finally, with three such disparate experiences in this study, it became clear that what it means to be "gay" is fractured along many different lines. Race, class, sexual norms, and other issues have the potential to radically shift what it means to be "gay."

Thus, efforts targeting this population will need to address this diversity of experience and understand their particular audience. Meeting men where they are and being sensitive to that experience will be critical to developing strategies that are relevant to these young men. As long as prevention organizations recycle messages developed before HAART, more and more men may feel similarly disconnected from their programs and services. Also, notably, this study did not compare older cohorts with younger cohorts, and it is possible that older men may feel the same kind of ambivalence and sense of disconnection described by the participants in this study.

Perhaps one of the most significant obstacles facing prevention is the legal restrictions hat have prevented public agencies from funding any sexuality education programs or HIV prevention campaigns that might be construed as "obscene." Other countries – particularly Australia and The Netherlands – have long been doing provocative HIV prevention work that makes American programs look downright prudish. These restrictions may very well be the reason behind the prevention messages that the men in this study felt were out of touch with their experiences. Much can be learned from other countries where making prevention relevant, provocative, and sexy has been prioritized since the beginning of the epidemic. Michael Warner (1999), writing almost a decade ago, pointed to this glaring inadequacy in American HIV prevention:

> The prohibition against sexiness in HIV prevention is so powerful that people take it for granted, forgetting that it is even there. To notice its grip on American culture you must first spend some time in a place where they take HIV prevention seriously, like Amsterdam or Sydney. There – by the

> roadside, at bus stations, in bars – you will see explicit, thoughtful, and attention-getting campaigns about HIV, other sexually transmitted diseases, and sexual health in general. Many of them are targeted at gay men, and they don't mince words. They don't fall back on the vague euphemisms of American campaigns ('Be Careful'); they don't simply command people to use condoms; and they don't rely on fear. Many of the campaigns offer ways of thinking about real situations, such as conversations that gay couples might have about serostatus, gray areas of risk like sex between HIV-positive men, or ways of thinking about alcohol and recreational drugs that are based on acknowledgement rather than denial or prohibition. Because these nationally financed campaigns address men who have sex with men, they do not give the sense one has in the United States of implacable hostility between a national public and gay culture. (p. 200-201).

Given the data from the young men in this study, Warner's call for more provocative and relevant prevention seems all the more prescient. Finding ways to circumvent the funding restrictions he notes seems crucial. If this is not possible, then is relevant social marketing also not possible? If this is the case, then prevention organizations should abandon social marketing. If this is not the case, then prevention organizations must start finding ways to both 1) work within the limitations imposed by the federal government; and 2) produce relevant material that does not reinforce harmful stereotypes about HIV-positive and/or gay men. At the same time, more qualitative work evaluating the impact of HIV prevention efforts (including social marketing) on gay men's sexualities and communities is desperately needed to better understand how they may be (or may not be) fueling the kinds of fear and paranoia reported by the young gay men in this study. Without this, HIV prevention organizations will continue to fund efforts with unknown and potentially dangerous consequences.

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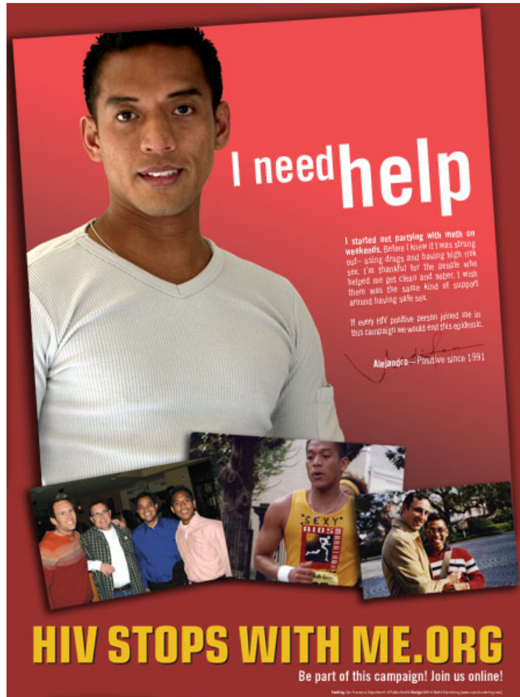
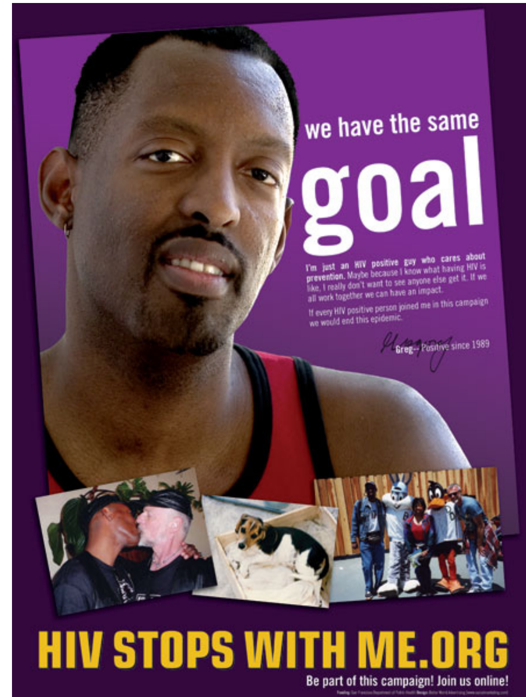
Appendix 1: Sample "HIV Stops With Me" Billboards

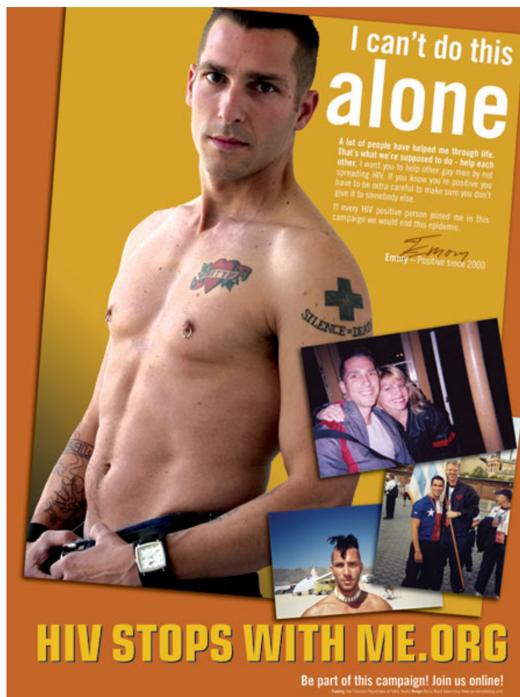
"HIV Stops With Me" Billboard, June 2006

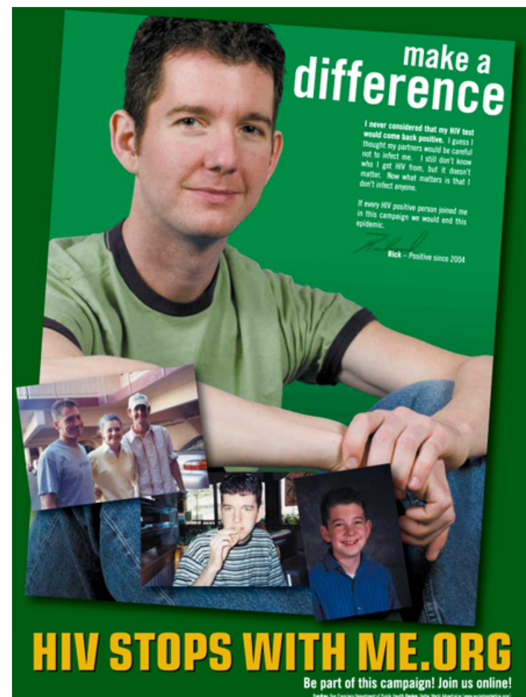
"HIV Stops With Me" Billboard, January 2007

Appendix 2: Sample "HIV Stops With Me" Posters









"HIV Stops With Me" Posters, 2005-6

Appendix 3: "Focus Group Protocol"

Focus Group Opening statements: Thank you all very much for coming today. Your participation is greatly appreciated. I'm Trevor Hoppe and this is my research assistant Richard. Once we begin, he'll be taking notes throughout the focus group to help us keep track of who's speaking at what time in the audiotape. You've been given a packet when you came in that includes two condoms, a form called "informed consent" that we're going to go over in just a minute, $25 cash, and a list of referrals. We'll be discussing today we're going to talk again about a number of issues such as sexuality, sexual risk, your gay identity, and the "HIV Stops With Me" billboard and poster campaign here in San Francisco. You can decline to answer any questions you do not wish to answer or ask for clarification from me at any point during the interview. If you leave here today and feel like you really need to discuss some of the things we talked about in more detail, a list of referrals is provided in your bag that lists different kids of options for you to do that. Right now, if you could take out your informed consent form in your bag and read it over. If any of you have any questions about the form, please feel free to ask me. If you understand and agree to what's laid out in the form, go ahead and sign your name. [Wait for participants to read and sign the form] Today we're going to be having a conversation – so please feel free to respond to other people's comments or my own questions – just try not to interrupt each other. Before we begin – I'd just like to ask if you have any questions for me. [Answer any questions]. Also – please remember that this space is confidential. So, when you leave here, please keep what we say in this room within this room. This is very important because we'll be discussing issues that are very sensitive for a lot of people. So, I'd like to take a moment to ask each one of you to verbally agree to keep today's conversation confidential [wait for agreement]. I'd thought we'd begin by just introducing ourselves to one-another. If you could tell us all your first name, how you describe your sexuality, and your first memory of HIV.

Domain	Subdomains	Prompt Question	Probes
Gay Identity	• Sexual Identity • When they came out • First memory of HIV/AIDS	Was that first memory of HIV at all related to coming out – or was it separate?	• When you started having sex with men, were you worried about catching HIV? Are you today? • As gay HIV-negative men, what does HIV mean to you today? • How do you think living in San Francisco has impacted your experiences with HIV?

Sexual Risk	• Current HIV Status • Understanding of risk • Perceived risk • Kinds of sexually risky behaviors	When you hear the term "sexual risk," what comes to mind?	• What kinds of sex do you see as "risky"? Not risky? • Do you ever have sex that you consider to be risky? • Do you have partners who have a different HIV status that your own? Are you ever scared of contracting (for HIV-negative men) / transmitting (for HIV-positive men) HIV?
Experience with Campaigns	• Recollection of any HIV-related social marketing campaigns • Feelings about campaigns	HIV-related organizations will often times create billboards, TV commercials, or other kinds of media messages to try and educate gay men about HIV. Do any of these campaigns stick out in your mind as memorable?	• Which ones? • How did that campaign make you feel? Did you like the campaign? • What about the campaign made you like or dislike it? • Do you feel like the campaign have any impact on your sexual choices? • Did your experience with these campaigns change after your tested positive? If so, how? • In general, how do you feel about using billboards or other kinds of media to educate gay men about HIV?

"HIV Stops With Me" Campaign	• Participant will be shown samples from the campaign
	
	• Feelings about different aspects of the campaign
		[For this section of the interview, participants will be introduced to the "HIV Stops With Me" campaign in San Francisco and asked to comment about different aspects of the campaign.]
		
		"HIV Stops With Me" is an ongoing HIV-related campaign here in San Francisco that is funded by the Department of Public Health. I am an independent researcher not in any way affiliated with this campaign or the Department of Public Health. I'm going to show you a few different elements of that campaign, and ask you to respond to the materials. Are you familiar at all with this campaign?
			• [For each element, participants will be introduced to copies of the campaign materials, and asked the following questions in response to the materials]:
			  • Have you seen this before?
			  • As HIV-negative gay men, how does this make you feel?
			  • What do you like about it?
			  • What do you not like about it?
			  • Does the message relate to your own sex life?
			• In general, what is your overall reaction to the campaign based on the materials I've shown you?
			• Do you feel like the campaign reflects your experiences as a gay HIV-negative man?
			• If you could, would you change anything about the campaign?
			• Is there anything else that we haven't discussed today that you'd like to discuss?

Focus Group Closing statements: Thank you all very much for participating today! Like we agreed earlier, please keep today's conversation confidential. As I mentioned in the ad for the study, we also would like you to participate in a one-on-one interview with me in about two weeks. You'll receive $25 for your time then as well. I'll be contacting you over e-mail over the next two days to set up a time to do so. Thanks, again!

Appendix 4: Sample "Craigslist" Advertisements

Title: Seeking 20-27 y/o HIV-Positive Gay Men for Important Study ($50)

Are you a 20-27 year-old HIV-positive gay man who has lived in San Francisco County for at least two years? If so, I would like to speak with you for a research project on HIV prevention campaigns here in San Francisco. Participation includes a focus group lasting about 2 hours and a follow-up 60-to-90 minute interview two weeks later. You will be asked to talk about topics such as sex, sexuality, HIV, and HIV prevention campaigns (e.g. billboard, posters, and TV commercials about HIV). No medical or public health information about HIV, or treatment for HIV, will be provided.

My name is Trevor and I am a graduate student in the Human Sexuality Studies department at San Francisco State University. This research will be used to complete my Masters' Thesis on how young gay men are relating and responding to HIV prevention campaigns in San Francisco. It is approved by the Institutional Review Board of SFSU.

Participants will receive $25 for the focus group and $25 for the interview, for a total of $50! Please contact me with any questions or to express interest in participating by replying to this ad with the subject "Ad Campaign Study." Thanks for your interest.

Title: Seeking 20-27 y/o HIV-Negative Gay Men for Important Study ($50)

Are you a 20-27 year-old HIV-negative gay man who has lived in San Francisco County for at least two years? If so, I would like to speak with you for a research project on HIV prevention campaigns here in San Francisco. Participation includes a focus group lasting about 2 hours and a follow-up 60-to-90 minute interview two weeks later. You will be asked to talk about topics such as sex, sexuality, HIV, and HIV prevention campaigns (e.g. billboard, posters, and TV commercials about HIV). No medical or public health information about HIV, or treatment for HIV, will be provided.

My name is Trevor and I am a graduate student in the Human Sexuality Studies department at San Francisco State University. This research will be used to complete my Masters' Thesis on how young gay men are relating and responding to HIV prevention campaigns in San Francisco. It is approved by the Institutional Review Board of SFSU.

Participants will receive $25 for the focus group and $25 for the interview, for a total of $50! Please contact me with any questions or to express interest in participating by replying to this ad with the subject "Prevention Campaign Study." Thanks for your interest.