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Between '0' and '1': Safer sex and condom use among young gay men in Hong Kong

Young men who have sex with men are becoming the most at-risk subgroup for HIV incidence in Hong Kong. To understand how young gay men in Hong Kong interpret and implement safer sex and condom use, focus group discussions and individual in-depth interviews were held. The 74 participants were nearly all ethnic Chinese gay men aged between 18 and 25 years. Findings indicate that the challenge for health intervention lies in young gay men's inconsistent condom use despite their high level of HIV/AIDS knowledge. Participants described using condoms, testing for HIV, and abstaining from anal sex as measures undertaken to prevent HIV infection. However, sociocultural norms and expectations pertaining to '0' (docile, bottom) and '1' (assertive, top) roles and trust between partners complicate the effective and consistent implementation of those risk-reduction measures. Influenced by heteronormative and romantic beliefs, sexual behaviours such as condomless anal sex and internal ejaculation hold symbolic meanings—exclusivity, commitment, intimacy, possession—for young gay men in Hong Kong, which override health concerns. These findings support more empowerment-driven HIV programming for young gay men.

Keywords: gay youths; HIV prevention; condom use; Hong Kong

Introduction

Although youthfulness has long been identified as ‘one of the strongest and most consistent correlates of sexual risk-taking’ among men who have sex with men (Stall et al. 1992, 682), little research has been conducted on the needs and attitudes underlying the sexual health of young gay men in Hong Kong. This gap in our knowledge is glaring given that young men who have sex with men are becoming the most at-risk subgroup for HIV infection in Hong Kong. Data obtained from Hong Kong’s Department of Health indicate that newly reported HIV infections among men aged 25 years or younger in 2014 included 117 cases attributed to sex between men and only 3 cases attributed to heterosexual sex. Not only is the gulf in new HIV infections between gay/ bisexual and heterosexual youth widening, but gay/bisexual young men also account for a growing share of new HIV infections among men who have sex with men. In 2014, 31% of newly reported HIV infections among men who have sex with men occurred in those aged 25 years or younger – a 10% increase on the previous year.

Prior studies of men who have sex with men in Hong Kong have identified factors including the experience of coming out, attitudes to condom use (Wong and Tang 2004b), perceptions of a partner’s STI/HIV status and the availability of condoms (Lau et al. 2004) as correlates of consistent condom use. Empirical evidence indicates that condoms are less consistently used with regular partners and those with whom one has an emotional relationship (Cai and Lau 2014; Department of Health 2014). Given that the focus of previous

studies has been on men who have sex with men in general, extant research offers a limited picture of the particular challenges faced by young gay men in Hong Kong in practising safer sex. Except for one study that explores the lives of sexual minority youths in Hong Kong (Wong 2012) and another on young gay/bisexual men's experiences with a specific HIV intervention programme (Kwok 2010), little is known about the sociocultural contexts affecting sexual risk and protective behaviours among young gay men in the city.

Research elsewhere has highlighted the special vulnerabilities of gay and bisexual men at the stage of emerging adulthood. Besides the lack of safer-sex norms, young gay men's relative inexperience and poor sexual communication skills, including avoiding the topic altogether, render them vulnerable when negotiating condom use (Molitor, Facer, and Ruiz 1999). In recent studies, romance has emerged as a major factor in young gay men's safer-sex practices. While the desire to express trust and love to a partner may entail the abandonment of condoms (Eisenberg et al. 2011; Greene et al. 2014), future-oriented ideals, such as the prospects of developing a long-term relationship, are associated with higher rates of condom use (Bauermeister et al. 2012; Newcomb et al. 2014). Given that sociocultural contexts interact with interpersonal and intrapersonal variables in shaping sexual practices (Chakrapani et al. 2013), specific research is warranted to understand whether and how those factors identified elsewhere apply to young gay men in Hong Kong.

The challenges confronting young gay men in Hong Kong in the process of developing their sexual identity include social stigma against homosexuality,

cultural and religious values and lack of socialising spaces (Kwok 2010). Previous research has criticised the distorted, pathologising and voyeuristic representations of gay people in local mainstream media and films (Chou 1995; Wong 2005). Family values, whether framed as a Confucian doctrine (Wong and Tang 2004a) or as a disciplinary tactic by the former colonial government (Kong 2011), have been highlighted as constituting an ideology that Hong Kong gay men have to struggle with when coming to terms with their sexuality. Moreover, avoidance of reference to same-sex relationships in sex education (Kwok 2010; Wong 2012) and the prejudicial attitudes exhibited by some school counsellors (Kwok, Winter, and Yuen 2012) are not conducive to supporting the development of identity by same-sex attracted youths. Silence and discrimination at the societal level contribute to the cultural taboo surrounding homosexuality in Hong Kong, posing obstacles to young gay men's efforts towards sexual wellbeing.

Paying attention to the values, norms and practices of young gay men in Hong Kong can provide insights into the continued rise of new HIV infections among this population despite concerted intervention efforts. Risk perceptions and behaviours are influenced by context, social interactions and group norms (Rhodes 1997). People often negotiate a plurality of objectives for sex during their sexual encounters, which may or may not be at odds with each other (Bloor 1995). For instance, the expression of love to a romantic partner through condomless sex may trump the pursuit of health (Flowers et al. 2002). There is merit, therefore, in recognising that risk is socially organised and that social forces contribute to selective attention to risk (Douglas and Wildavsky 1982).

In this study, Hong Kong gay youth sexual experiences are examined through a cultural lens to understand why they might engage in sexual practices that are deemed risky by prevailing scientific discourse.

Methods

This study is part of a research project supported by the research Grants Council, university Grants Committee, Hong Kong to investigate the sexual socialisation of Hong Kong young gay men, and the implications for HIV intervention. Ethical approval was obtained from Hong Kong Baptist university's Committee on the use of Human and Animal Subjects in Teaching and research.

The data for this study were collected through 30 individual in-depth interviews and 8 focus-group discussions (each group comprised 5 to 6 participants) conducted between February and May 2014. Eligibility for participation included being a man aged 18–25, who has engaged in homosexual sexual activity and has been living in Hong Kong during the previous six months. The 74 participants were recruited through gay mobile apps (38%), a popular gay online forum (36%) and word-of-mouth referral (26%). Table 1 indicates participant demographics.

The focus-group discussions and interviews proceeded in a semi-structured format in that a set of preliminary questions, which encompassed key topical areas, was posed at each session, along with questions that followed up on participants' responses. Focus-group discussions were geared towards eliciting

common beliefs about safer-sex practices, relationships and HIV risk among Hong Kong gay youth. The individual in-depth interviews aimed to obtain a more intimate perspective by including further questions regarding real-life sexual communication, partner engagement and sexual decision-making scenarios.

To maintain the accuracy and integrity of the data, group discussions and individual interviews were digitally audio-recorded and transcribed verbatim in Cantonese. Names of participants mentioned in the group discussions were anonymised in the transcripts. Pseudonyms were used for participants quoted in this paper. Quotes from participants were only translated into English by the native-speaking, bilingual second author after they had been selected to be included in this paper. All transcriptions and translations were reviewed for accuracy by the bilingual lead author. Data analysis followed a grounded theory approach (Strauss and Corbin 1990), which proceeded from labelling similar incidents (open coding), to exploring relationships among categories (axial coding) and identifying the most significant and encompassing concepts (selective coding).

Findings

Almost all participants exhibited a high level of knowledge about HIV, accurately explaining the risks involved with various sexual activities, the window period between sexual contact and a reliable test result and treatment options. Many participants also mentioned learning about the rise of new HIV

infections among gay men in Hong Kong through news reports and online forums. Most participants described safer sex as the use of condoms and recognised that condoms offer effective protection against HIV and other STIs. Although the norm of using condoms was widely acknowledged, not everyone had pre-determined, strong intentions of following through with use. A significant number of participants expressed ambivalence about or openness towards condomless sex in certain circumstances. While the underlying considerations varied, they mostly stemmed from relationship dynamics and partner characteristics. Role and trust were the two most salient concepts involved.

Role: '1' and '0'

The numbers 1 and 0, iconic signifiers of the penis and anus, respectively, are widely used in Hong Kong to indicate the penetrative (top) and receptive (bottom) sexual positions. Beyond being mere sexual identifiers, 1 and 0 also represent a social role division imbued with heteronormative characteristics:

I6 (age 25, employed): The man is the 1, the woman is the 0. The differences are perhaps that 1 is more active, someone with a strong character, and 0 is inclined to be protected, diminutive, and a little foolish.

F29 (age 25, employed): I think we understand 1/0 as supposedly sexual, that is, which position you adopt. But now everyone tends to feel that 1 is supposed to be the manlier one, 0 is the one being protected; it seems that it has become a conventional belief.

For many participants, 1 and 0 are as much about sex positions as they are

about gender performance, identity and relationship expectations. These multi-layered meanings around 1/0, which we refer to collectively as cultural scripts, affect safer-sex practices by promoting the power dynamics in negotiating condomless sex and facilitating the symbolic value of risky sexual acts. To be sure, not all participants espouse dichotomous differences. Some participants described themselves as versatile, or in local parlance ‘10’ (pronounced *sup*, meaning ‘ten’), and indicated they would adopt the corresponding 1/0 role depending on their partner. There were also participants who objected to the universality of these signifiers and questioned the naturalised alignment between sex positions and social roles. Nevertheless, the cultural scripts of 1/0 are the prevailing frames within which participants discussed the interpersonal dynamics in sexual and romantic relationships, indicating their significance among young gay men in Hong Kong.

Succumbing to assertive partners’ request for condomless sex

The heteronormative cultural scripts around 1 and 0 roles perpetuate the fallacy that 0s should acquiesce to the wishes of 1s, or that they are incompetent to resist their wishes. Some participants described 1s as more assertive and physically dominant, which gives them control in sexual encounters and in decisions about condom use:

F20 (age 22, employed): Sometimes the 1 is too aggressive, the 0 has no say in the matter and is forced to have anal sex without condoms. Does this kind of scenario happen?

Interviewer: Why would you imagine that?

F20: Why would I imagine that? Because the friends I know, those who are 0, are more pliant, not 'man' enough to have a say in such matters. The 1 is usually more macho and I feel he is stronger and more physically imposing.

F19 (age 21, student): He has control.

F20: Yes, he can press you down at will.

While this account does not describe an actual encounter, it epitomises the cultural scripts that some participants appropriate to rationalise their behaviours even though they may not be as helpless as the account suggests. Participants described experiences in which they succumbed to an aggressive and dominating partner's request for condomless sex to avoid conflict. Fai (age 19, student), who described himself as 'passive' and 'accommodating', recounted encounters when he had condomless sex on the request of the 1: I tried hard to reject [the request for condomless sex]. But sometimes he dominated the entire matter, so I gave in. Because I am the type that won't do a lot of things to ... my character is that I don't wish to ruin a relationship or sour the mood. We just wanted to have fun, there was no point in turning hostile. So I thought, it is just a one-off thing, just make sure you don't cum inside me, there's still a high probability that I won't get infected. And so I let it be, sometimes.

This account demonstrates how the interactional dynamics between 1 and 0 constrain the enactment of the norm of condom use. Although the participant was aware of the risk of HIV infection, he felt overpowered by a dominating

partner. Condom use was further constrained by the script of casual sex. The common parlance for casual sex among Hong Kong gay men is the English word 'fun', implying playful, harmless pleasure. Not wanting to ruin the 'fun' mood, he accommodated the actions of the 1. Similarly, Ivan (age 22, employed), who self-identified as 0, recalled a casual sex encounter during which condoms were unavailable and, owing to his apprehensions about his partner being aggressive, he obliged the request for condomless anal sex. For both participants, the request for their partners' withdrawal before ejaculation served as a compromise between health concerns and conflict avoidance.

Negotiations that occur between partners identifying as 1 and 0 that precede the absence of condom use do not necessarily entail coercion or weak-willed receptive partners. As the following account shows, even those who are committed to condom use can be persuaded by an insistent partner:

I6 (age 25, employed): There was another time when condoms were available, but my boyfriend requested not to use one. He had begged for this eight or ten times, I mean he had requested it on the previous eight or ten occasions when we had sex, but I had rejected it every time. That was perhaps the eleventh time he made the request, so I was OK with it.

The participant, self-identified as 0, had been insistent on condom use with all types of partners. Rather than giving in to physical assertiveness or mere conflict avoidance, he gave in to his boyfriend's nagging persuasion and from a desire to please him. In the next section, we further explore the notion of condomless sex as a reward.

Symbolic value of condomless anal sex

The symbolic value attached to condomless anal sex influences its enactment between same-sex partners. Participants' accounts reveal a cultural subtext of condomless anal sex as a valued sexual activity. For example, a participant suggested that the barrage of messages promoting condom use has had the inadvertent effect of privileging condomless sex:

F21 (age 21, employed): I feel that there are too many messages promoting condom use these days, making gay men want to try what it feels like without condoms.

Interviewer: It's actually about too much promotion? Can you talk more about that? F21: In the past, it was common for people to insist on using condoms. But now there's too much promotion on television, leaflets, and from organisations, making partners want to try it without condoms.

That is not to say that participants were nonchalant about HIV infection. Indeed, it is precisely from the acknowledged risks involved that condomless anal sex derives its symbolic value. Participants' accounts reveal how the scientific rationality of risk is subverted in the sexual interactions between 1s and 0s, which leads to condomless anal sex being imbued with symbolic value. A high level of risk awareness particularises condomless anal sex and renders it an act that occurs by request. Owing to the ubiquity of HIV prevention messages that emphasise condom use, participants were aware of the risky nature of condomless anal sex and overwhelmingly agreed that condom use during anal sex is an established norm. As the following participant explains,

because condom use is so widely presumed, people typically do not mention condoms during sexual encounters unless their intention is to abandon them:

I21 (age 23, employed): Condom use is not asked about these days, because...Is it a tendency? It's already a norm. It's normal to use them. So if you don't use them ...maybe some people will say in advance, not asking but, clearly stating: 'I don't use it. Are you OK with that?' or 'Do you not use them?' that sort of thing.

Most participants said that condomless anal sex is rare among casual sex partners and uncommon at the beginning of romantic relationships or in regular sexual partnerships. An explicit request is necessary if any partner wishes to suspend the norm of using condoms. Some participants suggested that 1s are more likely to ask for condomless sex because they feel sex is more pleasurable without the barrier of condoms, but other participants argued that some 0s also find it more pleasurable and make the request as well. The general consensus is that 1s are more likely to request condomless anal sex because the risk of HIV infection to the insertive partner is comparatively lower. Several participants who identified as 0 mentioned that they rejected condomless anal sex requests, especially by casual partners, owing to the higher risk to themselves. Engaging in anal sex without a condom is not an option to be taken lightly and many 0 participants were unwilling to engage in it.

The scarcity of willing receptive partners turns condomless anal sex into a privilege that is granted by 0s to 1s. In a few focus-group discussions,

participants said that they believe from their observations of gay forums and mobile apps that 0s outnumber 1s in Hong Kong. Some participants went on to speculate that 0s use condomless sex to increase their comparative attractiveness:

F20: I've heard that because there are more 0s than 1s in this circle, 1s are a sort of endangered species, so the 0s don't want to lose the 1s, they're worried that it'll be difficult to find one again.

Interviewer: Do others agree that this mentality exists?

F22 (age 19, student): Well...yes...because there are more 0s than 1s. A 0 would feel that if he's willing to let the 1 not wear condoms, he can attract some 1s to 'play' with him. So it becomes a personal selling point.

Many participants, however, disagreed with the notion and did not think that it was a common situation. The discussions nevertheless reinforce the privileged status of condomless sex.

Participants frequently observed that, because of the higher health risks involved, condomless anal sex is reserved for special partners and typically confined within romantic relationships. This practice renders condomless anal sex a vehicle that singularises the partners with whom one is willing to engage in the exceptional act. For example, the following participant was insistent on using condoms but not when his boyfriend suggested abandoning them:

I1 (age 20, student): My gay friends tell me that safety is very important. Even friends who are not gay, my other best friends who know that I'm gay, ask, 'Huh? Would you do something unsafe?' Everyone is generally

aware that condoms should be used during sex. That's why you'll insist and have a principle that condoms must be used when having sex. The reason for not wearing condoms with your boyfriend is because you love him, you trust him, and when he asks not to wear them, that's when condoms won't be used.

As discussed elsewhere in the interview, the participant had rejected casual partners' requests for condomless anal sex but exempted his boyfriends from this personal principle. This account not only illustrates the recurring pattern of 0s accommodating 1s' request to abandon condoms, but also signals the symbolic value of condomless sex in highlighting certain partners' exceptionality.

For 1s, the erotic pleasure of anal sex without condoms is derived not only from its associated physical sensations, but also from the symbolic possession of the 0. The following participant discusses the 1's psychological gratification when having condomless sex:

F17 (age 20, employed): I remember that all my ex-boyfriends asked not to use condoms. Why? From my understanding of them, you feel that your boyfriend...when your 0 allows you to not use condoms, there are no more barriers between you. Apart from the pleasure, you've actually possessed him. You feel that you've conquered him, it's just a feeling. Why does it feel better? Because it satisfies his belief that he possesses this person. He feels that he has caught you when he's not wearing a condom.

The symbolic representation of ‘conquest’ goes beyond the penetrative act itself; it entails the abandonment of resistance, which is signalled by foregoing condoms and culminates with internal ejaculation:

I18 (age 24, employed): Because when we’re dating, I would think, ‘As your other half, I want to leave something inside you, will you let me?’ I feel that to cum inside you...how should I describe it...can only be done with the most intimate partners.

As this participant is suggesting, internal ejaculation without a condom represents him leaving his mark inside his partner. As discussed earlier, several Os who engage in condomless anal sex would usually insist that their partners not ejaculate inside them as a precaution against HIV infection. The widespread resistance to, if not outright rejection of, internal ejaculation without condoms – even among Os who would otherwise engage in condomless anal sex – makes it the ultimate symbolic marker of sexual conquest and intimacy.

Trust

Trust is the predominant reason for participants to forego condoms during anal sex. It is most frequently invoked in the context of condomless sex with romantic partners, as opposed to regular or casual sex partners, attesting to the relationship between affective distance and the likelihood of condom use (Kong, Laidler, and Pang 2012). For most participants, trust comes from knowing their partners intimately. Based on this intimate knowledge, participants trust that their partners do not have other sex partners, nor are they

infected with HIV, and this leads them to agree to not use condoms. As one participant explains, foregoing condoms after a period of using them signifies trust that the partner is faithful:

F16 (age 22, employed): As a couple, we might wish to try not using condoms since we've been together for a while, both of us have been tested, and three months have passed, so if you've not fooled around, and nor have I, let's try not using them. So I feel that it's not merely for pleasure, it's expressing trust in each other. Because wearing condoms not only protects you, it also protects the partner. If you're infected, wearing condoms protects your partner against infection. So not wearing a condom expresses mutual trust.

Condomless anal sex in this scenario is not a decision made at the outset; it happens only when a man trusts that his partner will not put him at risk. The removal of condoms signifies that neither partner poses a danger to the other. Notably, the participant emphasised that pleasure is not the sole reason for abandoning condoms. Rather, condomless sex represents the deep trust between romantic partners developed over time, and the advancement of a romantic relationship. Conversely, condom use may signify mistrust and casualness:

F39 (age 19, student): Because sometimes if you wear condoms, the partner feels that you don't trust him. I don't know why this is so, but my mind-set is that if you wear condoms, it means that you don't trust him.

Sex with condoms has come to represent 'protected sex' through the

reinforcement of HIV prevention messages. Yet, as the two participants' accounts reveal, sex without condoms does not necessarily represent 'unprotected sex' as the prevailing HIV discourse intended. In the context of sex within a trusting relationship, it can also signify 'sex that needs no protection'.

Trust as confidence in risk perceptions to forgo the use of condoms

Trust is frequently represented by participants as a form of confidence that is based on risk assessment. Familiarity, developed through character observations, forms the basis for some participants' risk assessment and the attendant decision not to use condoms with romantic partners:

I29 (age 21, employed): I first need to know what kind of a person he is. Maybe at the start of the relationship, there's no penetration. As you go out on dates, hang out, and meet his friends, and know if he plays around, you'll know what kind of person he is before deciding. Plus I'll observe if he's frequently using those [hookup] apps to determine if he's reliable. If he's reliable, then condoms can be abandoned.

I3 (age 20, student): After learning more about him—it's purely a feeling, I wouldn't know—I feel that because of his character, it's almost impossible for him to do that, I feel that because of his character, it's almost impossible that he will fool around with other guys.

While his trust is not groundless, I3 retrospectively acknowledged that the decision to not use condoms involves uncertainties because he may not really

know his boyfriend fully. Many participants were cautious in not dispensing with condoms solely on the basis of familiarity. Rather, their confidence in abandoning condoms entailed more extensive risk assessment and risk-reduction strategies:

I2 (age 23, employed): My current boyfriend had not dated for two to three years. But he had some sex experience previously. That's why at the beginning, we used condoms, perhaps because I was scared or wasn't as confident. Then, he got tested, and it was all right, and I trusted that he wouldn't have an affair, after which condoms were not used.

The participant's initial assessment of his boyfriend's sexual history raised some uncertainties but they were subsequently ameliorated by a negative HIV test. As with this participant and many others, HIV testing coupled with familiarity diminish perceived risks, bolstering their confidence in their partners to a level where they felt they could trust them sufficiently and forego the use of condoms.

Trust as a leap of faith in abandoning condoms

For a few participants, trust is more of a non-rational leap of faith than an extrapolation from concrete evidence. It springs from engaging in a romantic relationship:

F3 (age 21, employed): When it develops into a love relationship then perhaps condoms will not be used, because I start to trust him. But looking back, the trust did not make sense, because you didn't know

whether he was infected. You thought that he didn't have it, and trusted him, and stopped using condoms. After being together for a while, I would tell him that he cannot fool around with other guys. Then we would get tested together. After testing, condoms would not be used anymore.

While condoms were used initially, they were quickly abandoned owing to the participant's intuitive judgement of his boyfriend's HIV status and a sense of trust that was based on mere relationship status. Here, trust is a form of *post hoc* rationalisation. HIV testing in the above example was also an afterthought – performed not to initiate condomless sex but to sustain the practice. The following participant's trust in his boyfriend was also largely based on their relationship status:

I26 (age 24, student): It's a gamble; I merely trusted that he wasn't infected. He didn't ask whether I was infected either. Such questions, which cause hard feelings, were avoided. I thought that if he was infected, and we're a couple, he would not put me at risk. It's purely a gamble

Because of their romantic relationship, the participant could not imagine that his boyfriend would intentionally put him at risk. The characterisation of his decision to abandon condoms with his boyfriend as a gamble shows that the participant's trust was not based on confidence. Furthermore, he felt uncomfortable mentioning HIV status or testing with his boyfriend because he thought it would convey mistrust:

I26: I had thought about it, but I didn't know what he would think. I

was worried he might feel that I think he has HIV, and distrust him. Mentioning HIV testing would make him feel, ‘So you don’t trust me, you think I’m unsafe’.

Trust as problematic in sexual decision-making

Not all participants agreed with the notion that trust equates to dispensing with condoms in a romantic relationship. The following participant, self-identified as 1, was adamant about consistent condom use with all types of partners and had rejected his boyfriends’ requests for condomless anal sex:

I9 (age 24, employed): Trust is a problem, a very big problem. Firstly, you don’t know if your boyfriend would cheat on you. I’m a suspicious person, I admit, even if you’ve become my boyfriend, I’m very suspicious. I feel that even after both of us have tested and the results are fine, it doesn’t mean that you won’t cheat on me the next day. He can say he didn’t—but maybe he really did and then maybe that one time gets me infected. You pass it to me, fuck you, my whole life is fucking over. So no, the awareness to protect myself has to be there. I can’t take chances, not even once, unless I become fucking crazy.

Neither relationship status nor HIV testing increased his confidence in having condomless sex with his boyfriends because they offered no absolute proof of fidelity and ongoing HIV status. Since monogamy can never be guaranteed, the risk of HIV infection can never be eliminated. The following participant also used condoms consistently with his boyfriends. But unlike most participants, he was less consistent in using condoms with casual partners. His lack of

confidence in his own fidelity motivated him to insist on condom use with his boyfriend:

I21: I do not mean that boyfriends are not trustworthy. But to me, or to people who have more experience, I feel that actually I could forego condoms with one night stands or regular sex partners. But with boyfriends, when you get to know a boyfriend, shouldn't you protect him more? I mean touch wood, if you contract something, and if you accidentally infect someone you love, you'll feel especially sad and guilty. You may claim to be monogamous in a relationship, but you never know if you will have an affair once or twice. Sorry, if you can't resist the temptation and you fool around with someone, and then you bring the disease home to your boyfriend, it will be very foolish.

Rather than leading to the abandonment of condoms, he suggests that love motivates him to maintain condom use to protect his boyfriend. Notably, the two participants talked openly about their particularly rich sexual experience during the interviews – experience that makes them sceptical about monogamy and it is their expectations of non-monogamy that drives them to use condoms consistently.

Discussion

This study illustrates sexual risk reduction as a dynamic concept among young gay men in Hong Kong. For one set of participants, HIV risk is actively managed by deliberately adapting sexual practices out of risk-reduction

considerations. Participants typically reduce risk by adhering to condom use, especially during casual sex encounters. In romantic relationships, some participants may abandon condoms after calculating the window period and taking HIV tests with their partners. To these participants, the decision to retain or abandon condoms is the outcome of a more formal risk assessment and a sequence of risk-reduction measures. For another set of participants, HIV risk is avoided more passively, in that risk reduction is the inadvertent result of idiosyncratic sexual practices. These latter participants perceive themselves to be at a lower risk of HIV infection because they tend to abstain from or avoid anal sex and engage in oral sex and mutual masturbation only. Nevertheless, some may remain open to anal sex if requested by their romantic partners. Other participants avoid anal sex with non-intimately connected partners. To this subset of participants, it is the symbolic meaning of the sexual activity, rather than the level of risk involved, that primarily influences their sexual decisions.

our findings suggest that the key to understanding Hong Kong young gay men's inconsistent condom use despite a high level of HIV-related knowledge lies in their sexual communication, attitudes and practices with romantic partners. For many participants, condomless anal sex is overwhelmingly reserved for romantic partners and holds important sociocultural meanings that may override or eliminate risk concerns. The pursuit of romantic relationships is relatively significant for gay men during their emerging adulthood as they enjoy greater social opportunities and fewer restrictions on romantic possibilities. At the same time, their relative inexperience in romantic relationships means that gay

youth are more likely to trust a more experienced partner or take their cues from conventional scripts. Several participants alluded to learning such scripts from online platforms or their partner.

As has been identified in other studies on the connection between romance and condomless anal sex among gay men (Chakrapani et al. 2013; Flowers et al. 2002; Goldenberg et al. 2014), trust weighs heavily on young gay men's perception of the risks associated with condomless sex with romantic partners. For many participants, this trust is a precondition for condomless anal sex and entails the confidence or faith that their partners would not cheat on them or infect them. Confidence in a romantic partner often develops over time based on tangible evidence, such as familiarity with the partner's everyday habits or knowledge of his HIV test results. When trust operates as a leap of faith, it is attributed to the relationship status rather than to risk assessment. Consistent with this notion, the abandonment of condoms with romantic partners may be viewed by young gay men in Hong Kong as expressing trust, while the insistence on using them signifies mistrust.

Another important sociocultural factor identified in this study is the impact of 0 and 1 roles on sexual interactions and condom use. According to participants, the cultural scripts around 1/0 point to the 1 as the decision-maker, offering him the upper hand when negotiating condom use. For some participants, the 1's physical dominance and assertive personality were perceived as constraining the 0's ability to insist on condom use. The control exercised between 1 and 0 during sexual negotiation, however, is not necessarily

hierarchical or coercive. When condomless anal sex is initiated by the 1, it cannot be realised without the 0 granting the privilege. Participants who identified as 0 do actively protect themselves by rejecting requests for condomless anal sex by casual sex partners and, less frequently, romantic partners. Even when they acquiesce to a 1's request for condomless anal sex, they may insist on pre-ejaculatory withdrawal as a precaution against HIV infection. These examples demonstrate that 0s are not only capable of asserting themselves, but also wielding reward power by controlling their partners' access to pleasure (Hoppe 2011).

The 0 and 1 roles not only influence the negotiation of condomless sex, but also its symbolic meanings. Our findings indicate that condomless anal sex allows some 1s to satisfy their desire to semiotically possess their partners because it represents the 0 giving up resistance. Internal ejaculation offers a further symbolic marker of possession. For 0s, their reluctance to have condomless anal sex with casual partners heightens its exclusivity and perceived intimacy. Given that receptive anal sex poses a higher risk of HIV infection than insertive anal sex, the cultural scripts around 1/0 may render young gay men in Hong Kong particularly vulnerable to HIV by making them feel obligated to be the receptive partners in condomless anal sex with older partners (Jones, Kwan, and Candlin 2000) and to use condomless anal sex as a means of expressing commitment and reciprocity.

HIV prevention communication ought to recognise the importance of interpersonal dynamics and sociocultural norms in shaping gay youths'

sexual attitudes and safer-sex practices. As this study reveals, prevention messages that emphasise condoms as protection may interfere with the notion of trust between romantic partners and have the unintended, opposite effect of bolstering the symbolic value and desirability of condomless anal sex. Participants expressed resistance to value-laden prevention messages and the perceived self-serving agenda of those message promoters. Interventions that adopt a more empowering pedagogy, which emphasises critical interpretation of practices and active invention of skillsets, may prove more enabling in shoring up young gay men's sense of capacity when negotiating safer sex (Paiva 2000; Yeo 2009). Greater attention ought also to be devoted to the promises and pitfalls of 'negotiated safety', whereby condoms are abandoned with regular partners after HIV testing and agreement on the sexual arrangements outside their relationship (Grace et al. 2014; Kippax 2002). Many participants allude to adopting this alternative risk-reduction strategy, albeit inconsistently. For instance, HIV testing sometimes follows rather than precedes the foregoing of condoms. Participants also appear to lack open and honest communication with their regular partners regarding sexual exclusivity or other arrangements outside the relationship.

This study has several limitations. owing to the impracticality of recruiting a representative sample, findings in this paper may not reflect the full diversity of young gay men's experiences in Hong Kong, especially those from minority ethnic groups or those who are less socially connected to the gay community. We have also deliberately focused our discussion on major

interpersonal and cultural factors, giving lesser attention to other contextual factors such as condom availability, drug or alcohol use (not prevalent among our participants) and more intricate details of partner risk assessment. Besides heteronormativity, we have also not examined how other social structures influence sexual negotiation. Further research is warranted to understand how class and changing socio-political contexts may influence young gay men's sexual practices. Many young gay men in Hong Kong become enculturated into the gay subculture through online platforms. How platforms such as mobile apps and social media influence sexual cultures among young gay men is beyond the scope of this paper – but will be investigated and reported on elsewhere.

Far from a knowledge deficit or sense of invincibility, young gay men in this study exhibit considerable awareness and concern about HIV infection. The challenge for HIV intervention lies in the inconsistency of condom use, especially with romantic partners. For many men, condomless anal sex is a semiotically charged activity whose meanings are drawn from the appropriation of HIV prevention discourse within subcultural norms. As this paper has shown, heteronormative and romantic scripts contour young men's safer-sex practices in a way that defies the logic of a volitional individual rationally implementing the prevention message of condom use on every occasion. Interventions that speak to such sociocultural norms are needed to encourage and support safer sexual practices among young men such as those who shared their expectations, hopes and experiences here.

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1025–51.

Table 1. Participants ($N = 74$)

	<i>n</i>	%
Age (mean = 21.4 years old)		
18	3	4.1
19	12	16.2
20	12	16.2
21	17	23.0
22	8	10.8
23	7	9.5
24	11	14.9
25	3	4.1
26	1	1.4
Sexual orientation		
Gay	68	91.9
Bisexual	6	8.1
Ethnicity		
Chinese	72	97.3
Mixed	2	2.7
Education level		
Secondary	12	16.2
Tertiary or university	62	83.8
Occupational status		
Full-time students	43	58.1
Employees	31	41.9