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Cyber HIV/AIDS intervention in Singapore: Collective promises and pitfalls

Tien Ee Dominic Yeo
Hong Kong Baptist University, dominic@hkbu.edu.hk

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T. E. DOMINIC YEO

University of Cambridge

This article examines the opportunities and challenges of using the Internet both to promote collective action and identity in the Singapore gay community and as a medium for health intervention. It presents a case study of a community-empowerment project by civil society group Action for AIDS. Framed within a societal context which is hostile toward gay people, and in a place where mixed-media campaigns targeting men who have sex with other men (MSM) are prohibited, this article explores the viability of the Internet as an alternative channel to mass media in reaching out to MSM in Singapore. Through a series of semi-structured interviews and virtual ethnographic content analyses, this article weighs the democratizing and collaborative affordances of the Internet against the uninhibited nature of online discussions in the formation of a counterpublic of sexuality where gay individuals collectively elaborate on meanings about erotic practices, identity, and relations between each other and with the state.

Epidemiological studies on men who have sex with other men (MSM) at both online (McFarlane, Bull, & Rietmeijer, 2002; Hospers, Harterink, van den Hoek, & Veenstra, 2002; Halkitis & Parsons, 2003) and offline venues (Benotsch, Kalichman, & Cage, 2002; Elford, Bolding, & Sherr, 2001) indicate that the Internet has become an important means of meeting sex partners within the gay community, and that men meeting partners through the Internet have higher rates of high-risk sexual behaviors than those meeting their partners via offline meeting places. Several explanations have been offered. McFarlane et al. (2002) suggest that the relative anonymity of the Internet facilitates sexual experimentation not possible in traditional venues. They argue that Internet partner-seeking may hold special appeal for individuals who prefer to keep their sexual activities hidden. It is easier for MSM to explore their sexual pursuits in an online environment where stigma is lower, social groups are larger, and anonymity provides a measure of perceived safety (McFarlane et al., 2002). In addition, the Internet represents an efficient mode for quickly screening large numbers of potential sexual partners, facilitating high-risk behaviors — such as concurrent multiple sex partners, drugs abuse, and barebacking (deliberate unprotected sex) — by searching for other men with similar preferences (Weinrich, 1997; Benotsch et al., 2002; McFarlane et al., 2002).

T. E. Dominic Yeo: **tedy2@cam.ac.uk**

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Hospers et al. (2002) note that the differences in knowledge or motivation among their survey respondents to have safer sex with partners met online, as compared to those met at other physical venues, could be a result of differential exposure to HIV prevention efforts. They argue that these people represent a new target group for HIV prevention activities and should be reached through the same medium. Similarly, McFarlane et al. (2002) propose online STI/HIV interventions targeting young adults that are sensitive to issues of privacy and confidentiality. Many researchers think the affordances of the Internet aptly address these sensitive issues. Halkitis and Parsons (2003) argue that the Internet allows those who are less gay identified and acculturated in the gay community to access behavioral risk reduction information in a manner that is somewhat confidential. They suggest that the Internet also provides a comfortable forum for the discussion of potentially embarrassing or controversial concerns. The Internet thus offers MSM an unprecedented opportunity for HIV/AIDS intervention. This article is useful in understanding online HIV/AIDS intervention in conservative societies that severely restrict public discourse on MSM, leaving the Internet as possibly the only viable channel to reach the MSM population.

This article is concerned with two questions. First, how does the gay community in Singapore, as a marginalized group, deal with a highly stigmatizing disease (HIV/AIDS) in an environment with strict social controls and media regulation? Difficulties facing HIV/AIDS interventions targeted at MSM through mass media and public campaigns in Singapore include (1) the illegal status of homosexual activities, (2) censorship of homosexual topics, (3) the stigmatizing and moralistic overtones of official HIV/AIDS campaigns, and (4) the portrayal of HIV/AIDS as a social cost of pursuing the pink dollar (gay consumer spending). Homosexual acts between men are outlawed in Singapore through Section 377A of the country's penal code — a legacy of British colonial rule which the government refused to repeal to avoid granting legitimacy to the gay lifestyle. Although the Singapore government has repeatedly stated that this law would not be enforced on consenting adults in private settings, it stigmatizes and complicates the execution of HIV/AIDS campaigns targeting a technically illegal activity. The lack of legitimacy for homosexual activities means that any HIV/AIDS intervention targeting MSM has to be conducted covertly.

There are severe restrictions on the discussion of homosexuality in the mainstream media. The degree of censorship imposed by the state on homosexuality is dependent on the accessibility and audience of the medium involved. Official guidelines issued by the media development authority (MDA) prohibit any positive portrayal of homosexuality that seeks to "glamorize" the homosexual lifestyle. Public free-to-air television and daily newspapers are subjected to the strictest control, while magazines and cable television are allowed more leeway. It is not possible to obtain a print license for an openly gay periodical, although non-pornographic gay Web sites are tolerated. Media organizations — including state broadcasters — have periodically been fined for flouting these regulations, over issues such as same-sex kissing or programs that showcase same-sex partners as functional family units. Television programs, especially American sitcoms or reality programs, are often censored to remove all representations of gay and lesbian couples in stable relationships. Gay characters seldom appear in local television programs, and when they do, they are portrayed in a negative light. In the Singapore drama serial *Breaking Point* (1988), a gay character was portrayed as an effeminate pervert. The character peeped at a straight man showering, and at a later scene, he tried to make sexual advances on the straight man while he was intoxicated. With some notable exceptions, the portrayal of gay people by the Singapore press has been generally negative (Ng, 1999). Homophobic overtones were especially pronounced in the media coverage

of suspects accused of same-sex molestation, such as the 2008 trial of a male teacher at an all-boys school,who was later acquitted of all charges.

Official health campaigns often contain stigmatizing and moralistic overtones. Initial HIV/AIDS health campaigns in Singapore in the 1980s featured advertisements discouraging homosexual activities, while those in the 1990s represented AIDS with the imagery of death. Such campaigns did little to give an accurate portrayal of people living with HIV/AIDS (PWHA), but did have the potential to instill a fear of HIV testing. In these campaigns, the authorities took on the role of moral arbitrator by touting desirable social norms, such as monogamous relationships. Some health officials believe that these norms should also apply to gay men. Not only does the official health advice give a false sense of security to those who are faithful to one sex partner, it recommends condom use only in situations deemed to be high-risk — multiple sex partners, casual sex, or sex with prostitutes — and not as a regular practice. No MSM-targeted campaigns were publicized through the mainstream media, while efforts by civil groups to do so were hampered by censorship. HIV/AIDS awareness print advertisements targeted at MSM, such as a 2005 series of public service ads in slated for a local magazine, are banned by the authorities on grounds that they legitimatize and promote the gay lifestyle.

In 2003, gay party organizers in Singapore were successful in passing off a commercial clubbing event as a "coming out" party or "pride parade" in the likes of Sydney's Gay and Lesbian Mardi Gras which originated as a protest march. Instead of clamping down on these parties, the Singapore government saw a lucrative opportunity to draw gay tourist dollars into Singapore at a time of economic downturn. As a public relations gesture, the government announced a policy embracing openly gay civil servants, including those serving in sensitive positions where previously they would have been deemed a security threat (as they would be open to blackmail over their sexual orientation). Then, Prime Minister Goh Chok Tong was quoted as saying, "So let it evolve, and in time the population will understand that some people are born that way. We are born this way and they are born that way, but they are like you and me." Following his statement, state-controlled television and newspapers highlighted research that found a correlation between the acceptance of the gay community and economic success in the technological and creativity sectors (Florida, 2002). Singaporeans were also educated on the merits of the pink dollar by the mainstream media. Such receptive reports, as well as the hype over attracting gay tourists to Singapore, led to international media heralding Singapore as the new gay capital of Asia. However, positive sentiments for the pink dollar in the media began to wane in 2004, when a new Prime Minister took over. In 2005, Singapore's then junior health minister, Dr. Balaji Sadasivan, warned of an AIDS epidemic in Singapore, an epidemic which was partly attributed to the promiscuous and unsafe lifestyle practices of gay men. He quoted an epidemiologist who proposed a possible link between gay dance parties and increased HIV infection rates, owing to foreign gay tourists "seeding" the locals. Sadasivan's comments unleashed a flurry of sensational and ludicrous media reports of public sex and bacchanalia purportedly witnessed by reporters at gay outdoor parties — parties which have since been banned by the police. HIV/AIDS became the social cost of Singapore's unrestrained pursuit of the pink dollar.

The second question addressed by this article is whether the Internet could serve as a viable alternative medium for HIV/AIDS activism. With the subordination of the mass media by the state, many civil society groups in Singapore turn to the Internet as the most accessible space for alternative views.

Ho, Baber, and Khondker (2002) note that the rapid adoption of technologies in Singapore, a result of aggressive government plans to wire up the country for economic development, has led to the unintended socio-political consequences of catalyzing the formation of "sites of resistance," where views and ideas not generally accepted by the mainstream media are given an opportunity to be heard, and where marginalized segments in the society can organize themselves. As of March 2008, Internet users comprised 58.6% of Singapore's population. The use of the Internet for HIV/AIDS activism in the gay community resonates with studies showing that gay people in Singapore are one of the most active groups using cyberspace for support, advice, services, and networking (Ng, 1999). As an indicator of prevalent Internet use by the gay population, Internet market intelligence firm Nielsen Online reported in November 2008 that two gay community sites were the 8th and 12th most popular Web sites in Singapore. The disproportionate Internet use by a minority group is not surprising. Researchers found that users of newsgroups dedicated to those with marginalized-concealable identities showed greater commitment to the groups (such as posting and responding more) than members of mainstream and marginalized-visible groups (McKenna & Bargh, 1998). The same research suggested that participation in the Internet activities of groups with concealable-marginalized identities (in these studies, those engaging in homosexuality, drugs, and spanking/bondage) mattered more to their members because opportunities to "demarginalize" their identities were rare in "real" life.

The theoretical framework for this article evaluates the explanatory power of Habermas' bourgeois public sphere and variants of the Habermasian model, as applied to a virtual sexual community. Habermas (1989) conceptualizes the bourgeois public sphere as a mediated zone between the state and private realm, a place where private individuals come together to engage in rational and critical debate among themselves about matters of public concern or common interest. But Warner (2002) argues that movements around gender and sexuality do not always conform to the bourgeois model of rational-critical debate. In criticizing the singularity of Habermas's bourgeois public sphere, Fraser (1992) champions the need for alternative publics to enable marginalized groups to organize themselves beyond the watchful eyes of the dominant groups. She proposes that alternative publics could offer parallel discursive arenas, where members of subordinated social groups could invent and circulate counter discourses to formulate oppositional interpretations of their own identities, interests, and needs. According to Downing (1988), the idea of an alternative public sphere is that it is a way of understanding the alternative media of social and political movements, as well as the new spaces those media open up for debate, reflection, and organization around crucial issues neglected or distorted by mainstream media. However, Warner (2002) advocates for a stronger modification of Habermas's model, in which some publics are defined by their tension with a larger public — a "counterpublic" within the backdrop of the public sphere, where it maintains at some level, conscious or not, an awareness of its subordinate status. He describes the transformational potential of a counterpublic:

> A public, or counterpublic, can do more than represent the interests of gendered or sexualized persons in a public sphere. It can mediate the most private and intimate meanings of gender and sexuality. It can work to elaborate new worlds of culture and social relations in which gender and sexuality can be lived, including forms of intimate association, vocabularies of affect, styles of embodiment, erotic practices, and relations

of care and pedagogy. It can therefore make possible new forms of gendered or sexual citizenship. (p. 57)

The notion of a counterpublic as a habitus for the public display of private matters, where "styles of embodiment are learned and cultivated, and the affects of shame and disgust that surround them can be tested, in some cases revalued" (p. 62) is promising for any HIV/AIDS intervention effort to cultivate safer sexual practices as a social norm within the gay community.

Given the social and media constraints discussed earlier, the Internet is a promising platform for a gay counterpublic in Singapore. However, the use of the Internet as a counterpublic is not without its problems. There are many aspects of computer-mediated communication that could potentially limit or fragment online participation. First, there is the problem of the digital divide, which denies access not only to people who cannot afford Internet subscriptions, but also to those who may not be proficient enough with the use of the Internet to follow the discussions online. Second, Sunstein (2001) argues that "technology has greatly increased people's ability to 'filter' what they want to read, see, and hear" (p. 3). There would not be any meaningful discussions if people can easily filter out those opinions or views to which they do not subscribe. The depth and reach of the discussions would also become questionable. Third, the lack of visual cues and the design of the Internet provide little catalyst for focusing commitment (Falk, 1998), and online discussions tend to lose focus or quickly break down into "ugliness" (Hurwitz, 1999). Fourth, the anonymity and the asynchronous nature of online forums could affect the quality of debate, as well as the reliability of information presented. The dialogical nature of the counterpublic would be hampered if users engaged in an online discussion did not respond to each other in a timely fashion, or even at all. Similarly, the anonymity afforded online may allow a single user to assume different, fictitious, or multiple identities (Turkle, 1995) to disrupt an ongoing discussion, thereby negating the flow of the discussions and bringing into question the credibility of the postings.

One response to these unique challenges for HIV/AIDS intervention in the Singaporean MSM population was the establishment of an online initiative, led mainly by gay and lesbian HIV/AIDS activists, which serves as the subject of the case study below.

Case Study: MSM Resources by Action for AIDS

This case study was designed to understand the strategies, design, and implementation of an online HIV/AIDS intervention program, MSM Resources, started in April 2004 by Singapore civil society group Action for AIDS (AfA). The study comprised semi-structured interviews and virtual ethnographic content analysis conducted over six months. Interviews were conducted both face-to-face (FTF) and online with two different sets of respondents — leaders and volunteers of the MSM Resources service, and Web site administrators — and triangulated to reduce any possible bias. Field research on virtual communities provides the depth for understanding the experiences, actions, and discourse of online participants within a particular subculture (Jones, 1994; Kendall, 1999; Hine, 2000). The ethnographic content analysis of forum discussions on Sgboy.com (re-branded as Trevvy.com in 2006) focused on the dynamics of the postings, noting if discussions were started or encouraged by volunteers and how participants responded to the issues raised. Raw data were organized into conceptual categories, and as they were accumulated,

themes emerged and evolved. The themes were fitted into a five-step framework, improvised from Winett, Altman, and King (1990), to provide a logical and systemic, though not necessarily linear, analysis of how the MSM Resources project was planned and implemented. Throughout this study, user names of those who post discussions have been omitted, and labels are used for interviewees to protect their privacy.

Step 1: Problem Definition

Identifying the underlying problems is essential to guiding the direction of the intervention. In 2004, 311 new HIV infections were reported in Singapore. While this figure appears small in absolute numbers, the number of new HIV/AIDS patients diagnosed in the city-state appears to double every three to four years, with a 28.5% year-on-year increase in 2004, and with infections expected to hit a rate of 1,000 a year by 2010. By contrast, the British Health Protection Agency observed a 9.8% year-on-year increase in new diagnosed HIV infections in 2003, with new diagnoses doubling every five years. What Singapore health officials found alarming was that th sharp rise in HIV infections since 1991 among MSM accounted for 76% of all new cases of infection tested in the first 10 months of 2004.

The first MSM sex survey conducted by AfA in 2003 found that the Internet was the most common way to seek sexual partners among the MSM community in Singapore (60.6%), though this result could have been influenced by the large number of results collected online. The survey was repeated in 2004. A comparison between the trends indicated by the two surveys of reasons for unprotected sex is summarized in Table 1. It appears that unprotected anal sex practised by MSM remained significant. The main reason cited was that their sexual partners were boyfriends or repeat sexual partners. AfA found this worrying, as it was seeing more MSM being infected by regular partners.

Table 1. Comparison of MSM Survey results for reasons for unprotected sex in 2003 and 2004.
(Note: Figures do not add up to 100%, as respondents were allowed more than one choice.)

Reason for Unprotected Sex	2003	2004
He is my boyfriend	43.3%	65.6%
We have already had sex a few times before	14.2%	44.5%
He seems healthy and clean	14.3%	31.6%
No condoms were available	15.4%	14.2%

The surveys revealed a declining awareness about HIV/AIDS and increased complacency — trends that could have been influenced by state and other institutional discourses, such as the message of monogamy perpetuated by official HIV/AIDS health campaigns, even though those messages were mainly targeted at heterosexuals. More importantly, the surveys (which were made public) provided both the opportunity and a more empirical grounding for the gay community to identify issues that pose a common threat to them, and which they should resolve through collective action.

Step 2: Adopting a Model for Engagement

The culture of discrimination and the fear of exposing their sexuality, prevalent in this conservative Asian society, contributed to suspicion and resistance within the Singapore gay community toward HIV/AIDS interventions by external groups "within enemy territory" (Gross, 2001). This resistance, along with the desire to encourage community-level change regarding HIV/AIDS, prompted AfA to engage with MSM by using a community-empowerment model. Under such an approach, community groups are helped to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching these goals (Minkler & Wallerstein, 2004). Naidoo and Wills (2000) explain that this approach helps communities identify their own concerns and gain the skills and confidence to act upon them. The community empowerment model thus establishes the importance of community collaboration and consensus regarding the issues and challenges facing the community. It also frames the work of MSM Resources within an established set of guiding principles for health promoters; it emphasizes an holistic approach in health promotion, as well as a "bottom up" strategy, which requires health promoters to play a catalytic, non-directive facilitator role. As a non-governmental organization, it has been able to fill the gaps in the official health campaigns on HIV/AIDS by adopting a non-judgemental and progressive approach toward HIV prevention, an approach which contrasts that of the state. MSM Resources had to work closely with key community stakeholders — local gay Web sites, groups, and businesses — to reach MSM individuals.

Step 3: Intervention Design

Recruiting Volunteers

In developing the framework for the online outreach service, emphasis was placed by AfA on volunteer recruitment and selection. Interviewee A, coordinator for IRC outreach, explained the considerations that were in place when they were selecting volunteers:

> When we went out to interview volunteers, we were open to just anyone, however one of the main priorities was that we needed to know that these people are at least aware of their internalised homophobia be they straight or gay. [In the end] we found that only the gay people were suitable. Straight people just don't have the kind of empathy, or at least in the batch that we interviewed.

Interviewee A insisted that they did not discriminate against potential volunteers on the basis of sexual orientation, adding that "it's just that when you're helping people you cannot view them poorly." Nevertheless, recruitment ads for the MSM service were limited to mailing lists within the gay community or among existing volunteers in AfA, since these were the most accessible avenues of advertising for AfA. This fits in with the self-help principle of a community empowerment model, where members of the community are equipped to deal with the problems within their own community. Recruiting within the community is also important in that it helps an organization to avoid being seen as outsiders trying to intervene in the internal affairs of the gay community.

Training and Scheduling

The training for volunteers was comprised of a series of lectures and tutorials, as well as role play. At the end of the six weekly sessions, volunteers were quizzed on a range of topics covered in the training, including self-awareness, communication techniques, sexual health, and psycho-social issues for MSM. Volunteers were also acquainted with the organizational structure and objectives of AfA, as well as AfA's stances on several HIV/AIDS issues. Interviewee A explained that counselors were taught to pay more attention to language and the psychodynamics of Internet behavior, "We encourage them to go on Internet relay chat (IRC) to speak to people before they are actually rostered…just to experience what it is like to talk online and also to express your emotions…you know it's different." Upon completion of training, volunteers were given assignments to log into the IRC channels and online forums to post useful tips on safer sex and male sexual health, as well as to respond to any online queries and emails.

Dealing with Anonymity

MSM Resources maintained that the service it provided was strictly anonymous. They did not ask their clients for demographic details, personally identifiable information, or even contact information. Interviewee B, one of the IRC counselors, explained how volunteers tried to maintain their anonymous identity, "Basically, we pretend to be somebody else, if I may put it that way. As in we pretend we are not ourselves if we happen to get a client whom we know to be our friend." Interviewee A said, "In cases where anonymity cannot be maintained, counselors are taught to excuse themselves and end the session immediately, telling the client that they are busy." It appears that this deliberate anonymity policy is to encourage more participants to seek help or information without fear of being recognized. Interviewee C, a forum administrator, revealed that:

> When we were gathering feedback from people on MSM Resources, those we know have contacted MSM Resources (because we can verify against the database records) denied having approached the volunteers when asked if they are willing to give feedback on the service. But they were still eager to give suggestions.

This suggests that, despite the anonymous nature of the medium, participants remained apprehensive about exposing their identity. When visual cues are absent, people can choose what information about themselves they wish to reveal. Interviewee A suggested:

> It is easy to avoid situations where a counselor happens to know the other person because usually people do not give much credibility to the information they give about themselves online. Unlike in face-to-face communication where people are deterred from lying, the Internet encourages users to say what they perceive to be good information about themselves.

However, not everyone agreed. One IRC counselor, Interviewee D, offered a different view, "There is not really a need to hide one's identity as they rarely discuss their identity but just specifics about safer sex."

Handling Emotions Online

In a mediated environment such as IRC, there is a lack of visual cues. Interviewee E, an IRC counselor who has experience in both offline and online counseling, when asked his preference between online or offline sessions, responded, "Offline. It's easier to ascertain the level of anxiety in the client, and thereby to be more effective in communicating with them. But of course, they might not be as forthright as online." Interviewee E added, "I guess [from my online counseling] I understand why clients seem shy offline." Nevertheless, it is hard to tell if people "break down" in online sessions. Counselors were unable to tell, without guessing. Interviewee F, another IRC counselor, said, "We don't know what emotions they are going through sometimes. Offline, I've seen straight couples fighting in front of me." Nevertheless, Interviewee D suggested that from past experience, "The most anxious ones usually have the most questions, both offline and online." Similarly, clients would be unable to gauge the emotions of the counselors. Therefore, it is important for counselors to ensure that they appear to be sensitive and responsive. Sometimes, this lack of expression can be turned into an advantage. For example, Interviewee E related, "Once I was thrown off-guard by a client who asked about how safe smaller dicks were. [If the session were] offline, that shock would show on our faces." The lack of visual cues gave him time to recompose himself without being seen doing so by the client.

Step 4: Implementation

Publicity

Like any health campaign or service, one of the first and most enduring steps is to create awareness of the service, and to continually attract the attention of its target group. In a real-life situation, MSM Resources would have taken the physical form of a booth outside a gay venue, where it would not impinge on the activities of the patrons, but would maintain a symbolic reminder for safer sex and a visible presence for participants who might wish to seek information. Interviewee G, the coordinator of the online forums group, explained, "Our online presence is sustained with a factual angle by presenting ourselves as an objective voice in any debate or discussion. Just to let people know we are there." However, the presence of MSM Resources on IRC channels and online forums was not ubiquitous. It needs to be complemented by publicity and advertising within the medium itself to not only create greater awareness of the service, but also to educate the gay community on certain HIV/AIDS issues. Campaign materials included Flash ads on Web sites and postcards placed at physical locations frequented by MSM. Both online and offline materials bore the same design and messages to maintain intertexuality.

Credibility

It is important for any health campaign and service to establish trust and credibility amongst its recipients or participants. There are three elements in credibility: first, to convince participants of their identity and authenticity; second, to convince participants that information disclosed to volunteers would be kept confidential; and third, to convince participants that the information provided by volunteers would be credible and of a certain level of quality. MSM Resources worked with the administrators of the IRC channels and online forums to accredit their volunteers. The training of the MSM Resources volunteers

helped to ensure a certain level of proficiency in their online counselling sessions and replies on online forms. In addition, log files of counselling sessions on IRC were submitted to the coordinator for vetting to ensure a standard of quality.

Education

Empowerment of the community through education was cited as the desired outcome by the coordinators of the program. In the case of HIV/AIDS, this involves identifying the situations in which individual MSM may expose themselves to a higher risk of contracting HIV/AIDS and dispensing relevant information to mitigate such risks. Interviewee A explained the strategy adopted by MSM Resources:

> There are many myths out there, not just among younger gay men but also for almost everyone including those 'experienced' in sex that 'HIV does not affect me.' What MSM Resources tries to do is to normalise the practice of safe sex. Many people having sex for the first time for example may not be empowered to ask for a condom. MSM Resources' message to them is that it is not cowardly to be asking for the use of a condom.

The MSM surveys (Table 1) helped MSM Resources to identify some of the more common situations in which risky behavior was likely to occur. The objective of the MSM Resources service was to help tailor some of these concerns to specific individuals who seek assistance, and to highlight some of the common problems in the gay community at large. One such area of concern to AfA was the lack of protection when engaging in sex with one's regular partner. The MSM surveys found that MSM generally assume that it is safe to engage in unprotected sex with their regular partner or boyfriend. MSM Resources tried to address this problem by illustrating the prevalence of "serial monogamy" (where participants have only one sexual partner at any one time, but have more than one sexual partner in their lifetime).

For example, MSM Resources posted:

> Now imagine this scenario:
>
> Andy & Heng have been together for more than 5 years. As a couple, they have unprotected anal sex. Andy has a close circle of 4 friends [and] they only agree to have sex with each other.
>
> Andy meets up with them regularly, which Heng doesn't know about. Sometimes Andy uses condoms . . . sometimes he doesn't. He says his buddies are all safe, because he's known them for a long time & they are all safe & committed to each other anyway.
>
> Meantime, Heng likes to meet other guys, but only for oral sex . . . & he never uses condoms.

>Do you think you see yourself in this story? Do you think Andy or Heng is at any risk of getting HIV or any other sexually transmitted infection?

Value-Neutrality

Value-neutrality was one of the project's guiding principles, and it emerged as a key theme when it was reiterated by all coordinators of the MSM Resources service. The service insisted that they were concerned with safer sex, not moral values. There were several motivations for such a stance. Interviewee H, director of MSM Resources, explained that "One of our difficulties when crafting messages is how to get the message across without fuelling further stigmatization of PWHA [People with HIV/AIDS]." Subtle and outright discrimination against PWHA within the gay community remains a problem even online. As Isin and Wood (1999, p. 81) argue, "AIDS has been used to criminalize the bodies of gay men and to try to push them back into the closet, out of the public space." Interviewee D shared a similar lament:

>Both subtle and overt discrimination exists. I guess it depends on how educated a person is. HIV positive people face worse discrimination online since people are bolder with insults and the like. I can't pinpoint it. But I guess any message board or journal community is a possible outlet for that discrimination.

There were also many discussions peppered with rumors of PWHA deliberately spreading the virus in gay bath houses or only disclosing their serostatus after sex for the thrill of seeing the shock in their partners. MSM Resources tried to moderate the discussions and posted:

>Well some people may be scared to go to saunas after all the recent media coverage . . . They may end up going elsewhere to look for sex instead.

>For some people, nothing may change.

>But what we CAN change is our attitudes toward condom use. How can you stop HIV+ people from having bare-back sex in a sauna? Send in the police? What shall we call them . . . the morality police?

>So what we CAN do is for ALL of us to use condoms when having anal intercourse in the saunas. . . . studies have shown that, even if you're having anal intercourse with an HIV+ person (whether you are TOP or BOTTOM), using a condom consistently & correctly can drastically prevent HIV transmission.

>For many people, this is probably much more practical than avoiding saunas completely, and much safer than bare-backing!

It is observed from the above reply that MSM Resources used "we" — a communal, plural address — as a rhetorical device to invoke a sense of common interests and experiences within the community. This is

especially important as it appears that, by discriminating against PWHA in the community, the inclusiveness and collective orientation of the gay community in Singapore appeared to be weak.

By avoiding moralistic rhetoric, MSM Resources aimed to avoid alienating those engaging in high-risk sexual behavior from seeking help or information. Value-neutrality also includes not getting involved with the squabbles prevalent in the discussion threads in order to maintain an authoritative and credible voice to which participants in the online forum could turn. By being non-judgmental in their approach, AfA countered the moralistic approach of local health officials who have always insisted on monogamy as the only way to avoid HIV/AIDS. This is highly pragmatic, as it keeps AfA's rhetoric focused to avoid distracting from the main message of condom use, regardless of the circumstances. The value-neutral approach was perhaps reflective of an intrinsic belief by the coordinators that monogamous relationships are not the norm in the gay community, contrary to state and media discourse. As Interviewee A suggested:

> Gay couples must be able to set up rules and boundaries. It is dangerous to apply a heterosexual way of life to gay relationships. Maybe monogamous relationships just simply do not apply to gays and there is a need to accept that maybe the norm is not being monogamous.

However, as Interviewee E suggested, "It's hard to say it openly, when you have mainstream ideology and media saying otherwise."

Not all participants agreed that monogamy within the gay community should be abandoned. A recurring theme in the online discussions was whether monogamy or condom use regardless of partner is a better protection against HIV. The tension between participants holding different views about where the norm lies in the community reflects the conflict between the dominant and oppositional readings of the official position that HIV/AIDS can be avoided by not engaging in casual sex. The following is a discussion on barebacking within a relationship:

> A: Personally, i won't label barebacking as wrong or bad. It very much depends on the parties involved. Some couples are very comfortable with bareback, while others feel it is better to put on the rubber.
>
> I feel we should not tag bareback as the sole reason of proliferating HIV and other STD, instead, it should be casual sex that is the main culprit.
>
> No doubt bareback will expose you to the risk of contracting HIV, but this risk will only exist if either one of the two parties involved have been having casual sex. If both parties are absolute faithful with each another, then honestly, why do you need a piece of rubber to come between the both of you?
>
> B: Yes, men have control over their urges, so monogomy is a must, and we can all have bareback sex.

End of the day when you are infect with HIV because you thought your man had controlled his urges, it is not your fault.

C: What B is saying is bullshit - who cares whose fault it is if you get infected with HIV? Goodness me, you should always protect yourself in the first place. The issue of blame doesn't even come into the equation.

B: Anyone who has a shred of self-respect would ever contemplate bareback sex. One's health is worth more than anything else in the world. It seems that you really don't give a shit if you get AIDS and die, well, that's your own funeral. Frankly, I couldn't give a shit if you died a violent, painful and nasty death.

I just don't want some innocent, naive teenager to come here and read what you wrote and imagine for a moment that it is okay for have bareback sex.

Guys, under no circumstances should you ever contemplate bareback sex. Never ever do bareback sex. Respect yourself enough to protect yourself from HIV/AIDS.

D: Yes, yes. Safer sex all the way - have oral sex with a condom, rim with gladwrap and don't brush your teeth before sex. Better yet, just stick to jerking each other off in condoms, wearing gloves.

E: B is not going to be able to do anything if you do take his advice, get infected with HIV and then end up with full blown AIDS. The best he can offer is "whoops sorry didn't think you'll take me seriously. Hope you get well soon, oh wait, there's no cure for AIDS . . ."

B: Bareback Sex is good!
       Bareback Sex is great!
       Bareback Sex is the best!

       Yeah!

I find it funny that everyone wants to control what everyone else want to say, think, believe. It is as though if I have say something, everyone one will take it as bible truth and fervently practice it. This is like how some evangelical groups would behave, complaining that bra advertisement will lead to a . . . deteriorate in moral values, or condoms will lead to promiscuity. How absurd.

So me saying bareback sex is good and all 100,000 members here will start throwing their durex away and shoot away? If indeed anyone and everyone is as gullible, what is there to stop them from encountering another misrepresentation?

Instead of telling them outright this is wrong, this is right, I would rather they learn the ability to differentiate, they should be learnt to differetiate and be responsible for the decisions they make.

I don't care if bareback sex is "good" or "bad", that is for YOU to decide, not for ME to tell you. If you decide to go bareback, good for you, that is the risk you have choose to take up! And if you think you want to wear the rubber, by all means, roll it out!

As a responsible member, I do feel I have the right to promote safe sex, but as a human being, I do not see the need to enforce what I feel is "right" onto others.

I don't care why someone [B] whom have claim to have given up his citizenship would want to hang around here to give "self-righteous", "responsible" and "corrected" advices.

Perhaps I should attach a disclaimer to all my posting.

_____

DISCLAIMER:

Dear fellow YOUNG members of trevvy, I am not sure about the rest, but I for one, am NOT responsible for any of your well being, I am NOT here to tell you what you SHOULD do, or SHOULD NOT do. I am NOT your NANNY and neither am I an AUTOCRAT, although I think I would love to.

While I do not engage in bareback sex, and I believe in safe sex, I see no reason in DEMANDING you to accept my beliefs and practices. It is ultimately YOUR life, and you should learn to differentiate and decide for YOURSELF, what YOU should adopt, believe and accept.

If YOU and YOUR partner has as an ADULT decided that BOTH of you wish to engage in any unprotected sex. I as an individual will neither condone nor OBJECT to your decision. I trust that for you and your partner to have arrive at the decision, both of you would have given due consideration to the nature of the act and the risk that will arise from such act.

_____

Sometimes when I read some of the post, I can see the ironies of life. Leaving a nanny state and living in a "free" world, but yet behaving just like what a nanny would do. tsk tsk . . . life is such a joke. :P

The different viewpoints above reveal an interesting dimension of discussions in a counterpublic. The more liberal position rejecting monogamous ideals but insisting on condom use was rebuked as restricting personal liberty and free speech. While B's views might be closer to the government and mainstream public, he tried to invoke in-group feelings by making negative inferences to the hostility toward gay people by conservative groups and the strict social controls in Singapore. The proponents of condom use regardless of sexual partners failed to couch their argument as one of rights versus responsibilities. That is, the right to engage in casual sex should come with the responsibility of protecting one and one's partner against STI. Instead, C argued for self-respect, and E suggested that people only care about their own well-being.

Dissent

According to Interviewee G, "Sometimes it's tempting to tell people they are 'wrong,' like in threads where they discussed bareback sex." A participant in one such bareback thread provided a dissenting view from the safer-sex message:

> Bareback sex can be a calculated risk, just like crossing the road or drinking tap-water . . .

> Bareback sex is not without risks — like abseiling, rock-climbing, hang-gliding and lots of other so-called "extreme sports" — but not everyone wants to live their lives in a cotton-wool-lined cocoon, safely insulated from the challenges and dangers offered by fully engaging with the world.

> Bareback sex can be completely electrifying: it signifies a degree of intimacy and trust that rubbers simply erase; it is passionate and spontaneous; it needs only a fraction of the lube required for condom-clogged sex; and it feels amazing, for both top and bottom.

> The best sex I've ever had has been without condoms, although initially I had to deal with feelings of guilt and anxiety afterwards. Now I just have regular monthly health checks to ensure that if I am having unprotected sex with someone then I am not putting them at risk.

MSM Resources tried to counter the argument by providing factual clarifications without sounding judgmental:

> Here at Action for AIDS, Singapore, we work with many people who are HIV+, many of whom had to make drastic changes to their lifestyle since their HIV-diagnosis, such as having to take anti-HIV medication on a regular basis for the rest of their lives, avoiding certain foods, regular check-ups . . . these are just some of the major changes. For some, the cost of medication is also considerable. Many also have to face the stigma & ignorance of others toward people living with HIV/AIDS.

> Put into that context, which is more fun? Smooth & "electrifying" bareback sex? Or a lifetime of living with an infection that could be easily prevented by having safer sex, using a thin piece of rubber that is scientifically proven to drastically reduce the risk of HIV infection?

> Think about it. . . . before you publicly defend the joys of bare-backing. Taking a calculated risk is different from imposing your choice on others.

In implying that the user was imposing his choice on others, the volunteer from MSM Resources was gently criticizing not just the barebacking behavior, but also the thoughtlessness and extreme individualism shown by the person above.

However, it appears that MSM Resources was fighting an uphill battle in educating the gay community where communality was lacking. For example, in a discussion about a newspaper report of ignorance among university students concerning HIV transmission, a user speculated:

> In theory, it should be possible for mosquitoes to transmit HIV.

> After all, we know that the nasty bugs transmit other diseases e.g. Malaria and Dengue fever.

To which MSM Resources replied:

> I'm sorry, but even though I am not a scientist or medical doctor, I am afraid you are very wrong. Please avoid spreading fear by saying things like that.

> The HIV stands for HUMAN Immuno-deficiency virus. In other words, it survives & thrives in humans. There are many reasons it is not & cannot be transmitted by mosquitoes . . .

> Such scare-mongering is unhelpful.

Further illustrating ignorance over the issue, a user posted:

> It's quite common for toilet seats to be wet. So it's possible for a HIV+ ger [love of my life] with blisters or a cut on her bottom to sit on the loo, and some of the viruses escape into the moisture on the toilet sea. . . .   Then if the next ger also has open wounds on her bottom, the viruses can crawl into her bloodstream.

A user tried to counter such speculation, albeit unintelligently:

> CDC has AIDS patients. CDC has lots of mosquitoes. Until now, no one (doctors, nurses, volunteers) get HIV after bitten by mosquitoes in CDC. Thus mosquitoes do not transmit HIV.

It appears that it was difficult to get users to agree upon a simple scientific fact about HIV transmission. While perhaps, in the spirit of free speech, one could argue that the accepted method of HIV transmission is not infallible. Bickering over this matter, though, overshadows the more important message of prevention, and it also reveals that the gay community has yet to come to a consensus on collective action against HIV/AIDS. This raises questions about the nature and quality of discussions, especially if these debates can be described as taking place within a Habermasian public sphere. There is a serious limit to how much MSM Resources can do without a consensus. As Interviewee F explained, "I will try to explain my point of view, substantiated with facts, but leave judgement up to them. After all, we can only help those who want to be helped."

Step 5: Evaluation

One of the main problems of any public communication campaign is the difficulty in measuring its effectiveness. Salmon and Murray-Johnson (2001, p. 178) note, "Neither campaigns nor effectiveness are simple, unidimensional constructs for which there exists conceptual and operational clarity or uniformity." Some of the possible indicators relative to this intervention include both the general level of awareness of the issues among Singaporean MSM and the number of topics on HIV/AIDS discussed in online forums, as well as the quality of such discussions. However, such indicators are hard to quantify and are largely based on anecdotal evidence. A more concrete measurement, as suggested by Interviewee H, is to look at the number of people going for HIV testing. This figure has, indeed, seen an increase over the years. In fact, he suggested that "One of the positive indicators of our intervention, though unfortunate, is the number of HIV positive people tested recently." While these figures are quantifiable and can be tracked over a period of time, it is hard to know whether to attribute the increase directly to the work of MSM Resources or to see it as the result of increased mass media coverage of HIV/AIDS. Interviewee B explained, "I think media coverage did give the issues some 'credibility' in the eyes of many gay people," attesting to the agenda-setting role of mass media within the counterpublic.

In evaluating the intervention of MSM Resources on the gay online forums, much has to be said about the nature of the discussions observed. The exchanges among users of the gay online forums quoted in this article revealed that users were less inhibited to challenge the dominant discourse on HIV/AIDS in an online mediated environment than they would be FTF. In a way, the nature of the discussions appears to be a mixture of playfulness, teasing, parody, and satire. While not all such discussions were productive, and indeed some were nothing more than just prattling, it would be a mistake to simply dismiss these discourses as irrational and non-critical. The styles of rhetoric in the online forums may not conform to formal traditions of debate, but they can be equally critical. One such example is the use of sarcasm and black humour, prevalent in Singapore as a form of veiled criticism, as Singaporeans are generally more cautious in criticizing the government. This is illustrated in the following posting which both criticized the ban on gay parties in Singapore and highlighted the Singaporean mentality that the government places the interests of foreigners ahead of its own citizens:

> Will Singapore ban these party goers from coming back to Singapore?
> Otherwise how is Singapore going to contain the AIDS epidemic? Minister Balaji had said the Nation Party was responsible for spreading AIDS.
>
> And now they have all gone to Phuket to spread AIDS. Then when they come back to Singapore they will all be infected already.
>
> What happens if another tsunami strikes Phuket? Will Singapore send our Chinook helicopters to save the party goers? But they are contravening public interest, so saving them will imply government's tacit approval of their party in Phuket.
>
> Or will the Chinook just save the Thais but not the Singaporeans?

However, one worrisome observation from these exchanges was the lack of a collectivist orientation and the general sense of political apathy, characteristic of many Singaporeans, as shown in the comments of the user below:

> I dont care if we are marginalized. I am gay but i dont lead an open lifestyle and I dont see the need to announce to everyone about my sexual preference. As long as I m happy w my partner spending time together, I dont see a need to advocate gay rights (unless marriage).
>
> Government also wont know u r gay unless u admit so how can I say that life will be unfair to me as gay in sg?
>
> Even if government closes down the spas . . . it's doesnt matter coz i dont frequent them too and I dont need to voice out coz afterall, the spa is not my biz. haha and voicing them out doesnt mean i get a share of the profit ;p

While it is positive that participants who face highly private and personal, intimate problems have a "public" source to turn to for advice and help, participants must be braced for conflicting and often negative responses. Below is an excerpt of a discussion originating from someone seeking advice:

> F: My boyfriend threatens to post naked pictures of me online if I do not swallow his semen . . . what shall I do? Please help!!!!!
>
> G: If you really love him, why you afraid of swallowing his cum? To some men, swallowing cum is a prove of love. I believe your bf thinks like that too. A man's cum has everything of him inside it. If you really want him and love him, why not try to do it. Cum is not that bad . . .
>
> H: This is an absolutely misguided advice.

Firstly, swallowing cum has its risk.

Secondly, this isn't an issue on cum swallowing. If his bf can threaten him on one thing, he can find 1000 other things to threaten him. Today, if you don't swallow my cum, I will put your nude photos online. Tomorrow, if you don't bareback/do chemosex/take drug (replace this with anything), then I will put your nude photos online.

It is the mindset that is dangerous: If you don't do according to what I like, I will make you miserable. Is this love or is this holding someone to ransom? The answer is obvious.

The obvious thing to do is to leave that man as soon as possible, but this isn't going to be easy, judging from F's insecure character. He even rationalises his bf's action by saying that nobody is perfect! This is a case of someone willingly subjecting himself to abuse.

It can be seen from the dynamics of their comments that neither one of the respondents was kind to the original poster, even though they held opposing views on the issue. Exchanges such as this exemplify the diversity of views and quality possible within the style and protocols of a network of talk where a different set of norms from the mainstream public applies.

Discussion

This article has argued that the Internet represents the most viable means of reaching out to the marginalized gay community on the issue of a highly stigmatizing disease like HIV/AIDS. Even within a highly segmented forum on the Internet, people were not able to "restrict themselves to opinions and topics of their own choosing" as Sunstein (2001) suggests. Instead, the Internet had enabled MSM Resources to use that segmentation to its advantage by reaching out to the MSM target group with tailored HIV/AIDS intervention information. That is especially important because that information may, potentially, not have gone down well with the conservative Singapore populace had it been broadcast via a less specific medium "without the watchful eyes of the dominant groups" (Fraser, 1992, p. 122). So, does the Internet fulfill the realization of a modern day public sphere as some scholars have suggested (Benkler, 2006; Bohman, 2004)? In this virtual sexual community, even though the online forums provide a platform for gay individuals to come together to debate issues of "common interest" among themselves — and without the inference of state and corporate interests — this alternative channel for discussion did not live up to the ideals of a bourgeois public sphere. This is evident from the intentions of participants, as well as from the nature and quality of the discussions.

Habermas (1989) proposes that the arguments of mixed companies could bring about social change only through rational-critical debate. The bourgeois public sphere follows that a rational consensus would emerge from such debates. From what was observed in the forums, squabbling among users was so

acute that, even on the most basic of issues, a consensus could not be reached. In fact, users could not even agree to disagree. The ease of coming across oppositional views in the online forums did not necessarily result in the productive debate that Sunstein (2001) predicts. While it has indeed been observed that more oppositional discourse vis-à-vis those discourses of the state and mainstream media was voiced in the online forums, it is not immediately apparent whether the discussions were able to overcome the "dumbing down" of debate common in mass media (Habermas, 1989). One would imagine that, without the limitation of airtime or print, the press's usual type of "tabloidisation" (Sparks & Tulloch, 2000) might be avoided over the Internet. To be fair, the intervention of MSM Resources volunteers, in their attempt to steer the discussions to more productive outcomes, has helped to provide more factual information and examples from past experiences. However, the quality of debate in the online forums was inconsistent at best. The social intercourses observed in these forums were a continual tension between volunteers from MSM Resources who were propagating a central message and participants who wished to detract from it. In this study, the central message advocated by the volunteers was the accepted scientific norms of how HIV is spread and how people should behave to prevent infection. This central message was often subjected to individualistic breakdowns, sometimes playing out into extreme positions, such as disagreement over the spread of HIV and monogamy, as well as the championing of barebacking. The discussions in the online forums also illustrate a bit about the richness of debate on the Internet and reflect a wider intercourse than those envisaged in a straight, strict, and humorless Habermasian model.

The nature of the medium could have played a significant role in the quality of debate. Discussions observed in the online forums were fragile and uncontrollable. This echoed the observations of Hurwitz (1999), who notes that online discussions tend to lose focus or quickly break down into "ugliness." He attributes this to "the absence of social and legal traditions that define acceptable online rhetoric and debate, the undermining of sincerity by cyberspace anonymity, and the high value there of rapid replies" (p. 658). So while the anonymous nature of the Internet may have encouraged freedom of speech and a diversity of ideas as discussed earlier, coupled with the social-cues vacuum in cyberspace, people are less inhibited to post comments that they would not have voiced in FTF situations. Discussions in the online forums also did not conform to the norms of sender-recipient exclusivity; the exchanges within a topic of discussion often easily degenerated into smaller dialogues between two or more users. To use an offline example, it would be similar to a meeting where participants would spin off into individual discussions with one another. However unlike a meeting in an offline setting, the capacity for overview and for someone to redirect the whole group back to the agenda of the discussion is much more limited. The absence of social norms and visual cues in online discussions meant that people did not need to abide by any rules set up by the moderators. If they were unhappy with the restrictions, they could simply leave and choose not to participate further, a circumstance which is further complicated by the fact that the nature of the medium makes it difficult to know if people have left the discussions.

Even if the issue of ensuring rational-critical debates can be resolved, Warner (2002) argues that, for the gay community, a public sphere as an environment is not merely a place where one could rationally debate a set of sexual relations, but "a principal instance of the forms of embodiment and social relations that are themselves at issue" (p. 54). The nature of the discussions ought to be framed within the context and expectations of users in the online forums, which were not specifically set up with the sole purpose of debating issues of HIV/AIDS or policies, but primarily for recreation and social networking.

Moreover, sexual issues are highly emotional, and it is questionable whether the establishment of safer sex as a social norm within the gay community could come about through rational debate. In fact, health communication researchers have long discovered that most adolescents and many adults do not seem to approach the HIV/AIDS issue from a logical perspective; they seem quite capable of discounting risks and optimistically perceiving themselves as invulnerable to harm (Freimuth, 1992). Sexual behavior is the sort of temptation with high rewards that can reduce self-control in the heat of passion (Reyna & Farley, 2006). It appears, then, that Warner's (2002) ideas on counterpublics, introduced earlier, would provide a more fruitful conceptual alternative to Habermas's public sphere in analyzing networks of talk concerning sexual identities and practices.

In many ways, the attributes of the online platform as a public for the gay community are consistent with those of a counterpublic. The lack of both communality on the issues discussed and rational-critical debate notwithstanding, the discussions observed in this project suggest that there is a general awareness among the discussion participants of this public's subordinate status and its tension with a larger public. The nature of the online discussions reflects a counterpublic where "discussions within such a public is understood to contravene the rules obtaining in the world at large, being structured by alternative dispositions or protocols, making different assumptions about what can be said or what goes without saying" (Warner, 2002, p. 56). The conceptualization of a counterpublic also provides a robust account for the two research questions. The first question pertains to the gay community overcoming the strict social control and media regulation in Singapore. Despite the freedom of the community to report its own news, articles, views, and opinions on the Internet largely without interference from the state or mass media, the work of MSM Resources was not independent of discourses from the mass media. The agenda-setting of the mainstream media was quite noticeable in the online discussions. Many discussion topics in the online forums were created in response to newspaper articles, pointing to the seemingly reactionary role played by the counterpublic. However, a distinction has to be made between first and second levels of agenda-setting effects (McCombs & Estrada, 1997). Although the salience of the topics discussed corresponded to those reported by the media (first level agenda-setting), the perspectives adopted by the participants represent readings which were alternative to those presented by the mainstream media (second level agenda-setting). Even though some participants may agree with the preferred reading of the news reports, all discussions were based on an entirely different set of assumptions and protocols — those that are directly relevant to the community. Seale (2003) suggests that media audience experience is fragmentary and, in a sense, more active. He explains that people are not merely influenced by one medium alone, but by a fragmentary experience, an exposure to a variety of media sources all contributing to an overall media health story. Undeniably, the reach and visual richness of mass media would have left a substantial impact in shaping this media health story, but the counterpublic facilitates a collective elaboration that can re-present stories or viewpoints that are not accurately portrayed or are silenced by mass media.

On the second research question, concerning the viability of the Internet for HIV/AIDS intervention, the counterpublic enables participants to become acquainted with the vocabularies, style, and meanings of sexual practices and social relations through the elaboration of not only scientific facts, but also the viewpoints and lived experiences of other participants in dealing with such issues. This is especially important to the stated objective of MSM Resources to promote the use of condoms as both the

preferred form of safer sex and a social norm within the gay community. This involves a collective elaboration about the use of condoms, the boundaries of safer sex, the sexual regulation of people living with HIV/AIDS, and the ideals and fallibility of monogamy. In this way, HIV/AIDS intervention in a counterpublic provides an alternative to the official health campaigns in which dominant viewpoints are often monolithically presented to all recipients, and in which oppositional viewpoints are omitted. A counterpublic embodied through the Internet capitalizes on the democratizing and collaborative affordances of the platform by allowing a diversity of ideas and collective meaning-making. Toward this end, MSM Resources' guiding principle of value-neutrality and respect for dissenting voices in order not to put off participants who might be at the greatest risk is especially helpful. Nevertheless, for the intervention to be effective, more risky sexual practices need to be represented as belonging to a minority; that is, condom use should be a norm, and those performing the intervention should plainly lay out the consequences for not using a condom so that participants can make an informed choice. However, the unbridled nature of discussions on the Internet, where "only the loudest get heard," could pose significant problems.

Active users making regular postings often represent only a tiny fraction of all users, and the lack of a desire for collaboration among them could be highly disruptive to the flow of discussions, possibly undermining the credibility of the postings. One solution that Benkler (2006) proposes is the use of collaborative, peer-review tools, such as filtering and accreditation. This strategy has been widely adopted by social media sites, because it shifts the locus of control to the majority of users. While such technical features could help to improve the quality of discussions, there is a danger of promoting a "tyranny of the majority" that may drown out dissenting voices, thereby deterring the participation of those most at risk or in genuine need of help. A more plausible solution could come from a better understanding of the dynamics between the different levels of participants. Under a tripartite model of media analysis (Thompson, 1990), MSM Resources played the role of producers, while the users of the online forums were the receivers and co-producers of the campaign, as they both contributed to the representation of the campaign. However, as Castells (2001) and Benkler (2006) both note, in the emerging culture of co- or peer-production, there is no longer a clear distinction between producers and users. It may, then, be more appropriate to enlist the cooperation of willing active users who enjoy a certain level of status and visibility online to act as community influentials in the intervention.

While the nature of the medium itself could contribute to a lack of etiquette and uninhibited communication, we are reminded that "counterpublics are by definition formed by their conflict with the norms and contexts of their cultural environment, and this context of domination inevitably entails distortion" (Warner, 2002, p. 63). Cooperation and communality within the counterpublic cannot be assumed from the onset — the discussions studied here illustrate a continuum ranging from those who strongly supported a communal effort to those who were apathetic and highly individualistic. A missing component in AfA's community partnership strategy is the assessment of community capacity and readiness for change, which would include an understanding of any past history of cooperative community action, the general willingness to cooperate, and the degree of support and enthusiasm among community influentials for the project at hand (see Bracht, 2001). Such prior assessment would have helped to determine whether community empowerment would be workable in the target group.

Conclusion

The work of MSM Resources provides a useful model for campaigners considering similar interventions. What MSM Resources has done in educating the community represents a necessary first step toward community empowerment. Still, it could strengthen its efforts by going beyond just the provision of information, focusing on specific cues to action, such as encouraging HIV testing. More should be done to develop strategies for activating "readiness" to adopt specific behavioral outcomes (Becker, 1974). For example, MSM Resources should call for users seeking sexual partners online to negotiate condom use before a FTF encounter. Also, the need to enlist the cooperation of community influentials in the form of respected active users cannot be overemphasized. Website administrators can help by encouraging the search for users who explicitly indicate their preferences for safer sex. This article has illustrated Warner's assertion that counterpublics of sexuality are scenes of association and identity that hold the potential to transform the private lives they mediate. However as Warner suggested, "Homosexuals can exist in isolation; but gay people or queers exist by virtue of the world they elaborate together, and gay or queer identity is always fundamentally inflected by the nature of that world" (pp. 57-58). One blind spot for HIV/AIDS intervention though a counterpublic of sexuality could be those men who have sex with other men, yet are not gay-identified or acculturated with the gay community. Future research should explore ways to engage with this harder-to-reach segment of MSM and identify whether the Internet would also provide the most viable channel for such efforts.

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Appendix: List of Interviewees

Interviewees	Position
A	Coordinator for IRC outreach
B	IRC Counselor
C	Forum Administrator
D	IRC Counselor
E	IRC Counselor
F	IRC Counselor
G	Coordinator for online forums outreach
H	Director of MSM Resources