

Online Health Initiatives: Exploring the Use of M4M Websites as Information Resources for Marginalized Sexual Communities

A Report on Online Health Interventions from the Perspectives of Men Who Use the Internet to Seek Sexual Partners

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Produced by Chris Sanders
For ACTION for Health

I. BACKGROUND AND INTRODUCTION

In general, online chat rooms, dating services, and personals websites have proliferated in number since the mid-1990s with the increased popularity and widespread accessibility of the Internet. Online dating services typically allow people to establish individual profiles that provide personal information as well as enable people to search for other members using such criteria as age, gender, sexuality, and location. Most websites also enable people to upload digital photographs of themselves and to browse photographs of others.

In particular, online gay-themed personals websites, or *men for men* (M4M) sites, have become especially popular among men seeking men (MSM). M4M websites facilitate same-sex male online dating and casual sex; while some profiles are non-sexual in content, the preponderance of membership profiles are either overtly sexual or express an interest in the possibility of sexual encounter. Membership profiles typically list physical characteristics, such as age, race, height, weight, body type (e.g., muscular, stocky, slim), and penis endowment. Profiles frequently contain biographic spaces where members can elaborate on their sexual preferences (e.g., fetishes, role) as well as other personal interests (e.g., discretionary concerns, seeking relationship vs. sex, drug use, hobbies). Also, many profiles either publicly display or allow private access to nude photographs. While M4M websites range in membership size, the most popular ones frequently have active memberships in the hundreds of thousands to millions worldwide. For example, one M4M website, www.manhunt.net, is headquartered in Boston, Massachusetts, and boasts over 1.2 million profiles worldwide (as of May 2007).¹

¹ Of the popular M4M websites discussed in this research, www.manhunt.net (manhunt) is the most well know and widely used. Manhunt is relatively new and regularly advertises in Toronto community

While there is no way to accurately gauge how many sexual encounters are regularly facilitated by M4M websites, one estimate is that 35-60% of men using these sites arrange for casual sex (Brown, Maycock, and Burns 2005). Public health interest in M4M websites began in the late 1990s as it became clear they were becoming increasingly popular venues in facilitating casual sexual encounters among men seeking men, much of which is unprotected or high-risk sex. Health researchers noticed a correlation between M4M online sexual activity and recent increases in sexually transmitted infections (STIs) (McFarlane, Salyers Bull, and Rietmeijer 2000, 2002; Klausner, Wolf, Fischer-Ponce, Zolt, and Katz, 2000). By 2002, fallout from such findings led some health officials and researchers to liken M4M websites and chat rooms to “virtual bathhouses,” claiming that “the Internet is a new venue associated with high-risk sex” (Chiasson et al., 2003). Not surprisingly, health researchers concerned with the health of gay and bisexual men have since developed a keen interest in these websites as a potential source for studying risky sexual behavior among men seeking men, as well as their potential for providing safe-sex and other sexual health information.

This unfolding chain of events is particularly interesting when compared to the regulation and closure of bathhouses in response to the “AIDS epidemic” during the 1980s. On one side of the issue were public health officials insisting bathhouses be closed in the interests of health and safety. On the other side were queer activists who

newspapers, fliers, at nightclubs and bars, bathhouses, billboards, and even on posters in the Wellesley subway station in the heart of the city’s gay community. Interviewees who regularly use manhunt describe a pro-sex environment, a diverse community of members, and recall seeing regular health advisories and information links. They describe this website as local, familiar, unobtrusive, and easy to navigate. They associate these positive qualities with the comfort and trust they express in relation to the online health advocates affiliated with this website.

maintained bathhouses were valuable sources of community that could be used as effective tools in education and prevention (Alexander, 1996; Bérubé, 1996).

Ultimately, regulation and closure of bathhouses largely prevailed, often at the expense of the sexual expression of gay and bisexual men (Disman, 2003). Moreover, HIV transmission rates remained largely unaffected, while a valuable source of information and access to a marginalized sexual community was lost (Bérubé, 1996). A similar set of discourses has surfaced in response to rises in STIs and increased use of M4M websites. As was the case with bathhouses, these websites have been targeted for strict regulation and control, as though the medium itself were the root cause of risky sexual behavior. Like bathhouses, however, the websites offer a unique portal into a sexual community at high risk for HIV, which has also come to the attention of health educators and activists.

Recently, some health science researchers have acknowledged that M4M websites can be constructively used to promote public health in ways that do not violate the sexual lives or civil right of men seeking men. Many health researchers and educators currently are developing constructive online strategies, which use of M4M websites to effectively, yet unobtrusively, deliver health information (Flicker et al., 2006; Mimiaga et al., 2006; Rhodes, Hergenrather, Ramsey, Yee, & Wilkin, 2006). In some cases, M4M websites are actively collaborating with public health researchers to develop and refine intermediation strategies that more effectively address the specific needs of the diverse communities serviced by particular websites. Unfortunately, because these technological interventions are still in the early stages of development and implementation, there has been limited opportunity to conduct follow-up research that explores the actual use and lasting

efficacy of these initiatives. Thus, the goal of this research is an exploratory qualitative study of how men seeking men use online health strategies employed by M4M websites.

The M4M websites referenced by interviewees and frequently discussed in this study include:

- dudesnude.com
- gay.com
- gayromeo.com
- manhunt.net
- men4sexnow.com
- mygaydar.com
- outintoronto.com

II. PURPOSE

The purpose of this study was to gather information on how men seeking men online engage with some of the recent Internet health intervention strategies designed and implemented for use on M4M websites and chat rooms. The goal is to better understand how current and future online health interventions can be created and put into effect in ways that promote health and respect M4M users. The study aimed to document the issues and approaches regarding use from the perspective of men seeking men online.

This exploratory study contributes to our understanding of how online technology can be used in the effective delivery of health-related education and resources. It also contributes to a growing body of queer theory, sociology, and health literature concerning sexual politics and sexual interaction among marginalized groups by addressing the

common goal of combating the spread of STIs while respecting the privacy and sexual expression of high-risk groups.

III. METHODOLOGY

Information for this study was gathered through participant observation and interviews with twenty-one gay men living in Toronto, Ontario. Online activity and member postings to M4M discussion threads were observed for two months. While general in nature, the data were useful in developing the interview guide and highlighting important interview points.

All interviewees regularly used one or more of the following popular M4M websites: www.gay.com, www.mygaydar.com, www.men4sexnow.com, www.manhunt.net, and www.dudesnude.com. Participants were interviewed once; some were interviewed in person, while others participated in online interview sessions. Participants were recruited using online postings and by snowball sample. Those who responded to online requests were provided with a synopsis of the project and goals, either by E-mail or by instant message. Email was used to provide the majority of background information and to arrange interviews. While interviewees ranged in age from twenty to fifty-two years, most were between twenty and thirty-six years of age. The majority are Canadian born and white, although some are members of visible minority groups.

During the interviews the men were asked to describe their use of health information online: how often they used the Internet to seek health information; whether they were familiar with the specific health services available on M4M websites; whether

they trusted such information and found it useful. I also explored how the men use this technology to arrange casual sex, their understandings of risk behavior, and the extent to which they seek out and incorporate the online health information into their sexual lives. The goal of the interview process was to investigate how different M4M online interventions have been received by gay and bisexual men in terms of use, privacy, and lasting efficacy. Interviews were semi-structured, and participants were encouraged to freely expand on any of the questions. To preserve confidentiality, each interviewee has been provided a distinct two-letter/two-number designation used to denote quotations within the text.

IV. SUMMARY OF MAJOR FINDINGS

Interviewees primarily discuss their use of four online health initiatives: online notification services, health advisories and information links, educational avatars and sexualized games, and interactive chat and online educators. The findings highlight many ways that M4M health interventions have been successfully accessed and used by the intended M4M audience. The findings also tentatively address how these technologies have fallen short of intended objectives and suggest possible corrective measures for current and future online health interventions. In short, the data suggest that interactive strategies partnered with localized websites are most popular among M4M user and have lasting benefit. Data are organized according to the different online approaches created to access and disseminate health information.

Online Notification Services

Online notification websites have been developed as an anonymous method for people who have contracted an STI and wish to inform recent sexual partners. In short, website visitors are able to send a general or STI-specific warning to partners using personal E-mail or M4M online screen names. According to a Boston-based study by Rhodes et al. (2006), this method has been widely successful in notifying partners who have then, in turn, sought medical testing and services. Interestingly, the men I interviewed all express either apprehension or skepticism toward this approach. Those who were apprehensive cited concerns over privacy and embarrassment. They believe that partners would easily identify who had sent the notification. People who were skeptical of this approach tend to view it as impractical. Specific reasons include not keeping track of the contact information of casual partners and opting to inform people in person. Notably, none of the respondents have ever used this form of online resource nor have they received an online notification in the past. I was unable to find online notification methods on four of the most popular M4M websites used in Toronto (e.g., gay.com, manhunt.net, men4sexnow.com, and mygaydar.com), which perhaps helps explain their lack of use and popularity among this group of respondents.

Health Advisories and Information Links

Homepage advisories and information links to internal and external STI and other health information are relatively common to M4M websites, though they vary in emphasis and quality. Some are a central focus for specific websites, are recurrent, and are accompanied by attractive images; for other sites, information advisories are less

common and require a concentrated effort both to find and navigate. Like the notification services, these ICTs are asynchronous and can be impersonal. Those described as ‘less’ impersonal, however, are typically hosted by a M4M website as opposed to those that are only accessible by using a general search engine. Most interviewees report being aware that M4M websites often have online health information resources, and are confident the information is both current and accurate.

Educational Avatars and Sexualized Games

Combining educational avatars and interactive learning aids is another approach that has been created for use on private websites (Flicker, 2006). Typically, these websites are endorsed by and advertised on M4M websites, which provide a link back to the parent website. The health education supplements use ethnically diverse characters and narratives first to provide information and then to test user knowledge and retention. Respondents have mixed feelings about this approach, which range in description from puerile to impractical. Some interviewees perceive the approach as childish or describe it as fun at first but with waning novelty. Others express hesitation in accessing links from M4M websites for fear of inviting pop-up windows, receiving spam, or causing a computer crash (especially where interactive websites were concerned). Many interviewees are familiar with these learning websites either through personal use or advertising campaigns, but few express a serious lasting interest in them; however, most feel that they possess potential for queer youth.

Interactive Chat and Online Educators

Many M4M websites currently allow health professionals and community activists to create online profiles and advertise their presence as information sources (most other forms of private advertising are not allowed, according to user agreements in place on M4M websites). Trained health advocates are typically online at peak hours of popularity, advertising their presence, and answering health related questions posed by users. This online approach is the best known and most widely used by respondents; likewise, it provides the most insightful interview data. Interviewees feel that these resources are both unobtrusive and legitimate because they are integrated into the parent website. Overall, respondents described these services as helpful, genuine, non-judgmental, and anonymous; their direct affiliation with the parent site is viewed favorably. Furthermore, there is an overall feeling that the health service providers possess authority and, in turn, that the information they communicate is legitimate. However, respondents also note that online health advisors are often intermittent and difficult to locate.

V. EMERGING ISSUES

One of the main issues guiding this study concerned the issues of user privacy and respect for the sexual lives of men seeking men online. The former concern has been regularly addressed by health specialists and educators promoting M4M online interventions; the latter, however, has received considerably less attention and should be highlighted. Therefore the data analyses and discussion pay careful attention to how these issues have been taken up in the testimonies of the participants.

Concerns over privacy were neither universal nor consistent. Overall, these men reported being concerned with the privacy when sending online notifications to previous sexual partners; however, they were less apprehensive when contacting chat room educators about sensitive questions. Clearly, online privacy concerns are context-specific as opposed to all-encompassing (refer to Viseu, Clement, & Aspinal, 2004). This is not to suggest that health specialists take a cavalier attitude toward privacy, but rather to offer reassurance that the privacy is not always an obstacle or burden to online health initiatives; in fact, it is often contextualized as opposed to rigidly defined.

Distinctions between production and use of technology also need to be brought to the forefront. How technological interventions are created and deployed is seldom a benign process. It is important for the creators of online health technologies to acknowledge a problematic history of medical intervention and control in the political and sexual lives of marginalized people. While public health and well-being are important issues that cannot be dismissed, the civil rights of sexual minorities need also be taken into account. Conversely, the purpose with which technologies are created is not necessarily how they are interpreted and put into practice by their intended audiences. For example, some men reported using chat room health information outlets to access information on “safer” unprotected sex. Such findings shed new light on the creative applications of health technologies by intended users.

The familiarity or comfort level that a user associates with a given online health strategy can lend to its effectiveness. For example, respondents often cited Manhunt as a favorite M4M website. Reasons for this preference varied from the website’s local roots to a personal knowledge or familiarity with the individual producers. In the latter case,

the connection to production translated into identification with the product and personal investment in the outcome. In contrast, respondents report being suspicious of more distant technologies, such as online notification services, which, in turn, made them reticent to explore this online service. Users frequently describe online notifications as impersonal, which also contributes to a feeling of distrust.

Finally, synchronous versus asynchronous² health technologies surfaced as a significant issue among interviewees. The data indicate that synchronous online strategies are favored over asynchronous, which limit user interaction with information. Interactive strategies—and in particular, chat room educators—function more effectively as health information resources as they are frequently described by users as trustworthy and readily accessible.

VI. CONCLUSION

In sum, M4M websites have been under the threat of regulation since health science research linked them with the spread of STIs. As a result, some have advocated strict regulation and control of these websites, while others have noted their potential to disseminate vital health information. In each case, ethical questions concerning privacy have come to the forefront of discussion. Use of M4M websites as mechanisms for health intervention necessitates respecting the confidentiality of website members and protecting the identity of users seeking health information and services. It is equally important that the interventions operating on existing M4M websites not deter current or future users from accessing these venues. The fact that some interviewees express

² Synchronous technology operates in an instantaneous or near-instantaneous manner; often this communication is likened to “real conversation” (e.g., chat windows and instant messaging). In contrast, asynchronous communication operates in a time-late fashion (e.g., E-mail, blog postings).

concern about issues of privacy and regulation indicates that the ethics of online health interventions continue to be an important topic of discussion. However, it is also important to note the interviewees express more concern about the prospect of being directly contacted without consent by unknown entities, as opposed to being able to passively access information when needed. Thus, while use of M4M personals sites as health intermediaries should proceed with caution, it should also do so with the knowledge that responsible production on the part of educators can encourage responsible consumption of important sexual health information among the target audience.

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