

‘It’s like the treasure’: beliefs associated with semen among young HIV-positive and HIV-negative gay men

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Abstract

This paper examines cultural and social meanings associated with semen, along with related issues of unprotected receptive anal intercourse, HIV seroconversion, treatment optimism and viraemia. The findings are derived from qualitative interviews conducted with 12 HIV-positive young gay men and 12 HIV-negative counterparts who participated in a prospective cohort study in Vancouver, Canada. Focussing on the narratives of young gay men, the analysis reveals a diverse range of knowledge, values and functions of semen, especially in relation to its exchange. Beliefs about semen appeared to differ by HIV serostatus and were linked with intimacy, identity and pleasure, particularly among the HIV-positive men. Against dominant representations of semen in relation to issues of loss, anxiety and infertility, this unique study sheds much needed light on its role within the cultural construction of sexuality among gay men. As such, these narratives are of direct importance to primary and secondary HIV prevention, including condom promotion and the development of rectal microbicides.

Résumé

Cet article passe en revue les significations culturelles et sociales du sperme, ainsi que certains sujets ayant rapport avec le sperme: les rapports sexuels anaux réceptifs non protégés; la séroconversion au VIH; l’optimisme lié aux traitements; la virémie. Les résultats sont issus d’entretiens qualitatifs menés avec 12 jeunes hommes gays séropositifs au VIH et 12 jeunes hommes gays séronégatifs ayant participé à une étude de cohorte prospective à Vancouver. En se concentrant sur les récits des jeunes gays, l’analyse révèle une diversité de connaissances, de valeurs et de fonctions concernant le sperme et se rapportant particulièrement aux échanges de sperme. Les croyances sur le sperme semblent varier en fonction du statut sérologique et sont liées à l’intimité, à l’identité et au plaisir, en particulier chez les participants séropositifs. Avec en arrière-plan les représentations dominantes du sperme en rapport aux questions de perte, d’anxiété et d’infertilité, cette étude unique apporte un éclairage bien nécessaire sur le rôle du sperme dans la construction culturelle de la sexualité des hommes homosexuels. En tant que tels, ces récits ont une importance directe pour la prévention primaire et secondaire du VIH, notamment la promotion du préservatif et le développement de microbicides rectaux.

Resumen

En este artículo examinamos los significados culturales y sociales asociados al semen, así como otros temas vinculados a las relaciones anales sin protección, la seroconversión del VIH, el optimismo en cuanto al tratamiento y la viremia. Los resultados se han obtenido a partir de entrevistas cualitativas llevadas a cabo con 12 jóvenes homosexuales seropositivos y 12 jóvenes homosexuales seronegativos que participaron en un estudio de cohorte prospectivo en Vancouver, Canadá. Centrándonos en los relatos de los jóvenes homosexuales, en el análisis se descubre que existe un amplio abanico de conocimientos, valores y funciones del semen, especialmente con relación a su intercambio. Las creencias sobre el semen parecían diferir según el estado sérico del VIH y estaban relacionados con la intimidad, la identidad y el placer, especialmente entre los hombres seropositivos. En comparación con las representaciones dominantes del semen asociados a problemas de pérdida, ansiedad e infertilidad, este estudio único nos revela la importancia tan necesaria del rol en la construcción cultural de la sexualidad entre los homosexuales. Por tanto, estos relatos tienen una importancia directa con la prevención primaria y secundaria del virus del sida, como por ejemplo con el fomento de uso del preservativo y el desarrollo de microbicidas rectales.

Keywords: *HIV, semen, HAART, gay men, sexuality*

Introduction

The marked increase in unprotected receptive anal sex (URAI) among young gay men and rising incidence of HIV is perplexing healthcare providers working in the areas of sexual health and sexually transmitted infections (STIs) (Stolte *et al.* 2006, Manning *et al.* 2007). In Vancouver, Canada, a large cohort study of young gay and bisexual men reported an HIV incidence of 2.36 per 100 person years (Hogg *et al.* 2001, Lampinen *et al.* 2005).

In this qualitative study we sought to understand and explain individual vulnerabilities and social risks for infection by investigating the lives of participants, addressing topics such as childhood history, family relationships, experience of violence, sexual behaviour, substance use and social and sexual identities. We also probed for beliefs about highly active antiretroviral therapy (HAART), sexual hygiene, 'cum', sex roles and condomless sex.

A nested serostatus and age balanced sub-study was utilised with 24 volunteer participants recruited from an ongoing prospective study concerning HIV incidence among young gay men in Vancouver. We interviewed 12 men who had seroconverted since the beginning of the study and 12 men matched by age who remained HIV-negative. The resulting data about semen is novel, especially in light of its curious absence in the literature pertaining to HIV and young gay men. This study represents the first attempt to expand existing knowledge regarding the importance of semen to such men.

It is well established that the greatest risk for HIV infection among this population involves contact with HIV-infected semen during URAI (Koblin *et al.* 2006). However, epidemiological research relating to semen often overlooks its complex socio-cultural and psychological dimensions. This is puzzling in the face of rising HIV infection rates among this population. Attempts to explain the persistence of high-risk sex include 'safer sex fatigue', which is the abandonment of condoms due to increasing ambivalence regarding HIV risks and the attendant return to URAI due to optimism resulting from HAART (DiClemente *et al.* 2002). Although these constructs offer useful base-line data they do not sufficiently explain the complex social issues surrounding the sexuality of young gay men (Lert 2000).

There is a dearth of qualitative research on the cultural context of semen and, consequently, little is known about the social influences that inform the roles, values and

practices associated with it. Of the studies that do exist, the focus is predominantly on issues of anxiety regarding semen loss (Alter 1997, Herdt 1981, Sumathipala *et al.* 2004, Coast 2007) and infertility (Martin 1991, Dwight 1997). This places dominant understandings of semen within a decidedly negative framework, where it becomes part of a larger model of sexual danger and bodily pathology. The information presented here contests these traditional approaches and contributes to a new and more representative sexual discourse on this vital substance among gay men. There is a very real need for more complex understandings of semen, in relation to the design of population-specific HIV-prevention strategies and in the development of theory pertaining to relationships, sexuality and masculinity among young gay men. These data are also part of the timely call within the social sciences of the imperative of putting 'the sex back into HIV/AIDS research' (Boyce *et al.* 2007).

Methods

Beginning in May 1995, gay and bisexual men in Vancouver were recruited into an ongoing prospective study of HIV incidence and risk behaviours, the methods of which have been described previously (Hogg *et al.* 2001, Lampinen *et al.* 2005). In 2001, we conducted an investigation of lifetime antecedents of HIV seroconversion among self-identified young gay men. We enrolled all 12 HIV seroconvertors diagnosed in the cohort with 12 age-matched prospective study participants who were randomly sampled during follow-up. Although 24 is not a large sample, the numbers fall well within the bounds of conventional qualitative sample sizes (Patton 2001).

Injecting drug users and bisexual men were excluded for purposes of clarity and to focus specifically on the issues of mainstream gay-identifying men. We also wanted to concentrate on the comparative experiences between HIV-positive men and those who remained HIV-negative, primarily to discern any population-specific differences that might inform healthcare provision. The study protocol was approved by the Ethics Committee for Human Experimentation, Providence Health Care/University of British Columbia. Written informed consent was obtained from every participant according to the protocol approved by the University of British Columbia Research Ethics Board.

Open-ended life-history interviews (Atkinson 1988) were conducted with each man on four occasions ($n=96$), each of which lasted for approximately ninety minutes. The excellent rapport between participants and investigators (AJS & MLM) developed over time and was largely the result of the extensive community involvement and well-known status of both interviewers within the gay community, which made them particularly well trusted by the men. During the interviews, study investigators addressed issues which were felt *a priori* likely to be related to the meaning and importance of semen in the men's lives, particularly in relation to sexuality, pleasure, sex roles, sexual hygiene (see Schilder *et al.* submitted) and HIV/AIDS. An example of some of the questions designed to elicit data about semen include: What does the word cum mean to you?; When you are a bottom is it important that your partner cums first?; During oral sex do you like to swallow your partner's cum?; and Do you think that if a person is on HAART that they are less infectious?

Verbatim transcripts were prepared from and compared to the audiotapes, personal identifiers were deleted and NU*DIST software was used to manage and code the data. To reduce bias two members of the study team (AJS & CSB) jointly reviewed and free-coded the transcripts. This analysis included a category coded as semen, including any references

to, sperm, jism, come or cum, which were exclusively derived through free-coding and the merging of select text searches.

Results

Socio-demographic background of participants

The 24 men interviewed averaged 25 years of age (range: 19–30 years) at enrolment in the study. Twenty-three men were Caucasian and one was of Aboriginal descent. The average time to HIV seroconversion from the beginning of study enrolment was 2.3 years (range: 1–5.5 years). Nine of the HIV-negative men had post-secondary school experience, compared to only two of the HIV-positive men. Seven HIV-negative and three HIV-positive men were employed full-time. Six of the HIV-positive and four HIV-negative men reported having been sexually abused in childhood, a formative experience which has been demonstrated to be prevalent among this population (Braitstein *et al.* 2006). In this sample, the use of ‘club’ drugs was ubiquitous in the context of sexual interactions and socializing (Schilder *et al.* 2005). With the exception of one HIV seroconverter, all had stable housing. Less than 30% of these participants had an annual income above ten thousand Canadian dollars, which is significantly less than is required to survive in Vancouver, one of North America’s most expensive cities.

Emergent themes

This section features the five dominant themes derived from the data: (1) terminology and images of semen; (2) semen as part of an erotic construct; (3) sharing semen as a reflection of intimacy; (4) HIV-related transmission concerns; and (5) reproduction and fertility. The quotations below have been edited for grammar and clarity but otherwise remain true to how each participant described his experience.

Terminology and images

When discussing semen, virtually every participant used the slang term ‘cum’, which denoted the seminal substance, the act of ejaculation and the achievement of an orgasm. The connotations of the word cum were predominantly positive and linked with the intensity of sexual satisfaction: ‘Uum, tasty. Hot ... a great bodily fluid.’ In some instances, cum was spoken about as proof of sex and of giving a partner an orgasm. As one man shared, ‘I guess, in some ways it is kind of a completion or a kind of achievement that you can make a man cum or make a man orgasm.’ Different participants described cum as the product of sex and one man said, ‘If there isn’t blood, shit and semen on the sheets, it didn’t happen’. Importantly, cum was also talked about as fun within the context of enjoyable sex. In fact, two different men described it in exactly the same way, ‘It’s just like cum. Wow!’

Alternative words to cum were also used, such as semen, load, jism and sperm. In several instances men, mainly those who were HIV-negative applied a negative gloss to cum, particularly with respect to the substance itself. Examples of this include, ‘smells awful like bleach to me’, ‘this sticky, sort of icky liquid’, ‘and all the mess’. When asked what they think of when they hear the word ‘cum’, one of the dominant images the men mentioned was that of ejaculation and of a man ‘cumming’: ‘The, the image that came to my mind when is the image, of somebody ejaculating. Cum is sort of like a release. Like an

ejaculatory.’ Another HIV-positive participant elaborated on this theme, ‘It is a word. Loads of cum. It is like, “Oh, he had a real, biggest load I have ever seen.” I would say, “He came a lot” or “Man, he had so much cum, and he just came, and came, and came”.’

Semen as part of an erotic construct

Men often referred to semen in the context of eroticism or in terms of being ‘turned on’, although this differed somewhat by HIV serostatus. HIV-positive men generally sought out other men of the same status for sex (Eaton *et al.* 2007, Grov *et al.* 2007). HIV-positive men found contact with semen to be an integral part of their sexual lives and swallowing semen was one of the most prominent issues mentioned in relation to this theme. Half of the respondents experienced pleasure in this part of their sex lives, while five of the men did not enjoy swallowing and actually found it, and semen, to be rather disgusting. For several participants, the positive connotations around swallowing were linked with sexual excitement and increased pleasure: ‘Yeah, it is exciting. It’s the last part of the sexual act where everything comes together.’ These sentiments are echoed by another HIV-positive individual:

‘Love to swallow. If I’ve already cum I probably won’t. If I haven’t cum it definitely will cause me get off even more. I just get totally sexual. It’s like exciting think I can even do it if I have cum. I don’t find cum disgusting at all. I find bodily fluids fun and great. Cum’s not disgusting. It is fun.’

Those men who do not enjoy swallowing described their dislike of the taste of semen, as evidenced in the following quotations: ‘Oh, I get a lot of guys they want to drink it and I don’t because if you want to kiss me afterwards? Forget it.’ A 32-year-old HIV-positive participant had this to say: ‘I don’t make a habit of it. I think it’s something I never did with my long-term partner. And he thought the whole sperm thing was it was gross and disgusting.’ For one individual, swallowing was linked to the sexual abuse he suffered as a child; ‘Those memories just come flashing back to me vividly around being forced to swallow it and not wanting to and not really liking the taste of it.’

The psychological dimensions of semen exchange during sex were discussed by several men, one of whom said, ‘It’s just a connection that you have with that person, it’s just that it’s like the ultimate in being connected with a guy, I think in a real mental way.’ In response to the question ‘What does cum mean to you?’ another HIV-positive participant replied: ‘I do not know if it is just a passing of a part of them inside of me that is just mental. My god, there’s gallons of cum rushing. I do not feel it. I feel it because I know they are inside me. I can see that they are cumming and it is intense at their end. If he’s inside me it’s great’.

Sharing semen as part of intimacy

Unlike their HIV-negative counterparts, HIV-positive men often reported wanting to receive their partner’s semen internally, which they described as increasing their feelings of intimacy during sex and towards their partners. The following HIV-positive man’s excerpt illustrates this:

‘I think it’s very intimate and very sexual. It increases some sense of intimacy. That’s the same as talking about what’s great about having someone cum inside you, what’s so great about having someone kiss you while you’re getting fucked. It’s a certain extra level of intimacy that you’re achieving with that person.’

HIV-positive men used specific language to describe the importance of semen exchange in their lives, such as, 'It's like the treasure', 'getting a gift from him', 'having a piece of him' or 'having his seed'. They all expressed distaste for condoms, which nullified the experience of achieving the 'pinnacle'. Another man said, 'My ex and I totally loved it. That was great. We could make it so that we came together. That's the "pinnacle".' A different HIV-positive participant spoke of semen as a 'treasure':

'I think they say it; I do not know if they actually "get it", I mean, I do not think it's about fantasy like it is, "Oh my god, I want a whole bunch of guys to cum in me right now." There is just something about this fantasy about having every fucking amazingly great guy's cum inside you. It is like the treasure. It is as if you got the man.'

When discussing intimacy, several men made connections between semen and a more complete sexual experience, 'It was a more complete thing' one man said. This was echoed by a different participant who, when talking about URAI explained, 'Well, actually it, the presence of semen. My lover and I did cum inside each other and it is "seamless" love.' The 'complete' dimension of URAI was compared to using condoms during sex, specifically how safer sex practices interrupt the heat of the sexual moment as an HIV-positive man explains:

'I guess the flow of events is so much more wonderful because you don't have to stop and get a condom out, unroll it, or put it on, roll it on, make sure you have enough lube.'

These perspectives contrasted those of the HIV-negative men, many of whom thought of semen as a poison to be kept outside of the body. These thoughts about semen changed considerably following seroconversion. 'Quick, wipe it up. It was a dirty poison! And that is now different [since I'm HIV-positive]. Where it is much more an intimate experience now that I don't have to worry about that I was paranoid before, worried I'm going to get cum in my eye.' Although safer sex practices prevailed among the HIV-negative participants, several spoke of the intimacy of URAI in their relationships. One HIV-negative man said:

'I think that's probably part of the whole problem with condoms is the lack of cum when it's wrapped up and it gets thrown away. You don't really get to see it or touch it or do any of those other things that seem very erotic when you're horny. Having a guy cum in my mouth or my ass is a feeling of closeness and it probably does turn me on. It probably has more to do with the intimacy.'

Another HIV-negative man described the importance of exchanging semen and pleasing his sexual partner. Responding to the question 'When your lover cums in you, how do you feel about that?' he says 'Fine. Actually I kind of feel it really satisfying because I feel like he has really gone the distance. He's really enjoyed himself. He hasn't had to worry about anything.'

HIV-related issues

HIV viremia. HIV-positive men tended to be conscious and somewhat informed about the concept of HIV-1 viral load and its potential impact on transmission and super-infection. HIV-positive participants generally understood semen to be less infectious if a person was taking HIV antiretroviral therapy, as illustrated in this example: 'It's in your blood and it's part of your semen. You can catch it even if you are not on HIV therapy because it increases your count if you are not. I think it increases your CD4 counts.' When asked if he would

feel different if his physician told him that his viral load was undetectable the same participant answered, 'I'm not sure. No, I think you'd still be a risk.'

One HIV-positive man struggled with managing the knowledge of his HIV viral load and its impact on his sexual behaviour, particularly with his casual sex partners:

'Like, if I'm HIV-positive and they're HIV-positive and figure out whether or not they're comfortable with cumming? I just know that the one guy that I have sex with who is my fuck buddy, he's HIV-positive, and I'm HIV-positive too. We talked about viral loads, so he knows what my viral load is, and I know what his viral load is. He knows that I have a zero viral load and we're OK with that. I just fucked and actually, I had a date but he said, "You didn't cum inside me, did you?" He's definitely concerned about that.'

In contrast, HIV-negative participants either did not fully consider or adequately comprehend the medical concept of HIV viraemia load or having resistant HIV in semen. When asked 'Do you think guys who are on HIV antiretroviral therapy have less infectious cum?' one man said, 'I don't think so. I don't really know, but I would say it's the same.' A twist on the issue of HIV viraemia relates to the freedom and pleasure associated with the cumming practices of HIV-partners, namely the possibility of internal ejaculation. One HIV-negative man said: 'It was cool for him to fuck me. After four years of him still being HIV-negative I would let him cum inside me.'

One interviewee raised an important issue that has not been extensively examined in the HIV/STI prevention literature; that of the very real need for a sexual dialogue (for an exception see Pliskin 1997) with which to discuss, inform and share personal information regarding not only HIV status, but also preferred and enjoyed sexual practices. These data provide insights into how men frame their sexual experiences, especially in terms of the situational context of risk and the emotional challenges of negotiating sexual behaviour. As the following HIV-positive man explains:

'I was giving him a blowjob and as he got close, and he made a point of pulling away; therefore I am assuming he was HIV-positive and did not know that I was HIV-positive. There is no dialogue. There is no way for me to say, even if I wanted to, "It's okay you can cum in my mouth, because I'm HIV-positive too." He has no way to say to me before that, "I don't want to cum in your mouth because I'm HIV-positive." What would you say to somebody who is sucking your dick and are getting close? Are you going to stop him and say, "Do you mind if I cum in your mouth because I'm HIV-positive." What would you do? I do not know what the answer to that question is, but I think that that is rather where a dialogue has to start. I know who is at risk, but to actually say that to somebody is a turn-off.'

The following HIV-positive informant further discussed the need for sexual dialogue:

'Maybe if the rules were a little more sensible then there wouldn't be as much betrayal of trust. There is the possibility that two people can sit down and-and work it out, instead of taking this model that has been imposed, coming up with your own model and saying, "Guidelines for me: I do not want you dating any of these people. I do not want you to be with them more than once. I don't want you to do specific sexual acts with them." A non-monogamous relationship does not mean-boundary-less.'

Resistant HIV strains. The literature is rife with data indicating that drug resistant strains of the HIV-1 are passed on through URAI (Eshelman *at al.* 2007, Lertpiriyasuwat *et al.* 2007). Despite this, many participants did not demonstrate concrete understandings about

the transmission of resistant strains of HIV. This is illustrated by an HIV-positive participant's response to the question 'What do you know about, about the different strains, the mutated HIV strains?' He replied, 'Nope. First, I have heard about mutated strains of HIV. I haven't read anything about them. Not that I go out of my way to educate myself on HIV.' What little knowledge about HIV viral resistance existed came from a minority of HIV-positive participants. When discussing how, or if, people on HAART can pass on drug-resistant strains of the virus, one HIV-positive man said:

'That's why they still tell you, even if you're HIV-positive, even if you're with somebody else who you know is HIV-positive, you still have to be protected because I certainly don't want to be screwed by the time I get to the point, only to find out that I've picked up one of the HIV resistant ones and a medication is no good.'

An HIV-negative interviewee indicated similar concerns:

'I would think so, when you're passing the virus. I'm sure you pass it on, whether the person who receives it will convert to that type, it isn't a guarantee, but I think that it can, you can still pass HIV to anyone. If you're not playing it safe.'

Additional information regarding HIV-positive men's awareness of drug-resistant HIV strains, transmission and strain 'multiplicity' emerged from discussions about bareback sex. An HIV-positive participant explained:

'If they're HIV-positive as well, because you might get an already fairly immune strain of HIV, so that when it comes time for you to be on the medication, it's not doing you much good.'

One HIV-positive interviewee disliked bareback sex because of its connections with contacting drug resistant strains and other sexually transmitted infections. He said, 'But it's really not something I do a whole lot. And it's because I don't want to get another strain, or get hepatitis or herpes.' There was a clear anxiety about new infections of resistant strains of HIV among a number of the HIV-positive men, as indicated in this quotation. 'I don't know if I'd want to know if I had one of these multi-resistant strains. That would just make me worry more, I think. Oh, well, you don't want to worry more.'

Reproduction and fertility

In the literature pertaining to semen, be it in the context of HIV/AIDS, biology or the social sciences, there are several standard tropes through which semen is represented. It is typically constructed as a 'high-risk' fluid to be contained, as a central player in human reproduction alongside the female egg (Martin 1991) or as something with potent social value such that its loss generates significant anxiety (Alter 1997, Dwight 1997). In our study, men spoke about semen in a very different way, one that complicates current discourses surrounding masculinity, sexuality and fertility among gay men. Men talked about semen in relation to its reproductive capacity and of themselves as becoming metaphorically pregnant. This reflects the power of dominant heterosexual meanings to inform how these men perceive semen and associate it with fertility. Imbuing it with a reproductive desire also pushes our conventional understandings of cum among gay men, which is valued not only as something sexual but also as a medium for reproduction. Although these data did not constitute a major theme, their perspectives are unique and warrant a discussion.

In the men's descriptions about the value, function and role of semen exchange in their sexual relationships, issues of intimacy, excitement and sharing were often raised. Importantly, when talking about what is shared when a partner cums inside them, it is not purely or only the biological substance that is shared. Semen is multi-vocal and contains, stands for and represents many things to these participants, including their partner's physical/emotional being, a gift or a treasure and the seed of life. Take this rich quotation from an HIV-positive man:

'It's just a connection that you have with that person; it's just that it's like the ultimate in being connected with a guy. I think in a real mental way. Like it's the sharing of part of them being inside you and giving it up to you. Not really, an acknowledgement but it is almost like getting a gift from them or something. It is as if they are sharing a part of themselves with you got his seed inside. You got a piece of him inside you. God, you would almost be pregnant if you were a girl, is that not great.'

This HIV-positive man likened seroconversion to the experience of getting 'knocked up' or impregnated if he was not chaste in his sexual conduct:

'Because if you know what viral load means you know what it is a concept. I have an idea and relate it to getting pregnant. You can always get pregnant on the first try.'

Discussion

Several studies have examined cross-culturally the meanings of semen in men's lives (Martin 1991, Alter 1997, Dwight 1997, Holmes and Warner 2005, Khan *et al.* 2006, Coast 2007). However, few of these have explored HIV-related risk factors among gay men and the context and meaning of specific sexual practices. We found a diversity of beliefs regarding semen and the important role it plays in the lives of men (Moore 2002), which tended to differ according to HIV serostatus. These data have significant implications for HIV prevention and also contribute to emerging discourses regarding the role of semen in the cultural construction of sexuality and masculinity (Moore 2007).

Most gay men in this study discussed semen in the context of an erotic construct and its exchange appeared to hold different and potent meanings depending on one's serostatus. Consistent with earlier literature, it was not surprising to find that HIV-positive participants were more likely to report intentionally having URAI and accepting semen internally (Bouhnik *et al.* 2006, Marcus *et al.* 2006, Parsons and Bimbi 2007), especially with men of the same serostatus (Xia *et al.* 2006).

HIV-positive men spoke of being aroused and excited by tactile contact with their partner's semen or by its taste. Oral exchange of semen tended to be reserved for special partners within primary relationships. The same is true for unprotected anal sex because men accept and desire their partners to cum inside them and/or vice versa only when they are part of a particularly meaningful relationship. Thus, oral and anal semen exchange emerged as vital to the men's construction of sexuality, relationship typologies and to some of their most intimate and valued sexual practices.

In addition to data on the five major themes presented in this paper, we also gathered information on the role of the Internet in the formation of the participants' sexual identity and practices. In chat rooms, men often described the exchange of semen to potential partners as a *gift*, as something precious and sought after. Several participants spoke about

how they generated an on-line ontological narrative wherein HIV, which was understood to be part of the seminal gift, promotes social bonds, the creation and maintenance of self-identity and social roles and the meeting of particular goals (Middelthun and Aggleton 2001; Graydon 2007). In this way, semen and HIV-positive status are intertwined to produce very powerful identities that are mediated through the Internet and then acted upon in sexual encounters and relationships.

The complexity of managing HIV-related information in one's sexual life was evident across both samples. The HIV-negative men we interviewed did not adequately comprehend the medical concept of HIV viraemia or resistance. Their HIV-positive counterparts were much better informed and generally understood semen to be less infectious if an HIV-positive person had an undetectable viral load. That most participants did not demonstrate any concrete knowledge of the concept of resistant HIV strains is an important outcome of our study (Flowers 2001). This issue is of particular concern among HIV-positive men in the presence of poor adherence to HAART, due to the potential for HAART-resistant strains to be transmitted (Bangsberg *et al.* 2006, Hatano *et al.* 2006, Hogg *et al.* 2006, Oette *et al.* 2006, Sanchez *et al.* 2006). These findings must be emphasized in the development of innovative, population-specific harm reduction interventions for gay identifying men (Inoue *et al.* 2006).

Our data suggests that semen, together with ejaculation and exchange, are part of sexual scripts (Plummer 1990) for which existing HIV/STI prevention programming has yet to adequately account. Prevention efforts have focused on 'safe sex', presenting messages that do not focus on the wide array of beliefs and practices that gay men hold. The literature demonstrates the prevalence of condomless sex, even among partners of unknown HIV serostatus (Brewer *et al.* 2006, Drumright *et al.* 2006, Grov 2006, Shernoff 2006, Dodds *et al.* 2007) and it is very clear that HIV prevention messages for gay men have been only partially effective. Unprotected receptive anal sex between men of discordant serostatus, in which the top is HIV-positive and the bottom is HIV-negative, is an important rationale for prevention and medical interventions. Messages for gay men about condoms may be met with indifference because they omit the cultural context of serostatus, URAI and sex roles, which lends credence to the importance of the data in this paper to gay men for whom the exchange of semen is proof of intimacy, bonding and social belonging. Moreover, it provides an insight that goes beyond conventional public health notions of risk and anxiety that are commonly associated with gay men's sexuality and sexual behaviour.

There are several limitations of these data that must be acknowledged. Our findings would have been much stronger if the meaning of semen had been more explicitly discussed with the men in relation to their negotiation of safer sex practices. In addition, no specific distinction was made between the meanings of semen *per se* and semen that might contain HIV. Further, we are unable to ascertain if there exist samples of minority ethnic and Aboriginal 'Two-Spirit' men (who sometimes identify as gay) and transgendered men who did not respond to our recruitment efforts. We also cannot exclude the possibility that men misrepresented their own experience by answering questions in a socially desirable or boastful manner.

Conclusion

This paper offers rare and unique perspectives on semen, an issue that has not been investigated until late in the HIV epidemic but which offers critical insight into the lived sexuality and dominant sexual discourse among young gay men. The cultural significance

of semen and its exchange must be taken into account in primary and secondary HIV prevention interventions for young gay men, including condom promotion and the development of rectal microbicides. Prevention efforts should include the provision of medical knowledge about viremia and resistance, which could have a significant impact on gay men's sexual decision-making and their health-seeking behaviour.

To better serve their gay male clients, healthcare practitioners need to engage them in dialogues about the biology of HIV and other diseases and also acknowledge the very real importance of the role that desire and pleasure play in men's lives, an aspect of health provision that has long been ignored. This is especially important in relation to semen exchange, a behaviour that is dense with meaning and directly related to disease transmission (Crossley 2004, Dodds *et al.* 2004). Based on our study, it appears that many men are wedded to the concept of URAI and semen exchange (oral and anal), which makes developing rectal microbicides that are acceptable to gay men vital (Gross *et al.* 1998, McGowan 2006, Ramjee *et al.* 2006, Carballo-Dieiguez *et al.* 2007). The practical and theoretical implications of these findings are part of a larger dialogue, which, until recently, has been somewhat muted: that of the need to speak about the diverse and deeply significant fabric of gay men's sexuality.

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