

Doctoral Dissertation Defense



Presented by
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*“Masculinity, Stigma, Critical Consciousness and
HIV Prevention among Sexual and Gender Diverse
Individuals of Color”*

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Advisory Committee

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Dissertation Abstract

Research has documented factors such as adherence to traditional masculinity norms¹, stigma, and critical consciousness (CC) to impact the lives of sexual and gender diverse (SGD) individuals, yet there is limited research on the links between these constructs and how they are related to their health-seeking behavior (HSB) and HIV-related outcomes. This dissertation aimed to address these gaps across three separate, interrelated studies by providing a better understanding of associations between masculinity, stigma, CC, HIV-related outcomes, and HSB among SGD individuals.

Study 1 explored demographic differences among SGD individuals and examined associations between masculinity and HIV-related outcomes. Findings indicated significant mean differences in anticipated PrEP stigma based on sexual orientation and race/ethnicity, with bisexual participants reporting significantly higher levels of anticipated PrEP stigma than gay, same gender loving and queer participants. Higher levels of anticipated PrEP stigma were associated with higher levels of masculinity.

Study 2 utilized two different samples of SGD individuals to explore associations between masculinity, stigma, HIV-related outcomes, and HSB. Participants from Sample 1 who identified as non-Hispanic/Latino Black Indigenous People of Color (BIPOC) reported significantly higher levels of masculinity than Hispanic/Latino and BIPOC participants. Significant mean differences in masculinity were found among participants from Sample 2 based on race/ethnicity and sexual orientation. Masculinity was associated with lower levels of HSB, and the relationship between anticipated PrEP stigma and HSB was moderated by masculinity.

¹ From this point on, the term “masculinity” will be used for brevity.

Study 3 explored the relations between CC, HIV-related outcomes, and HSB to test whether CC moderated the relation between masculinity, HIV-related outcomes, and HSB. CC was significantly associated with higher levels of HIV testing, PrEP use, and HSB. Additionally, CC moderated the relation between masculinity and HIV testing and between masculinity and HSB.

These findings underscore the importance of masculinity and CC in SGD individuals' HIV-related outcomes and HSB. Future HIV prevention efforts should consider bolstering positive masculinity and CC and should continue to examine the multifaceted constructs of masculinity and CC among SGD individuals in order to identify the most salient barriers and facilitators of PrEP use and HSB.

Keywords: masculinity, stigma, critical consciousness, HIV prevention, health, MSM