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'With or without your diagnosis, you are still a man': Understanding Expressions of Masculinity

among HIV-Positive, Adolescent Men Who Have Sex with Men in Mexico City

By

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Degree to be awarded: Master of Public Health

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Abstract

'With or without your diagnosis, you are still a man': Understanding Expressions of Masculinity among HIV-Positive, Adolescent Men Who Have Sex with Men in Mexico City

By Theresa Sybil Bailey

Studies show that expression of dominant masculine traits and behaviors can increase the risk of contracting HIV, reduce health seeking behaviors and interfere with adherence to HIV treatment. Young gay and bisexual men (YGBM) are at elevated risk for contracting HIV. However, little is known about how YGBM understand and express masculinity. This study explored the relationship between masculinity and experiences with HIV among HIV-positive, YGBM in Mexico City, Mexico. Eighteen semi-structured, in-depth interviews were conducted with horizontally infected, HIV-positive, YGBM, ages 15-19, at two specialized HIV clinics in Mexico City. All participants were asked about masculinity, HIV, sexual behavior, and social norms surrounding gender expression. Data were coded and analyzed thematically.

Participants were socialized from a young age to recognize and express what society typically associated with men and masculinity. They valued and expressed certain aspects, but had to find ways to reconcile their emerging masculine identities with aspects of dominant masculinity they did not agree with or could not emulate. Most participants expressed themselves more societally-masculine, even if it required suppressing outward expressions of their femininity. Men who expressed more societally-feminine characteristics were rejected or devalued more frequently by others, including by other gay and bisexual men. Additionally, most participants preferred to date masculine men and reported limited communication with partners about condom use or HIV.

Consequences for not meeting societal expectations of men were violence, rejection, or judgment from family, friends, and peers. The fear of consequence was a strong motivator for participants to reevaluate their expressions of masculinity, how they navigated HIV disclosure, and the desirability of interacting with others at the clinics. Ultimately, participants felt their HIV diagnosis did not change how they perceived and expressed masculinity.

These narratives can help community-based interventions in Mexico City to better engage YGBM in HIV prevention and treatment. Expanding existing programming to better engage families as support systems, establishing more LGBTQ-friendly clinics, and rolling out LGBTQ friendly sexual education at an early age are just a few ways that potential interventions and future research can build off this study to improve health outcomes among this key population.

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Chapter 1: Introduction

Background

Almost 34% of HIV cases in Mexico are among people 15-29 years old (CENSIDA, 2014). Men who have sex with men (MSM) also experience elevated HIV risk, with an HIV prevalence of 17.3% compared to 0.3% among the general population (CENSIDA, 2014; UNAIDS, 2018a). There are many risk factors that expose young MSM to HIV at higher rates including, but not limited to: increased transmission through unprotected anal intercourse, limited HIV prevention education, drug use, normalized sexual risk behaviors, limited access to testing services, and the sociocultural and legal effects of stigma (AVERT, 2017; CDC, 2014; Armstrong, Baer, Baggaley, & Verster, 2015). In addition to these more cited risk factors, it is well documented that internalization of dominant masculinity increases heterosexual men's exposure to HIV and can interfere with consistent testing and adherence to HIV treatment (Fleming, DiClemente, & Barrington, 2016; Betron, Barker, Contreas, & Peacock, 2012; Connell & Messerschmidt, 2005). Dominant masculinity can be defined as any masculinity that is generally unattainable while still delegitimizing alternative masculinities in a culturally accepted manner (Connell & Messerschmidt, 2005). However, limited research exists on how dominant masculinity, oftentimes upheld in Mexican culture, is expressed among adolescent, Mexican MSM (Gutmann, 2007).

The literature available about MSM and masculinity in Mexico reveal that MSM in Mexico City may not use condoms if they are the penetrative partner because they feel that only "effeminate gays or the transperson or poor people" are at increased risk for contracting HIV (Méndez Tapia, 2014, p. 13). A cross-sectional survey among MSM in Tijuana reported similar findings, with almost 50 percent of participants expressing a reduced perception of risk. It also

corroborated previous findings that internalized homophobia can be a barrier to accessing HIV testing and prevention services (Pines et al., 2016). Both articles discuss at length the effects of dominant masculinity and gender roles on the experiences that MSM have with HIV, but both studies are too small to be generalizable to youth in Mexico City.

Broader studies conducted in Latin America show that dominant masculinity normalizes risk behaviors which are positively associated with contracting HIV (Fleming et al., 2016; Betron et al., 2012; Méndez Tapia, 2014; Pines et al., 2016). Further, key studies on sexual identity, gender theory and HIV have all established that personal experiences of discordance between sexual identity and prevailing masculine norms can lead to attempts to reestablish masculinity (Connell & Messerschmidt, 2005; Connell, 1992; Carrigan, Connell, & Lee, 1985). Yet, as men attempt to achieve and dismantle, accept and reconcile dominant masculinity with their own self-expression, masculinity becomes a risk factor for several poor health outcomes (Connell, 2005; De Keijzer, 1997; Stern, Fuentes-Zurita, Lozano-Treviño, & Reysoo, 2003). Overcompensation can also create barriers to consistent use of anti-retroviral treatments and other resources, consequently exposing more MSM to HIV and increasing lifetime risk among this demographic (Méndez Tapia, 2014; Skovdal et al., 2011; Fields et al., 2012; Fields et al., 2015). Not only could this be a driver for the increasing trend of HIV incidence among MSM, it could also lead to poor adherence to HIV treatment among HIV-positive MSM, costing Mexico more and more as it works to control HIV among this key population.

Therefore, it is crucial to directly involve HIV-positive, adolescent MSM in Mexico City in identifying ways in which internalized concepts of masculinity may affect their experiences with HIV (Asthana & Oostvogels, 2001; Bekker, Johnson, Wallace, & Hosek, 2015). With this information, health care providers and community health workers in Mexico City will be able to

incorporate targeted services and programs for adolescent MSM, better equipping the city to reduce new cases of HIV and increase adherence to care among this vulnerable population (Betron et al., 2012; Asthana & Oostvogels, 2001; Arraes et al., 2013).

Problem statement

Expression and adherence to dominant masculinity is a known risk factor for contracting HIV and poor outcomes for HIV-positive men, however studies that have examined masculinity and HIV in Mexico have not fully explored how internalized concepts of masculinity and heteronormativity may affect young MSM living with HIV. There is a need to increase knowledge of the ways in which HIV-positive, adolescent Mexican MSM understand and express masculinity in Mexico.

Purpose statement

To explore the relationship between masculine gender expression and experiences with HIV among HIV-positive, young gay and bisexual men (YGBM) between 15-19 years in Mexico City, Mexico.

Research question and study objectives

How do societally endorsed masculine norms, attitudes and behaviors affect HIV-positive, YGBM's experiences with HIV in Mexico City?

    Study objective:

Identify ways in which expressions of masculinity could influence risk behaviors, testing, treatment and adherence to care among HIV-positive, YGBM who utilize the Specialized HIV Clinics of Condesa (CEC) and Iztapalapa (CECI).

Sub-study aims:

1. Establish if dominant masculine norms, attitudes and behaviors are expressed among YGBM, who have contact with CEC and CECI.

2. Identify how YGBM perceive the consequences of deviating from generally upheld expressions of masculinity.

3. Explain how expressions of masculinity evolve after YGBM receive positive HIV diagnoses.

Significance statement

Understanding how masculinity is specifically expressed among YGBM could reveal how hegemonic masculinity is being adapted and enacted in a country whose ideas of traditional gender roles continues to evolve (Ramirez, 2008). Beyond advancing gender theory in Latin America, this study can help future researchers to define the mechanisms by which dominant masculinity may impact the health and well-being of YGBM. From a behavioral change perspective, understanding how masculinity and sexual and reproductive health intersect could promote more holistic sexual education and innovative interventions for HIV prevention among YGBM. Clinically, the identification of these mechanisms of influence could lead to tailored HIV care and services that could increase treatment and drug-adherence among HIV-positive, YGBM.

Definition of key terms

  The following research is inspired by the masculinity theory of R.W. Connell, an Australian sociologist whose novel explorations of masculinity have spurred related research worldwide. What Connell proposes is that masculinity is not a state of being, something to be donned when coming of age, but instead that masculinity is performative and social negotiated between men (2005). Therefore, for the purposes of this study, masculinity will be defined as an expression of gender, that consists of a socialized, negotiated set of behaviors and attitudes, typically expressed by those of the male sex.

  Through homosocial interactions, hegemonic masculinity emerges, which in its essence is a configuration of gendered practices that legitimize the patriarchy and ensure that men will dominate over women (Connell, 2005). The crux of this theory is that hegemonic masculinity is a form of masculine gender expression that most men will never (consistently) embody. For this reason, it is something that does not just create a social hierarchy between men and women, but more importantly, something that also socially stratifies men and assigns power, respect, and social freedoms accordingly. Gay and bisexual men perform what is called subordinate masculinity according to Connell's theory. Essentially, because hegemony is relational, any expression of masculinity that does not uphold a culture's unique interpretation of dominant manhood is lesser, or subordinate. This label exposes gay and bisexual men to political and cultural exclusion, cultural abuse, legal violence, street violence, economic discrimination, personal boycotts and more (Connell, 2005). However, it is Connell's identification that gay and bisexual men do not just occupy the category of subordinate masculine expression in relation to hegemonic masculinity that gave rise to this research study. These definitions of masculinity as well as other relevant key terms are defined below.

Adolescent – any person between the ages of 15 and 19 years of age, as defined by the Pan American Health Organization

Clínica Especializada Condesa (CEC) – Specialized HIV Clinic Condesa in Condesa, Mexico City; one of the sites of data collection

Clínica Especializada Condesa-Iztapalapa (CECI) – Specialized HIV Clinic Condesa-Iztapalapa in Iztapalapa, Mexico City; one of the sites of data collection

Complicit masculinity – any expression of masculinity that in itself does not embody hegemonic masculinity, but still endorses or upholds certain attitudes or behavior because they confer a general benefit by virtue of the subordination of women

Dominant masculinity – a more commonly used term that encapsulates the R.W. Connell's definition of hegemonic masculinity; this term will be used unless explicitly referring to Connellian descriptions of masculinity

Hegemonic masculinity - a configuration of gendered practices that legitimize the patriarchy and ensure that men will dominate over women; first defined by R.W. Connell

Horizontal transmission – any transmission of HIV that is not from mother to child, most commonly sexual, but also including intravenous or transmission by blood transfusion

Instituto Nacional de Salud Pública (INSP) – National Institute of Public Health in Mexico

Joto – as a noun, this term refers to a gay man and is historically used as a derogatory term in Spanish (Méndez Tapia, 2014); oftentimes used interchangeably with *maricón*

Machismo – a multi-faceted term to describe the masculinity expressed by Latino men which acknowledges economic stability and prioritization of family, as well as aggression, homophobia, and the subjugation of women, among other qualities

Machista – someone who embodies the qualities that are encapsulated in machismo; carries a negative connotation

Marginalized masculinity – any expression of masculinity that due to race or class structures in a particular society is delegitimized or exaggerated to retain the social authority of hegemonic expressions of masculinity of the dominant social group

Maricón – see *joto*

Masculinity – an expression of gender, that consists of a socialized, negotiated set of behaviors and attitudes, typically expressed by those of the male sex

Men who have sex with men (MSM) – any man who once, occasionally, frequently or exclusively has oral or anal sex with other men, conferring no assumption of sexual identity

Puto – a noun used to refer to a homosexual man; synonym of joto (Méndez Tapia, 2014)

Socialization – the complex and detailed cultural process of incorporated socially approved behaviors and thoughts into one's self-expression and behavior (Keijzer, 1999)

Subordinate masculinity – any expression of masculinity that does not uphold a culture's unique interpretation of dominant manhood is lesser, or subordinate

Vertical transmission – when HIV is transmitted from mother to child in utero or through breastfeeding

Young gay and bisexual men (YGBM) - any adolescent man who once, occasionally, frequently or exclusively has oral or anal sex with other men, conferring no assumption of the individual's chosen sexual identity

Chapter 2: Literature Review

In order to understand how expressions of masculinity, same-sex sexual encounters, and HIV interact among HIV-positive YGBM in Mexico City, one must first understand these distinct components and how their synergistic effects create unique experiences among gay and bisexual adolescents. Masculinity and manhood can be understood as social constructs that vary by culture. Although masculine expressions cannot be viewed through a monolithic lens, landmark work in the fields of sexuality and gender, psychology, and anthropology provide common roadmaps that elucidate how masculinity as a social construct emerged and how it is negotiated between men. Moving forward with one definition of masculinity will then allow for a more specific exploration of how gay and bisexual men's masculinity is socialized and subsequently expressed in Mexico and other relevant settings. These more specific texts explore masculinity as it is experienced by those who society tends to marginalize due to their same-sex sexual preferences or inclinations. By understanding how gay and bisexual men negotiate their sexual identities personally, with sexual partners, and publicly, we gain a better understanding of not only how Mexican culture perceives and interacts with these men, but how deviating from traditional expectations of manhood simultaneously creates conflict and liberation among gay and bisexual men. Finally, the most specific literature available, concerning masculinity, men who have sex with men (MSM), and HIV in Mexico and other relevant settings will be reviewed. Although information on this topic is limited, this review will establish clear gaps in research that the current study aims to fill.

Conceptualizations of Masculinity and the Subordination of Gay Men

The work of R.W. Connell, an Australian sociologist, is oftentimes characterized as groundbreaking in its comprehensive and novel examination of masculinity. Connell is recognized as the first to formally define a concept known as hegemonic masculinity in 1983 – "the configuration of gender practices which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell, 2005, p. 77). This characterization of masculinity is the culmination of a close examination of Freud's Oedipal Complex as well as his hypothesis that masculinity and femininity exist in all humans, Carl Jung's work concerning how men actively reject the femininity within themselves, and the work of countless other psychologists, gender theorists, social scientists, and anthropologists that sparked social movements centered around defining gender roles and sex role theory in human society. Ultimately, Connell (2005) identifies that the common thread of most modern theories of the male sex role is that masculinity is a product of the historical, cultural, and economic climate of any given society. In her opinion, masculinity is nothing but a by-product of "large-scale social structures and processes" (p. 39.) Thus, with this foundation, Connell (2005) strove to define a term that was not only capable of recognizing how diverse the act of masculinity can be, but also a term that would emphasize "the relations between the different kinds of masculinity: relations of alliance, dominance and subordination" (p. 37)

Some researchers feel that Connell's original definition and subsequent revision are lacking in nuance that would more exhaustively explore the performative nature of gender. Mimi Schippers' work (2007) expands Connell's theory to better include concepts of race, social status, and femininity. Although Schippers focus is on feminine theory, she introduces an interesting concept that is poorly developed in Connell's theory – "the idealized *quality content*

of the categories 'man' and 'woman'" (Schippers, 2007, p. 90). By acknowledging that there is

inherently higher value placed on manhood, one can better understand how the strategic

juxtaposition of femininity maintains societal power differences on the basis of hegemonically

masculine gender expression. Schippers mentions key examples in her article that explain how

standards of manhood can only exist when they are juxtaposed with an equivalent, but lesser

valued opposite. Compulsory heterosexuality[1] allows only men to assume power through

penetrative sex. Physical strength is only meaningful when inferiority is socially applied to its

absence among women. These examples highlight something that will become key in the later

examination of masculinity among gay and bisexual men, the symbolism of manhood is merely a

mercurial rationalization that derives meaning only when other parts of the system in which it is

contained remain constant and devalued (Schippers, 2007). By defining what women and men

can be, gender becomes something that is socially practiced, and it is only through this repetitive

practice that the hierarchical relationship that places hegemonic masculinity at its apex is

sustained (Schippers, 2007). So, what happens when men begin to embody feminine traits that

societies arbitrarily have used to give normative men power? Gay and bisexual men, who deviate

from the "naturalized, complementary desire between men and women" inadvertently topple the

gendered hierarchy because they "dislodge physical strength and authority from the social

position 'man'" as the term has come to be understood (Schippers, 2007, pp. 93, 96). Therefore,

a closer look at how masculinity is expressed and interpreted by MSM is critical to

understanding why the experiences of HIV positive gay and bisexual men may be unique.

Shortly before publishing her original book in 1995, Connell published a short article

about masculinity and the homosexual experience of gender. In more detail than is available in

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[1] Schippers never explicitly defines the term but refers to societal expectations that all people be heterosexual (2007).

the book chapter similarly titled, Connell used eight life histories collected from Australian men to establish a theory of gender, masculinity and gender relations. After conducting each case study, Connell performed a group analysis with the intent of exploring how homosexual men engage with, but are ultimately rejected by, hegemonic masculinity given their contradictory sexual identity. Connell (1992) argues that to be fully understood, a single expression of masculinity must be examined in relationship to other masculinities and the underlying social structure. Since hegemonic masculinity has grown to emphasize homophobia as an affirmation of dominant masculinity, homosexual expressions of masculinity are often categorized as contradictory (Connell, 1992).

Connell discusses how all men face a 'moment of engagement' where a male figure, typically a relative, indoctrinates them through example, punishment, and reward as to what is expected of a 'man' (Connell, 2005). Then, all men must reconcile this imposed identity with their burgeoning sense of self and personal desires and preferences. To a certain extent, gay and bisexual men, especially MSM who identify as heterosexual, are complicit in upholding these unrealistic expectations of the hegemony (Connell, 2005). However, these men also have the power to protest, subvert, and redefine how society interprets masculinity and manhood.

Ultimately, this close reading of Connell's texts, and those of her critics, reveals that masculinity is a complex social performance that overtly impacts the lived experiences of gay and bisexual men. Men who have sex with other men are subordinate to heterosexual men, given that oftentimes "gayness…is the repository of whatever is symbolically expelled from hegemonic masculinity" (Connell, 2005, p.78). However, gay and bisexual men stand much to gain by engaging in the ritual of hegemony because their manhood is still valuable in society. They therefore regularly perpetuate its practice, thus becoming complicit in their own

subordination. However, a key point raised by Connell in her reevaluation of hegemonic masculinity is that all men have the power to protest and subvert what society expects from men, and by doing so they can create new spaces where gender fluidity can flourish.

Conceptualization of Masculinity and 'Machismo' in Mexico

Although Mexico was not always a country that linked male sex with a masculine gender, the Spanish conquest displayed the importance of a man's honor and lineage (Macías-Gonazález & Rubenstein, 2012). As Spain's grip on the nation began to loosen in the early 1800s, leaders of the fight for independence relied on a highly masculinize image of Mexicans: manly enough to overthrow the dominant colonizers. When Mexico lost most of its land to the United States and was later occupied by the French, political leaders blamed the men of the nation for this incredible loss. Porfirio Diaz rung in decades of a hyper-masculinized culture that only valued "hardworking, 'modern,' and white" Mexican men (Macías-Gonazález & Rubenstein, 2012, p.9). For the first time Mexico say a cultural shift in which gender was strictly defined and any displays of femininity or masculinity in the opposite gender were harshly criticized. Homosexuality also became stigmatized and labeled as unwanted deviance. Although literature, art, and later film, would continue to push back against this nationally-endorsed delimitation of gender, heteronormative masculinity became fully enmeshed in national identity (Macías-Gonazález & Rubenstein, 2012) By the 1940's, stereotypes about the *macho* – unemployed, violence-prone, womanizing Mexican man – began to appear it academic writings, art, and literature (Macías-Gonazález & Rubenstein, 2012). Ignoring the socio-economic impacts of rapid urbanization in Mexico, *machos* became associated with Mexico's problems on a global scale.

However, during most of the 1940s, the term *machismo* still did not formally exist in any dictionary[2] (Machillot, 2013). It was during this decade that anthropologists and psychologists in Mexico began to develop the term with scholars in the United States. Originally, *machismo* was engendered as a term that reflected the positive values of masculinity, like loyalty, strength, and virility (Machillot, 2013). But as Mexico's stunted economic growth and social problems became more and more salient, the term took on negative connotations (Macías-Gonazález & Rubenstein, 2012). The most influential use of the term *machismo* was by Mexican poet and writer Octavio Paz (Ramirez, 2008). In 1950, Paz's use of the term in his seminal text, *The Labyrinth of Solitude*, solidified the world's association of Mexico with a stereotyped and negative *machismo*. Since then, *macho* and *machismo* have evolved through depictions in art, film, literature, and pop culture. However, both terms remain associated with stereotypes and generalizations that fail to capture the complexities of lived manhood and masculine gender expression in modern-day Mexico (Ramirez, 2008). Some argue that culturally machismo persists as way to resist the erasure of Mexican culture at the hands of rapid globalization (Carrillo, 1999). Others posit that a new machismo where men participate more in domestic tasks and family planning is the logical way to reclaim the term (De Keijzer, 1997). However, many Mexican youth find no positive value in upholding the *macho* and reject all tenants of machismo in Mexican society (Ramirez, 2008).

Thus, as we transition into an exploration of articles and texts that apply masculinity theory, it is imperative to remember that masculinity, *macho*, and *machismo* all carry different connotations. These terms carry with them the legacy of power imbalances, legislation, and a cultural legacy of 'proving' oneself (Ortiz-Ortega & Rivas-Zivy, 2006). They shape Mexican

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[2] Machillot describes how, although the term had begun to circulate in Mexico and other parts of the Americas in the 1930s, it had not yet reached ubiquity enough to be formally included in Real Academia Española even by 1940.

masculine identity in a highly socialized process that encourages men to seek authority at the expense of their health and that of their families in order to 'be men' (Ortiz-Ortega & Rivas-Zivy, 2006). However, moving beyond the generalizations of a culture, one can see how masculinity and gender norms in Mexico are evolving (Ortiz-Ortega & Rivas-Zivy, 2006; Gutmann, 1996; Ramirez, 2008). "Mexico came to mean machismo and machismo to mean Mexico," but we must look beyond the *macho* image to people's daily experiences and how perceive themselves if we hope to have a clearer idea of how masculinity may impact the YGBM in Mexico City (Gutmann, 1996, p.224; Ramirez, 2008). Thus, an examination of practical applications of masculinity theory in research in Mexico will help to elucidate the mechanisms by which masculinity impacts men's lived experiences and relationships.

Masculine Theory in Practice

In the early 2000s, Jennifer Hirsch carried out a series of ethnographic case studies in the northern rural community of Degollado, Mexico. In her chapter in *The Secret: Love, Marriage, and HIV*, Hirsch describes the dynamics of desire and extramarital interactions between men and women in rural Mexico, as well as the ritual of heteronormative performance. A central theme of her ethnography is public performance of sexuality and manhood. In line with Connell, Hirsch (2009) mentions that in Degollado, masculinity is negotiated among men and because of this relativism, it is effective to use visible, heteronormative sexuality as a means of self-definition and proof of one's manhood.

Although Hirsch's focus is on heterosexual relationships, she describes how common same-sex sexual encounters are in Degollado. Without going into detail about discrimination that these men may face, it is clear that there are social consequences for gender non-conformity. All

heterosexually identifying men, and most MSM that she worked with went to great lengths to develop a public sexual identity in Degollado and then surround themselves with peers who would not undermine that image (Hirsch, 2009). Similarly, research from Mexico City confirms that men who are raised in communities that espouse 'machismo' are likely to prescribe to performative masculinity as they transition into adulthood (Stern, 2003). The perceived necessity of this performative masculinity is underscored by the fact that sexual identity in Degallado, like in many communities, is ascribed solely based on the success of overt displays of masculinity, regardless of true sexual preferences. Thus, a key message emerges – sexual identity in Mexico continues to be assigned largely based on appearance. An effeminate heterosexual man will still be called a 'joto' by his peers despite exclusively sleeping with women (Hirsch, 2009). This exemplifies how hegemonic ideas of masculinity transcend actual sexual behavior and force men to comply with established masculine expressions lest they face public marginalization and subordination.

Thus, MSM in Degollado frequently follow their prescribed gender role, some even marry prominent women in the community, and then seek hidden spaces where same-sex sexual encounters can occur (Hirsch, 2009). Although, Mexico City is a very liberal environment that has grown more accepting of diverse sexual identities since the proliferation of the gay liberation movement[3], Hirsch's concept of safe space for self-expression is an apt application of masculinity theory (Connell, 2005). Through her heterosexual examples, one can extrapolate

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[3] The Gay Liberation Movement began in 1978 where the tradition of hiding and silencing homosexual men was first challenged (Hernández-Cabrera, 2001). For the first time, homosexual men participated in a march for increased rights and tolerance in Mexico City. Around this time, the first gay and lesbian rights groups were formed in Mexico, predominantly composed of young people 18-30, and the first Gay Pride march occurred. In the 80s, Mexico saw a surge in the use of and self-identification with the term gay due to influences from the United States (Hernández-Cabrera, 2001). The 80's were also marked by sustained political movements which diminished through the 90s and were almost non-existent by 2000 due to a series of triumphs that led to a politically endorsed antihomophobia campaign in 2003 and major equal rights laws being passed in 2003 and 2010 (Lozano-Verduzco, 2016a; Beer & Cruz-Aceves, 2018).

how a man's reputation, valuable currency in a country that values family and close social ties, can be irreparably damaged when he brings same-sex sexual preferences into spaces where he had carefully constructed a heterosexual identity. Thus, Hirsch identifies a second application of masculine theory. MSM may cope with the subordination of their masculinity by identifying communities and safe spaces in which they can openly express their sexual identity. Gay and bisexual men can find this space through knowledge of gay communities and even if they do not identify as queer, knowing how to access these safe spaces helped Degallado men find discrete sexual partners, as well as sustain their performative heteronormativity (Hirsch, 2009).

The second application of masculine theory in Mexico that I would like to highlight is the work of Matthew Gutmann in Oaxaca, Mexico. In *Fixing men: Sex, birth control, and AIDS in Mexico*, Gutmann uses his book to address heterosexual sexuality and how hegemonic masculinity influences men's experiences with sexual partners, HIV/AIDS, and their use of family planning methods, like vasectomies. He emphasizes that male sexuality is falsely seen as a monolith of experiences and he counters that the diversity of heterosexual male sexuality should be further explored. Gutmann employed ethnographic fieldwork in Oaxaca City from 2001 to 2005, that was carried out in two vasectomy clinics, a state-run AIDS clinic, and in the Ethnobotancial Garden of Oaxaca. To learn about HIV, he met men and women seeking urgent and routine care at the AIDS clinic. To learn about sterilization, he interviewed men at the vasectomy clinics. He interviewed medical professionals at all sites.

Like Hirsch, Gutmann quickly identifies that homoerotic behavior is understood to be extremely common among Mexican males, but no one reports engaging in it (Gutmann, 2007). Many men with whom he speaks identify as heterosexual despite having had sexual encounters with men. The masculinity of MSM who do not identify as gay or bisexual is still subordinated

due to their participation in homoerotic interactions. However, because these men predominantly occupy the penetrative role during sex with other men, they confidently uphold constructs of hegemonic masculinity which places value on penetrative sex as an indicator of masculine dominance. These men's behavior thus creates a grey area that actively challenges the power hegemonic masculinity seeks to strip from MSM (Carrillo, 2003). The key point here is that heterosexually-identifying MSM may have much different experiences of masculinity than gay or bisexual MSM. Therefore, it is very likely that by only enrolling men who report being gay or bisexual to a health care provider, only a subset of MSM's experiences of masculinity will be represented.

Other relevant findings from Gutmann's research (2007) include the confirmation that Mexican hegemonic masculinity also promotes homophobia, and that living with HIV is seen as a weakness to which negative, traditionally feminine traits are applied. Ultimately, Gutmann's research reveals that Mexican culture upholds hegemonic masculinity in many aspects. Because most men are highly socialized to try to emulate the perceived qualities of manhood, even to their own detriment, the endorsement of hegemonic masculinity becomes a risk factor for several poor health outcomes (Connell, 2005; De Keijzer, 1997; Stern, Fuentes-Zurita, Lozano-Treviño, & Reysoo, 2003). Research exploring this health phenomenon as it relates to MSM and HIV will be explored in the last section of this literature review.

Finally, I will close this exploration of practical applications of masculine theory with research on normative masculinities among heterosexual youth in Paraguay. Fleming, Andes and DiClemente base their research on Connell's gender and power theories. They also draw on Hirsch's research in Degollado (2009), asserting that young men are particularly susceptible to peer influence and therefore more likely to engage in masculine performances in order to better

position themselves socially. They explore this claim through key informant interviews, focus group discussions, and in-depth interviews of adolescents in Asunción. Concordant with the aforementioned literature, Paraguayan youth engaged in performative masculinity. They reported heterosexual sex and early sexual debut as negations of homosexuality, and therefore affirmations of manhood. Other key findings established differences in sexual behavior and levels of partner support between casual and serious relationships, affirming that performative masculinity encourages short term conquests over the vulnerability required to sustain long-term partnerships (Fleming, Andes, & DiClemente, 2013). This study identifies two other findings that may also transcend this young, heterosexual population. The first is that male family members are the first sources of masculine socialization for most youth: older men have opportunities to instill unique ideas as to what should be perceived as 'normal masculinity' (Fleming et al., 2013). Second, the misperception of the prevalence of peers' behaviors, or pluralistic ignorance, could consistently play a role in risk behavior and risk perception amongst youth elsewhere in Latin America (Lambert, Kahn, & Apple 2003).

Although the Fleming et al. research is not based in Mexico, it provides a strong foundation for understanding masculine expression among adolescents and how that directly relates to their sexual and reproductive health. I believe the most transcendent finding is that young heterosexual men find ways to negotiate their personal expressions of masculinity even when they report living in environments of harmful, dominant masculinity. The fear of social exclusion perpetuates hegemonic masculine norms in Asunción, but there are ways that these norms can be subverted. Moving forward, special attention will be paid to how YGBM in Mexico employ similar subversive or 'protest' masculinities.

Although specific studies concerning expressions of masculinity among MSM in Mexico will be explored in the following section, these three studies among heterosexual populations provide key findings that elucidate how masculine theory has been previously applied. When discussing how MSM interpret and express masculinity, it is critical to understanding how heteronormative Latino societies leverage the fear of queer sexual behavior to promote homophobia. This, coupled with a societal limitation of the concurrent expressions of masculinity and femininity, is used to maintain the power dynamics established by a societal adherence to hegemonic masculinity. More importantly, this research reveals a dearth of masculinity studies among MSM and supports the current research study's efforts to further establish this body of literature in Mexico.

Masculine Theory Summarized

By examining this body of research, I worked to not only establish a common theoretical underpinning of modern masculinity research, but to also establish prevailing masculine norms and male sexual behavior in the country and population of interest. The ideas of hegemonic, subordinated, and complicit masculinity provide a strong foundation from which to develop concepts of masculine expression among MSM. However, one disadvantage of moving forward with Connellian masculinity theory as the basis of this research is that it is somewhat dated and was conducted in a very different context: Australia. Masculinity theory has become more nuanced since this exploration of multiple masculinities was first published in 1995. It is possible that these theories do not fully encapsulate what is now being experienced by young gay and bisexual men in Mexico, who are forcing the nation to re-envision gender and masculinity (Reyes, 2005). However, Connell's revision of hegemonic masculinity presents researchers with

opportunities to revise gender hierarchy and deconstruct gender binaries (Connell & Messerschmidt, 2005). That is why it is important to consider advancements in gender theory, as mentioned in the Schippers article. Without digressing from the research presented here, as we move forward with Connellian gender theory, it is important to note that other scholars are thinking beyond the static categories of gender presented by Connell. They call not just researchers, but society as a whole, to 're-do' gender as characterized by the aforementioned theories and move toward a conceptualization of masculinity (and femininity) that is limitlessly fluid (Risman, 2009; West & Zimmerman, 2009).

Masculine Expressions of MSM in Mexico

With a clearer understanding of the constructs of hegemonic masculinity and how that influences heteronormative behavior, we can now turn to MSM and how these constructs impact their perceptions and expressions of gender. The body of research which seeks to understand gender expression among MSM in Mexico focuses on the social and cultural influences of identity and self. I will first examine how society perceives MSM and how Mexican masculinity is similar and different from Western traditions and norms. Then I will explore specific social networks that influence MSM's sense of self: family, peers, and potential sexual partners. This examination of the literature will provide a more nuanced depiction of how MSM construct self-identity and navigate hegemonic ideals of masculinity.

Hector Carrillo's chapter in *Changing men and masculinities in Latin America* (2003) presents an interesting analysis of how masculine gays[4] are interrupting how Mexican society

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[4] Although many authors in the reviewed literature use 'gay' as a term to refer to MSM, gayness as a term to refer to homoerotic identities was imported into Mexico from the United States in the 1980s (Lozano-Verduzco, 2016a). The term was quickly adopted by middle-class, urban, young men. Shortly after the introduction of the term 'gay,' homophobia began to develop in Mexico and was reinforced during the beginning of the AIDS epidemic in the

views masculinity, sexual expression and gay men. Carrillo carried out an ethnographic study of

sexuality in Guadalajara, Mexico between 1993 and 1995. Very similar to Hirsch's 2009

findings from Degollado, some gay men in Guadalajara felt pressure to maintain a reputation as a

'man' (Carrillo, 2003). They spoke about the importance of not having their sexual orientation

invade the world where they passed as a "'normal' man" (Carrillo, 2003, p. 361). This is because

effeminate gayness defies what Mexican society expects a man to be so homosexuality became

synonymous with presence of feminine qualities (Lozano-Verduzco, 2016a). However, Carrillo

posits that as more people are coming out as gay and Mexican society is exposed to more MSM,

lack of feminine traits is no longer a sufficient precondition for being a 'normal' man. This point

is crucial in conceiving the current study. Even in 1993, gay men in Guadalajara discussed how

having sex with other men in no way made them feel effeminate – "I am [male], but my sexual

preference is for other males, because I feel completely male" (Carrillo, 2003, p. 356). Although

gay men sometimes focus on the dominance conveyed by penetrating their partners, Carrillo

effectively demonstrates how gay men in Guadalajara conform to and simultaneously subvert

hegemonic masculinity through their actions (Carrillo, 2003; Lozano-Verduzco, 2015). He closes

with the example of the popular telenovela which highlights a masculine man who recognizes his

sexuality when he falls in love with a masculine, openly gay friend. The show revealed changing

Mexican conceptions of homosexuality when the protagonist's partner declared that "the irony is

that you have to be a real man to declare yourself a homosexual" (Carrillo, 2003, p.364).

This take on the complexities of gay identity are complimented by Ignacio Lozano-

Verduzco work in Mexico City. Through 15 in depth-interviews analyzed through elements of

grounded theory and critical discourse analysis, Lozano-Verduzco wrote two papers, both

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country (Lozano-Verduzco, 2016a). HIV/AIDS solidified the feminine connotations of gay men in Mexico and
began in isolating social phenomenon that held gender stereotypes rigidly and punished all transgressors.

attempting to characterize gay men's identities. The first focuses on difficulties gay men face

should they try to uphold Mexican hegemonic standards (Lozano-Verduzco, 2015). Lack of

social space where men can develop homoerotic identities stunts self-discovery and can

sometimes lead gay men in Mexico City to simultaneously accept and reject their erotic desires.

Yet, this article does an excellent job of articulating that gay identity is not static, but is a

dynamic series of phases that adapt to the socialization of masculinity and the evolution of

society (Lozano-Verduzco, 2015). As Mexico's political-social climate continues to prioritize

gender equality, masculinity as a construct will continue to pivot and adapt to the power

structures upholding it.

      Lozano-Verduzco's (2016a) second paper shows that despite this ever-evolving social

and political climate, the beliefs of families and individuals towards MSM are slow to change

and play a larger role as MSM navigate gender norms and expectations. He found that many gay

men reported first being exposed to homophobia in their homes. From a young age their gender

expression was policed in Mexico, and young boys were punished if they were too expressive or

their behavior is deemed too effeminate (Lozano-Verduzco, 2016a; Serrato & Balbuena, 2015).

Serrato and Balbuena (2015) suggest that this creates 'the closet' for many gay men, where they

can embrace their sexuality identity without challenging the heteronormativity implied by

hegemonic masculinity.

      Whereas family and heterosexual friendships can inhibit MSM's gender expression, close

friendships and romantic relationships with other gay men can improve the emotional well-being

of MSM and encourage self-discovery (Lozano-Verduzco, 2016a; Carrillo, 2003). Mexico City

is replete with gay social groups and a thriving gay community which promote critical moments

for socialization with openly gay or bisexual men (Hernández, 2001; Lozano-Verduzco, 2016a).

However, unlike older gay men, youth are turning to the Internet to augment the gay community, using technology as a tool to find friends and romantic partners (Lozano-Verduzco, 2016a; Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012). Despite the sense of value and self-worth, MSM can gain from interacting with peers, romantic relationships formed on and off the Internet present a unique interaction that ultimately shapes expressions of masculinity among young MSM (Lozano-Verduzco, 2016a).

Mexico City is a bustling urban center, and a bastion of gay 'cruising' culture ("Mexico City's," 2018). The culture of roaming and hanging out in subways, movie theaters, parks and a number of spaces established within the gay community present men with opportunities to meet men ("Mexico City's," 2018; Lozano-Verduzco, 2016b). For young MSM, this presents an opportunity to learn about the rules of romance, how to flirt, and how to attract a man (Lozano-Verduzco, 2016a). However, it is common for heteronormative, hegemonic ideas of masculinity to emerge in these spaces. Studies show that YGBM seek heteronormative ideals of attractiveness in their partners: tall, skinny, dark, and handsome, and above all, masculine (Carballo-Dieguez et al., 2004; Méndez-Tapia, 2014; Moskowitz & Hart, 2011). Multiple studies have also demonstrated that masculinity and indicators of manliness, height, penis size, or hairiness, encourage many men to assume the sexual roles of their partners with limited discussion or flexibility in the act (Moskowitz & Hart, 2011; Johns et al., 2012). Research suggests that this internalization of gendered hegemony may also impact YGBM's ability to be intimate and communicate vulnerably with their partners (Lozano-Verduzco, 2016a). Finally, through speech and action in public spaces, violence, sexual abuse, and misogyny emerge (Lozano-Verduzco, 2016a; Lozano-Verduzco, 2016b).

MSM and Masculinity Summarized

How men engage with and express their masculinity is intimately intertwined with the unique social and political climate in Mexico today. As Mexico continues to grow more inclusive of gender diversity and pushes for equal rights for LQBTQ+ individuals, YGBM have a social freedom that was not available for men of previous generations (Lozano-Verduzco, 2016a). Not only does this freedom allow YGBM to build a sense of self-worth and self-identity within the gay community, but it affords them crucial spaces where they can learn "through interactions in different contexts, …what it means to be and act as a male, and how to express sexual desire and feelings" (Lozano-Verduzco, 2016a, p. 351). However, the experiences of YGBM who express or embody any traditionally feminine traits experience interactions within and outside of the gay community much differently (Hernández, 2001). Families and heterosexual peers typically attempt to inculcate ideas typically associated with machismo and masculine ideals into their young sons (Hernández, 2001). When YGBM fail to meet these standards, they can either hide their homoerotic desire and perform 'masculine activities,' or they face homophobic rhetoric or expulsion from their homes (Lozano-Verduzco, 2016a). These consequences disproportionately burden YGBM with more feminine traits. So, although masculinity among MSM is fully enmeshed in their sexual identity due to the strong link between hegemonic masculinity and heteronormative behavior, gender expression among YGBM is just as performative and socialized as that of heterosexuals (Hernández, 2001).

Uniting the Threads: Masculinity, MSM, and HIV in Mexico

"Cultural norms of machismo, homophobia, and sexual silence may make it for difficult for Latino gay men to come out, experience their sexual identity positively, and practice healthy behaviors." – Díaz, 1998, as cited in Pitpitan et al., 2016, p. 436-437

It has been clearly established that attempts to conform to or uphold the behaviors and attitudes associated with hegemonic masculinity can lead to poor health outcomes among men.

Among MSM specifically, navigating their position within this highly socialized gender construct can lead to behaviors and attitudes that increase HIV transmission (Izazola-Licea, Figueroa, Gortmaker, & del Río-Chiriboga, 1995; Verduzco, 2016). However, personal risk factors coupled with Mexican cultural context results in limited testing and poor adherence to care among this already vulnerable population (Zeglina, 2015; Pitpitan et al., 2016). I will therefore close this review of the literature by examining more closely what aspects of hegemonic masculinity could influence the experiences of MSM. These findings will provide a foundation for designing and interpreting our study that explores the relationship between masculinity, HIV, and YGBM in Mexico City.

A Unique Reality: MSM and HIV transmission

One of the first comprehensive examinations of HIV among MSM in Mexico analyzed data spanning 1988 to 1994, including notifications of AIDS cases and two previous HIV transmission studies, one of which included behavioral interviews from six major urban centers in Mexico (Izazola-Licea et al., 1995). They found that men who performed both insertive and receptive sexual positions were at greatest risk of contracting HIV. Other behavioral risk factors included multiple sexual partners and being diagnosed with previous sexually transmitted infections (STIs). They also found that Mexico City had the greatest HIV prevalence and lowest condom use of any other major city (Izazola-Licea et al., 1995). Although dated, these findings clearly establish the beginning of the HIV/AIDS epidemic among MSM. Many of the same personal and geographic risk factors that drove the early HIV epidemic among MSM remain unchanged (Zeglina, 2015; Strathdee & Magis-Rodriguez, 2008; Gutiérrez, 2012). The article also emphasizes the cultural aspects of Mexican culture that may be driving the concentration of

HIV among this population including: lack of knowledge about sexuality, confusing moral values, stigma from the church, negation of personal risk, and *machismo* (Izazola-Licea et al., 1995).

Several studies now seek to understand how these cultural and personal factors intertwine to drive the epidemic among MSM. In a 10-month study conducted in Tijuana, Mexico, researchers identified seven personal and community-level conditions, like abuse, drug use, and internalized homophobia, that may lead men to engage in riskier behavior exposing them to HIV when they co-occur (Pitpitan et al., 2016) Pitpitan and their colleagues sought to understand how disclosing one's sexual identity to those who know them, or outness, might be a protective factor against the confluence of these risk factors. They found that although syndemic conditions do increase risk of contracting HIV among MSM, when you stratify by outness, it is protective against the syndemic effect. The number of years a gay or bisexual man has been openly 'out' has been associated with increased risk for contracting HIV in Mexico, yet modern studies continue to acknowledge that prevention efforts that only address personal risk factors are ineffective at reducing HIV transmission among MSM (Gutiérrez, 2012). Therefore, addressing the social construct of masculinity could be an extremely effective means of addressing personal, community, and societal level factors that drive the HIV epidemic among MSM (Izazola-Licea et al., 1995).

Reconciling Masculinity: HIV risk among MSM

In order to understand how masculinity impacts HIV transmission, HIV testing, and the lived experiences of MSM living with HIV in Mexico, we must first understand how societies that uphold hegemonic masculinity expose MSM to greater risk of contracting HIV. Three

studies from the United States do an excellent job of describing what has been come to be known

as gender role strain. YGBM learn about masculinity just like every other young man as gender

expression is largely a socialized behavior (Wilson et al., 2010). However, when men,

particularly Latino men of Mexican heritage, are exposed to the values and behaviors embodied

by *machismo*, they often feel internal conflict that they will not be able to be gay and be 'the

man' they were taught to be (Wilson et al., 2010; Meyer & Champion, 2008). This psychological

distress caused by failure to achieve masculine ideals, difficulty performing normative masculine

behavior, or negative experiences when socializing with other men is collectively known as

gender role strain (Fields et al., 2015). In these studies, participants reported a desire to be seen

as a man by any means necessary. Among Latino men, they attribute trying to be *macho* with the

risky behaviors and HIV risk (Meyer & Champion, 2008). In addition, racial marginalization can

exacerbate the degree to which must publicly negotiate their masculinity[5], but all studies concur

that attempts to reconcile gender strain and establish masculinity among YGBM exposes them to

increased HIV risk (Meyer & Champion, 2008; Wilson et al., 2010; Fields et al., 2015).

Zeglin's systematic review of the literature found several other community-level risk

factors that correlate with HIV transmission among MSM (2015). Across 31 sources, they

identified 7 themes that impact HIV transmission: number of partners, attitudes toward condoms,

drug use, sexual positioning, condom-decision-making, attitudes toward testing, and treatment

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[5] Fields and their colleagues (2015) cite literature which asserts that racial subjugation has led to a hypermasculinity among black men meant, an action meant to reclaim power and authority which has been traditionally denied to this group. However, in light of the history of colonization in Mexico, one could posit that there is also a correlation between the legacy of the Conquista and the behavior of modern-day Mexican men (Macías-González & Rubenstein, 2012). As Mexico is a blend of Spanish and indigenous blood, it begs the question if modern Mexican men, stereotyped, like black men are, as hypermasculine, feel a subconscious pressure to uphold the dominance of their Spanish blood, while simultaneously compensating for the indigenous - defeated, subjugated and stripped of power, as research might suggest (Macías-González & Rubenstein, 2012)? Although not a focus of this study, an area for future research lies in how power dynamics conferred to skin color impact HIV transmission among MSM in Mexico.

compliance. They found that MSM that were deemed 'more masculine' were less likely to want to use condoms and more likely to say that partner that made decisions about condom use during sexual interactions (Zeglin, 2015). They also found that 'masculine MSM' were more likely to involve alcohol or drugs during sexual encounters, lowering condom use and increasing HIV transmission. Additionally, 'masculine MSM' were found to have more sexual partners, limited use of HIV testing, and higher treatment non-compliance which led to higher infectivity during sex with HIV-negative partners (Zeglin, 2015). The research again shows that community level risk is a critical component of HIV transmission among MSM. If a 'masculine' gay man complicity endorses these hegemonic behaviors, he will most likely be protected, but he increases HIV risk for the community. For example, because sexual initiation tends to happen with older men, and age, size, and power tend to dictate sexual positions, young gay men are more frequently receptive without condoms, increasing their risk of contracting HIV (Verduzco, 2016; Zeglin, 2015). Therefore, although the social climate in Mexico is growing more accepting of MSM, YGBM remain the most vulnerable to HIV transmission in a culture that still upholds hegemonic masculinity, heteronormativity, and homophobia, within and outside of the gay community (Verduzco, 2016; Pines et al., 2016; Wilson et al., 2010; Stern et al, 2003; Fields et al, 2015).

In addition to increased risk for HIV transmission, internalized homophobia and not being 'out' have been associated with low HIV testing among MSM (Pines, 2016). In a culture where masculinity is oftentimes conflated with heteronormativity, homophobia should be recognized as an embodiment of hegemonic masculinity (Verduzco, 2016; Schippers, 2007). However, a recent ethnographic case-study of a 23-year old bisexual man who is HIV-positive, living in Mexico City suggests that hegemonic masculinity erects barriers that interfere with

efforts to address HIV transmission among YGBM (Méndez-Tapia, 2014). Stereotypes about who is susceptible to HIV infiltrate perceptions of HIV risk. This man believed it was an accurate stereotype that only effeminate *jotos*, transpeople, and the poor contract HIV (Méndez-Tapia, 2014). He also believed that only *jotos* used condoms, and that quantity of sexual conquests was something to be lauded (Méndez-Tapia, 2014).

Although this is just one individual's experience, the case study exemplifies the research we have just examined. MSM remain a key population in the fight to reduce HIV prevalence and transmission in Mexico. Despite Mexican society continuing to create more inclusion and acceptance of MSM, the tenets of *machismo* leave MSM questioning whether they can live up to societal norms that define manhood. Ultimately, when the negative aspects of *machismo* are upheld among YGBM, they are more likely to engage in risky behavior which can increase their exposure to HIV. Additionally, internalized homophobia can also lead some MSM to believe that contracting HIV is a just punishment for social deviation, decreasing HIV testing and adherence to care among this population (Méndez-Tapia, 2014). However, Méndez-Tapia asserts that HIV diagnosis could be a critical juncture where harmful societal norms can be evaluated. Among men in their larger study, some MSM felt that their HIV diagnosis ruptured their sense of self. During the process of re-constructing self, forced reevaluation could provide time where MSM can deconstruct strict ideas of sexuality and gender (Méndez-Tapia, 2014).

Summary

The literature examined in this review does a good job of speaking about the masculinity as a construct, how MSM establish their masculinity through socialization, and ultimately how masculinity may impact experiences with HIV among MSM. Connell's research laid an adequate foundation for an understanding of dominant, or hegemonic, masculinity. As most subsequent

research cites Connell in their background, this reveals the strength of their arguments about masculine theory. I believe the literature available also effectively shows not only how masculine theory can be applied to research in Mexico, but it establishes the unique social context of masculinity in this country. Other strengths of the literature are the clear depiction of the gay community in Mexico, elucidating how men meet potential partners and how masculinity is enacted through sexual positioning. Finally, the available literature clearly shows how YGBM are most vulnerable to HIV transmission due to personal, community-level, and societal factors related to hegemonic masculinity.

Filling the Gaps

In my review, there was a larger number of comprehensive studies exploring masculinity, as well as masculinity and HIV, among heterosexual men than among MSM. Therefore, my primary objective is the bolster the body of literature examining masculinity among MSM. Secondly, there are limited studies that among explore masculine expression among YGBM. It is not well established how gay and bisexual youth determine masculinity and how they respond to attempts to subordinate their masculinity. Especially considering recent laws that expanded gay rights in Mexico, capturing how increased societal acceptance impacts how YGBM engage in the socialization of masculinity will add to the current body of literature. Additionally, there is little information about if YGBM identify aspects of their sexual identity that help them to publicly and personally establish masculinity (Lozano-Verduzco, 2015). Finally, many of the studies examined in the last section on this review focus on how masculinity increases risk of HIV transmission among young MSM. However, little is documented about how YGBM engage with

the HIV treatment cascade. This research which will work directly with YGBM in Mexico City

to examine how masculinity may play a role in testing, treatment, and adherence to care.

Chapter 3: Methods

The purpose of this study was to explore how YGBM experience and express masculinity in order to understand how masculinity may affect their experiences with sexually risky behaviors, HIV treatment and adherence, and clinical experiences at CEC and CECI. A cross-sectional qualitative study was carried out among gay and bisexual adolescents, ages 15-19, in Mexico City, Mexico. An exploratory, qualitative approach was most appropriate for this population because little research has been carried out to understand masculinity as it may intersect with YGBM's experiences with HIV in Mexico City.

Parent study

This study aimed to address sub-questions and objectives within a larger prospective cohort study conducted by the Mexican National Institute of Public Health. The parent study is analyzing the lived experiences, health status and access to health care services among HIV-positive and HIV-negative adolescent men and women, ages 15 to 19, who currently use any service provided by the CEC and CECI in Mexico City. As two of the largest federally-supported HIV clinics in Latin America, CEC and CECI strive to guarantee holistic care for every patient. Through in-depth interviews, observations and surveys, the parent study aims to generate information that will help the clinics to improve the distinct steps along the continuum of care for patients utilizing their services. This smaller study's objective and aims strove to assist the parent study in identifying potential indicators for measuring successful outreach and management of the HIV-positive, YGBM population.

Research team

The principal investigator (PI) of this study is a young female, African-American,

Masters candidate in the Global Health Department at the Rollins School of Public Health. She is

fluent in Spanish, with a Bachelors degree in Spanish literature, language and culture. The PI has

previous research experience leading a sexual and reproductive health-focused study among

adolescents in Mexico. The local study team consists of two medical doctors employed by CEC-

CECI and one medical anthropologist. These Mexican professionals worked concurrently with

the PI to define the study objective and aims, approve all study materials, and recruit

participants. The local team are all members of the larger INSP parent study.

Participants

YGBM were eligible to participate if they were cis-gender men, personally identified as

gay or bisexual, were between the ages of 15 and 19, were horizontally infected with HIV, and

had ever used the services offered at CECI or CEC. Adolescents who fit the inclusion criteria

were recruited by their primary physician to ensure that the principal investigator (PI) did not

learn the identity of any HIV positive patient without their consent to meet her and receiver

further information about the study. Interested YGBM met with the PI and were provided with

detailed information about the study. Their decision to participate was entirely voluntary and did

not impact their medical care in any way.

Eighteen YGBM participated in the in-depth interviews, 8 from CECI and 10 from CEC.

Adolescents were selected through purposeful maximum variation sampling with the hopes of

diversifying the sample as fully as possible based on age, sex, gender, sexual identity, education

level, birth place, income, age at sexual debut, number of sexual partners to date, date of HIV

diagnosis, and most recent CD4 count prior to participation. This sampling technique allowed the researcher to capture the diversity of the lived experiences of participants, but also to explore any shared experiences of masculinity as it intersects with sexual identity and HIV status.

Research design

Using the constructs of gender order theory espoused by R.W. Connell, the research design was structured to elucidate the complex relationship gay and bisexual adolescents have with constructs of masculinity and explore the ways in which this relationship affects Mexican adolescents' experiences with HIV/AIDS (Wilson et al., 2010). YGBM were recruited from the CEC and CECI, from June 2018 to August 2018, and asked to participate in in-depth interviews. All participants who participated in this study also filled out a survey with the parent study at some point before their interview. Demographic information from these surveys was noted for each participant. Additional information about religion and gender were asked during the in-depth interview. Information about diagnosis and CD4 count were provided by the participants attending physician. This information was compiled and recorded after the interview had concluded to serve as variables during data analysis.

In-depth interviews

A semi-structured interview guide was prepared to gain an emic perspective on perceptions of masculinity in Mexico, and to understand how constructs of masculinity relate to HIV risk and subsequent interactions with treatment services and care. The PI worked closely with the local parent study team to revise the guide for linguistic flow and cultural relevance.

Then the instrument was piloted with three men who met the study inclusion criteria, but were older than 19, in order to assess the suitability of the interview guide. Changes were made after each pilot and the final guide was approved by the local team. The translation of all other study documents was also approved by the local team before being utilized with participants. All interviews were conducted in Spanish by the PI, in private rooms at CECI and CEC. To ensure that the research was conducted as ethically as possible, any participant that expressed interest in or displayed a clear need for further support was referred to the clinic's mental health department where they could schedule an appointment with a specialist in adolescent mental health and HIV coping.

Each in-depth interview lasted approximately 1 hour and 45 minutes. All interviews were conducted in private rooms in the clinics. Each participant was asked questions about manhood and masculinity, men in their family, sexual behavior, relationship dynamics, their HIV diagnosis, their experiences with treatment, support systems they rely on to manage their HIV, and how their perceptions of manhood and masculinity and masculinity may have evolved since their HIV diagnosis. Additionally, all interviews were concluded by asking men to evaluate their experiences at CEC/CECI and to provide recommendations for how the clinics could improve the services they offer YGBM. All participants consented to have the interview audio-recorded. The interview guide can be found in Appendix I.

Data analysis method

All interviews were transcribed verbatim in Spanish by either the PI or a bilingual transcription assistant. Transcripts were edited to exclude 'thinking words' (um, este) to facilitate

analysis and de-identified prior to analysis. Analysis was conducted in Spanish; only quotes that would appear in the English manuscript were translated into English.

MAXQDA 2018 software was used to organize and analyze the data. Four transcripts were annotated using memos to begin identifying major themes in the data. These memos were used by the PI to generate the first version of the codebook. Three transcripts were then coded, one of which was also coded by another researcher to assess intercoder agreement. Modifications were made to the codebook and the remaining transcripts were then coded. The final codebook was then used to recode the first 10 transcripts to assure consistency. All memo writing and coding was performed exclusively by the PI. The codes used for analysis and accompanying definitions can be found in Appendix II.

Data was analyzed thematically using code-based and case-based techniques. First each code was examined across all participants. Variation within each code, as well as common themes were recorded. Then each participant's narrative, including the corresponding variables, was examined to determine if there were natural groupings emerging from the data.

Ethical considerations

This study called for the participation of minors as well as adults ages 18-19. For all participants, access to relevant personal health information was requested. Therefore, this study was submitted for institutional ethics review committee approval. This study protocol and research materials were submitted and approved by the Ethics Research Committee of the *Instituto Nacional de Salud Pública* (CI: 1525) on April 10, 2018. Regarding informed consent, the local IRB required that this research follow the Official Mexican Policy 039 that stipulates how researchers can ethically interact with HIV-positive adolescents. Accordingly, all minor

participants were approved to provide informed consent to participate in the study, if they chose, and verbal assent was obtained from parents or guardians only when it did not compromise the safety or HIV status of the participant.

In order to work with the identifiable data collected for the purposes of this research in the United States, the study was submitted for secondary data analysis expedited review and was approved by the Institutional Review Board of Emory University in the United States (IRB00108740) on January 15, 2019.

Limitations and delimitations

This study specifically examined masculinity among adolescents to fill the gaps in literature that addresses masculinity in Latin America. We chose to focus on men who identify as gay and bisexual men because the literature suggests that there may be significant differences from the experiences of MSM who identify as heterosexual (Pitpitan et al., 2016; Hirsch, 2009; Gutmann, 2007). We also chose to work with adolescents 15-19 as they were expected to have a concept of masculinity that was developed enough to provide coherent reflection, while also being in the reported range of the initiation of sexual debut in Mexico.

There was one main limitation associated with data collection. Participants were recruited before or after their appointments with general physicians or psychologists. Whenever possible, interviews were conducted the day of recruitment to reduce the number of men who did not return to be interviewed. However, this generated time constraints for some participants. Doctors or parents interrupted interviews to ensure the participant would be on time to their next commitment. This rush restricted the number of questions that could be posed to participants and could have resulted in less thoughtful responses on their part.

Chapter 4: Results

Introduction

I will first present how participants perceived the masculinity of the men around them, how they chose to express their masculinity, and the experienced or feared consequences when they deviated from what was expected of them. I will then explain how participants experienced the transition from being HIV- to becoming HIV+. Finally, I will detail how men describe any evolution in how they perceive and express masculinity and manhood since their diagnosis. I will provide examples of the most common experiences and counterexamples for each topic. However, I will begin with an overview of the study's participants.

Participants

These data were collected from 18 YGBM, ten who received primary care from CEC and eight who received primary care from CECI. Key sociodemographic information about these young men is shown below in Table 1. A full overview all sociodemographic collected can be found in Appendix III.

Table 1. Key Sociodemographic Information

Participant Name*	Primary Clinic	Age	Sexual Identity	Sexual Debut	Sexual position	Months since HIV Diagnosis+
Manuel	CEC	15	Homosexual	12	Receptive	<1
Antonio	CECI	16	Homosexual	15	Unknown	11^
Kevin	CEC	16	Homosexual	14	Receptive	22
Ángel	CECI	17	Homosexual	14	Versatile	5
Álvaro	CEC	17	Homosexual	16	Versatile	9^^
Gabriel	CECI	17	Homosexual	15	Receptive	10^
Benjamín	CEC	17	Homosexual	15	Insertive	12
Ricardo	CECI	17	Bisexual	14	Versatile	20^
David	CEC	17	Homosexual	15	Unknown	21

Martín	CEC	18	Homosexual	11	Versatile	2
Roberto	CECI	18	Homosexual	13	Receptive	9^
Adrián	CECI	18	Homosexual	15	Versatile	11
César	CEC	18	Pansexual	16	Versatile	11
Matías	CEC	19	Homosexual	13	Unknown	2
Fernando	CECI	19	Homosexual	13	Receptive	3
Gael	CEC	19	Homosexual	13	Unknown	6
Bruno	CECI	19	Homosexual	17	Receptive	14
José Luis	CEC	19	Homosexual	17	Versatile	32

* All names have been changed to protect the identity of the participants
+ Months since day of diagnosis until the official end of data collection on August 15th, 2018
^ Self-reported diagnosis differed from clinic intake data by less than 35 days
^^ Self-reported diagnosis differed from clinic intake data by >90 days

Most participants were between 17 and 18 years old (55 percent), identified as

homosexual (89 percent), and were not married (94 percent). Most participants had completed

middle school or some high school (66 percent). Not every participant was asked about religious

affiliation, but 90 percent of men asked were Catholic or believers in a God. Over 60 percent

were employed at the time of data collection. 44 percent of participants had average monthly

incomes between $4,000 and $6,500 pesos (or $210 - $342 USD) either alone or including

support from others.

Most men had no previous syphilis (22 percent) or HPV diagnosis (22 percent), which

are both risk factors for contracting HIV. Most participants had been living with HIV for over 11

months. CD4 counts indicate that all men had strong immune systems and had not progressed to

AIDS. Most participants were born in Mexico City or the adjoining State of Mexico (89 percent),

and all participants lived in these two areas at the time of data collection. The average age of

sexual debut among participants was 14 years old and 89 percent had only had sexual encounters

with men. When discussing number of lifetime sexual partners, 50 percent of men reported 0-10

partners, 17 percent reported 11-20, 33 percent reported 21 or more partners. Not all men were

asked about which sexual position they prefer, but of those asked, 7 percent identify as tops

(insertive partner), 43 percent as bottoms (receptive partner), and 50 percent as versatile (insertive or receptive).

Recruiting men from both clinics helped to ensure maximum variation, as the research team assumed that wealth and education would be higher among participants who use CEC as their primary source of HIV care and treatment. However, this was not the case among these participants. Monthly income for CECI participants was mostly average (63 percent) or above average (38 percent), while most CEC participants earned average (30 percent) or below average (50 percent) incomes. Education level was more evenly distributed with half of each group having completed some or all of high school.

Perceptions of masculinity and manhood

Participants' perceptions of masculinity and manhood encompassed observations of the behavior and beliefs of family members, classmates, co-workers, and other men they interacted with, as well as declarations of qualities that society thinks men should have. Observed and hypothetical characteristics were assessed together because general idyllic and stereotypical characteristics mentioned by some participants were mentioned as observed characteristics by others. Whenever relevant, it will be noted where participants perceptions about masculinity or manhood deviate from expression and behavior.

When asked to describe what a man is or should be, some qualities consistently emerged, but the list of characteristics and behaviors was quite varied. Over half of participants said that a man prioritizes his family and puts their well-being above everything else. This could mean

providing for one's family financially, caring for the needs of one's wife, supporting one's children no matter what, or doing whatever it takes to help get your family ahead in life. Over half of participants also said a man should dress like a man. Few men described what this meant specifically. Most mentioned how women dressed and affirmed that men should not dress like that. His including wearing pink, using tight clothing or high-heeling shoes, or wearing clothing that could be found in a women's or girls clothing department. About half of participants described men as respectful or tolerant of the differences of others. Participants described this as an idyllic trait they thought should specifically extend to women and people who identify as LGBTQ. A similar number of participants said a man should have the physical traits of a man. This included having male biological sex, as well as male secondary sex characteristics like a beard, body hair, and larger stature in comparison to women. About half of participants also described men as hardworking and having goals in life. One-third or fewer participants described a man as someone who dates women, is a gentleman, earns money, is emotionally strong, and is interested in 'strong' sports or exercise. The same number of participants also mentioned that a man is emotionless, helps others, is independent, and does good.

Eleven of the top 15 qualities participants associated with being a man were values, whereas only four were measurable traits, including clothing, physical appearance, dating women, and earning money. José Luis is a gay man who always had a very good relationship with his father, naming him as someone he'd like to emulate. José Luis' described his father in a way that highlights the values these YGBM associate with men:

> *What does it mean to be a man for me? Well, someone who is strong, it doesn't matter so much being a man or a woman, but that you are a strong person. That your essence is pure, transcendental, and you don't get hung up on things, right? It's like, people will remember you for something, and your gender isn't important, right? Like, for example, my dad is like, I don't know, he's a great person and I admire him a lot and I love him so*

much, right? Because, just with what happened to me, to be there following me, and still loving me. And honestly, it's what my aunts say, him being from a small town, so how he could have other ideas and care for and love his son so much that he doesn't care and still be there right? It's like, for me, my dad is a man because, he taught me what you can accomplish with hard work, and bettering your family right? By not giving up and helping your son who's sick. A man that cares for you and a man that protects you. (Jose Luis, age 19)

For participants, prioritizing family, working hard, and being strong were values they lauded in men they knew. Young men like Álvaro also described general positive qualities a man should have without identifying a person who they believed embodied them:

Well, a person who has goals, and has dreams, and wants to be someone in life, right? That's it. (Álvaro, age 17)

However, not all characteristics described above are endorsed by participants. When looking at all characteristics that participants associate with men they know, or being a man in general, they labeled several qualities as 'bad,' things they did not agree with. About one quarter of participants reported the following negative or bad qualities: controlling/dominating others, committing violence against other men, being *machista*, and beating women or wives. Two participants felt being vulgar was also a negative quality. Participants also distinguished between observed behavior and 'stereotypes' that society associates with men. It is important to note that not all stereotypes were negative or something that men disagreed with, but the most commonly stated stereotypes did carry negative connotations. About one-sixth of participants identified the following: must date women, are the head of household, must be in control/dominate others, must be the strongest, and must be rough.

Although not explicitly mentioned as a negative trait or stereotype associated with men, *machista* was a term frequently used by participants to describe the men who embodied the most

frequent negative characteristics and stereotypes listed above. Gabriel, a self-proclaimed masculine young man who disparaged the *machista* men in his family, felt that *machismo* was ubiquitous in Mexico:

> *Well no, but really here in Mexico you see it a lot. A lot. You can say that just coming from any family, I think it's already inculcated in every person.* (Gabriel, age 17)

Most participants did not share this opinion. Some men made no mention of this unique expression of masculinity (n=7), others thought that *machismo* was an antiquated belief that was less common now than before (n=4). Regardless, most participants who mentioned *machismo* (n=10) identified members of their family as *machista* or upholding the values of *machismo*. According to participants, the two most common characteristics associated with someone *machista* was discriminating against gays (n=9) and dominating women (n=7). Therefore, *machista* family members who perpetrated this sexism and homophobia strongly shaped how participants expressed their masculinity, as I will elaborate upon in later sections.

Thinking again about how participants describe being a man, and the subsequent descriptions of negative traits and stereotypes, characteristics associated with being a man or being a woman were unlike the characteristics used to describe masculinity and femininity. Participants associated superficial characteristics that typically do not encapsulate values or beliefs when discussing gender. About half of participants mentioned clothing, again, useing what was feminine to explain what masculine clothing was not. The same number of participants mentioned speech or tone of voice as an indicator of whether someone was presenting as masculine or feminine. Having a deep, not shrill voice, and not exaggerating speech with words like *ay* or other exclamations that women use was considered masculine. One-quarter or less of participants also described the following behaviors or actions as things that can be masculine or

feminine depending on how they were performed: mannerisms/expressiveness, stride/gait, body movement, hand movement, and make-up use. Masculine men did move their body or hands too much when they walked or told stories. They were also not expressive around others, in speech or behavior, and did not use feminine mannerisms when speaking. Finally, a masculine man did not use make-up. When this group of participants talked about these behaviors and actions, they mentioned they could be done 'like a man.' Participants frequently described all the characteristics associated with men and masculinity as 'normal' (n=11). Whether enacted by other men or themselves, they described these characteristics as things a 'normal man' would do or be.

Sources of lessons

The sources of lessons about masculinity and what it means to be a man or a woman predominantly came from family members (n=12), with two participants specifically stating they learned most from their mothers because their fathers were absent or not admirable. Four participants said they learned what it meant to be a man despite the negative examples of the men in their family. Although most men had critiques of their fathers or other men in their families, especially the men they labeled *machista*, some still identified valuable lessons about what it meant to be a man (n=6). Ángel, a 17- year old whose father eventually kicked him out of the house following his HIV diagnosis, reflected on this duality:

> *So okay, I always learned to be thankful. I [sic] always mentioned that, to be grateful with people. With [my father] also, I'm thankful for him in part. And that I have to respect others, but see, I didn't find much coherence there because really he wasn't doing that.* (Ángel, age 17)

However, some men never found such redeeming qualities. One example was Antonio, whose

father beat his mother. He relied on his mother to resist these behaviors and said she was his

main source of lessons about manhood.

> *Honestly, [growing up with men like this] didn't influence me at all because I am not like*
> *that. Honestly, my mom also has a different mentality, it didn't influence me at all.*
> (Antonio, age 16)

For those participants who learned nothing from their families, other sources of lessons

included teachers/school (n=5), self-teaching through experiences or research (n=4), friends

(n=2), television (n=1), and other adults in general (n=1). Gael, a 19-year-old who had a very

good relationship with his father, stated that he used to think all men were like his father and

that's the way things needed to be. Then a teacher told him that being heterosexual wasn't the

only way to be a man and he said that helped him to accept himself. David, a 17-year-old who

was predominantly raised by the women in his family, had a more common experience of how

he learned about being a man from people outside of his family.

> *Because since I was little, I felt like that was like what we were feeling, what we were*
> *perceiving, what others taught us, the adults. And every time you see someone, for*
> *example, they associate boys more with dirty things, rough things, strong things, things, I*
> *don't know, that our voices need to be more gravelly, deeper. That we should move our*
> *bodies so much because we need to be more serious and stronger and we have to be*
> *assessing people more and we have to be calm, but still have a stronger personality. Like*
> *this, normally, that's how they present it to us. And if there is anyone who moves away*
> *from these stereotypes, immediately, people, the majority of people, they have this need to*
> *label that person.* (David, age 17)

Here David mentions many of the characteristics associated with men and masculinity, as well as

the negative traits and stereotypes listed above. He felt that because others associated these

qualities with being a man, he was expected to do the same. More important still is measurement

of these characteristics needing to be more than something or someone else. I will now present who men were compared to in order to determine when 'more' was enough.

Emphasizing manhood and perceptions of gay men

We have seen how oftentimes the qualities associated with being a man or masculine are placed in a dichotomy where manhood opposes womanhood and masculinity opposes femininity. Although some men (n=9) felt men and women should be equal and be able to do the same things, participants still described femininity and womanhood to juxtapose or emphasize their descriptions of men. David (age 17), who described men in his family as 'reserved,' said men "expected boys to do different things than girls." Five other participants shared similar sentiments. Other participants talked about how men shouldn't dress like a woman (n=8), be expressive like women (n=5), or act like "a big diva walking in the street" (Gabriel, age 17). When asked what women do or how they behave, participants felt that women were expected to dress a certain way (n=10), use make-up (n=3), be sensitive (n=2), and delicate (n=1). Machista men were described as having the additional expectation that women would serve them food and take sole responsibility over household chores (n=3). A few men described a societal expectation that gay men are feminine (n=4). However, these expectations that gay men were feminine were even expressed among some participants. When asked why people assume a more feminine presenting man is gay, Roberto said the following:

> *Because well I think about it like that and well because I have also asked, I have also posed the question, I have asked my friends and other guys. They tell me because of the way they act. So well here in the gay community, the majority are very feminine.*
> (Roberto, age 18)

Participants differed in the degree to which they felt gay men presented as more feminine. Regardless of whether they believed 'effeminate gays' were a stereotype, the minority, or the

majority, most participants felt that gay men who possessed more feminine characteristics were seen as more like women than men (n=10).

Fernando, one of the participants who felt this way, made an additional comment about how gay men are perceived. He felt that homosexual men behaved so differently from heterosexual men, doing things heterosexual men would be ridiculed for, that they were like two separate types of men. When asked what it means to be a man, Fernando stated:

> *For example, because it's probably my opinion and it's wrong because I say that there are two types of men. Those that are homosexual men and those men that are hetero.* (Fernando, age 19)

He said the same thing about transwomen, effeminate gays, and 'discrete' gays. This places Fernando at one extreme of the sample where he separates men into heterosexual and non-heterosexual men. Within non-heterosexual men, gay men with more feminine characteristics are actually closer women than they are to men. Some participants directly refuted this opinion, that a sexual orientation nor masculine behavior determined who should be considered a man. However, Fernando's opinion raises a valid point about other ways in which masculinity and manhood is measured through direct comparison. Recalling the characteristics participants associate with men and masculinity, heterosexuality was described as being central to the identities of the men they knew. All participants at some point in their narrative stated that men were expected to be with women, with the majority of participants recognizing that being gay was seen by others as something 'bad' (n=12). One anecdote stood out where Manuel, the youngest participant in the study, described a heterosexual co-worker using homophobic slurs against him, slamming on a table, yelling about how much of a man he was. Just like men should

not behave 'like women,' Manuel's story exemplified how other men saw homosexuality as incongruent with being a man and felt compelled to verbally distance themselves from it.

Just as participants identified stereotypes associated with masculinity and manhood, some similarly identified the stereotypical nature of the qualities associated with women and with homosexual men. Bruno, who was raised by his grandmother and raised with military-like values, was critical of how he sees men use these stereotypes to their advantage.

> *We have a lot of ways of thinking about what is masculine. But we only have this idea of how [these ways] benefit us and put us above others, but I don't agree. It's really, I don't know, but no, or like, being a man doesn't mean I have to be the one in charge. It's just about caring for other people. Or something like that.* (Bruno, age 19)

As I transition into how YGBM express their masculinity and manhood and the consequences of deviation, it will be clear that their experiences do not always conform to the characteristics, expectations, or observations explained in this section. However, Bruno's point will become fundamental to understanding this analysis. Although expressions of masculinity and manhood varied among participants, being a man was a constant comparison that these YGBM also engaged in to position themselves 'above others.'

Expressions of masculinity and manhood

I have established how participants' perceptions of masculinity and manhood are influenced by men and women they know, as well as opinions about what society expects from men. Although certain characteristics about masculinity and manhood were consistently stated, participant oftentimes identified stereotypes or negative qualities that they felt did not represent

all men. The subsequent results explain how participants processed what it meant to be a man and expressed their own versions of masculinity and manhood.

Socialization of masculinity and manhood

We saw in the previous section that participants learned from a young age what others considered to be masculine or feminine. By the time they reached adolescence, participants talked about two main characteristics they were expected to emulate: being physically masculine and having the values of a man. Men were expected to dress the right way (n=9), which including not being too dressed up, but still seeming presentable, and 'using clothing for men.' They also emphasized how important it was to have physical traits associated with men (n=8), like having the body of man, penises, beards, haircuts, and lack of tattoos or piercings, which one participant said reflected poorly on a man's place in society. Many participants stated that they liked others to perceive them as masculine and enjoyed dressing how society expects a man would dress (n=11). Appearing masculine had the additional benefit of helping many participants to avoid discussing their sexuality.

Because heterosexuality was seen as central to a man's identity, participants observed that masculine men were assumed by society to also be heterosexual. Gael used this assumption to avoid coming out to his uncles. By dressing in suits and formal clothing, he was able to leverage his masculinity in a way he found beneficial.

I like dressing this way. And my uncles, they are more like, 'Ah, well that's okay. You look good.' And my family, more than anything my dad, 'That's how you should look so that people judge you by how you look and the whole thing.' So like, it was more like dressing myself almost like my dad so that my uncles didn't begin to suspect. They didn't start to criticize me. (Gael, age 19)

Gael mostly hung out with older men at work who taught him about masculinity and manners, which was unlike any other participant. Despite this difference, he, like many other participants, learned through social interactions with peers that when he dressed a certain way, his masculinity was emphasized for those around him and he was more accepted. Harkening to previous comments about assessing other men and labeling other men, Gael learned that he would be labeled as heterosexual in these social interactions if he dressed formally, like his father. Gael is one of the many participants who believes a man can be attracted to other men but chooses not to disclose that information to everyone (n=13). Thus, participants used their knowledge about societal expectations of masculinity to their advantage, relying on assumptions made by others to help them better fit in with family and peers. These narratives reaffirmed the importance of appearances for men to negotiate or emphasize their manhood.

Values also played a role in this social negotiation of masculinity. Participants described being stoic, being a hard worker, being attracted to women, or enjoying the correct music or sports as being important for values for men to uphold. At a young age, participants were reprimanded by parents and relatives if they cried or showed weakness. During adolescence they described being asked about girls they might be dating. It is important to note that the most common values that others prioritized for men were values that could be easily observed and criticized. When Matías realized that his parents cared more about the values that others could see than values that spoke to his character and integrity, he rejected the socialization he was

receiving at home. Matías chose to adjust his way a being a man in order to uphold values that he believed men should possess.

> *Because everything my parents taught me, how they wanted me to think, how they wanted me to behave, I didn't feel comfortable because it wasn't who I was. Or like, that above all else, I be a polite boy, [it was] important, that I was honest, that I didn't say things like they were. And I felt bad because, why am I going to keep lying? So, things started to change when I started to read a lot.* (Matías, age 19)

This is a good example of how these participants are intentionally crafting their expression of masculinity and manhood, balancing the incorporation of what is socially beneficial with the expression of their emerging authentic selves. In Matías' case books showed him a number of ways to be a man and that helped him to begin to shape his own ideas about manhood. Yet it's not just YGBM who must learn when and how to express the values men are expected to embody. David described the importance men in his life also placed on upholding these values, but specifically around other men. After describing that his uncles are reserved at family parties, seated and talking about work while the women dance, David stated:

> *Because I feel like they…they restrain themselves a lot. Because they feel like they have to maintain their composure, like, 'I shouldn't laugh so much' or 'I shouldn't do much.' And I realized because when we are in an environment with a lot of women, and there are just a few uncles, they join the women and they have fun and play with them. And the women feel good and they feel like everything is nice. And that's when I realized that, there is where [my uncles] feel free. They feel, without, without that weight that other men are watching them.* (David, age 17)

When David's uncles were around each other they discussed and did the things men should value. When they felt like other men would not judge them, they danced, laughed, and were expressive, traits participants labeled as feminine.

David is the only participant to describe stark differences in how adult heterosexual men interact with each other. More common were description of how classmates and family members

critiqued or chastised the actions of young men who did not behave 'more' masculine. Unlike

Matías, not every participant could or chose to reject this socialization. One notable example

came from José Luis, a self-identified masculine man who found men in his family to be closed-

minded *machistas*, except for his father and brother. He described how he does not reject how he

was raised to be a man when he's walking in public because it helps him to avoid conflict.

> *Yes and no. Sometimes like when I'm in the street, well yeah I'm more manly you could say, because well, I believe the influenced [me], my grandfather and my uncle and my dad. Like, I don't have anything against people who are effeminate, but, well, for me, I don't know, I just wasn't born that way, right?* (José Luis, age 19)

José Luis described how his decision to accept or reject how he was socialized to think about

being a man is situationally dependent. This was a sentiment shared by most participants. All but

one participant knew how they were expected to behave and employed that knowledge to act

differently when they wanted to fit in better or avoid conflicts with other men a home, school, or

in public. In José Luis' case, he reveals how being perceived as feminine is a powerful threat that

can cause participants to act differently than they normally would. I will now elaborate upon

womanhood and femininity as a specific, recurring way that masculinity was socialized among

participants.

Sexism as a socialization tool

Although only three participants call it such, sexism was an unexpectedly common theme

among participants' narratives and inextricably linked to their experiences. As mentioned before,

women were seen as the opposite of men. They were modest, clean, smiling, and the sex that is

taken care of. Men were rough, stoic, dirty, and the breadwinners. However, the rhetoric of men

being 'more' or 'above others' oftentimes positioned womanhood and femininity as something

undesirable by society. César, an 18-year-old who was raised by 'stereotypical Mexican men' and never had many friends stated:

> *I don't know how it is in other countries, but at least in Mexico, the woman is always seen as lesser. The man is more and the woman is less. So, if your behavior goes more towards what would be feminine or what a woman would be, they see it as lesser. Normally.* (César, age 19)

César enjoyed researching gender and sexuality and he felt strongly that categorizing sex and gender in this way was wrong. Yet he also acknowledged that men were not expected to engage in any womanly tasks or possess their personality traits. José Luis described another example how sexism was used by men to influence how he expressed his masculinity.

> *So, I believe that, before I was repressing myself, it was like, well I'm not going to cook, I'm not going to sweep, because, what are [my uncles] going to think or not. But my mom told me, 'no, help me wash, mop, sweep' and that's what I did. And they told me, 'No, how are you doing that?' But, as you get older it's like, it's support, it's not like, your mom can't do it all, right? You can't just leave everything to one person, be it a woman or a man, right? Like you have to divide things. And, I've always displayed the best of me to show them that men can cook, and sweep, and mop too, right?* (José Luis, age 19)

José Luis's uncles, like family members described by other participants, used sexism to justify not helping around the house. They felt a man should not cook or get his own meals because that was a woman's role. José Luis's account shows how participants had to choose whether to follow the lessons they were learning and cede to the pressure to conform or express their manhood incongruently with their family members' expectations.

However, it is not just family that had expectations of participants and leveraged sexism to influence these young men's self-expression. Returning to David's narrative, he later described how a former gymnastics coach imposed womanly characteristics on him as a way to threaten David into behaving differently.

Then, I said there wasn't a problem if they put me in a pink leotard. But, in that moment I saw that he was saying it like a punishment, as if being with the girls was a punishment, like humiliation. And all my teammates, sometimes they made fun of me too, because they told me to go with the girls. (David, age 17)

Although half the participants thought that men and women should be seen as equals, and some also described women as strong (n=3) and capable of achieving their goals (n=1), being called a woman or feminine was undesirable (n=10). Thus, we see how participants personal beliefs are sometimes incongruous with the socialization that women are less than men.

As I transition into more specific examples of how men enact their masculinity, one final point about sexism will provide important context. One of the three participants who explicitly mentioned sexism clearly explained that men strategically consider womanhood and homosexuality together to emphasize their positions as masculine men. Matías, one of the oldest, most educated participants in the sample, described categories that put heterosexual men above everyone else. After talking about how society puts women in a lower 'caste' then men, he described the following:

Those things are given, like, first it would be like, it comes being like very standardized. Very much like old-school what they are doing and lots of things like what they say about the ideal family. That it's heterosexual with a man and a woman. Then come the different types of sexual orientations. (Matías, age 19)

Thus, like womanhood, non-heterosexuality is not just opposing manhood, but seen as lesser – perhaps being placed even less than women in Matías' hierarchy. However, the socialization of masculinity comes into play when we introduce another part of Matías' response:

And it's like society sees that, and sometimes society says, 'Okay. He did this because he's not behaving like what he is. (Matías, age 19)

Matías is discussing how gay men are expected to be feminine, dressing well and being pretty. He later describes how society will go to great lengths to classify people like this and make them fit where they are supposed to. However, Matías is not like what society expects from a non-heterosexual man. He said he burps when we wants to and does not ask for permission. So, even though Matías is behaving in a way that is expected of a man, he still felt pressure to act feminine and not do these things because that was what society expected of him. Thus, Matías described dual pressure: to to be a stereotypical man and a stereotypical gay man which entail different expressions of masculinity and manhood.

Being a masculine man

When asked during their interview if they consider themselves to be masculine, feminine, or a mix of the two, the majority of participants self-identified as masculine (n=11). Men cited how they dressed, their physical appearance, like body type, haircuts, or beards, tone of voice, and their temper or harsh way of speaking with others as masculine qualities they possessed. Only one participant said that being attracted to men made him masculine. Others stated that they were a balance of masculine and feminine traits (n=4), but two qualified that statement by either stating that they liked being perceived as a man or felt very masculine.

> *Well, I consider myself to be very masculine. Like, in the way I dress, well at the same time they say 'No, it's that he's wearing sky blue pants, and he's wearing whatever, and he seems like a woman.' But no, I feel normal. Not too feminine, not too masculine. Like, normal.* (Álvaro, age 17)

Only one participant stated that they felt like a feminine man, not a masculine man. As men described their masculinity, no participant identified with *machismo*. For the eleven participants who mentioned *machismo*, all said they had nothing in common with men like that or did not

agree with the beliefs of men like that. Adrián, an 18-year-old who described his father's side of

the family as more open-minded, but still *machista*, described how he was different from men in

his family.

> *Not being machista, also, on my dad's side of the family, when there is a problem within the family they fight a lot, so, I feel like that is also something I didn't take away [from them] because I'm almost like, I don't know, yeah, I'm afraid of being hit. (Laughs) And yeah, I feel like I didn't take that away.* (Adrián, age 18)

Adrián is more light-hearted about his non-conformity than most participants, who often

questioned the character of *machista* men and vehemently denounced how they treated others.

Most commonly participants talked about being more 'open-minded' and informed than these

men in their families. Regardless, like Matías and other participants, Adrián found diverse ways

a being a man without incorporating characteristics he did not agree with.

As we have seen, the physical traits and the values associated with masculinity vary.

Thus, participants had more flexibility surrounding how they chose to express their masculinity

and manhood. However, all participants were forced to find ways to circumvent the centrality of

heterosexuality to manhood and masculinity. Still, these YGBM found numerous ways to

reconcile their masculine self-expression with their sexual identity. Three participants did not

feel reconciliation was necessary. Kevin spoke about how you may be a gay man, but you're still

a man. Benjamín, the only married participant, whose story of childhood sexual abuse was

central to his narrative, felt that actions were what made a man.

> *Your sexual orientation doesn't change anything. They say, men work, you also work. Men eat, you eat. Or better to say, what makes you different. Your sexual orientation is very different from those who are men. A man is what you are. You study, work, think, all the things. There is no other difference between a homosexual who is sometimes more of men than heterosexual for accepting themselves as homosexual. That's what my teacher*

told me. (Benjamín, age 17)

Here, Benjamín brings up something central to all participants expressions of masculinity and manhood. Their sexual orientation did not detract from their manhood in any way.

These YGBM chose visible characteristics to assert their masculinity. When they did incorporate values into their masculine identities, like being supportive, loving, empathetic, open-minded, honest, hardworking, calm, and caring, they aimed to actively reject the negative qualities upheld by machismo. Participants incorporated these idyllic characteristics they saw modeled by select family members or co-workers.

Dating masculine men and other affirmations of masculinity

Most participants agreed that being gay was visually notable to others (n=10). Although they did not feel their sexual orientation prevented them from being a man or masculine, some participants realized that they received greater social acceptance and status, within and outside of the gay community, when they behaved 'like men' (n=8). Men achieved this social affirmation of their masculinity in two ways: by being indistinguishable from heterosexual men and by dating masculine gay men.

Beginning with the first, some participants felt their masculinity was affirmed when they appeared less feminine, and others struggled to 'tell them apart from heterosexual men' (n=6). Ángel used to have a more feminine presentation that included using make-up and dyeing his hair extravagant colors. He felt his sexuality was very obvious. He stated that as he grew older he realized, like other participants, that gay men were expected to be promiscuous (n=5) and

feminine (n=4). To fight that stigma, he decided to act more like what society expected from men when he was around others.

> *Now it's more natural, like a partner, no like look at me. I try to breakdown that stigma because a lot of people have the idea that, 'You're gay? You have a lot of mannerisms. You must be like this. You must be like that.' And a lot of time at work they've told me. They tell me, 'you only seem gay when you're skating.' (Laughs) Because that's when I let go, like, my body is liberated and it doesn't matter. But that's how I feel. So it's the same, I try to breakdown that idea and just be myself. Really, I don't see myself like, I'm gay, but like I am a human being that loves another human being. It's normal like a heterosexual couple.* (Ángel, age 17)

Here we see how socialization worked to affirm societally accepted self-expression, just as it discouraged self-expression in other contexts. Ángel described fitting in and seeming like a 'normal young man' after downplaying visual indications of his sexuality. He was happy about this evolution of his gender expression when he received affirmation of his masculinity from his friends. Ángel felt like he was still being himself despite becoming more masculine. Ángel's purposeful decision to appear less feminine was typical for the five other men who chose to present less feminine over time. However, his experience alludes to the second, and most common way participants affirmed their masculinity and manhood: by being in 'normal' relationships with other men.

The majority of participants explicitly stated that they only date masculine gay men and feel no attraction to feminine gay men (n=13). Additionally, two participants who stated that masculinity was not important when selecting a partner, went on to indicate a preference for masculine gay men. Participants had varied motivations for this preference. Kevin, a 16-year-old who prefers to date older men, stated:

> *Well, if I'm going to be with a man that's effeminate, I might as well be with a woman. And I'm attracted to men. So, I'm not going to be with a man who wants to be a woman.* (Kevin, age 16)

A desire to avoid 'just dating a woman' was a sentiment explicitly stated by a few men (n=3).

Another participant who also expressed a preference for masculine partners, was motivated by

the pride he felt when he and a friend, a later casual partner, both appeared so masculine they

realize the other was gay.

> *I'll say it again that I've always been with masculine people. Then we were just like two regular guys. A lot of times we went unnoticed, you could say [it was] an encounter with a friend. Well his mom didn't know he was gay; I didn't know he was gay. So, we both went unnoticed. We took advantage of that too.* (Ángel, age 17)

Ángel described how this relationship made him feel more masculine. Ricardo, the one bisexual

participant in the study, was more motivated by the social aspect of dating a feminine man.

> *First of all, they are going to say what fucking fags or whatever they say about them. And what, who do you like to get with, or who do you like to date, look what you found.* (Ricardo, age 17)

Although I will explain the consequences of being effeminate and gay in the next section,

Ricardo later went on to say that people would only make negative comments about an

effeminate male partner but that he felt confident dating a masculine woman. His situation was

unique but still captured the common sentiment that the person whom participants dated had the

ability to delegitimize their masculinity. Other participants were motivated to date masculine

men because they did not want to seem like women (n=5), one participant wanted to be discrete

about his sexual identity and could not do that with an effeminate man, another identified as

feminine and didn't know why he preferred masculine men. Thus, having masculine partners

was described as a way to socially assert one's manhood. However, the reasons for why dating

masculine men affirmed participant's masculinity and manhood with family, peers, or society were unclear from their descriptions.

One notable pattern in dating preferences that fell outside the scope of dating masculine men was a preference for older men. Eleven participants dated someone five years or more older than themselves. The oldest reported partner was more than 20 years older than the participant. Beyond affection, incentive for dating older men were that participants had financial support, a place to stay if they wished to move out of their parents' home, and an opportunity to learn. Fernando described his experience with an older partner as such:

> Well I'm, since I was 16, I started to have and look for sexual partners, but I was looking for people who were older than me. Much older because I think because they are older, and they have already lived what you want to live, well these people can teach you or they can follow with regards to the sexual part and the relationship aspect, they can teach you because they already have more experience. (Fernando, age 19)

Consequences of deviation

Homophobia as a consequence of non-conformity

Every participant had a unique way of expressing his masculinity or manhood. Appearing too feminine or openly expressing attraction to other men was a trigger for a more systematic and violent consequence: homophobia. Every participant experienced some form of homophobia before and/or after coming out. Only one participant mentioned he had never personally been rejected in any way for being gay. Three participants described being labeled as gay or having their sexuality questioned when they displayed sensitivity or questioned how other men expressed, what they deemed, negative characteristics of masculinity. For example, when Gael, who comes from the traditionally masculine home, wanted to wear colorful prints that were in

style at the time, his uncles reminded him that only *putos* and *maricones* dressed that way. Similar commentary was described of bullies at school, who identified feminine boys and called them gay as early as primary school. Carlos, who preferred a neutral gender expression, said that even so he received bullying because he was 'confusing' and 'not masculine.' Homophobia was one of the main reasons why men chose to downplay personal qualities that could be labeled as feminine.

After coming out, or watching peers come out, participants experienced or feared a wide array of homophobic behavior. The most common being use of slurs and insults (n=13), as well as anger, aggression, or violence (n=13). Martín described being called *joto* and *maricon* as 'typical.' Other common experiences of homophobia included unspecified judgement and rejection like staring (n=8), silent or disapproving reactions (n=6), being kicked out of the home (n=5), and being made fun of (n=5). Less frequent experiences and fears included, among others being gossiped about (n=4) and people distancing themselves from the participant (n=4). Some forms of homophobia could be considered less overt discrimination. For example, David talks about heterosexual men who will asks gay or lesbian couples who is the man and who is the woman in the relationship.

Overwhelmingly the main perpetrators of these homophobic behaviors were family members (n=14), followed by classmates/peers (n=10), society at large (n=7), and strangers in the street (n=6). It is important to note that although men were the main perpetrators of homophobia, women enacted homophobic behavior as well. Participants mentioned mothers, aunts, and grandmothers who behaved homophobically. For participants who described relatives as *machista*, they expected to experience homophobia after they came out because they felt

machista men frequently expressed homophobic ideas and behaviors. For others, it was not until they came out that they realized how far their family members would go to punish them for not living up to expectations. Roberto, an 18-year-old who enjoyed a very close relationship with his father until the death of his grandfather, described his father's unexpected reaction to his coming out.

> *'Tell me what you just said again.' I said, 'I like men. Men turn me on. Is there a problem with that?' And that's when my father hit me. When he hit me, that's when I first saw his homophobic side.* (Roberto, age 18)

Fear of violence or experiences of violence, as well as fear that peers or family would reject or judge them if they knew they were gay (n=9), were the more effective ways in which homophobia influenced how participants expressed themselves and interacted with others. Occasionally these fears were unfounded, but most men (n=11) still made pre-emptive changes to their self-expression to avoid potential consequences. One distanced himself from his judgmental family to avoid uncomfortable conversations. Kevin took a more proactive approach when he described a relationship with a partner who was 20 years older than him. This partner convinced Kevin that it was not safe for him to continue being so feminine.

> *It wasn't because of a disconnect with him. It was because he told me, 'If you're ever alone in the street one day. And they see you,' (unintelligible) he told me, 'that you act like that a lot, they could do whatever to you. They could hurt you. They could even kill you for whatever reason. And I won't be there to take care of you, to protect you.'* (Kevin, age 16)

Reacting to consequences

Unsurprisingly, the most typical reaction to homophobia was to hide one's sexuality from others (n=10). One participant decided to stop dating indefinitely until he is ready to tell his

mother about his sexual orientation. Three participants described self-identified heterosexual

men they knew or heard of who were interested in or had had sexual encounters with men

despite one even being married with children. However, no participant chose to live life as a

heterosexual-presenting man to avoid the consequences of being gay or bisexual. They

mentioned regularly dating men and adjusting their behavior depending on those around them.

César provided a salient example of this when discussing potential partners. He felt that whether

a gay man is in private or public indicated how masculine he behaved.

> *Yes. But it's like a smokescreen. They act masculine when you meet them in places where they feel like they have to present themselves that way, but after, getting to know them more intimately, you realize that there is no masculinity or femininity in a person, not solely, instead there is both. And so it's not a lot, but they show that sometimes, but I don't think that's a problem.* (César, age 18)

César describes here what all participants who were only out to certain people experienced daily

(n=14). Behaving more masculine in public was the most common way participants hid their

sexuality. The most common way participants concealed their sexuality was acting more

masculine. Almost half of the participants reported having done this. One-sixth of the

participants used their hands/bodies less, avoided public displays of affection, acted like 'normal'

men in the street by walking and moving their bodies differently, and dated women. Less than

one-sixth of participants reported 'acting better' – which they described as attempting to appear

more masculine presenting, dressing like heterosexual men, and talking like men. Other tactics

men used to conceal their sexual identity included remaining single, not smiling or laughing

around others, walking like a man, or not using feminine cell phone covers. As previously

discussed, most men described themselves as masculine at the time they were interviewed, but

still made these adjustments. Only one such participant said behaving different around different

people was something that just happened naturally when he was around heterosexual friends. For

the remaining men who used to be more feminine or preferred to be feminine (n=6), negotiating

their masculinity to avoid conflict was a constant practice, even among other gay and bisexual

men. I will close this section by discussing how men viewed femininity within the gay

community.

Tops versus bottoms: Discrimination from within

Martín, who experienced a lot of homophobic behavior and comparatively intense

rejection from his parents after he came out, described himself as masculine man who enjoyed

his more feminine appearing qualities. However, Martín talked about how he agreed to be more

masculine when a partner wanted to introduce him to his family as friend, not a partner. He

described this as the one of the many times he felt like he could not be himself. Martín went on

to explain exactly what he changed about himself to be more masculine.

> *No. What am I like? Well of course sometimes, well, a lot of times. With my partners. Like that time with his parents who didn't know. It's only happened to me once. That I was told to behave like a man. Because his parents didn't know and he didn't want them to find out. He invites me to his house. I say hello to his mom and his dad. I don't know, in a different way, than how I am.* (Martín, age 18)

However, the important part about his story is that we see that it is not just society, or people

who identify as heterosexual, who pressure participants into behaving more masculine. Gay men

also appear to value masculinity over femininity and categorize, judge, and discriminate against

other gay men accordingly. In general, half of the participants felt that effeminate gay men get

picked on, discriminated against, called women, *jotos* and *maricones* more frequently than

masculine gay men (n=9). Among these nine participants, they described masculine gay men

with words like 'normal,' 'you can't even tell,' '[masculine gay men] don't seem gay, [they] are

men, machos,' or 'just like a heterosexual.' When referring to feminine gay men the talked about

how they were 'promiscuous,' 'frustrating,' 'too obvious,' 'like women,' 'too sensitive to date,'

and 'the reason why the gay community faces so much stigma.' Remember, that the most

common form of discrimination again effeminate gay men was to refuse to date them (n=13).

One participant punched his feminine partner for behaving disrespectfully to a woman on public

transportation. The participant felt women had to be treated differently because they were more

sensitive than men. He thought being aggressive was the only way to get his partner to leave the

woman alone. This was an exceptional case. Most other participants just openly judged and

criticized how effeminate gay men behave differently from masculine gays (n=5) or referred to

someone with a feminine pronoun to insult them (n=2). Kevin framed this more common form of

discrimination like this:

> *Well between the effeminate gays, like, it a vulgar way, they call it the atmosphere of the*
> *fags, it's like, well yeah, they treat each other bad. Yeah, it's ugly how they treat each*
> *other, the bottoms you could say. Because the large majority of bottoms are effeminate.*
> (Kevin, age 16)

Kevin was not alone in his description of effeminate bottoms and masculine tops. Five

participants felt there were two types of gay men and three participants went into detail about

their belief that gender expression was linked to sexual position.

> *Okay yes, the gay, but the masculine one, speaks, acts, just like with men. And the*
> *bottoms they behave and talk like women, talking amongst themselves. It's like the same.*
> (Kevin, age 16)

Thus, Kevin links not just masculinity, but manhood to sexual positions. Fernando and David

agreed; Fernando stated that no matter how masculine a bottom might be, the top always needs

to be more masculine. Álvaro reinforced that opinion by stating that as a versatile gay man, he

had to become a bottom if his partner was physically larger than he was. Given these

participants' descriptions of themselves, with 11 of 18 identifying as masculine, one could

assume most of the participants prefer the role of the insertive partner and date feminine appearing men. That was not the case. Four of six bottoms identified as masculine. The one participant who reported being a top did not believe in using gender as a label. Five of seven versatile participants identified as masculine.

Ultimately, only five participants mentioning this top/bottom, masculine/feminine dynamic, yet their descriptions strongly depicted how masculine gay men are treated much differently within the gay community. They associated positive personality traits and greater social acceptance to tops, associating a number of perceived negative characteristics to more feminine bottoms. Given the powerful influence that external homophobia and rejection had on participants' desires to express themselves in a different way, it is logical that participants felt motivated to not be seen as lesser within the gay community. I will close this section with David's reflection on discrimination within the gay community. He feels that the stereotypes form society as large find their way into the gay community.

> *Well I feel like yeah, it can transcend to the gay community, this type of roles, this type of stereotypes.* (David, age 17)

With a firm understanding of how these YGBM perceived and expressed masculinity and manhood, as well as how they dealt with the consequences of non-conformity. I will briefly present their experiences living with HIV.

Being a man and living with HIV

This analysis focused just on events surrounding HIV diagnosis and treatment. The following section will explain how participants experienced this major change in their identity.

HIV diagnosis

Over half the participants in this sample found out about their HIV diagnosis after they became symptomatic. Of those not among this majority, two decided on a whim to get tested while walking in *Zona Rosa*, the gay district of Mexico City. Two participants had either family or friends of their ex-boyfriends tell them to get tested. One participant decided to waste time between classes one day and get tested when his school hosted a health fair. Another got tested with his ex-boyfriend when they got back together. It is unclear how the final participant was diagnosed. Finally, although all but one participant had heard of HIV and knew the risks of not using condoms consistently, less than a quarter reported never being overly concerned about HIV in the moment of any given sexual encounter prior to their diagnosis.

Over three-fourths of participants felt that inconsistent condom use led to their HIV diagnosis. Martín's description of why he was living with HIV was representative of most participants.

> *By sexual transmission. It was a mistake. My mistake. It wasn't the other person's fault, or anyone else's fault. It's my [fault] for not using a condom.* (Martín, age 18)

Less than a quarter of participants partially blame their partners for not being faithful or honest with them, however, most also took responsibility for not insisting on using condoms. Only three participants felt that they contracted HIV for some reason other than not using condoms consistently. One cited rape, and the remaining two were unclear as to how they contracted the virus.

Two categories of HIV transmission emerged from these narratives: men who contracted HIV because they trusted too much and those who contracted HIV because they had a high number of sexual partners. In some instances, there was overlap between the two narratives. For

the fifteen men who felt inconsistent condom use led to their HIV diagnosis, over three-fourths

described decreased use of condoms when they trusted their partner. Antonio, who contracted

HIV after experiencing sexual debut with an older partner he had been dating for 10 months,

described his trust for his partner. He didn't know yet that his partner was cheating on him and

felt there was no reason not to trust him.

> *Because I don't know, I thought that, he hadn't shown me the type of person he was.*
> *Which in reality, no. For that reason I trusted him. And I accepted.* (Antonio, age 16)

Two other participants explicitly mentioned fidelity as reasons why they contracted HIV.

However, three more participants made non-explicit mentions of infidelity. Thus, about one-third

of participants mentioned infidelity or suspicions of infidelity as a reason for their HIV

diagnosis. However, it's not just the young participants felt they were too trusting, two of the 19-

year-old participants also mentioned trusting long-term partners with whom they contracted HIV.

The one sex worker in this sample used condoms faithfully with clients and contracted HIV with

one of two stable partners because he wanted them to know he was serious about the relationship

and cared for them.

Three participants who did not mention trust explicitly described how their partner's

word, or the fact that 'nothing bad ever happened before' when they didn't use condoms,

assuaged any concerns they may have had. Ángel, who had a serious partner die of AIDS,

described how a subsequent partner convinced him not use a condom.

> *Just the first time, the first time we had sex was when he told me that we shouldn't use a*
> *condom. And I told him, well, 'I don't know about that. I'm scared.' He told me,*
> *'Nothing's going to happen. I don't have anything.' Well, he looked okay to me and it*
> *was fine.* (Ángel, age 17)

Ángel is not the only participant to describe a partner asking if they could not use condoms. In these interactions, participants reported trusting their partners or assuming that because they were older, they knew what they were doing. Participants who felt promiscuity had something to do with their diagnosis were less than a quarter. Participants like Matías talked about several personal factors that spurred this behavior including depression or a painful breakup.

> *I didn't care what happened to me then. It was a very promiscuous time for me. I said, 'Okay, here yeah, don't use condoms, drink a lot.' I didn't care about school. I was very careless with myself. During that time and only after I understood.* (Matías, age 19)

Disclosure of diagnosis

Once diagnosed, all participants began to balance coming to terms with their diagnoses and reaching out to others for support or empathy. All participants eventually disclosed their diagnosis to their parents, six of whom because they were taken to a clinic or hospital by a parent when they began getting sick and not recovering. Seven participants disclosed their diagnosis to current/past partners. Two were too angry to reach out and one tried but could not make contact. Over half of participants disclosed to friends. However, it's important to note that like sexual identity, HIV diagnosis was not something participants shared with everyone. Over a quarter of participants expressed fear to disclose their diagnosis to anyone. Some participants ultimately told some family members or some friends, but no participant disclosed their diagnosis with everyone. Six participants said that you shouldn't disclose to anyone until you can trust them. When discussing people he did not trust finding out about his diagnosis, Álvaro worried most that people would reject him:

> *Well, it's that I'm very friendly, and they will stop talking to me. Like, losing friendships because of someone I told my business to. But I feel like it would be more than that. Like, if they stop talking to me a lot would change. Yeah, that's my worry, that they'll stop*

talking to me. But while I have my parents' support, it doesn't matter. (Álvaro, age 17)

For about half of participants, their biggest fears concerning disclosing their HIV status are that one person will gossip to everyone they know and that their family or friends with judge, criticize, or otherwise reject them because they are HIV-positive. Finally, when incorporating the variables into analysis, there was no notable difference in disclosure patterns based on gender expression, primary clinic, or other sociodemographic information.

Living with HIV

I will close this section by describing how participants have adapted to their HIV diagnosis, what is challenging about being a young man living with HIV, where they find support, how those around them perceive those who are HIV-positive, and how they feel about disclosing their status to future partners.

Participants described a number of positive and negative things that have changed in their lives since being diagnosed with HIV. About a sixth of participants talked about becoming closer to family, becoming more mature, wanting to teach others through their experience, finding a supportive network of HIV-positive friends, and wanting to take better care of themselves. Yet the challenges of living with HIV were more numerous. Almost two-thirds reported feelings of depression or suicidal ideation following diagnosis. Almost half of participants found it challenging to balance work and school with the need to come to the clinic for treatment, although almost all of those men found their bosses to be supportive and flexible. However, three different men described the perceived difficulty of finding a job in the future because of limited appointment times, illness, or labor discrimination. David described his worry like this:

> *But beyond that, I suppose that there's nothing, uh, labor discrimination too. Because, now I'm pretty young and I haven't had to work, but when I want a job I don't doubt that*

there are some companies that will request a blood test or something like that. (David, age 17)

David mentioned a large department store that he knows does not hire HIV-positive employees. David's quote highlights the important point that these participants are all still adolescents, two-thirds have been living with HIV for less than one year, and they expressed uncertainty about the future, despite a strong desire to move forward and live a 'normal' life.

Logistically, half of participants struggled to take medications consistently, although consistency improved over time, as well as to overcome their medications' side effects. About one quarter said being a minor made beginning treatment very challenging and that being judge by family, medical professionals, or societies made living with HIV even harder. Although two participants talked about how with difficulty, they found a way around needing to disclose their status to their parents to begin treatment, Ángel described how he went behind his father's back to use his insurance and seek testing and treatment. He believed that it was started the downward spiral to him being kicked out of the house when his father found out. However, Bruno talked about how it was not just needing a legal adult to support him with beginning treatment, but being an adolescent dealing with coming of age that made his HIV diagnosis most challenging.

> *Yeah because more than anything we say we're like this, my life is whatever, my life is the worst, my life is something different, having HIV, it's worse, and things like that. Before I said things like that too. Because I was also an adolescent. I had a lot of problems and then after, with HIV, I said that my life was worse.* (Bruno, age 19)

Less than a quarters of participants mentioned other challenging aspects about living with HIV including: managing new restrictions on diet and exercise, inconsistency of services at different clinics, becoming undetectable was a tedious process, being dependent on medications for life, and being reminded about their diagnosis every time they have to come to the clinic.

Although many challenges were identified, over three-fourths listed members of their family as main sources of support for managing their HIV diagnosis. About half the participants said their mothers or fathers came to their appointments with them, with fathers being mentioned just as frequently as mothers. Less than a quarter said they felt an immense amount of support. However, not all participants had the support of their families. As previously mentioned, one participant was kicked out of his home so he could not infect his little sister. One chose to remain out of the home when his family started bleaching everything he touched when he came to visit. César, who did have the support of his parents, described how challenging it must be for YGBM who do not.

> [The clinic] has not paid enough attention to mental health and I believe that it's something very important for people because there are people who come here alone for their first treatments, their consult, their diagnosis for the first time. And they have to do it completely alone, because sometimes they don't have anyone they can confide this information to. I think that must be hard and difficult. Luckily, I had the support of my mom and my dad. They could be here with me. But, honestly, I have met people here who have told me, 'How cool that your parents come with you. Because I come alone. And my parents can never find out about this.' (César, age 18)

The other two main sources of support included new partners and close friends, with about one-third of participants mentioning each.

Participants described getting different types of support from different people in their lives. Álvaro talked about how his friends provided emotional support only. They gave him a 'desire to keep living.' Partners and family members, in addition to emotional support, supported participants economically with bus fare and with support adhering to medications. However, not all support was welcome at first. Benjamín talked about how his frustration when his partner, friends and family wanted to care for him too much. Other participants, especially when referring to partners, also did not like feeling babied, but eventually accepted the support. About half of

participants said the most common support they received from others was help remembering to take their medications, and help coping with the emotional difficulties brought on by their HIV diagnosis.

Perceptions of people living with HIV

Most participants had limited interactions with anyone HIV-positive prior to their diagnosis. However, they quickly found that there is a large amount of societal stigma, negativity, and judgement surrounding HIV, even within the gay community, where HIV prevalence is higher. Across both groups, about one-third thought that people living with HIV wanted to infect others on purpose, were sick or disable, or were dying. Two participants mentioned that HIV is associated with being gay. Four participants stated if a heterosexual man contracted HIV, most would assume he had slept with a gay man or a sex worker. Like with coming out, fear of judgement or rejection was mentioned frequently. Two participants specifically did not want to disclose their diagnosis to some because they didn't want to reinforce the stigma of being gay and having HIV. Fernando, one of the participants most worried about people finding out about his HIV status, never feared violence as a reaction to disclosure like he had with coming out. If anything, he felt a family member was more likely to perpetrate violence against him because of his HIV status than a partner or friend.

> *No. No because no one needs to find out. In case they do find out, I believe that the aggression would be from my family, but very, well at the end of the day I know that what's happening is happening to me and I believe that beyond their aggression, well what else could happen. Their aggression yeah is like ugh. But it's just like, it's okay, right? Like, I told them, 'Yeah, it's okay.'* (Fernando, age 19)

Regardless, Fernando tried to act as 'normal' and unemotional as possible in all public places, despite any emotional burden he might have been feeling, so that no one would suspect that 'something was different.'

The most common types of reactions participants feared or experienced included use of slurs to refer to people with HIV, gossiping about their diagnosis with others, criticism or judgement, or others putting distance between themselves and the participant, violence, and loss of friendship. Within the gay community, some participants state that the consequences of others finding out your HIV status were largely the same, if not worse. Kevin mentioned how tops and bottoms react to someone disclosing their status differently. Bottoms will judge and criticize, but 'the masculine ones are more understanding.' However, some participants are determined to not let fear of judgement keep them from living the best life possible.

> *Yes. First it's the stage of, yes you enter into the stage of depression, but like always, I've thought that after crying and complaining, 'What more do you know how to do?' I believe that it's just an experience in life and it helps you to focus on you. Beyond what others think, if you die, you die, everyone else doesn't die. So, focus on yourself to save yourself. That's what I always tell people.* (Ángel, age 17)

About half of the participants knew someone else who was living with HIV at the time of their interview and not all came to the clinic, adhered to medications or accessed care before they were very sick. Gael talked about how he feels it is important to go find these men and let them know what the clinic has to offer because they are too afraid to come on their own.

> *To be able to come and come here and refer them more than anything because there are many people who need help, but we don't know many to say, 'Ah, well, go here or go there.' We feel that they are going to be humiliated or whatever other things.* (Gael, age 19)

This sentiment resonated with about a third of participants who don't like how people stare at them in the clinic, or how coming to the clinic will make people think they are different. Two

participants even mentioned using or seeing someone use sunglasses and masks so that others at

the clinic would not recognize them and tell others. This judgement from peers and strangers is

what about half of participants felt made living with HIV the same for everyone, regardless of

sexual orientation or sex. There may be various degrees of judgement, but participants said

everyone had to take their medications and everyone could be humiliated because of it. About

half of participants felt the root of these negative perceptions about people living with HIV,

within and outside of the gay community, was lack of correct information about HIV

transmission and the concept of being undetectable.

Vision for the future

Participants overwhelming felt positive about their futures. Over half just wanted to move

forward from this setback and live a 'normal' life. About half aspired to get their viral load down

as soon as possible. For those who were already told they were undetectable, that was an

immense moment of pride and satisfaction. However, not all participants were solely motivated

by the desire to not infect others as mentioned before. Roberto spoke about a situation similar to

that describe by Fernando, that HIV is not something visually notable. Therefore, if you do not

look obviously sick or frail, people will just assume you are HIV-negative.

> *It's that I can't say, 'Oh this person probably has HIV.' But it depends on what he tells you. Because you can look like a normal person in the street, but you don't know if that person has cancer or HIV, so we can't perceive that unless he tells us. He'd say, 'It' that,' or he might have a doubt, 'It's this or it's that' or he opens up. But for you to tell that he's living with HIV, no. Unless he's actually like really sick like people have come here and they are really skinny and you can imagine that they have some illness, not just HIV. 'But, no, he has anemia or a cancer, I don't know.' But it could be a lot of things.* (Roberto, age 18)

Ultimately, this fear of rejection if someone found out about their HIV status was the main driver

of participants' biggest worry about the future: beginning a new, stable romantic relationship.

About one quarter of participants were worried about finding someone understanding to date. All participants who were already in a stable relationship at the time of their diagnosis described worrying that their partners would reject them. However, the rejection that participants feared with potential partners was different. Lack of trust played a role in how willing they were to disclose their HIV status to these people. Ricardo talked about how he is scared to ever love someone again.

> *From there, can you imagine, I haven't wanted to have a relationship. I'm afraid of rejection, that they won't accept me, that they will criticize me and no, just being right now, I don't believe so. I don't think so, but I don't know, because the fear that they honestly say, well no. I don't know why I am afraid of daring to fall in love.* (Ricardo, age 17)

Only one participant described how he is not worried about disclosure because if they love him, they will stay. Over half of participants not in a stable relationship at the time acknowledge that rejection was a real consequence of disclosure. Some participants found a creative way around this problem. Sixteen participants described increased condom use following HIV diagnosis, with over three-fourths reporting 100 percent condom use during all sexual encounters since their diagnosis. Five participants stated that they consistently used condoms so they would not infect other men. However, about one-third of participants said they used condoms so they would not need to disclose their HIV status to casual sexual partners. One participant talked about how a casual partner was gossiping about a friend who had slept with someone with HIV and how bad that was. He eventually disclosed his status to that partner after he trusted him and taught him that the there is nothing to fear when your partner is undetectable. Participants described disclosing to sex partners as a balance between waiting until you trust someone, but not waiting so long that they resent you for not telling them earlier if things did become serious.

> *Well if you are going to make things formal, right at the beginning, 'You know what? I have this and this.' And if the person accepts you, that's good, and if not, bye bye.* (Roberto, age 18)

About a third of participants would only disclose to a new partner if they trusted them. However, according to three participants, condom use decreases after men become undetectable. Two men described not using condoms 'a couple of times' with stable partners, one participant talked about how his partner suggested trying sex without a condom once he became undetectable.

Evolution of masculinity and manhood

I will close with accounts of how men feel their perceptions or expression of masculinity or manhood have changed since contracting HIV and starting treatment. Over three-fourths of participants stated that living with HIV had little to no effect on how they currently perceived or thought about what it meant to be a man. Kevin, who always thought of himself as a disciplined, hardworking young man unlike others his age, said the following about his current beliefs:

> *Well it wouldn't have to change. Honestly, yeah, having this diagnosis doesn't have anything to do with changing the way a person is. Because, honestly, HIV is a lifestyle just like diabetes, hypertension, and a lot of other things like that.* (Kevin, age 16)

Kevin and three other participants felt that having an illness did not mean your beliefs needed to change. Another common answer was that their manhood was what they did or who they were, and HIV did not define them.

> *I think that after the diagnosis things didn't change. I still think the same way. Things are settled, I'll tell you, it felt like my thoughts are better than they were a few years ago. I think, yeah, with or without your diagnosis, you are still a man.* (Gael, age 19)

For the remaining three participants, all believed that their expressions of masculinity or manhood improved due to their HIV diagnosis. One felt he became a better man because he had to learn how to pick himself back up and be independent. Others said they began to prioritize family which a man should do, became more mature, braver because they had to open up about their diagnosis, or more responsible because they had to adhere to their medication. Incorporating sociodemographic variables, these men were not notably different from other participants in the study with regards to primary clinic, education level, or severity of illness upon HIV diagnosis.

Summary

The results of this analysis revealed that participants valued and expressed certain aspects of dominant masculine norms, attitudes, and behaviors. Specifically, participants described themselves as open-minded, calm, honest, hardworking, empathetic, and mature – qualities associated with manhood. Additionally, all participants rejected the negative qualities associated with machismo when describing what a man should be. However, participants still focused on appearing masculine even if it required suppressing outward expressions of their femininity. They also rejected or devalued more feminine presenting gay men. In some ways these attitudes harkened to characteristics typical of the men they hoped to distinguish themselves from. Secondly, YGBM were very aware of the consequences for deviating from generally upheld expressions of masculinity; namely violence, rejection, judgment, and being labeled as gay or as a woman. Fear of these consequences was a strong motivator for participants to modify or change their personal expressions of masculinity. Participants' experiences with HIV did little to

evolve their perceptions and expressions of masculinity post-diagnosis. The following chapter

will discuss at length what these findings mean for YGBM living with HIV and how their

masculinity and manhood may have influenced their experiences with HIV diagnosis, disclosure,

treatment, and adherence.

Chapter 5: Discussion

This final chapter aims to interpret the stories and experiences of these 18 YGBM and

provide recommendations for improved public health practice and future research. I will begin

by discussing how their stage in the life-course impacts the interpretation of these data. I will

then explore the contextual factors of masculinity and manhood that are relevant to the

interpretation of these narratives. In this section I will also introduce concepts about the

importance of family to these YGBM and introduce a new term to encapsulate how participants

navigate their self-expression and the consequences of deviation. I will then focus the remainder

of the discussion on identified ways that masculinity and manhood interact and/or influence

these YGBM's experiences with HIV. Finally, I will conclude by discussing promising findings,

implications for public health, and ideas for future research that could improve the futures for not

only these participants, but all YGBM living in Mexico City.

Emerging adulthood: a lens for understanding HIV-positive, YGBM

Jeffrey Arnett, a professor of psychology at Clark University, coined the term emerging

adulthood in 2000 to represent the time period "from the late teens through the mid to late 20s"

(2007, p. 68). Arnett considers this developmental stage to be one with distinct characteristics,

long-duration and high variability. Becoming an adult is a life stage that is longer than most and

becoming longer due to socioeconomic factors globally – a phenomenon he calls societal delay.

Additionally, what happens during to life state, when, and to whom is highly does not follow a

set pattern. However, Arnett's evaluation of the benefits and challenges of a societal delay do not

speak to the unique experience of LGBTQ-identifying youth. Jason Torkelson takes on this

challenge, asserting that a "queer vision of emerging adulthood then is one that analytically

uproots, interrogates, and thus decenters the (hetero)normative sexual tropes" that are upheld by

the current interpretations of the term currently (2012, p. 135). This expanded vision of emerging

adulthood can help to explain the tension LGBTQ-identifying youth feel trying to learn and

adapt to an adult world that prioritizes heterosexuality (Torkelson, 2012). Additionally, queer

youth are oftentimes rejected by their families leading to low levels of parental support, higher

odds of suicidal ideation, and other worse health outcomes (Needham & Austin, 2010). Some

'queer youth' seek out chosen families consisting of friends and peers to compensate for the lack

of familial support (Torkelson, 2012). Although only about a fifth of participants discussed

learning from their older partners, this 'queer' vision of emerging masculinity posits that older

partners could present and important role in molding and shaping these participants ideas of

adulthood.

Additionally, all participants at some point in their narrative stated that men were

expected to be with women, with two-thirds recognizing that being gay was seen by others as

something 'bad.' The high level of uncertainty, internal conflict, adaptation, and marginalization

their sexual identities can cause during these formative years makes these participants' transition

to adulthood much different than heterosexual adolescents. To add another layer of complexity,

participants are experiencing coming of age, sexual debut, and HIV diagnosis in short

succession. Recall, one participant even discussed how hard it was to contract HIV in addition to

all the other problems that a teenager must manage. This framework merely provides an

appropriate lens through which to examine the subsequent discussion of masculinity, manhood

and HIV among YGBM. Despite their assured answers and confident expressions of self, men in

this sample will continue to evolve well into their 20s. Thus, these data should be viewed as a

snapshot into an exciting, volatile, uncertain, and ever-changing part of the life-course for these HIV-positive, YGBM.

Examining masculinity and manhood

Before I go further into the discussion of these narratives, I'd like to draw attention to the use of the term effeminate throughout the body of this work. 'Effeminate' can oftentimes be a polarizing word, especially when working with gay and bisexual men, as it serves the validate the stereotypical constructs these non-heterosexual conforming men confront daily. Mauricio List Reyes talks about what I consider a weaponization of the feminine in his book on young gay men in Mexico City. He discusses how within the gay community, language is central because it allows for coded messages and high-level communication (Reyes, 2005). Femininity plays a notable role in these speech patterns. Using the feminine can be light-hearted and comical, but it can also have an "aggressive objective that can be much more direct, more incisive and ridicules the other as much as possible. In this confrontation, in this pain, high levels of aggression can be reached…trying to verbally destroy the other" (Reyes, 2005, p. 264). Reyes' findings speak to the participants' descriptions of fighting amongst feminine bottoms and the use of female nouns and articles as insults. However, "terms such as effeminate are, however, appropriate in ethnographic contexts, when people use them to describe themselves, their own attitudes, or the stereotyped attitudes they have had contact with" (Gaudio, 1994, p. 54). I therefore use the term in order to accurately represent the language used during my interviews and incorporate their diction throughout the entirety of this work.

With that clarified, I will begin with the first topics discussed in the results section: perceptions and expressions of masculinity and manhood. Some participants described being

raised around conservative, close-minded family members who espoused certain ideas about what it means to be a man. To a certain extent, these exposures at a young age to rhetoric that was not gender or sexual-orientation inclusive established a perception of what is considered 'normal' in Mexican society. Thus, most participants who self-identify as masculine must live up to certain ideals, lest they be labeled feminine, which as we recall was undesirable and steeped with negative connotations and consequences. In Chapter 2 of Chrys Ingraham's book *Thinking Straight: The Power, the Promise, and the Paradox of Heterosexuality* he provides a nice explanation of the origins of why and how gay and bisexual men assign normality to those around them. He describes how the rise of gay rights movements resulted in a societal effort to reclaim heteronormative values. Therefore, the characteristics that have come to be associated with gay men were never defined with the intention of describing "real gay people. Rather, the meaning of being gay is in part fixed by its role as a point of contrast or opposition to the idea of being straight" (Seidman, 2013, p. 54). Seidman goes on to describe for the ideas and meanings surrounding 'being gay' to change, then the norms associated with heterosexuality would also have to change. This harkens to Connell's discussion of how masculinity is highly socialized and interdependent on the masculine expressions of other men. The social system is positioned in such a way that even if participants "[reinforced] dominant social norms in every way" they had previously learned, their sexuality would still prohibit them from truly being considered 'normal' (Seidman, 2013, p. 51). Yet, "individuals who deviate from this norm…may not gain entry into the magical circle of normality and respectability" (Seidman, 2013, p. 59). Therefore, participants are faced with the double-edged sword, emulate learned masculinity, but never become equal to heterosexual men in the eyes of society, or reject what Seidman describes as the 'good gay' – the non-threatening gay man, willing to play his role to uphold heteronormativity –

and face full societal rejection. As Seidman described in the US, the Mexican film-industry also engaged with this conflict on the big screen throughout the mid to late 1900s (Macías-Gonazález & Rubenstein, 2012). So, although representation of multiple gay identities have been portrayed in Mexican movies and popular *telenovelas*, the complexity of developing a personal sense of masculinity and manhood in a heteronormative society exposes YGBM to a unique set of risk factors associated with contracting HIV (Salazar, Figueroa, Girón, & Cáceres, 2009). However, living in a progressive city with comprehensive laws that protect gay rights can be considered a protective factor against contracting HIV, given that regional differences in homophobia and stigmatization of gay and bisexual men can intensify the conflict to reconcile one's masculinity with the prevailing norms (Salazar et al. 2009; Pitpitan, 2016).

Participants provide many examples of how they felt pressure to behave or act a certain way and even included examples of how heterosexual men felt that same pressure. This social negotiation of masculinity included womanhood and femininity to the extent that both were direct comparisons used to emphasize a man's masculinity. However, society employed a similar strategy, constructing a parallel between being gay men and women in order to devalue their masculinity so that of heterosexual men could be further emphasized. Participants rejected this label and discussed how being gay did not detract from their ability to be a man. Some even looked down upon the more effeminate gay men that allowed these stereotypes to persist.

Gay men who are not restricted by society, gay men who are socially allowed to be fully masculine disrupt the social hierarchy that places heterosexual men at the top. Participants like Matías and César mentioned this social system and how gay men who do not behave as a stereotypes oftentimes confuse and upset those around them. According to Seidman, it is too disruptive to the consolidated power of heterosexual man to acknowledge that a gay man could

be just like him, with the one exception of sexual identity (2013). Therefore, by bringing heterosexuality to the core of what it means to be a man, heterosexual men can not only position themselves above women, but also above gay and bisexual men. Although this dynamic appears initially negative, I see an immense subversive power among these YGBM that will continue to find space and voice to grow in Mexico City. Increasing diversity and inclusivity in the city could eventually help YGBM to permanently disrupt this restrictive social structure.

Familism, fitting-in, and the mastery of code-switching

Ultimately, the relationship between gender expression, YGBM, and societal expectations is complicated. Several men tried to appear less feminine after being rejected, admonished or discriminated against. Some men made changes in anticipation of violence. Most men now take pride in their masculine qualities. Although participants say they respect transwomen and effeminate gays, their preferences in sexual partners and devaluation of effeminate gay men and transwomen revealed a disconnect in their values and actions. Remember that participants lauded men who are respectful and tolerant of others. In many ways that is how participants introduced this caveat – an attempt to be tolerant of others' differences. Additionally, all but one participant when asked directly could identify personal characteristics or personality traits that he considered to be feminine. Despite their values and blended expressions of masculinity and femininity, participants identify most with the aspects of themselves that society identifies as masculine.

These contradictions between self-description and self-expression are hallmarks of gender role strain. Men in the current study most frequently confronted two specific types of gender role strain defined by Fields et al.: discrepancy strain and trauma strain (2015).

Participants were perfectly capable of enacting normative masculinity but reported the trauma of

failing to meet those standards consistently and the violence and rejection associated with that

socialization process (Fields et al., 2015). Although men in this sample did not display any

notable over-compensation or hypermasculine behaviors as a result of this strain, other responses

to gender role strain can still lead to increased HIV risk (Connell, 2005; Fields et al., 2015;

Meyer & Champion, 2008; Wilson et al., 2010). Given what participants described, YGBM who

identify as feminine or who are frequently labeled as feminine may face greater HIV risk

because they are simultaneously reacting to subjugation within and outside of the gay (Glick,

Gangl, Gibb, Klumpner, & Weinberg, 2007; Taywaditep, 2008). Gay and bisexual men face

compounded discrimination in Mexican society where their sexual identity is marginalized and

seen as 'lesser,' while their masculinity is also delegitimized with unfounded labels of

femininity.

Participants described their first experiences of what would be considered gender role

strain with family members. Family was the first and most important exposure to masculine

norms and ideologies. The existence of these conflicting role models, simultaneously admirable

and closed-minded, led to conflicting ideas of self and other. Participants questioned their

father's contradicting values and actions, their mother's rejection and desire to be there for them.

More frequently they endured microaggressions and overt homophobia and generally defaulted

to avoidance or concealment of their identities in order to avoid conflict. Díaz describes this

phenomenon as familism (1998). Familism is placing high value on family life and is typical

among Latinx-identifying individuals (Díaz, 1998). Díaz describes how this critical "social

support within homophobic families can be achieved only at the expense of self-expression and

openness about the individual member's homosexuality; acceptance by and social connectedness

to the family are achieved and maintained only at the price of silence" (1998, p. 94). This 'no-win situation' leaves LGBTQ individuals with a "choice between self-expression and family love"[6] (Díaz, 1998, p. 94).

This process of determining how to express oneself depending on those around you can be labeled as what some would call code-switching. Code-switching is the practice of interacting in different ways depending on the social context, and it is not limited to speech or race (Waring 2018). R.W. Connell was one of the first to bring the term to Mexico, describing how young rural men who had picked up on the growing hyper-masculine culture in broader Mexico had to code-switch with people at home because they did not accept their changed behavior and switch back when they were with their peers (Connell, 2003). Participants in this study displayed an adept ability to behave as they were expected at home, school, and work. Most chose to behave more masculine, which Della, Wilson, and Miller call 'role-flexing,' where you adapt to conceal your sexual identity in non-gay friendly contexts which can include: trying to be more macho and emphasize masculinity, being more religious, avoiding discussions of sexual orientation (2002). Another code-switching technique that only one participant used is called 'standing ground' which we saw when he behaves "more gay" around family to avoid discussing his sexuality – which in reality may be a blend of 'role-flexing' and 'standing ground'. Many of the other coping mechanisms described by Della and their team were employed by YGBM in this study like avoiding engagement in same-sex behavior completely, maintaining a good relationship with their faith, and accepting themselves fully.

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[6] Although not included in the results section, one participant did mention a belief that some gay men are promiscuous because they are looking to feel the love and affection they never felt from their family. Another participant mentioned he does seek the love he did not have from his father with casual partners who are much older.

Recall Adrián's story about his father's machismo because he didn't want another girl in the house if Adrián started dressing like a woman every day. Adrián was able to quickly apply a gradient to determine the severity of the commentary. Ultimately, he disagreed with the comment but decided it could all be much worse and didn't say anything to his father. Not only does this provide a good example of how YGBM code-switch in their daily lives, it may also provide a source of affirmation for the behavior. Participants described the duality of machismo, a balance of positive and negative. It is interesting to consider whether being socialized in a system of duality, and observing duality in role models, made participants more comfortable expressing duality in their performance of masculinity and manhood. Majors and Billson (1992), Anderson (1990), Massey and Denton (1993), and West and Zimmerman (1987) ideas work synergistically to present a case for code-switching being a "psychologically adaptive coping mechanism used to negotiate identities differently depending on the social context" (cited in Ford, 2011, p. 55). However, being constantly self-aware in this was can lead to a negative sense of self (Ford, 2011, p. 55). Therefore, although participants report effective code-switching to manage the different contexts in their lives, it may ultimately have harmful effects on their health and well-being.

Masculinity and manhood's influence on experiences with HIV

We now arrive at the focus of this discussion with a better understanding of the sociocultural context and vocabulary that is essential surrounding masculinity and manhood in Mexico. Díaz, is his 1998 book on U.S.-based gay men and HIV, identified cultural barriers to safe sex, ubiquitous in Latinx culture. Various aspects of machismo, homophobia, familism,

sexual silence – or the inability to talk openly about one's sexuality, poverty, and racism impact the HIV risk of gay men.[7] Although Reyes did not specifically examine HIV, his account of gay men in Mexico City raised similar cultural factors to consider when exploring how YGBM shape their identities (Reyes, 2005). These cultural factors will continue to be central as we continue to explore how masculinity, manhood, and HIV risk, treatment, and adherence interact.

Masculinity and indications of HIV risk among YGBM

The first identified risk for contracting HIV is the disconnect between participants' self-expression and perceptions of the gay community and what that implies with regards to partner selection. Some participants expressed the belief that masculine gay men should fulfill the role of the top, feminine gay men should be bottoms. Masculinity is conferred to those who occupy the masculine role, especially if the person who is bottoming is has feminine qualities (Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012; Moskowitz & Hart, 2011). Given that much of the sample self-identified as masculine, one would assume that most also assumed the top role and were attracted to feminine men. This was not the case with most of the sample preferring bottom and versatile roles and exclusively dating masculine men. This contradiction may identify a source of internal conflict among participants, as well as a source of HIV risk. Tops, or 'masculine MSM,' are less likely to contract HIV, but more likely to introduce partner dynamics like low condom use, low testing, and increased substance use that can put those who bottom with them at greater HIV risk (Zeglin, 2015). Additionally, participants' apparent preference for

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[7] Racism is not applicable to the current study but does provide a potential avenue for researching how colorism and indigenous-roots may impact darker-skinned, or ethnically diverse MSM.

older men who are more likely to have had more sexual partners, may present an additional risk (Zeglin, 2015).

More participants than anticipated, about half, mentioned that one or more sexual partners had asked to no use a condom prior to the participant's HIV diagnosis. It is unclear if participants were aware of increased risk for HIV to be transmitted through unprotected anal intercourse when they consented to not using a condom – given their descriptions of sexual education in school being very generic and not specific for non-heterosexual youth. However, we do know that experiences of homophobia and familial rejection were traumatic for a few participants and present a strong motivator to do what is necessary to avoid reoccurrence. Fear of additional homophobic consequences at the expense of a more fluid gender expression, coupled with the societal devaluation of the feminine, may have made participants reticent to identify as feminine or a mix of masculinity and femininity. As previously mentioned, only one participant could not think of any feminine traits when asked directly. Emphasizing their masculinity could be perceived as a code-switching coping strategy. Although these gay and bisexual men do not conform to society's heterocompulsivity, preferring masculine partners as a masculine man allows participants to avoid judgement outside as well as within the gay community, because they 'are just two guys.'

The second instance where HIV risk may be introduced is how sexual silence can lead to decreased communication with sexual partners. Participants mentioned high condom use with older partners and when dating medical professionals. They indicated low condom use when they trusted their partner, when substance use was involved, during quick encounters with one-time partners, and when their sex drive got the best of them. Most participants described low

communication with partners about condom use, they just used them, or they did not. With the exception of trust and faithfulness, all of these factors are values associated with machismo or masculinity – substance use, letting one's sex drive take over, low insistence of condom use, multiple sexual partners (Díaz, 1998; Zeglin, 2015). Not having a space where YGBM can practice discussing topics like their sexuality and sexual preferences, dampens their ability to negotiate future interactions with sexual partners (Díaz, 1998, Lozano-Verduzco, 2016b).

Returning to trust, putting faith one's partner was a risk factor for these participants. Participants used trust as a proxy for the fidelity and commitment of their stable partners which sometimes was unfounded. Participants used appearing 'fine' or nothing making them think about STIs or HIV as a proxy for trust with casual sexual partners. Trust ultimately led to low condom use and low insistence that partners get testing. Trust is a complicated predictor of HIV transmission that impacts both homosexual and heterosexual couples in Mexico and beyond (Carrillo, 2002; Darbes, Chakravarty, Neilands, Beougher, & Hoff, 2013; Zablotska, Grulich, Wit, & Prestage, 2010). The level of trust displayed by participants is to be expected for any stable relationship (Carrillo, 2002). Therefore, without straying from the data and the experiences of these young men, I can say that increased communication with a partner increased condom use and decreases infidelity prior to diagnosis and HIV-specific social support increases condom use following diagnosis (Zablotska et al. 2010). Increasing spaces where YGBM can discuss their sexuality could bolster the skills necessary to address trust with partners.

Parallels between coming out and HIV disclosure

There were quite a few similarities between participants' descriptions of coming out and their descriptions of disclosing their HIV status, including: fear of rejection/humiliation,

understanding that being gay and HIV are both associated with stigma, fear of violent consequences, and a desire to not disappoint others/let other down. The key difference is that the reason for rejecting/humiliating the participant after coming out was a focus on their disruption of gendered expectations. The reason for rejecting/humiliating the participant after HIV disclosure was a fear the participant would pass HIV to them, whether it be a sexual partner, peer, or family member. Regardless, that rejection or humiliation is still operationalized in the same way – through violence, distancing oneself from the participant, gossiping about the situation, or running them from the home. Remember that participants describe a willingness to modify their behavior in order to avoid rejection or judgement. We also discussed how being gay or bisexual and being HIV-positive conferred a double stigma to the participant. According to Kowalweski, the concept of double-stigma was first published in 1988, shortly after the HIV epidemic began (cited in Ware, Wyatt, & Tugenberg, 2006) Ware et al. explored the concept among injecting drug users in the United States that had a number of socially stigmatized identities, including participants who identified as MSM (2006). They found that not only did living with HIV make it hard for participants to form a clear sense of identity, but that stigma is additive and hierarchal with some stigmas being worse than others (Ware et al., 2006). Ultimately, "when health and social interests are experienced as being in conflict, social interests may well take precedence" (Ware et al., 2006, p. 908). Their framework for understanding this relationship is included in Appendix IV. However, this has large implications for the current group of YGBM.

Given the increase of condom use among some participants to avoid the need to disclose their HIV status to casual partners, they most likely place higher stigma value on being HIV-positive than being gay or bisexual. Therefore, among these participants, HIV diagnosis seems to

be protective for their HIV-negative sexual partners. However, what can be said for the men the participants described, who avoid clinics for testing and treatment so they will not be identified or because of an unwillingness to accept their diagnosis or unwillingness to disclose to legal guardians? YGBM must be aware of when and how they are code-switching for it to confer any protective benefits (Díaz, 1998). There is a need to create spaces where HIV-positive, YGBM can discuss the stigma associated with their identities and learn how to protect themselves and their partners when the pressures to be 'normal' or to 'be a man' are heightened by the incorporation of HIV-positive into their identities and self-expression.

Perceived and experienced barriers: the challenges of living with HIV

The most important thing to keep in mind examining the intersection of masculinity and manhood with a life with HIV is changes over time. As we've just discussed, participants had an immediate increase in condom use, most up to 100 percent usage. Unlike the perceived stigma that some HIV-positive men are 'bad' and want to infect others on purpose, these participants took pride in being undetectable and protecting others. One participant diagnosed in January of 2017 mentioned a continued unwillingness to engage in sexual relationships following his diagnosis. His choice of abstinence provides one atypical example of persistence of new habits over time among participants. However, the rest of the narratives show that any new habit may only confer benefits early in their experience with HIV. A few men who have already become undetectable have begun to use condoms less frequently with their partners. This raises several thoughts about the future for these young men.

First, studies show that gay men are better at sustaining safe sexual practices than heterosexual men in long-term relationships (Cusick & Rhodes, 2000). This bodes well for the

partners of participants who are still working to become undetectable. Secondly, the new stance

of UNAIDS is undetectable = untransmittable (U=U)campaigns where they promote that HIV

cannot be transmitted if the HIV-positive individual has achieved an undetectable viral load

(UNAIDS, 2018b). This new stance would be feasible in Mexico as there are no laws

criminalizing the transmission of HIV[8] ("Mexico," 2018). However, these protections may not

protect YGBM in other Latin American countries. For full map of countries laws, see Appendix

V. Despite the psychological benefit of feeling "liberated from the stigma associated with living

with the virus," there is still a need for sustained condom use regardless of status to protect

against other STIs (UNAIDS, 2018b, para. 3). Participants described a specific fear of re-

infection with a mutated strain of HIV if a sexual partner does not disclose their HIV-status and

has not reached undetectable status.

　　　Lastly, in-person interventions that engage couples have been proven effective at

promoting consistent condom use (Mausbach, Semple, Strathdee, Zians, & Patterson, 2007;

Stephenson et al., 2012). This is in line with the fact that the intention to practice safe sex and

actually practicing safe sex are loosely associated, but many people with good intentions still

engage in risky behavior (Díaz, 1998). However, gay men seem to be resilient to the male-female

power-dynamic that results in decreased condom use among serodiscordant heterosexual couples

(Cusick & Rhodes, 2000). Without knowing more about the dynamic of condom negotiation

among YGBM post-diagnosis, I cannot make any further observations. Ensuring condom use

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[8] The campaign would be feasible given the healthcare system infrastructure in Mexico and ability to ensure ART medications are available for all patients. However, I don't believe it is the best option. A campaign like this, beyond the reasons above, may inhibit testing and reduce uptake of PrEP, which the clinic began rolling out at the end of 2018. Given the anticipated lack of communication between YGBM and their future casual partners, it is possible they could increase the risk for partners who do not know they are at risk. Especially considering that proposing condom use actually initiates mistrust during a sexual encounter and participants may occasionally chose to not use condoms in order to avoid disclosing their status (Carrillo, 2002). I think the best option for HIV prevention is to continue the scale-up of PrEP coupled with the recommendations in the final section.

before reaching undetectable status will be crucial among HIV-positive, YGBM – which my sample suggests could be very effective. Masculinity and manhood seem to have little effect on condom use post-HIV diagnosis among these participants beyond the previous discussion of double stigma.

The second major aspect of living with HIV among participants was being supported by at least one member of their family because they need a parent or guardian to gain access to treatment at the clinic. It is unclear how parental support will change over time. When first diagnosed, participants relied heavily on parents, and friends or partners for emotional support and reminders to take medications. However, quite quickly participants learn how to 'pick themselves up' and take their medications and make it to appointments on time. These findings seem to conform with the experience of any young person diagnosed with HIV. However, since young gay men are more likely to be diagnosed with HIV than young heterosexuals, further exploring how young men cope with HIV as they fully emerge into their manhood is critical to better understanding the experience of YGBM living with HIV.

Additionally, most of this sample receive financial support from their family or partners. However, I believe that as these men grow older and become more solely responsible for their finances, they may face increasing gender role strain as being a hard worker who provides for his family is central to their ideas of what it means to be a good man. Even if these men do not move out of their homes for some time, which is typical in most Latin American countries, 'good Mexican men' are expected to care for their families. Recall, one participant mentioned that when his mom gets older, he will need to care for her, and his sister will one day care for him. He refuted the heteronormative idea that the man is the head of the household, but he will still need to be financially stable in the future. However, one study from Uganda shows that

motivation to care for one's family can actually encourage adherence (Crane et al., 2006). Additionally, the free services and medication provided by CEC and CECI will most likely offset the financial burden of HIV treatment long-term (Crane et al., 2006).

Finally, four participants stated that living with HIV made them better men because they felt brave, responsible, strong, and independent. All participants showed incredible agency in deciding to move forward, not give up, and adhere to their medications. Like with coming out, there was a need to accept oneself or accept their HIV status, before they could get the most out of treatment and services at CEC and CECI. Yet, all participants were able to relatively quickly assimilate HIV into their identities as YGBM.

Fear as a barrier: risk, access, and support

I will close this section by reflecting again that a notable number of participants reported that many men who do not come to the clinic, do not begin taking prescribed medications, or stop taking medications over time. Most participants mentioned fear of being humiliated, or fear that one person will recognize you and then the whole gay community will know you are living with HIV as reasons why other men, even friends, do not come to the clinic for testing for treatment. This group of men may be unique from other YGBM. Information about how they managed the double stigma associated with being an HIV-positive, YGBM will be important from designing outreach efforts. However, overarchingly, masculinity and manhood seems to have a limited impact on YGBM's experiences living with HIV.

An ever-evolving society and increasing visibility of the 'abnormal'

Before concluding this chapter with the implications of this work on public health practice, I'd like to close this discussion of the results with a few uplifting insights. First, it is notable that participants are mentioning an evolving society where they feel comfortable as YGBM. Despite their almost ubiquitous experiences with homophobia and discrimination, for these participants to equate machismo and homophobia with an outdated way of thinking affirms the literature that depicts Mexican society becoming more progressive and inclusive. Participants talk about how Mexico is a better place for gay men than other countries and how Pride is increasing the visibility of the LGBTQ community. They feel that increased visibility will translate to increased information and awareness, which in turn will lead to greater acceptance of the gay community. Their narratives support the hope that increasing visibility, not just of the gay community, but also of people living with HIV can improve the experiences of YGBM who are living with HIV.

In what I will call 'reverse socialization,' these young men's narratives revealed how key family members grew in tolerance and understanding following participants' coming out. They themselves, as well as family members, experienced similar growth following their HIV diagnosis. I think this 'reverse socialization could leverage increased information and visibility of homosexuality and HIV to reinforce the support systems available to YGBM (Garofalo et al., 2008). It is possible that the public social stigma of having an HIV-positive, gay or bisexual son will be too shameful for some parents (Hirsch, 2009). Although more research on how to specifically engage families in Mexico, the narratives of broken family dynamics following participants' coming out or HIV diagnosis reconciled through researching the topic, increased communication, therapy, and attending support groups at the clinic make the confident that the resources are available in await of an engagement plan.

Finally, as we've discussed at length, men frequently employed code-switching to avoid violence and rejection and ensure acceptance and respect within gay community. Most frequently this took the form of emphasized masculinity. However, recall David's story about his uncles dancing with their wives when they felt safe and not judged. I think participants have shown the importance of a welcoming environment to help men to feel more comfortable expressing themselves. I think the participants' idea of educational outreach, meeting people where there feel comfortable, to engage in conversations aimed to reduce homophobia or HIV stigma could be highly effective. In their personal narratives, their mindset about HIV changed when they got more information and met more people living with HIV. These narratives have revealed clear opportunities for outreach and community engagement. I will conclude this chapter with an overview of further implications for public health and recommendations for future research.

Implications for public health and recommendations for future research

This exploration of the perceptions, self-expressions, and experiences of HIV-positive, YGBM has elucidated several novel public health interventions that could not only reduce HIV transmission among YGBM in Mexico City, but also improve HIV-positive YGBM's linkage to care and experiences with treatment and adherence. Beginning with a focus on prevention, there is an opportunity to develop a quantitative scale that could measure both gender expression and sexual identity. As we have seen being masculine/feminine and being heterosexual/homosexual are oftentimes conflated. A meta-analysis of 17 scales for measuring masculinity-related constructs found that "measures of gender orientation and masculinity ideology were basically independent" (Thompson, Pleck, & Ferrera, 1992, p. 600) However, a purposefully merger these

constructs could provide researchers and clinicians with an enhanced capability to not only

"identify gay males in the various stages of homosexual identity," but also evaluate the

incorporation of hegemonic masculinity into identities of self (Brady & Busse, 1994, p. 1). The

Gay Identity Questionnaire, adapted from the Homosexual Identity Formation model, or the

more recent Lesbian, Gay, & Bisexual Identity Scale are both designed to measure homosexual

identity formation (Brady & Busse, 1994; Mohr & Kendra, 2012). The Traditional Masculinity-

Femininity is a new scale that more traditionally measures masculinity and femininity (Kachel,

Steffens, & Niedlich, 2016). However, the Masculinity Inventory Scale is a newly developed

tool that also incorporates culturally relevant, specific indicators into gender expression

measurement which presents an opportunity to adapt the tool to a Mexican context (Mincey,

Alfonso, Hackney, & Luque, 2014). The data collected in this study could help CEC and CECI

guide the use of an evidence-based tool to identify risk factors among HIV-negative YGBM,

identify sources of social support strain, as well as inform HIV-prevention messaging targeted at

this key population. The tool could even be used to improve mental health screening and HIV

counseling for HIV-positive YGBM or map out what Kimmel & Messner (1989) refer to as a

"matrix of masculinities" (as cited in Thompson et al., 1992, p. 603). The latter could modernize

and affirm the diverse masculinities experienced and expressed by YGBM in Mexico. An

example of some of the aforementioned scales can be found in Appendix VI.

Next, given participants' descriptions of lack of privacy, insensitive medical

professionals, and limited clinic hours, the Condesa clinics could partner with local healthcare

providers to rollout 'queer-friendly' clinics. Lesotho has had great success with the scale-up of

male-friendly clinics which have increased HIV testing and linkage to care ("Male Friendly,"

2018). The U.S. President's Emergency Plan for AIDS Relief, otherwise known as PEPFAR, has

lauded the program as an innovative solution that address the main barriers to testing and treatment identified by men in Lesotho. Two of the participants in this study received their first positive HIV test a testing sites in Zona Rosa and felt comfortable doing so. Leveraging these data collected on fears and barriers to testing and treatment, CEC and CECI could work to scale-up remote testing locations and expand coverage to allow approved patients to manage their care at these remote locations. This could work to decongest the central clinics, while still providing queer-sensitive testing and support networks throughout the city.[9]

The data from this study also supports the incorporation of gay friendly sexual education curriculums in schools. About half of this sample identified schools as a main source of information about HIV, albeit incomplete. One study conducted in the United States found consistent findings with other literature that shows that gay and bisexual youth were more likely to engage risky behaviors associated with HIV transmission and less likely to have received information about HIV or condom use (Blake et al., 2001). Youth who received the 'gay-sensitive' curriculum reported fewer risky behaviors, especially those who received the curriculum before sexual debut. This study provides the foundation for advocacy for more inclusive sexual education in Mexico, beginning prior to sexual debut. Data from this study makes an argument for implementation as young as 11-years-old. Additionally, men in this sample experienced a high rate of violence with about a quarter experiencing rape, physical violence, and poor mental health prior to HIV diagnosis. I believe that a focus on resiliency and coping strategies should be incorporated into all school-based curriculum, given that the

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[9] It is important to remember that privacy is a main concern from some participants. Within Zona Rosa, men may feel comfortable seeking out testing or refilling prescriptions. However, beyond the confines of the gay district, where homophobia may be intensified, men may not feel comfortable taking advantage of testing or care at these remote locations. An acceptability study and pilot study are recommended before scale-up of 'queer-friendly' clinics could be considered.

aforementioned factors put youth at greater risk from contracting HIV (Halkitis et al., 2013; McDonald, 1982)

There are several options for community-based interventions that would appropriately speak to the experiences of the young men in this study. Any intervention should consider involving family which can significantly reduce the likelihood of contracting HIV among young MSM, as well as activities that create safe spaces for youth to process their sexuality, form meaningful connections to the gay community, and identify personal risky behavior and create strategies to overcome them (Díaz, 1998; Garofalo, Mustanski, & Donenberg, 2008). Expanding Instituto Promundo's successful youth engagement programs, Program H and Program D, to incorporate families in existing activities that address gender norms change, HIV prevention, and homophobia reduction in Mexico could be a way to address all these needs (Promundo, Instituto PAPAI, Salud y Género, & ECOS, 2013).

The last preventative recommendation is focused on clinical HIV prevention programs. Carrillo in his book on sexuality and HIV in Mexico recommends that clinical standards for HIV prevention incorporate the realities of young gay men (2002). The contradiction found in the narratives of these participants show that trust and passion, doubt and coming of age play a large role in HIV risk. "The view that sexual health and the avoidance of disease [is] a top priority during sex" is unrealistic (Carrillo, 2002, p. 255). He recommends finding ways to incorporate known best practices into how men prefer to have sex and communicate with their partners. His example of non-verbal or non-explicit ways to communicate a desire to use condoms is highly relevant to this population, who reported limited communication with sexual partners about condom use. His recommendations to incorporate key risk factors for young men (sex role preference, trust used as a proxy for fidelity, and lack of self-reflection) into clinical prevention

outreach could improve the acceptability and appropriateness of CEC and CECI's community outreach efforts.

Finally, in order to better address the issues many participants expressed concerning linkage to care, CEC and CECI need to balance the need to get young people in and on treatment immediately following diagnosis with the fact that support systems are very important to all these young men. Although parental support was critical to participants to offset costs, receive emotional support, and adhere to treatment, alternative legal adults should be considered who can help YGBM who have been rejected by close family to engage with treatment as soon as possible. Additionally, the creation of programs that could help YGBM strengthen relationships with close family members would help them engage the "potentially protective family support system" which could help YGBM to better manage care and motivate them to adhere to treatment over time (Díaz, 1998, p. 96).

Avenues for future research

The opportunities for novel research are numerous given that this study was largely exploratory, hoping to bolster the limited information about how YGBM in Mexico construct their masculine identities. Future qualitative studies should address condom negotiation and partner characteristics specifically, to better understand how and why YGBM use condoms and what that means for HIV risk. Similarly, exploring the top, bottom, versatile dynamic would better document communication with partners. Finally, independence of YGBM also emerged from these data. Men discussed living with romantic partners or friends, or spending time in the street, following rejection due to their sexual identities. Future qualitative studies should explore the link between independence and social support shown to improve adherence to HIV treatment.

With regards to quantitative or mixed methods designs, religion was unexpectedly important for a small subset of participants and a source of important support. However, about a third of participants also mentioned religion as a motivator for closed-mindedness and homophobia. Exploring the importance of religion to YGBM could open up avenues for faith-based organization engagement in promoting HIV prevention and engaging HIV-positive youth with other networks of social support. It would also be important to document the incidence of poor mental health among newly diagnosed YGBM to advocate for more funding to expand mental health services for youth. Participants described their experiences with HIV as depressing and provocative of suicidal ideation and literature shows that men are less successful when coping with HIV under these circumstances. Quantifying the frequency of YGBM not coming to the clinic for treatment as well as the associated barriers will help to establish if this sample is atypical among all YGBM and how to better engage this key population in testing and the HIV treatment cascade. Finally, a robust, longitudinal study or multi-generational cohort study that explores how masculinity and manhood, and experiences with HIV treatment and adherence change over time would establish how important protective factors and risk factors change over time. Additionally, understanding improved HIV treatments and increasing inclusion and protection of gay and bisexual men would differentiate a study like this from previous multi-generational cohort studies that sampled men who were diagnosed in the early 90s.

Conclusion

Ultimately, this study has shown that dominant forms of masculinity do impact the lives of YGBM in Mexico City. From a young age YGBM were socialized by family and classmates to engage with a heteronormative, restrictive idea of what it means to be a man. However, as

YGBM came of age, they slowly began to deconstruct those prevailing ideas and re-incorporate the values and traits they truly identified with. Oftentimes, this unique self-expression came with the consequence of violence, rejection, and isolation by family, classmates, co-workers, and society at large. YGBM had to then re-evaluate their masculinities and make decisions about when and where they would express their emerging authentic selves. It is during that process of self-definition that YGBM were diagnosed with HIV. Limited condom use, feelings of trust, infrequent communication with partners about HIV testing, and sexual positioning all played a role in increasing participants' risk of contracting HIV. Many of these factors can be linked to perceptions and expressions of masculinity and manhood.

Lingering fear or rejection and or humiliation played a role in participants choosing to disclose their HIV status to family, friends, and current partners. However, participants showed immense resilience in their ability to overcome the emotional stress associated with diagnosis. They all found ways to accept themselves and incorporate being HIV-positive into how they perceived themselves as young men. With the support of select family, friends, and peers, most of these YGBM were able to come to appointments, adhere to medications, and achieve undetectable status. Additionally, almost all participants reported increased condom use and a desire to help others be safer and protect themselves. Participants felt the hardest part about living with HIV in the future would be finding a stable partner who would accept them despite their diagnosis and finding employment.

This study is just the beginning of an exploration into the diverse masculine identities of YGBM. It is my hope that research into the experiences of masculinity among YGBM in Latin America will help health care providers, governmental organizations, not-for profits, and policy

makers to expand HIV prevention, testing, and treatment interventions that acknowledge and

celebrate the unique realities of this key population.

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Appendices

Appendix I. In-depth interview guide in Spanish

<u>**Guía de las entrevistas a profundidad**</u>

Declaración introductoria
Quería agradecerte por participar en esta entrevista. Me llamo Theresa y soy una estudiante de la Universidad de Emory en los Estados Unidos. Estoy realizando una investigación aquí en México para entender mejor las experiencias que tienen los hombres jóvenes que viven con VIH. Es súper importante que jóvenes como tú tengan la oportunidad de compartir sus experiencias con los demás. Entonces, voy a realizar varias entrevistas solamente con los jóvenes que ocupan los servicios de esta clínica.

A lo largo de nuestra entrevista hoy, voy a preguntarte sobre tus experiencias personales con el VIH. Si has participado en otras entrevistas en la clínica, quizás algunas de las preguntas serán similares. También voy a preguntarte sobre tus amistades y sobre los hombres con quienes interactúas. Lo más importante es que hoy quiero escuchar tu perspectiva, no hay una respuesta correcta a ninguna de mis preguntas. Es más, no olvides que tu participación en la entrevista es voluntaria. Entonces, si hay una pregunta a la que prefieres no contestar o si en algún momento ya no quieres participar, únicamente dímelo.

La última cosa que quería mencionar es que me gustaría grabar nuestra conversación hoy por si acaso necesito revisar la información que compartiste conmigo. Sin embargo, es muy importante que sepas que toda la información que compartas conmigo estará protegida y será confidencial, y únicamente la compartiré con mi equipo de investigación. Además, toda la información que compartas conmigo hoy, vamos a utilizarla para mejorar los servicios que recibes en esta clínica. Entonces, ¿está bien si grabo nuestra conversación?

Si responde que sí: *¡Perfecto! Gracias. La entrevista va a durar como una hora. ¿Tienes alguna pregunta para mi antes de que empecemos?*

Si responde que no: *Vale pues, entiendo. Desafortunadamente no te puedo inscribir en el proyecto, pero todavía te puedo brindar información sobre los servicios ofrecidos en esta clínica. ¡Gracias por tu tiempo!*

1. ¿Cómo describirías a un hombre típico de tu familia? *(Normas Masculinas Típicas)*
   Preguntas de seguimiento: **qué tanto te pareces, en que eres diferente, estereotipos**
2. ¿Cómo te influyó crecer al lado de hombres así?
3. ¿Podrías describir lo que significa ser "un hombre"?
4. ¿Cómo aprendiste lo que significa ser "un hombre"? *(Comportamiento Masculino Típico /Actitudes Masculinas Típicas)*
   Preguntas de seguimiento: percepción de si mismo, presencia de figuras masculinas en la juventud, comunicación con compañeros

Transición: *Gracias por compartir eso conmigo. Ahora como sé más sobre qué significa ser un hombre me gustaría aprender más sobre cómo te expresas y tus relaciones con parejas. Quiero recordarte que todo lo que platicamos quedará entre nosotros.*

5. ¿Cómo describirías tu identidad sexual actualmente?
   Preguntas de seguimiento: ¿la compartes con los demás – por qué?
6. ¿Me puedes describir algún momento en que decidiste modificar tu comportamiento para evitar un problema con otros hombres?

7. ¿Cómo se porta un hombre cuando le gusta a alguien? *(Normas Masculinas Típicas/Actitudes Masculinas Típicas)*
   Preguntas de seguimiento: diferencias con HSH
8. ¿Cómo crees que los hombres que tienen sexo con hombres aprenden sobre las relaciones románticas?
9. Platícame cómo han sido las personas con quien consideras que tuviste una relación estable.
   Preguntas de seguimiento: edad de la pareja, divulgación a los amigos y/o familia, se sintió apoyo – de qué tipo, duración, prevención de la transm. de VIH
10. Cuéntame de tus experiencias sexuales con los hombres.
    Preguntas de seguimiento: **quién te atrae – cuál rol tiene lo masculino,** *diferencias entre estables y de sólo una noche, roles sexuales,* **uso de condones de la pareja activa, cantidad de parejas, abuso sexual**

Transición: *Gracias por compartir estas experiencias personales conmigo. Te agradezco por tu sinceridad. Ahora, quiero aprender sobre tu experiencia viviendo con VIH. Quizás se tocarán temas personales, pero no olvides que tú mandas hoy. Si prefieres no contestar a una pregunta en particular, me avisas y seguiremos adelante. ¿Listo?*

11. ¿Cómo fue que te decidiste a hacerte la prueba de VIH?
    Preguntas de seguimiento: barreras, apoyo social (masculino), **te sentiste cómoda pasando por una prueba**
12. ¿Qué cosas en tu vida consideras que influyeron para que adquirieras la infección por VIH?
    Preguntas de seguimiento: **percepción del riesgo,** *parejas sexuales, uso de drogas, abuso físico o sexual, ideas internalizadas de cómo ser hombre y/o sobre relaciones románticos*
13. ¿Cómo reaccionaron tus parejas a tu diagnóstico, si es que se enteraron?
    Preguntas de seguimiento: proceso de divulgación, sentimientos sobre divulgarlo
14. ¿Cómo han cambiado tus nuevas relaciones con parejas, si sea estables o no estables, desde que fuiste diagnosticado?
    Preguntas de seguimiento: comportamiento sexual, divulgación, cargo viral

15. ¿Me puedes mencionar algunas dificultades de ser hombre y vivir con VIH?
    Preguntas de seguimiento: expectativas del género, identidad propia, comportamiento sexual, experiencias con enfermedades crónicas
16. ¿Cómo te ayudan las personas en tu vida para seguir con tu tratamiento?
    Preguntas de seguimiento: presencia de apoyo masculino, retos/barreras
17. ¿Cuáles son los aspectos más difíciles de mantenerte indetectable?
    Preguntas de seguimiento: estigma, acceso a los medicamentos, costo de los medicamentos, privacidad, sentimientos de tomar algo diario, expectativas del género y la enfermedad
18. ¿Cómo crees que otros hombres perciben a un hombre con VIH?
    Preguntas de seguimiento: estigma, ideas erróneas
19. ¿Desde que vives con VIH, ha cambiado cómo defines lo que significa ser un hombre?

Transición: *Siento que entiendo mucho mejor cómo es tu experiencia con el VIH. Gracias por ser tan abierto conmigo. Ahora, antes de que terminemos, tengo unas preguntas sobre tu futuro.*

20. ¿Qué consejos darías a otros jóvenes *gay/HSH/bisexual* que viven con VIH?
21. ¿Qué puede hacer esta clínica para atenderte mejor?
22. Si la clínica tuviera un programa para hombres jóvenes como tú, ¿qué deberían incluir en el?

Declaración final
Pues, estas fueron todas las preguntas que tenía para ti hoy. Quiero agradecerte de nuevo por ser tan sincero conmigo y por compartir tanto de tu vida personal. [Apaga el grabador]

Ahora como he apagado el grabador, antes de que nos vamos ¿habrían otras preguntas o comentarios que tengas para mí?

[…]

Vale pues. ¡Gracias por tu tiempo!

Fecha de aplicación de la entrevista (dd/mm/aaaa):
Número de identificación del estudio:
Edad:
Sexo:
Género:
Identidad sexual:
Escolaridad:
Estado Civil:
Ocupación:
Lugar de origen:
Delegación de residencia:
Religión:
Ingresos mensuales de él o del tutor:
Edad del inicio de la vida sexual:
Número de parejas sexuales a lo largo de la vida:
Fecha del diagnóstico:
Último cargo viral:

Sif:
Pap:
Parejas:
Uso:

Appendix II. Relevant codes and definitions

Code Name	Definition
Masculinity/Femininity	Any mention of traits or behaviors that are explicitly referred to as masculine or feminine. This could also include effeminate. This code should only be used if these key words are used.
Being a man/woman	Any mention of what it means to be a man or how a man should act, what it means to be a woman and how a woman should act. This code applies to all men and women regardless of sexual identity. This would include all beliefs participant and others espouse, including opinions about men and women who do not conform to these expectations. This code aims to catch actions, feelings, and beliefs about men and women. Include mentions of machos and marimachos here.
Machismo	Any mention of the attributes and qualities of men, masculinity, or manhood that the participant or person in question directly refers to as machista or machismo. This code should only be used if these key words are used. ***Macho is not the same thing as machismo**
Homophobia	Any mentions of rejection or disapproval due to their sexual identity and the typical people who have these beliefs. Any mention of resulting personal stress or outward conflict as a direct result of homophobia or discrimination based on sexual identity should be included. This code should also include general homophobic commentary or beliefs, whether directed at the participant or someone else.
Source of Lessons	Include any source of lessons **for participant** about what it means to be a man or how a man should behave with each other and in a relationship
Role Models	Any mention of someone the participant looks up to, wishes to emulate, or has learned from. This knowledge and guidance can come from men, women, or peers, but should be clearly indicated by the participant. Pay particular attention to male family members, friends, romantic partners, co-workers or

	acquaintances. Include if participant clearly states that this person is NOT someone they look up to or wish to follow.
Behavior Change	Any mention of **participant** modifying behavior in order to avoid conflict or fit in better at home or in public. This would include 'acting normal' in social settings where they are not out; changing behavior to avoid bullying or violence in school; changing behavior to avoid violence in the street or work; changing behavior to appease family members; changing behavior to avoid discussion about sexual identity. Include explicit mentions of not changing who they are for others.
Condoms	Any mentions of condoms with anyone, including stable and casual partners. Include discussions about condom negotiation; overall frequency of use; barriers to acquiring condoms; condom breakage; advice about condoms; or general knowledge. Include 'calentura' as a barrier to condom use.
Perceptions of people with HIV	Any mentions of how participants, as well as men, women, peers, or partners perceive people living with HIV. Include mentions of acceptance, rejection, indifference. Include how those perceptions may change over time.
HIV diagnosis	Any mentions of the events leading up to their HIV diagnosis and subsequent reactions to their diagnosis. Include any mentions of risky behavior or self-identified causal pathways. Also, include poor mental health following diagnosis, inability to cope; coping mechanisms and resilience; as well as disclosure to family, friends, or partners the participant was dating before or during diagnosis, and their reactions to disclosure. Also include how others may react to their diagnosis.
Living with HIV	Any mentions of beginning HIV treatment and current status. Include accessing care for the first time; barriers to starting treatment; adverse reactions to medication; learning to take daily pills; viral load; adherence to treatment; living with HIV. Include experiences of others living with HIV and

	how they might be the same or different from the participant's experiences.
Gay community	Any mention of the gay community of or how gay men in general behave. Mention of specific gay men will most likely be captured in other codes. This code aims to capture general perceptions of and actual behaviors of gay men or the gay community.
Hetero/Homosexual	Any explicit mentions of differences/similarities in behavior or experiences between heterosexual men and homosexual, bisexual, or queer men. Include explicit mentions of **heterosexual men** desiring to not be seen as gay.

Appendix III. Full sociodemographic information for participants (n=18)

	Percentage or Mean ± SD
Age (in years)	17.56 ± 1.17
Sexual identity	
Homosexual	89
Bisexual	6
Other	6
Education	
Primary school complete	6
Some middle school	0
Middle school complete	33
Some high school	33
High school complete	11
Some college	17
Civil status	
Single	94
Married	6
Religion	
Catholic	28
Other	22
No religious affiliation	6
Not available	44
Employment	
Student	33
Currently employed	61
Currently unemployed, but not a student	6
Previously diagnosed with:	
Syphilis	22
HPV	22
CD4 count	659 ± 308
Birthplace	
Mexico City	61
State of Mexico	28
Other	11
Current neighborhood	
Inside Mexico City	89
In State of Mexico	11
Income	
<1500 pesos	11
1500 to 4000 pesos	17
4000 to 6500 pesos	44
6500 to 9000 pesos	11
>9000 pesos	17
Sexual debut	14.33 ± 1.60
Sexual encounters	
Men	89

Men and women	11
Sexual position	
Top	6
Bottom	33
Versatile	39
Unknown	22
Number of sexual partners	
0-5	33
6-10	17
11-20	17
21-50	22
>50	11
Months since diagnosis	11.11 ± 8.06

Appendix IV. Framework for understanding double stigma: stigma as origin or working tensions between social and health interests (Ware et al., 2006)
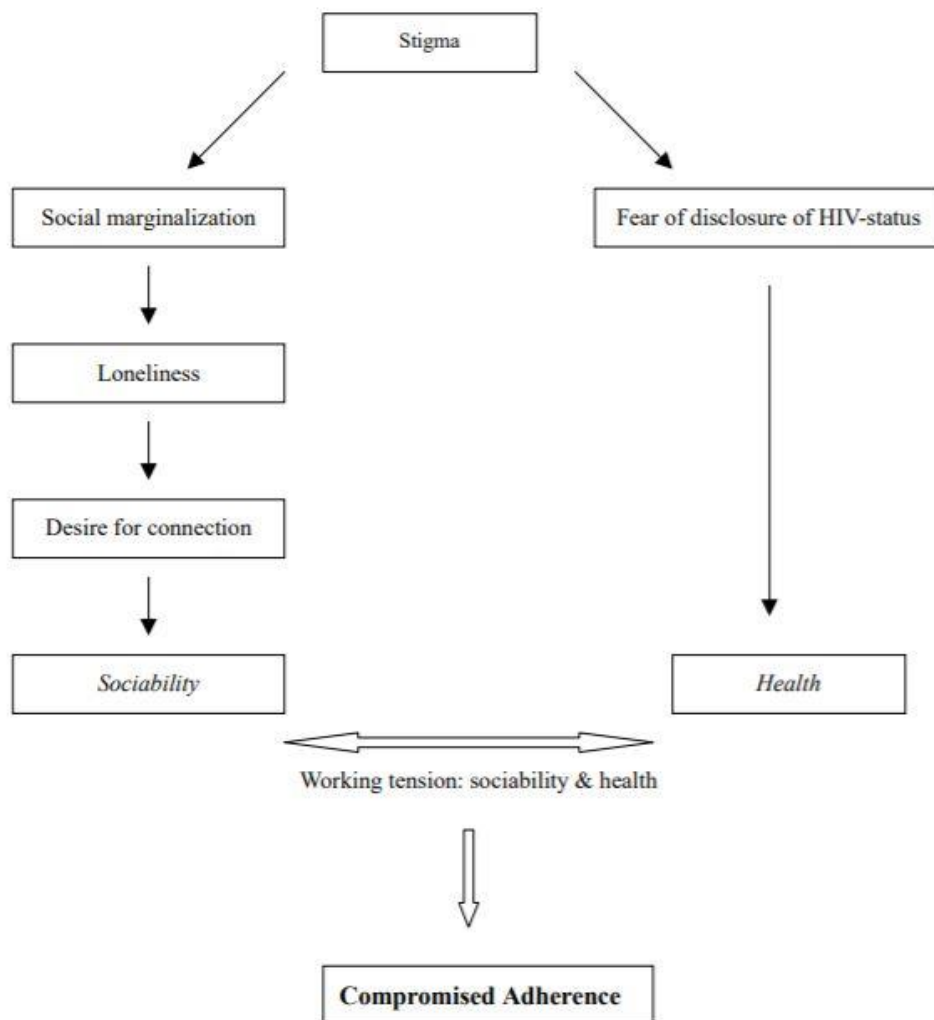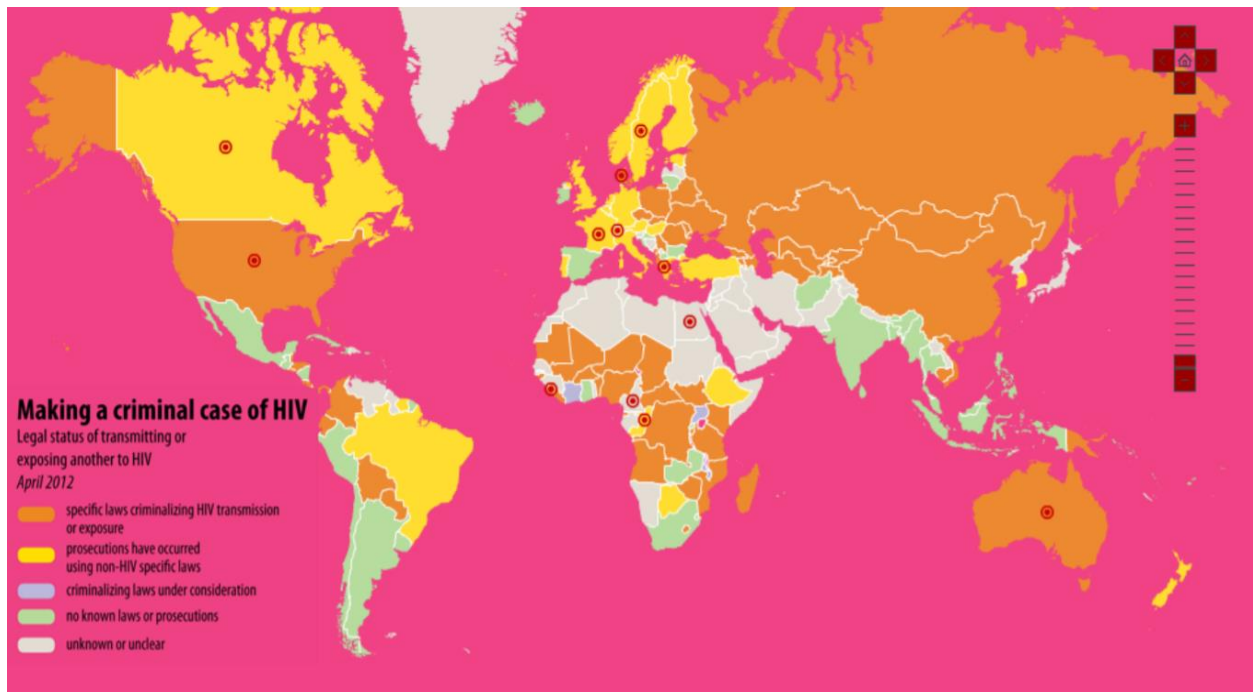

Figure 1. Stigma as origin of working tensions between social and health interests.

Appendix V. World map of legal status of transmitting or exposing another to HIV (2012)

Making a criminal case of HIV
Legal status of transmitting or
exposing another to HIV
April 2012

- specific laws criminalizing HIV transmission or exposure
- prosecutions have occurred using non-HIV specific laws
- criminalizing laws under consideration
- no known laws or prosecutions
- unknown or unclear

Appendix VI. Examples of gender identity and sexual identity scales

Lesbian, Gay, and Bisexual Identity Scale (LGBIS)

For each of the following questions, please mark the response that best indicates your current experience as an as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need any one question. Answer each question according to your initial reaction and then move on to the next.

	Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat
1. I prefer to keep my same-sex romantic relationships rather private.	1	2	3	4
2. If it were possible, I would choose to be straight.	1	2	3	4
3. I'm not totally sure what my sexual orientation is.	1	2	3	4
4. I keep careful control over who knows about my same-sex romantic relationships.	1	2	3	4
5. I often wonder whether others judge me for my sexual orientation.	1	2	3	4
6. I am glad to be an LGB person.	1	2	3	4
7. I look down on heterosexuals.	1	2	3	4
8. I keep changing my mind about my sexual orientation.	1	2	3	4
9. I can't feel comfortable knowing that others judge me negatively for my sexual orientation.	1	2	3	4
10. I feel that LGB people are superior to heterosexuals.	1	2	3	4
11. My sexual orientation is an insignificant part of who I am.	1	2	3	4
12. Admitting to myself that I'm an LGB person has been a very painful process.	1	2	3	4
13. I'm proud to be part of the LGB community.	1	2	3	4
14. I can't decide whether I am bisexual or homosexual.	1	2	3	4
15. My sexual orientation is a central part of my identity.	1	2	3	4
16. I think a lot about how my sexual orientation affects the way people see me.	1	2	3	4
17. Admitting to myself that I'm an LGB person has been a very slow process.	1	2	3	4
18. Straight people have boring lives compared with LGB people.	1	2	3	4
19. My sexual orientation is a very personal and private matter.	1	2	3	4
20. I wish I were heterosexual.	1	2	3	4
21. To understand who I am as a person, you have to know that I'm LGB.	1	2	3	4
22. I get very confused when I try to figure out my sexual orientation.	1	2	3	4
23. I have felt comfortable with my sexual identity just about from the start.	1	2	3	4
24. Being an LGB person is a very important aspect of my life.	1	2	3	4
25. I believe being LGB is an important part of me.	1	2	3	4
26. I am proud to be LGB.	1	2	3	4
27. I believe it is unfair that I am attracted to people of the same sex.	1	2	3	4

Masculinity Inventory Scale (MIS)

Abbreviated Item content

1. There are certain things a man must go through to become a man
2. A man takes care of business and does what needs to be done
3. A man handles his responsibilities
4. A man provides for his family, children, or other family
5. A man takes care of everything
6. A man thinks about how he can influence younger people
7. A man mentors other people
8. A man supports himself completely
9. A man takes care of everything without depending on other people
10. A man makes sacrifices for his family
11. A man does things he may not want to do to get the job done
12. A man makes things happen for his family
13. A man takes care of his kids
14. A man is able to control his emotions
15. A man does not cry
16. I have to prove to myself and everybody that my life has purpose
17. I have to prove myself in academic situations
18. I have to prove myself in social situations
19. I have a lot to live up to
20. It's hard to show that I'm not like other Black men
21. I have to prove stereotypes against Black men wrong
22. Challenges encourage me to go above and beyond
23. As a Black man, you're up against a lot from birth
24. It's hard overcoming how we're viewed as Black men

25. I have to deal with a lot of negative stereotypes
26. Life is easier for White men than Black men
27. The road to success is easier for White men than Black men
28. White men are introduced to more things than Black men
29. Life situations forced me to become a man
30. White men have more opportunities than Black men
31. White and Black men have the same opportunities
32. White and Black men are equal in today's society
33. My mother showed me how to work hard
34. My father has instilled in me the characteristics of a man
35. My mother gave me the confidence and strength to keep moving
36. My aunt(s) showed me how to work hard
37. When I carry myself like my father or better I'll be a man
38. My grandmother showed me how to work hard
39. My brother(s) showed me how to be a man
40. My sister(s) informed me how to be a man
41. My grandfather showed me how to be a man
42. My mom informed me about how to be a man
43. My female cousin(s) informed me about how to be a man
44. My male cousin(s) showed me how to be a man
45. I admire the way that my father carries himself
46. I taught myself how to become a man
47. I am the only person responsible for me
48. Having friends back me up is powerful
49. It's easier to go through my day when I have someone to talk to
50. I wasn't prepared to be a man, but I was on my own