

**AMBIVALENT SEXISM AND CONDOM USE SELF-
EFFICACY AMONGST MEN WHO BOTTOM: A SERIAL
MEDIATION MODEL**

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ABSTRACT

The effects of gendered power dynamics between men and women during sexual encounters are well documented in the literature. Specifically, internalizing sexist beliefs about masculine dominance and feminine submission is related to worse sexual health outcomes. Less is known, however, about gendered power dynamics between men having sex. Those who engage in anal sex as the receptive partner (i.e., bottom) are feminized and shamed in various cultures, viewed as submissive, and may have internalized sexist beliefs and, thus, sexual role prejudice. Consequently, bottoms may feel less sexual autonomy, which influences their condom use self-efficacy. This is important given that bottoms are at higher risk of seroconverting and becoming HIV positive and acquiring other sexual transmitted infections. We examine the relationship between ambivalent sexism (ASI) and condom use self-efficacy (CUSE) through sexual role prejudice (SRP), sexual role script adherence (SRSA), and sexual non-autonomy (SNA) in serial mediation. There were significant indirect effects of ASI on CUSE through SRP and SNA. Specifically, ASI was positively associated with SRP, which was positively associated with SNA, which was negatively associated with CUSE amongst men who engage in receptive anal sex with other men. Cross-sectional data results suggest that CUSE amongst bottoms may be influenced by sexist gender role stereotypes that relate to internalized power dynamics of submissiveness in a feminized sexual role.

PREFACE

I hope those who read my dissertation are able to find practical implications to improve the lives of sexual minority men. Importantly I hope they recognize the pervasive harm of sexism on relational wellbeing.

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CHAPTER ONE: INTRODUCTION

The rate of sexually transmitted infections (STIs), HIV in particular, is statistically higher among men who identify as gay, bisexual, or men who have sex with men (MSM) compared to men who report only having sex with women (MSW) or those who do not name the sex of their sexual partners (Centers for Disease Control and Prevention, 2019). A meta-analysis of relative risk for HIV infection amongst MSM found that individuals who engage in receptive anal sex (i.e., “bottoms”), or who engage in both insertive (i.e., “tops”) and receptive anal sex were 6.2 and 6.6 times more likely to become HIV positive, respectively, compared to men who only top (Meng et al., 2015). Moreover, the 2019 CDC report of sexually transmitted diseases (STDs) revealed that the reported number of primary and secondary syphilis cases among MSM continued to rise and that these cases were higher among MSM than MSW, with MSM being the largest group to contract primary and secondary syphilis. Moreover, the proportion of treatment resistant gonorrhea cases tracked in 2018 was higher among MSM than MSW (CDC, 2019). These numbers are concerning and highlight the importance of promoting comprehensive safer sex practices and understanding individuals’ self-efficacy to implement them. Men who bottom are also at greater risk of becoming HIV positive as a result of unprotected sex (Lei et al., 2018; Wegesin & Meyer-Bahlburg DrRernat, 2000). This may be, in part, because rectal testing for gonorrhea and chlamydia occurs less frequently than the urogenital testing (i.e., urine tests) amongst MSM in the majority of jurisdictions in the US according to the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Surveillance Network, potentially highlighting heteronormativity in testing. This heteronormative (i.e., assuming heterosexuality) practice suggests that men who engage in bottoming may be at higher risk of infection going undetected.

Condoms continue to be the most commonly used method to reduce the risk of STI transmission. However, individuals still engage in condomless sex for myriad reasons despite the availability of safer sex practices. For example, one study found that bottoms may be less likely than tops to have used a condom during their last anal sex experience (Lei et al., 2018), which begs the question of why that might be so. Preexposure prophylaxis drugs (PrEP), such as Truvada and Descovy, are now more available to the public and are very effective in reducing the risk of contracting HIV during condomless sex (CDC, 2018), which may be one reason. A lack of self-efficacy around condom use may be another. Still, considering that men who bottom are at greater risk for STIs (Meng et al., 2015; Wegesin & Meyer-Bahlburg DrRernat, 2000), understanding potential psychological barriers to their condom use self-efficacy (CUSE) is important. Understanding the meaning and implications of bottoming or identifying as a bottom within a sexist society may illuminate such barriers. Therefore, this study seeks to examine potential mediating factors related to CUSE. Understanding these factors are be important for the development of more culturally sound preventive interventions aimed at lowering the rate of STI transmission amongst MSM.

Sexual Position, Identity, and Script

Many MSM identify as “top,” “bottom,” “versatile,” or a combination of the three. These labels are generally understood as a position preference for a particular role during insertive anal sex (i.e., top = insertive, bottom = receptive, and versatile = either insertive or receptive depending on both their temporal desires and the desires of their partner). Individuals may also identify as versatile-bottom or versatile-top, suggesting that they are versatile but prefer a particular sexual role. Reilly et al. (2013) argued that the embodiment of preferred sexual position during sex becomes incorporated into a person’s identity over time. And yet the type of sexual pleasure one prefers during anal sex is not always dictated by what “feels good,” rather it is likely also influenced by gender, body ideals, and attitudes.

Although MSM are stereotypically thought to be more feminine than their heterosexual counterparts, research shows that gendered body ideals are more nuanced for gay men. For example, Doyle and Engeln (2014) found that, among heavier gay men, high identification with the gay community was associated with potentially higher muscularity striving and less body dissatisfaction (i.e., masculine norms), whereas among thinner men, higher identification with the gay community was associated with lower levels of muscularity striving and more body dissatisfaction (i.e., feminine thinness ideals). Such findings are congruent with the colloquial subgroups (e.g., *twinks*, *bears*, and *muscle daddies*) identified within sexual minority male spaces (Willoughby et al., 2008). For example, *twinks* are usually understood to be younger, slim, hairless, and feminine; *bears* might be hairy and have a higher body mass index (BMI) (Willoughby et al., 2008); and *muscle daddies* might be understood to embody hegemonic masculinity (Thompson, Bennett, & Bennett, 2015) by asserting masculine dominance over a younger, more feminine sexual partner(s).

Grouping sexual minority identities by body types is not done simply for aesthetic purposes; nay, it is potentially an enactment of one’s identity and sexual self-label. Judith Butler (1999) offered the critical position that gender is a performance and not inherent to the individual. As a performative creation, gender is also understood to be socially constructed through one’s beliefs. How one acts according to their beliefs becomes who they are. Carrier (1977) examined how gender norms and stereotypes constructed one’s sexual self-label across many cultures (e.g., Mexican culture, lower- and upper-class White Americans) and found that being the bottom is predominately associated with femininity and not being straight, whereas being a top is not necessarily associated with being “gay” because the top is the “aggressor.” Carballo-Diégues et al. (2004) found sexually versatile men would bottom if their partner was more masculine than them or top if the partner was more feminine. Thus, sexuality and gender are socially constructed, co-constituted, and reinforced through social behaviors. Sexual self-label, then, may not solely be about pleasure and preference; it may also be the way we are socialized and gendered, suggesting that many sexual minority men may

follow a cis-heteronormative sexual script of masculine dominance and feminine submission.

Research demonstrates that gendered cues and body traits influence these sexual scripts for MSM (Grundy-Bowers et al., 2015; Hoppe, 2011; Johns et al., 2012; Moskowitz & Garcia, 2019; Moskowitz & Hart, 2011). Indeed, masculinity and femininity are salient, interlinked aspects of sexuality that contribute to one's sexual self-label (Reilly, 2016). Men who bottom must navigate dual sexual scripts of being submissive while not exhibiting discomfort in efforts to retain a sense of masculinity, suggesting a competing drive to assert dominance during a feminizing experience (Dowsett et al., 2008). Taywaditep (2001) described how "homosexuality" was originally associated with femininity until about the 1960's when the "butch shift" occurred and gay men began the leather culture in San Francisco as a counternarrative to the femme-centric stereotypes held by mainstream heterosexual society. This falls in line with the broader infatuation with gender typing in society and psychology (Bem, 1974; Donnelly & Twenge, 2017; Kachel et al, 2016). Moreover, Taywaditep (2001) argued that gay men's anti-effeminacy attitudes are due to hegemonic masculinity ideals and consciousness about their own masculinity.

The isomorphism of sexism between cisgender men and women and anti-effeminacy attitudes among sexual minority men contribute to their own striving to defeminize and ostracize feminine gay men (Taywaditep, 2001). Such attitudes may contribute to why other research has found low self-esteem to be correlated with the embodiment of feminine ideals (i.e., drive for thinness) amongst a sample of gay men (Hunt et al., 2012). Reilly (2016) illuminates how sexual minority men internalize gender roles as an analog for sexual roles. They highlighted a video blog posted on YouTube by a then popular vlogger Markmywords09 (2011), who said:

I very much bought into the stereotypes...feminine is bottom and...masculine is top...I saw myself as the housewife type where I cleaned and cooked...I always expected to be a bottom in a relationship...

This argument highlights how powerful and influential cis-heteronormative gender roles can be in same gender sexual relationships if predominant "scripts" are followed without question.

Sexism and Sexual Scripts

Typically, in cisgender man-woman sexual pairings, the script suggests that men are dominant, and women are submissive. In fact, many women internalize their role to the point where they show automatic links between sex and submission (Kiefer & Sanchez, 2007; Sanchez et al., 2012; Sanchez et al., 2006). Gender role scripts show that women may engage in unwanted sexual contact for relationship maintenance or to avoid losing a partner (i.e., relational motives), whereas men may engage in unwanted sex to bolster and prove their masculinity. Another part of sexual role scripts involves the idea that

women should not be too sexually experienced or communicate their needs because they will be stigmatized as “sluts” (Impett et al., 2006; Tolman, 1994). This silencing of the self similarly occurs for women when they are exposed to and/or hold benevolent and hostile sexist attitudes. A key aspect of feminine submissiveness is the idea that women and girls should be seen and not heard (Impett et al., 2006). Not communicating one’s needs and/or desires for fear of gender role violation could range from not providing specific instructions on what is pleasurable (e.g., “I like it when you do...”) to setting boundaries and limits about what one does not want or like. In contrast, the sexual dominance of men presumed to be cisgender and heterosexual is celebrated as a mantle of their manhood (Holland et al., 1996; Jackson & Cram, 2003).

Self-efficacy represents a person’s belief in their ability to execute behaviors required for specific performance attainment (Bandura, 1977). Amongst adolescent girls, Impett et al. (2006) found lower levels of sexual self-efficacy (i.e., acting on their own sexual desires) for those who had internalized femininity roles (e.g., be seen and not heard). Bandura stated that “efficacy expectations determine how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences. The stronger the perceived self-efficacy, the more active the efforts” (p. 194). Non-autonomy would be defined as feeling that one’s volition and willingness to engage in actions concordant with one’s desires are restricted by external (or internalized) forces (Deci & Ryan, 2013). Following Deci and Ryan’s definition of autonomy, sexual non-autonomy (SNA) could be a result of internalizing sexist norms and thus decreasing self-efficacy expectations in sexual situations. For this reason, self-efficacy and autonomy are be used interchangeably in building theory from the literature. For example, Impett et al. (2006) found that sexual self-efficacy mediates the relationship between feminine ideology and condom use at first intercourse. Such evidence suggests that self-efficacy may be inhibited by endorsement of a traditional gender role ideology. Specifically, adherence and exposure to more traditional gender norms of male dominance and female submissiveness were associated with lower levels of condom use and sexual autonomy for presumed cisgender women (Albarracin & Plambeck, 2010; Bowleg et al., 2004; Impett et al., 2006; Sanchez et al., 2005; VanOss Marin et al., 1997) and transgender women (Magno et al., 2018).

Outside of the cisgender heterosexual paradigm, the notion that men engage in unwanted sex to prove their masculinity dovetails with the idea of bottoms “taking it like a man” (Dowsett et al., 2008) and highlights the precarious situation experienced by some men who bottom. Relatedly, Kippax (2001) found that versatile tops described their occasional bottoming as “strength in submission,” or, in power dynamics, “active passivity,” suggesting that they were submissive by choice and thus still in power. However, the inverse of this paradox—being a passive top (i.e., passive activity)—was not seen as a possibility for versatile tops. That is to say, they always viewed being the top as the active role in the sexual power dynamic, with the bottom being passive. It seems that their predominant self-concept as a top conferred a permanent sense of power and agency, thus subjugating their partner as passive.

“Bottom shaming” that occurs amongst MSM is the analog to the broad shaming of women’s sexuality and silencing of their voices. In her YouTube series, *Tea with Tatti*, drag queen Tatiana, famous from *Rupaul’s Drag Race*, explains “bottom shaming” and how more masculine tops may stereotype bottoms as “queeny, feminine, and passive in the bedroom” (WOW Presents, 2018). For MSM, this manifests in the common discourse of “servicing your top” (an easy analog for servicing your man). Moreover, the colloquial use of terms like “boy pussy” and “man cunt” in reference to a man’s anus in pornographic material depicting sexual encounters between men highlights the retrofitting of sexist heterosexual power dynamics.

Sanchez et al. (2005) found that lower sexual satisfaction was predicted by investment in gender conformity (i.e., striving to emulate the gender norm). More importantly, they found that both lower sexual autonomy and the tendency to use others’ approval as the basis of self-esteem mediated this relationship. Interestingly enough, these findings were true for men and women (who were assumed to be cisgender and heterosexual) in their study. In our study, sexual non-autonomy encapsulates believing sex involves no autonomy and is used to obtain perceived rewards (i.e., intimacy and closeness with a partner) or for the avoidance of consequences (e.g., a partner leaving you; not having their approval). Although Sanchez et al. (2005) nodded to Laura Brown’s (1989) paper, “New voices, new visions: Toward a lesbian/gay paradigm for psychology” and acknowledged that sexual minorities might create differing norms of gender performativity and dyadic mores, they failed to acknowledge that sexual minorities may internalize cisgender heterosexual gender norms in their own relationships as a way to gain approval from the broader heterosexual society. For this reason, it would be important to understand how and if a parallel process is occurring amongst MSM

The links between (a) sexism and gender roles, and (b) sexual scripts, sexual autonomy, and condom use self-efficacy are clearly demonstrated in the literature for women. However, no research has demonstrated how MSM’s sexist attitudes, or sexual role prejudice (i.e., prejudice against the more “feminine” or “passive” role of bottoming) impact their sexual scripts (i.e., rigidity in sexual role), sexual non-autonomy, and condom use self-efficacy. Therefore, it is important to understand whether or not a parallel process is occurring for sexual minority men who hold sexist beliefs towards women and endorse prejudiced attitudes toward the sexual role of bottom.

Understanding the impacts of sexism and sexual role prejudice upon MSM’s sexual scripts, sexual autonomy, and condom use self-efficacy is essential to providing more nuanced harm reduction approaches to safer sex for bottoms, and MSMs more broadly. This is especially important considering that those who identify as a bottom may be less likely to have used a condom during their last anal sex experience (Dangerfield et al., 2016). In fact, Dangerfield et al. (2016) called for future research to investigate how sexual self-label influences condom use decision-making. The present study aims to do just that within the context of sexual scripts and attitudes.

Sexist Beliefs and Condom Use Self-Efficacy

Although the literature on condom use self-efficacy (CUSE) and sexual risk-taking is extensive, the relationship between sexist beliefs, CUSE, and sexual risk-taking is largely understudied, especially among sexual minority men. The research that does exist tends to examine these variables among presumably cisgender heterosexual individuals. For example, in a study of Spanish adolescents, Ramiro-Sánchez et al. (2018) found that men with higher levels of hostile sexism (HS) on the Ambivalent Sexism Inventory (ASI) were less likely to use condoms. Men higher in benevolent sexism (BS) were found to have had sex at an earlier age and have more lifetime sexual partners compared to those with lower BS. Moreover, the positive emotional tone of BS could lead to men using such attitudes to foster emotional intimacy as a way to gratify their sexual needs. Gavey (2005) suggested women may agree (or remain silent) to not use a condom as a way to fulfill the submissive role of accommodating male desires, which is an inherent aspect of rape culture, because of their own internalized hostile sexist beliefs.

The internalization of sexist attitudes amongst women happens over time, though, and their responses likely vary based upon interpersonal experiences with the men in their lives. For instance, Fitz and Zucker (2015) found that, “greater exposure to benevolent sexism was associated significantly with lower condom use, and that relational sex motives mediated this relationship” (p. 245). Participants in their study who experienced more benevolent sexism in their day-to-day lives were more likely to have relational sex motives, meaning that they use sex to foster intimacy and/or sexually please their partner. The relational motive does not center the *mutual* sexual pleasure of the woman and her male partner—just her male partner. Prioritizing the male partner’s needs over her own could be an expression of silencing the self.

Zucker et al. (2016) found that perceived racism was significantly and negatively associated with CUSE and general satisfaction with sexual life amongst women. They found lower levels of SA mediated the relationship between perceived racism and low levels of CUSE. Their study demonstrated how discriminatory stress was associated with lower levels of CUSE and SA. Not advocating for condom use or speaking-up for oneself (i.e., self-silencing) often occurs when encountering oppression. Similarly, research has shown that gay men experience negative outcomes related to their wellbeing when they are exposed to negative stereotypes (e.g., feminine tropes) about themselves, suggesting that there is a parallel silencing of the self among gay men (Hinton et al., 2019).

Smith (2005) found a negative correlation between BS and condom use among both Latino and White couples. Albarracin and Plambeck (2010) found in a sample of Latino men and women that BS was negatively correlated with condom use in heterosexual penetrative sex. Albarracin et al. (2010) suggested women who encounter the “less harmful” type of prejudice, in relation to more violent HS, may acquiesce to their partner’s desire not to use a condom in order to keep “one of the good ones” because his treatment feels good in comparison. Despite not being overtly violent, BS still

presented a risk factor for women's health. Relatedly, VanOss Marín et al. (1997) found more reported sexual coercion toward female partners amongst unmarried Latino men who held more traditional gender role beliefs. These findings support the notion that sexism exhibited by male partners influences women's enactment or experience of gender roles and, potentially, sexual coercion and condom use. A mixed method study of transgender women in Brazil found that exposure to gender-based discrimination was positively associated with unprotected receptive anal sex (Magno et al., 2018). Magno and colleagues found that frequent experiences with gender-based discrimination contributed to participants feeling a great deal of trust with stable partners, which in turn decreased their desire to use condoms. Perhaps their "warm and supportive" perception of BS contributed to relational motives of keeping "the good partner." This compliments research by Stahlman et al. (2016) and Sugano et al. (2006) that demonstrated exposure to gender-based discrimination increases the odds of unprotected receptive anal sex with a variety of sexual partners (e.g., casual partners and sex works clients) amongst transgender women. Collectively, these studies demonstrate how sexism and sexist beliefs experienced across a range of relational contexts can influence condom use. To the best of our knowledge, this has not been examined among MSM who bottom and who may have internalized sexist beliefs.

Sexism and Sexual Role Prejudice Link

The notion that bottoms are seen as "less-than" and are the butt of prison rape jokes is pervasive in the popular culture and is representative of "bottom shaming." For example, there are many think pieces (Lowder, 2014; Meacham, 2016; O'Keeffe, 2014; Rodriguez-Jimenez, 2014) and YouTube videos (e.g., Tatiana, 2016) about the toxic masculinity and misogyny that bottom shaming embodies. Moreover, being a top may be seen as more socially desirable and holding more power and agency (Zheng et al., 2017). For example, McClelland (2011) found that LGBT and queer-identified men described sexually satisfying their male partners as a "duty" and as "work," and that their own sexual satisfaction was rooted in their partner's satisfaction and not their own. This was not the case, however, for the heterosexual men in the study who solely appraised their sexual satisfaction through achieving orgasm or not. Highlighting this explicit pairing of feminine duties with sex demonstrates the complicated dynamics of sex between men.

Examining this discourse illuminates how sex is seen as an act to benefit the top with no focus upon the needs and or desires of the bottom—the bottom "does what he (the top) wants." Highlighting this explicit pairing of feminine "duties" with sex demonstrates the insidious power of gender roles even within same gender paired sexual relationships. Moreover, the labels "top" and "bottom" are a lexical depiction of an inherent power hierarchy. As previously mentioned, tops tend to be thought of as more masculine and dominant, while bottoms are seen as more passive and/or feminine (Bauermeister et al., 2012; Behnke, 2012; Carballo-Diégues et al., 2004; Moskowitz & Garcia, 2019; Moskowitz & Hart, 2011; Reilly, 2016; Underwood, 2012). In this way, sexual role prejudice can be understood as prejudice towards bottoms (i.e., the assumed feminine

sexual role). Such power dynamics parallel those socially proscribed to heterosexual men and women.

Indeed, heterosexual men endorse stronger traditional gender beliefs than heterosexual women and higher levels of sexism on the Ambivalent Sexism Inventory (ASI), including both hostile sexism (HS) and benevolent sexism (BS) (Brandt, 2011; Glick & Fiske, 1996). Hostile sexism is generally understood as more overt forms of prejudice, while benevolent sexism seems soft on the surface and more chivalrous. Although men scored higher on both BS and HS than women, the differences were far more extreme for HS than for BS; this suggests women are more likely to reject overtly sexist attitudes compared to men but have some level of acceptance of softer forms of sexism.

Because gender role stereotypes between top and bottom MSMs that mimic those between heterosexual men and women are well-documented (e.g., Bauermeister et al., 2012; Carballo-Diégues et al., 2004; Moskowitz & Garcia, 2019; Moskowitz & Hart, 2011), it calls into question whether or not a nuanced manifestation of sexism exists that captures negative attitudes towards bottoms as the “submissive feminine” role. We found one study examining sexual role prejudice suggesting that it is highly understudied and a needed area of inquiry. This study demonstrated that self-identified tops held greater BS attitudes towards women than did bottoms or versatiles, and bisexual-identified men endorsed more BS towards women than did gay men (Zheng et al., 2017). More importantly, individuals with higher levels of HS and BS towards women were more likely to also hold greater prejudiced attitudes towards the “feminine” sexual role (i.e., bottoms). In their study, they reformed the ASI into the sexual role prejudice measure by replacing “women” with the word “bottom,” essentially capturing parallel yet separate constructs. Zheng et al. (2017) found BS positively and significantly correlated with benevolent sexual role prejudice ($r = .24$) and hostile sexual role prejudice ($r = .28$); hostile sexism was positively and significantly associated with both benevolent ($r = .21$) and hostile ($r = .25$) sexual role prejudice.

Sexual Role Prejudice and Sexual Role Script Adherence Link

Sexual script theory, widely used to understand heterosexual sexual experiences, provides a framework through which we can analyze and understand different roles that people of various genders occupy within their own specific relationships. Prevailing gender norms suggest that men take on a more agentic role during sexual encounters, whereas women take on a more submissive role (Gagnon & Simon, 1973; Rutter & Schwartz, 2000). As referenced earlier, these patterns are not absent for MSM (e.g., Carballo-Diégues et al., 2004; Johns et al., 2012; Tatiana, 2018). Moskowitz and Hart (2011) found that self-identified tops generally reported having bigger penises and being more masculine (comparatively) than did bottoms, whereas versatile-identified men (i.e., those with no preference to bottom or top) tended to land in between tops and bottoms on these physical and gender characteristics. Young gay men were also found to use gender stereotypical cognitive heuristics in sexual decision-making with casual sexual encounters (i.e., hookups); specifically, participants reported defaulting to bottoming when their partner was older and/or larger in stature (Johns et al., 2012). Similarly, gay

and bisexual Latino men were found to take the insertive (i.e., *activo*) role when their partner was thought to be less aggressive, shorter, or had fairer skin or a smaller penis (Carballo-Diéguez et al., 2004). Interestingly, this study found that versatile men were also more likely to be the receptive partner (i.e., *pasiva*) when they perceived their partner to be more macho, handsome, and have a bigger penis and darker skin. Taken together, these findings suggest that across cultures, various constructions of masculinity and femininity play vital roles in sexual scripts and the ways in which MSM engage in casual sexual encounters.

A qualitative study of men in relationships with men further illuminated these dynamics (Kippax & Smith, 2001). For example, one participant in a 13-year relationship who preferred to be the insertive partner explained his preferred role:

Uh, I guess it's just down to that masculinity thing to a certain extent...I don't want to project myself as being girly or queenie...I mean I'm a man and I like men. And because of my size – I'm small framed – I've always been aware that a lot of people look at you and think, you know, 'You're gay.' (Kippax & Smith, 2001, p. 418)

For this participant, his strict adherence to being a top was seemingly to counteract social threats to his masculinity as a gay man, suggesting that he buys into gender stereotypes. In describing the vulnerability of receptivity, another participant, Geoff, shared:

Somehow it's a big invasion into your private personal self because it involves like going to the toilet, being clean and all that sort of thing. And those things are really heavy personal things and it's got a real active and passive – like it's really definite – *if you take it up your arse you're a girl sort of thing, you know, that's really strong just with anal sex but it's not with anything else* (emphasis added) (Kippax & Smith, 2001, p. 429).

Despite findings that gay couples have more egalitarian gender role beliefs and distribution of household chores (Davids et al., 2019), this quote highlights that egalitarian gender role beliefs may not translate to sex. Considering that both self-identified tops and bottoms with higher levels of HS are more likely to require a complementary partner (i.e., a top requiring a bottom and vice versa), greater sexist attitudes were associated with following heteronormative gender scripts (i.e., masculine dominance and feminine submission) during sex (Zheng et al., 2017). Indeed, heteronormative gender roles that are a product of misogyny and sexist beliefs likely influence the sexual scripts of those who bottom, particularly for those who endorse such beliefs.

Embodying these misogynistic heteronormative ideas within queer male sexual relationships is inherently toxic and illuminates how despite the assertion that queer relationships may be more egalitarian, some may, in fact, cling to familiar gendered sexual role scripts. Indeed, tops and bottoms who required a complimentary partner

(i.e., adhere to gendered sex role scripts) scored higher on BS (Zheng et al., 2017). Top and bottom men with greater HS attitudes were more likely to require a complimentary partner, suggesting sexist attitudes are associated with stricter sexual role script adherence. Specifically, sexual role prejudice was shown to mediate the relationship between sexist attitudes towards women and the requirement of a complimentary sexual partner—suggesting sexual role script adherence.

Sexual Role Script Adherence and Sexual Autonomy Link

As mentioned previously, aspects of gender role norms for women and some feminine queer men within sexual relationships are to be submissive and focus more on the needs of the man, or insertive partner (Albarracin & Plambeck, 2010; Bowleg et al., 2004; Impett et al., 2006; Sanchez et al., 2005; VanOss Marín et al., 1997). For women, higher levels of perceived sexism from a male partner were associated with decreased likelihood of asking for what is sexually pleasurable because she thinks he is selfish (Harris et al., 2016). Not asking for what you want is an example of silencing the self and adhering to sexual role scripts. By not asking for what one wants, they likely feel a lack of agency as a result of external pressures (i.e., oppressive power dynamics; Deci et al., 1994). For example, self-efficacy is shown to mediate the relationship between internalized gender norms and condom use during adolescent girls' first time having sex (Impett et al., 2006), and sexual autonomy mediated the relationship between perceived racism and CUSE (Zucker et al., 2016). Such studies highlight the importance of investigating whether autonomy mediates the relationship between sexual script adherence and CUSE within the present sample.

Sexual Non-Autonomy and Condom Use Self-Efficacy Link

Autonomy is studied across various subfields of psychology (e.g., Deci & Ryan, 2013; Grouzet et al., 2013). For the purpose of the present study, the concept of autonomy is understood through the lens of volition as opposed to an independence versus dependence model. Deci and Ryan (2013) highlight how autonomy can be restricted by external forces, which can be internalized, thereby influencing a person to behave in a way that is inconsistent with their actual desires. Specifically, they state:

Experientially, to be autonomous means to act with a full sense of willingness, a sense of volition and *concurrency* (emphasis added). In contrast to autonomy is control in which either external or internal forces pressure the person to behave in particular ways. As noted, this implies that there are internal regulatory processes that do not represent autonomy. (Deci & Ryan, 2013, p. 29)

In sexual encounters, sexual non-autonomy (SNA) would be understood as acting without a full sense of willingness and an ability to communicate one's desires and boundaries. If one perceives and operates according to external forces (i.e., sexism, SRP, SRSA), they may feel less sexual autonomy and subsequently feel that they cannot advocate for their desires and needs during a sexual encounter.

Research suggests that lower levels of sexual autonomy and perceived control over sexual encounters (COSE) had a significant negative relationship with CUSE (Bryan et al., 1997; Parent & Moradi, 2015; Zucker et al., 2016). The felt experience of power and autonomy are vital in interpersonal negotiation, and systemic oppression can certainly be at play. For example, sexual agency mediated the relationships between experiences with racism and body shame as a result of sexism and CUSE, suggesting that the internalization of oppressive scripts can be detrimental to one's felt sense of agency and autonomy (Zucker et al., 2016). Highlighting this, women who endorsed a more benevolent sexist worldview perceived their male sexual partners as selfish, which predicted decreased willingness to ask a partner for sexual pleasure (Harris et al., 2016). The unfortunate outcome is thus effectively silencing the self and perhaps a decreased sense of autonomy (i.e., non-autonomy). Such findings are supported by Impett et al. (2006), who demonstrated that girls with higher levels of internalized gender roles had lower levels of sexual self-efficacy. Research also suggests that defying these power norms can be associated with safer sex practices. For example, women's use of direct power strategies (e.g., not adhering to feminine submissive ideals) predicted precautionary sexual self-efficacy strategies (Bowleg et al., 2000). Summarily, felt autonomy, as influenced by power structures, may inevitably influence safer sex practices. Because the lack of autonomy affects sexual health, the present study was interested in sexual non-autonomy (SNA).

The Current Study: A Serial Mediation Model

The current study extends previous research by analyzing potential variables that could help explain how sexist attitudes towards women influences CUSE amongst MSM who bottom. More specifically, we examine the roles of SRP, sexual role script adherence, and SA as links between sexist attitudes towards women and CUSE (see Figure 1 for the conceptual model).

We hypothesized that holding greater sexist attitudes towards women would be related to SRP towards bottoms, who are typically seen as the "passive and feminine partner," as demonstrated in previous research (Zheng et al., 2017). Indeed, enacting the "passive and feminine" role of bottoming occurs through reading gendered social cues from one's sexual partner (Carballo-Diégues et al., 2004; Reilly, 2016). For example, a person may choose to bottom if their partner was older, more muscular, has a larger penis, or was larger in stature (i.e., stereotypical masculine gender cues; Johns et al., 2012), and versatile men may default to bottoming if their partner demonstrates the aforementioned characteristics (Carballo-Diégues et al., 2004). This role adherence suggests that MSM who have greater sexist attitudes (and thus greater SRP) may internalize them and more strictly adhere to sexist sexual scripts. Indeed, research demonstrates that some men utilize their own gender role ideas to maintain strict sexual role scripts within relationships (Kippax & Smith, 2001) and that both tops and bottoms with higher levels of HS were more likely to require a complimentary sexual partner (i.e., a partner who would also follow gendered sexual role scripts; Zheng et al., 2017).

Following sexist sexual role scripts that situate tops as being dominant (i.e., the “man”) and bottoms as submissive (i.e., the “woman”) may relate to lower levels of SA for MSM who bottom. Although we could find no quantitative research that demonstrates the relationship between sexual role script adherence and the lack of sexual autonomy for MSM, previous research on women’s experiences shows this relationship. Women who exhibit traditional gender role beliefs have been found to have lower sexual self-efficacy (Impett et al., 2006), to be less likely to ask for what they want during sex to achieve orgasm (Harris et al., 2016), and to exhibit fewer direct power strategies (i.e., verbalizing boundaries) that are associated with safe sex practices (Bowleg et al., 2000). The lack of SA has more concerning outcomes than not achieving orgasm, such as the prevention of STIs. As previously mentioned, the relationship between autonomy and CUSE is well documented (e.g., Bryan et al., 1997; Parent & Moradi, 2015; Zucker et al., 2016).

Collectively, these findings suggest the importance of understanding the mediated relationship between sexism and CUSE via sexual role prejudice, sexual scripts, and sexual non-autonomy. The lack of studies on sexual role prejudice, sexual role script adherence, and sexual non-autonomy among men is alarming and suggests the field may be operating within the hegemonic notion that men always experience agency without considering the influences of sexism and internalization of sexual role prejudice upon one’s sense of autonomy and, ultimately, their CUSE. This study aims to challenge this paradigm through the proposed serial mediation model.

As illustrated in Figure 1, the hypothesized model tested three serial mediators to understand the relationships between sexist attitudes towards women and CUSE through sexual role prejudice, sexual role script adherence, and sexual non-autonomy. We hypothesized that: (1) higher scores on the ASI would be negatively associated with CUSE. Additionally, we hypothesized that (2) higher levels of sexism on the ASI would be positively associated with higher levels of SRP, (3) higher levels of SRP would be positively associated with higher levels of sexual role script adherence, (4) higher levels of SRSA would be related to SNA, and (5) SNA would be negatively associated with CUSE. Finally, we hypothesized (6) a theoretically driven four-stage link of serial mediation from sexist attitudes towards women to CUSE through SRP, SRSA, and SNA such that ASI would have both a direct and indirect effect upon CUSE.

CHAPTER TWO: METHODS

Participants' Demographics

The target sample size was based upon a recommendation made by Weston and Gore (2006) for any SEM. Although 490 people initially started the survey, the final sample was 313 after data cleaning procedures. Age of the participants ranged from 18 to 79 ($M = 36.32$, $SD = 14.36$). Single people accounted for 38.9%, casually dating accounted for 6.4%, dating accounted for 6.7%, in a committed long term monogamous relationship/married accounted for 28.7%, and those in consensually non-monogamous and/or polyamorous committed long-term relationships/marriages accounted for 19.4% of the sample. Notably, 4.2% of the sample reported their assigned sex at birth as female, while 95.2% reported male. Participants identified their present gender identity as man (90.1%), trans man (3.2%), gender fluid/gender queer (2.9%), nonbinary (3.5%), and 1 participant (.3%) selected that another identity best fit them. This participant wrote "male but gender fluid." Participants reported their sexual orientation as "straight and I have sex with men" (1.3%), queer (5.1%), bisexual (10.8%), pansexual (2.2%), gay (79.0%), sexually fluid (0.3%), and 1.3% said another identity best fit them. The latter participants wrote "demisexual/homoromantic," "androsexual (attraction to cis and trans men... so gay)," "homoflexible (prefer sex with men but occasionally a woman)," and "asexual, but I have sex with men." Participants were allowed to select more than one category for racial and ethnic identity; therefore, the following data does not add up to 100%. Participants identified as African American (3.5%), Black (5.4%), Asian American (4.1%), White/European American (83.3%), Latinx (4.5%), Hispanic (7.6%), Indigenous/First Nations/Native American (2.9%), Biracial/Multiracial (1.3%), Middle Eastern/North African (MENA) (0.3%), Pacific Islander/Native Hawaiian (1%), and two individuals (0.6%) wrote that another racial and/or ethnic identity best fit them (i.e., Middle Eastern and South Indian). Regarding SES, participants reported being in the wealthy class (1.3%), upper middle class (32.2%), lower middle class (35.7%), working class (25.5%), and poor (5.1%). The highest levels of education reported by participants included less than high school (1.0%), high school diploma/GED (16.9%), an associate's degree (7.3%), bachelor's degree (41.1%), and graduate/professional degrees (33.8%).

Scales

Ambivalent Sexism Inventory.

Glick and Fiske (1996) developed the Ambivalent sexism Scale (ASI) to capture two correlated aspects of sexism towards women: hostile sexism (HS) and benevolent sexism (BS). Hostile sexism needs little explanation as it fits the classic definition of prejudice defined by Gordon Allport (1954). BS, Glick and Fiske (1996) explained, is not a good thing, even if the perceiver experiences positive feelings. They explain that traditional sexist stereotypes of male dominance ("e.g., the man as the provider and

woman as his dependent,” pp. 491-492) are the foundation of BS, and that its consequences are often damaging to women. Broadly, BS includes protective paternalism, complementary gender differentiation (i.e., women have traits that complement those men lack), and heterosexual intimacy, which is arguably the most precarious aspect.

The ASI consists of twenty-one questions with an HS and a BS subscale. The HS subscale has 11 questions. A sample HS question includes, “When women lose fairly, they claim discrimination.” The BS subscale has three components: protective paternalism, complementary gender differentiation, and heterosexual intimacy. A sample item from the protective paternalism subscale is, “A good woman should be put on a pedestal.” A sample item from the complementary gender differentiation subscale is, “Women have a superior moral sensibility.” A sample item from the heterosexual intimacy subscale is, “Despite accomplishment, men are incomplete without women.” Respondents indicate their disagreement or agreement with the item on a scale of 0 (*disagree strongly*) to 5 (*agree strongly*) with no mid-point. Without a midpoint, participants must, at a minimum, agree or disagree “slightly” with each item (i.e., they are not offered a neutral stance as a response option). Across six studies, Glick and Fiske (1996) found the ASI to have an average alpha of .87. Average reliability scores across the six studies for HS and BS subscales were .89 and .79, respectively. BS had lower reliability because of the number of subfactors contributing to the construct. More recently, Zheng and Zheng (2017) found reliabilities of .75 and .72 for HS and BS, respectively, in their study of MSM in China. Reliabilities for the present study are .63 for the composite variable, .56 for hostile sexism, and .62 benevolent sexism. A participant’s composite score is the mean of all item responses. Inventory items can be found in Appendix A.

Sexual Role Prejudice

Zheng et al. (2017) adapted the Chinese version of the ASI (Glick & Fiske, 1996) into a nine-item inventory, the Sexual Role Prejudice (SRP) scale, that captures benevolent prejudice towards the “feminine” sexual roles (i.e., bottom) with three items for benevolent prejudice and six items for hostile prejudice. In their study, BS was positively correlated with benevolent sexual role prejudice ($r = .24$) and HS with hostile sexual role prejudice ($r = .28$). In the present study, BS was positively correlated with benevolent sexual role prejudice ($r = .46$) and HS with hostile sexual role prejudice ($r = .36$). SRP and ASI composite scales were also positively correlated ($r = .52$). Although the constructs are positively correlated, the Pearson’s correlation coefficient is below .7, suggesting multicollinearity is not a concern and scales are sufficiently distinct constructs (Pallant, 2016). As an example of benevolent prejudice, the item “Women should be cherished and protected by men” was changed to “Bottoms should be cherished and protected by tops.” Each item is rated on a 6-point Likert scale ranging from 0 (*strongly disagree*) to 5 (*strongly agree*). All responses are averaged with higher scores indicating greater levels of prejudice. Zheng and Zheng (2017) completed a principal component analysis and demonstrated that all benevolent and hostile items

loaded on their respective dimensions and that 51% of the total variance was accounted for by the two factors. Cronbach alphas for hostile and benevolent prejudice were .68 and .79, respectively, demonstrating acceptable reliability. Reliabilities in the present study for hostile and benevolent sexual role prejudice were .78 and .81 respectively and .83 for the composite variable. SRP items are located in Appendix B. The present study is the only known other study to utilize the Sexual Role Prejudice scale.

Sexual Role Script Adherence

Modeled after the Zheng et al. (2017) study, participants were asked two questions about (1) how often they bottom and (2) which sexual position label best describes them. Participants chose from: neither top or bottom, versatile, versatile bottom, or strict bottom. Participants were then asked, "How often do you bottom?" They were able to choose from: never, less often, more often, and always. Each item's score ranges from 1 to 4 and a composite score is the sum of the two items. Reliability for the present study was .84.

Sexual Non-Autonomy

Sexual non-autonomy was assessed using the amotivation and the external regulation subscales of the Perceived Locus of Causality for Sex Scale (PLOC-S; Jenkins, 2004). The complete PLOC-S scale measures both autonomous and nonautonomous motives for having sex, but the present study focuses on nonautonomous motives. The external regulation subscale illuminates if the respondent's most recent sexual experience was dictated by their own interests or external rewards or punishment (e.g., having sex for fear of losing your partner). The amotivation subscale measures the extent to which sex is experienced as wholly nonautonomous and/or non-intentional experience that is dictated and maintained solely by the person's sexual partner; for example, when a person lacks self-efficacy or a sense of control over their participation in the sexual activity. Rape is the obvious worst case.

For both subscales, participants used a Likert type scale ranging from 0 (*Not at all for this reason*) to 5 (*Very much for this reason*). The external regulation subscale contains eight items; a sample item is, "The last time I had sex, I engaged in sexual activity because I thought saying no would start a conflict with my partner." The amotivation subscale contains three items; a sample item is, "The last time I had sex, I engaged in sexual activity, but I didn't feel like I was in control of my own behavior." When using the larger scale, participants response ratings were reverse scored for the amotivation and external regulation subscales while all others were scored regularly. The present student is purely interested in nonautonomous motivations, so we did not reverse score the two subscales scores. A participant's sum for the two subscales indicated their sexual nonautonomy such that higher scores represent less sexual autonomy. Reliabilities in the original study were .88 and .81 for the external regulation and amotivation subscales (Jenkins, 2004). Zucker et al. (2016) found similar

reliabilities with .88 and .81 for the external regulation and amotivation subscales. Reliability in the present study was .80 the composite scale, .78 for external regulation, and .65 for amotivation.

Condom Use Self-Efficacy

Condom use self-efficacy was assessed by a measure of the same name developed by Bryan, Aiken, and West (1997) and based upon previous work (Brafford & Beck, 1991; Brien et al. 1994). It is comprised of four components: assertiveness, partner dissatisfaction, condom use mechanics, and obtaining. The assertiveness subscale includes three items; a sample item is, "I feel confident in my ability to discuss condom usage with any partner I might have." The partner dissatisfaction subscale contains five items that are all reversed scored; a sample item is, "If I were to suggest using a condom to a partner, I would feel afraid that he would reject me." The mechanics subscale contains three items; a sample item is, "I feel confident in my ability to put a condom on my partner." The "obtaining" subscale contains two items; a sample item is, "I feel confident I could purchase condoms without feeling embarrassed." Responses are made on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Appropriate items were be reverse scored and scale mean scores were calculated, with higher scores indicating greater endorsement of the construct. Bryan et al. (1997) found an average reliability of .78 across the studies conducted to create and validate the scales. The average reliabilities for the partner dissatisfaction, assertiveness, mechanics, and obtaining subscales were .78, .70, .88, and .59, respectively. Parent and Moradi (2015) found reliability of .87 for the overall scale. Reliability for the present study was .80

Procedure

We recruited participants through research announcements and invitations sent via email and social media. The research announcement was sent to various LGBTQ-specific organizations and community listservs and groups asking them to forward it to their respective groups for participation in the study. Advertisements on Facebook were made visible to those over the age of 18, who live in the U.S., and who express interest in keywords (e.g., gay, bisexual, drag queens, Rupaul) related to queer and trans communities in their Facebook profiles. Advertisements were also sent to various LGBT community organizations (e.g., Keep Knox Queer) asking them to post through their social media accounts such as Facebook, Twitter, and Instagram. The announcement invited individuals who are at least 18 years of age, who live in the U.S., and who identify as a sexual minority man (MSM included) and as a bottom, versatile bottom, or versatile to participate in the study.

To help reduce response bias, CUSE was assessed prior to sexism and sexual role prejudice and the other mediators. Doing so reduces common method bias and

creates “psychological separation” between the variables (Podsakoff et al., 2003). This strategic ordering decreased the chances that participants’ experiences with sexual encounters and attitudes would influence answers on the CUSE measure. The remaining measures were randomly ordered in the survey.

CHAPTER THREE: RESULTS AND DISCUSSION

Preliminary Analyses and Descriptive Data

A total of 490 participants began the survey and provided at least some data. We removed data from 34 individuals who did not list an age due to the age requirement of being 18 years old. We also removed data from one person whose age seemed unlikely (111 years old); although it may be possible someone of that age would participate, our recruitment methods likely did not reach that age demographic. We then excluded data from one person who currently identified as a transwoman. Data from 138 individuals were removed because they were missing more than 15% of total data from measures used in the model (i.e., ASI, SPR, SRSA, SNA, and CUSE). Two participants' data were removed due to selecting the wrong item on more than one attention check item. Next, we conducted a missing data analysis, and 307 participants had no missing data. Missing values for the remaining participants with less than 15% missing data were calculated using expectation maximization (EM) through SPSS (Schlomer et al., 2010).

Table 1 shows bivariate correlations among variables and covariates. Supporting our hypothesis, ASI was positively and significantly associated with SRP and SNA and negatively associated with CUSE. Counter to our hypothesis, ASI was not associated with SRSA. Additionally, socioeconomic status was significantly negatively associated with SA. Level of education obtained was significantly negatively associated with sexual role prejudice. Relationship status was significantly negative associated with ASI and significantly positively associated with CUSE. Relationship status was also significantly and negatively associated with ASI and significantly positively associated with CUSE. We therefore controlled for SES, education, and relationship status in subsequent analyses.

Variables were sufficiently normal based upon Weston and Gore's (2006) absolute value criteria of skewness < 3 and kurtosis < 10 for path analysis. We observed four multivariate outliers (Mahalanobis distance $p < .001$), but none displayed particular response patterns (e.g., selecting "1" for all item level responses) nor did they have a significant effect on the overall model (Cook's distance < 1 ; Field, 2013). The four outliers were subsequently retained in data analysis for lack of justifiable reason to remove them.

Mediation Analyses

We used Hayes' (2018) PROCESSv3.4 SPSS Macro Model 6 to test the proposed serial mediation model. We entered relationship status, SES, and highest level of education obtained as covariates in the model. We also used 10,000 bootstrapping resamples to create 95% confidence intervals for indirect effects. Mediation was

deemed significant if 0 is not contained within the upper and lower bounds of the interval. Results for the hypothesized mediation model are in Figure 2. Consistent with our hypothesis, ASI had a positive direct link with SRP ($p < .01$). Contrary to our hypothesis, SRP did not have a significant direct link to SRSA ($p = .19$) and SRSA did not have a significant link to SNA ($p = .07$). SRP did, however, have a significant link to SNA ($p < .01$). Consistent with our hypothesis, SNA had a significant negative direct link with CUSE ($p < .01$). Contrary to our hypothesis, ASI did not have a significant direct link with CUSE ($p = .91$).

Our hypothesized four-stage chain of mediation from ASI to CUSE via SRP, SRSA, and SA was not significant (mean indirect [unstandardized] effect = .0008, $SE = .0008$, 95% CI [-.0004, .0027]), and the standardized indirect effect was .0008. However, two different indirect pathways were significant. ASI through SRP to CUSE (mean indirect [unstandardized] effect = -.0729, $SE = .0369$, 95% CI [-.1469, -.0025]), and ASI through SRP and SA to CUSE (mean indirect [unstandardized] effect = -.0167, $SE = .0089$, 95% CI [-.0365, -.0025]). The variables in the model accounted for 29% of the variance in CUSE amongst the sample population.

Discussion

Our study extends previous research by focusing on the impact of ASI in a novel subpopulation, MSM, and identifying correlates with CUSE. We found that sexist attitudes towards women were positively related with sexual role prejudice, sexual role prejudice was positively related to sexual non-autonomy, and sexual non-autonomy was negatively related to condom use self-efficacy. Men and individuals with male gender identity histories who bottom and hold greater sexist attitudes toward women may internalize associated power dynamics within their sexual role, feel that decisions around sex are largely external to their own desires (Jenkins, 2004), and subsequently feel less confident in negotiating condom use with a partner. Our findings are consistent with previous studies that have linked sexism with condom use amongst receptive partners in non-male identified populations (Albarracin & Plambeck, 2010; Fitz & Zucker, 2015; Gavey, 2005; Magno et al., 2018; Ramiro-Sánchez et al., 2018; Smith, 2005; Zucker et al., 2016). Although our study found an insignificant direct pathway from ASI to CUSE, the significant indirect pathway highlights the nuanced ways sexism operates within the daily lives of individuals who are not women and specifically impacts their sexual health practices. Given that men who bottom are less likely to have used a condom in their last sexual encounters (Lei et al., 2018) and more likely to be HIV positive (Lei et al., 2018; Meng et al., 2015; Wegesin & Meyer-Bahlburg DrRernat, 2000), understanding antecedent variables relate to CUSE is vital.

Our finding that ASI was positively related to SRP is consistent with previous research (Zheng et al., 2017) and highlights that sexual minority men may in fact emulate aspects of cis-hetero gender roles during sexual encounters. Because our sample contained individuals who bottom, the findings that SRP was negatively associated with SA highlights the impact of gendered power dynamics upon participants' sense of

autonomy during sexual encounters even if they do not identify as women. More specifically, participants with higher SRP may experience the decision to have sex as solely dictated by their partner, who they may or may not perceive as more masculine and dominant, or as a way to avoid negative consequences from their partner (Jenkins, 2004). Specifically, the external regulation aspect of sexual autonomy reflects similar research amongst women that shows sexist beliefs were related to relational motives (i.e., to maintain harmony in the relationship) for engaging in sex with a partner. The link between SRP and SNA in our MSM sample mirrors past research amongst women that has linked sexist beliefs with silencing the self (Impett et al., 2006).

The links between SRP and SRSA and SRSA and SNA were not significant in our study. It is important to note that we created a two-item measure for SRSA for our study. One item captured the identity aspect (i.e., “I am”) and the other question targeted the behavioral aspect (i.e., “what I do”) with the intention of creating a succinct way to measure self-concept and behavior concordance. Although the reliability for our two-item measure was high (.84), it does not necessarily mean high construct validity. We could extrapolate from the other significant findings (i.e., high levels of SRP were associated with lower levels of SA) that there is some level of adherence to, or internalization of, the submissive role. Future research should create a better measure of SRSA for MSM to include items that capture using cognitive cues (Johns et al., 2012), racialized aspects of gender (Carballo-Diéguez et al., 2004), and other components of top and bottom stereotypes discussed in the extant literature. Such a measure could have more construct validity. With greater SRSA construct validity and future research could find significant links between SRP and SRSA and SRSA and SA.

Broadly, our findings align with previous work that highlights the power dynamics of the man’s (i.e., masculine) role as dominant and the woman’s (i.e., feminine) role as passive and submissive (Gagnon & Simon, 1973; Rutter & Schwartz, 2000). Our quantitative findings contribute to previous qualitative work that depicts how men who bottom are gendered as feminine and passive (Grundy-Bowers et al., 2015; Hoppe, 2011; Johns et al., 2012; Moskowitz & Garcia, 2019; Moskowitz & Hart, 2011). Lastly, our study sheds light on how SNA is negative associated with CUSE amongst men who bottom for other men, mirroring findings in samples of women (Bryan et al., 1997; Parent & Moradi, 2015; Zucker et al., 2016)

CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

Strengths, Limitations and Future Directions

A major strength of our study is that it extends the feminist literature on sexism by examining the ways in which sexism influences the lives of individuals who are feminized. Our research demonstrates how influential misogyny and sexism is across gender identity within interpersonal power dynamics regardless of the pairing of individuals' gender identities. Moreover, it builds upon the nascent quantitative research area of sexual role prejudice (Meng et al., 2015; Zheng et al., 2017) that has long been discussed and examined qualitatively in the social sciences (e.g., Bauermeister et al., 2012; Dowsett et al., 2008; Grundy-Bowers et al., 2015; Moskowitz & Hart, 2011; Reilly, 2016). Importantly, it also documents that higher levels of sexism towards women are associated with higher levels of SRP, suggesting that men who have less sexist attitudes and beliefs may have less SRP. Future studies could examine how feminist attitudes act as a buffer in the linked relationship between sexism and CUSE amongst men who bottom for other men. Another strength is that our study highlights a previously unstudied antecedent for MSM's CUSE. Previous research has examined the influence of sexism on men's condom use behaviors with women but failed to examine it within male-male sexual pairings. Additionally, "risk" is a common approach in sexual health, but it can too often focus myopically on the individual's specific behaviors and less on the context in which their behaviors occur. Our finding offers some evidence that beliefs and attitudes could be an important influence in sexual health behaviors and experiences.

Our findings can only be used to determine if the data is consistent with our theorized serial linked model, which is a limitation. We cannot make causal claims due to the cross-sectional nature of the exploratory study. Future research should build upon this novel quantitative study with longitudinal methods to examine the causal directional nature of our theory. Another limitation regards the racial diversity of the sample. Although 31.6% of the sample population selected an identity other than White, the majority still identified as White, which limits the generalizability of the findings across racial and ethnic groups. As previous research shows, notions of gender can differ across cultures and future research may investigate such differences in the manifestation of sexist attitudes and beliefs (Carballo-Diégues et al., 2004; Dowsett et al., 2008; Kippax & Smith, 2001, 2001; Zheng et al., 2017). Perhaps a measure of racialized sexism would provide reliability on the ASI. Additionally, a majority of the participants identified as cisgender gay men, which limits generalizability across gender identity and sexual orientation categories. Future research might examine if individuals with a gender queer or gender fluid identity have significantly different scores on the ASI. It is possible that individuals who do not have cisnormative identities may have more feminist ideals and less hierarchical notions of power dynamics.

Additionally, self-selection in our study may have influenced the data. Our recruitment materials asked if you “identify as” and not simply “do you” bottom. As a result, self-selected participants may be more likely to understand their sexual position behaviors as an identity as compared to those who did not participate (e.g., they bottom but don’t *identify* as “a bottom”). Indeed, 3.2% of our participants selected “neither top nor bottom” on the question “what sexual position label best describes you.”

Another limitation of our study is the two-item measure for SRSA we developed based upon the literature. One item targeted self-label and one item targeted enacted behavior. Although the reliability for the measure was robust (i.e., .84), it may have low construct validity. Future research should develop and validate a measure for SRSA amongst MSM. It is possible that our full proposed serial mediation model would have been significant with a better measure. Future studies might include such a measure with our same model in a longitudinal study. Given that the link between SRP and SRSA was not significant, future studies might examine bottom identity salience as a moderator of this relationship. Other moderators might include participants’ masculine/feminine self-description and perception of their partner’s gendered social cues (Carballo-Diégues et al., 2004; Johns et al., 2012). Because relationship status was associated with both ASI and CUSE, future studies might examine whether relationship status acts as a buffer in the direct relationship between them. Finally, future studies may explore the impact of the racial and ethnic identity of a participant’s sexual partner upon CUSE within the present model given prior research on how racialized power dynamics influences sexual decision-making in dyads (Carballo-Diégues et al., 2004; Johns et al., 2012).

Lastly, the reliability of the ASI composite and subfactors were lower in our study compared to previous studies with presumed heterosexual male samples, which can be viewed as a limitation. Prior studies that used the ASI with MSM included all sexual role positions, whereas our study did not include “top”-identified MSM. This could be relevant given that past research shows higher scores on the ASI for tops (Zheng et al., 2017). Lower reliabilities amongst MSM samples compared to heterosexual samples is not unique to our study, however. One Chinese sample of MSM reported reliabilities for HS and BS ranging from .79 and .67, respectively (Zheng & Zheng, 2015). Another study with a Chinese sample of MSM dropped an item from the BS subscale to improve reliability (Zheng et al., 2017). It could be that the ASI has lower reliability amongst MSM because heterosexual intimacy is a major subfactor of BS. To test this hypothesis, we ran post-hoc reliability analyses for the ASI composite variable and BS subfactor without the 4 items that comprise the heterosexual intimacy construct and found improved reliabilities with .70 (composite) and .85 (benevolent sexism), respectively. It is important to note, however, that the HS reliability was .56, which further reflects the possibility of HS not being a valid measure for bottoms or MSM generally. Future studies should develop and norm a measure of sexism towards women for MSM without heterosexual intimacy and determine whether it differs between sexual position label subgroups.

Practical Implications

Our findings underscore the necessity of attending to sexist ideals amongst men who have sex with men when working to decrease sexual role prejudice and increase sexual autonomy and subsequent condom use self-efficacy. Clinicians may also work with clients to dissect their beliefs linking bottoming with being submissive and/or feminine as a way to de-gender sexual position self-labels. Such conversations may contribute to an increased sense of autonomy and decision-making during sexual encounters and, thus, condom use self-efficacy. Culturally responsive sexual health campaigns may also focus on prejudiced stereotypes of the insertive partner being dominant and the receptive partner being passive as a way to promote safer sex practices amongst men who bottom. Recognizing the impact of gender beliefs and attitudes may help strengthen the impact of public health and therapeutic interventions aimed at reducing the spread of STIs amongst MSM.

Conclusion

Although many studies have examined the impact of sexism upon condom use amongst women and amongst men who have sex with women, no previous research has quantitatively examined this relationship amongst men who have sex with men. Our study contributes to previous research by examining the relationship between sexist attitudes and CUSE using a serial mediation model. Our findings revealed that sexist attitudes are linked indirectly to condom use self-efficacy through a parallel form of prejudice towards the feminized passive sexual role of bottoming and belief that sex is dictated by external rewards/conflicts rather than their own internal interests and that others are in control of what happens during sex.

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APPENDICES

Appendix A

Table 1

<i>Bivariate Correlations</i>									
		RelStat	SES	Educ.	ASI	SRP	SRSA	SA	CUSE
RelStat	Pearson		-		-		-		
	<i>r</i>	1	.186**	.133*	.143**	-0.110	0.082	-.116*	.145**
	Sig. (2-tailed)		0.001	0.019	0.012	0.052	0.147	0.040	0.009
	N	313	313	313	313	313	313	313	313
SES	Pearson		1						
	<i>r</i>	-.186**		.379**	0.050	0.014	0.083	.138*	0.007
	Sig. (2-tailed)	0.001		0	0.376	0.804	0.143	0.015	0.904
	N	313	313	313	313	313	313	313	313
Educ.	Pearson			1					
	<i>r</i>	.133*	.379**		0.087	-.213**	0.078	0.006	-0.027
	Sig. (2-tailed)	0.019	0		0.125	.000	0.169	0.910	0.635
	N	313	313	313	313	313	313	313	313
ASI	Pearson				1				
	<i>r</i>	-.143*	0.050	0.087		.515**	0.057	.136*	-.108
	Sig. (2-tailed)	0.012	0.376	0.125		.000	0.318	0.016	0.056
	N	313	313	313	313	313	313	313	313
SRP	Pearson					1			
	<i>r</i>	-0.110	0.014	.213**	.515**		0.104	.198**	-.182**
	Sig. (2-tailed)	0.052	0.804	.000	.000		0.067	0.000	0.001
	N	313	313	313	313	313	313	313	313
SRSA	Pearson						1		
	<i>r</i>	-0.082	0.083	0.078	0.57	0.104		0.066	-0.063
	Sig. (2-tailed)	0.147	0.143	0.169	0.318	0.067		0.244	.266
	N	313	313	313	313	313	313	313	313
SA	Pearson							1	
	<i>r</i>	-.116)	-.138*	.006	.136*	.198.**	.066		-.206**
	Sig. (2-tailed)	0.040	0.15	0.910	0.16	0.000	0.244		0.000
	N	313	313	313	313	313	313	313	313
CUSE	Pearson								1
	<i>r</i>	.145*	0.007	0.027	-.108	-.182**	0.063	.206**	
	Sig. (2-tailed)	0.010	0.904	0.635	0.056	0.001	0.266	0.001	
	N	313	313	313	313	313	313	313	313

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Appendix B

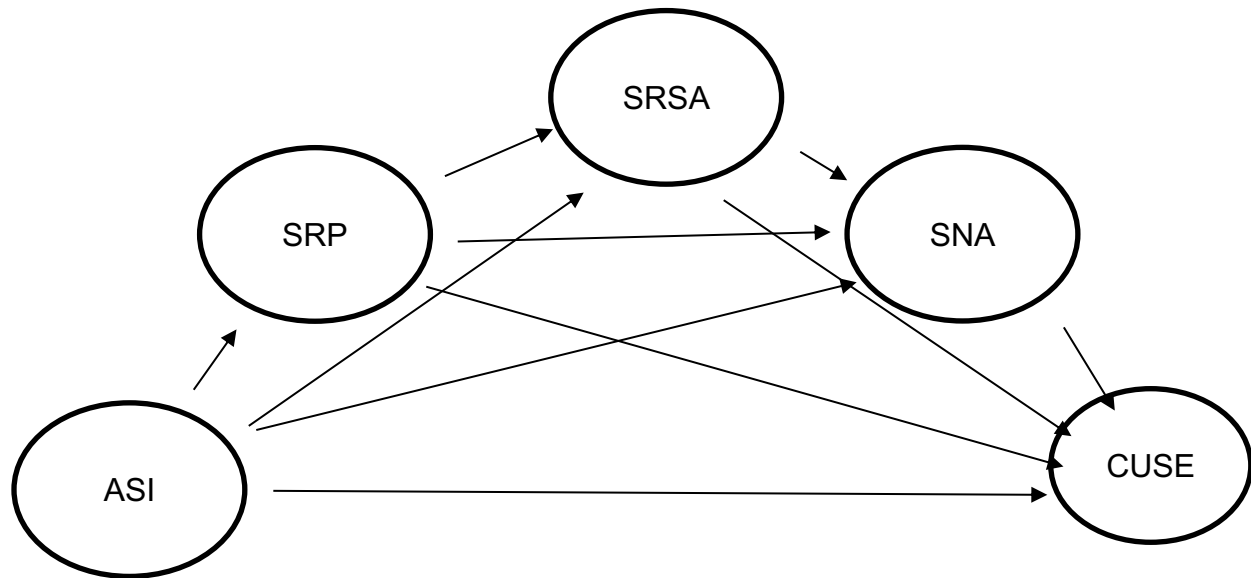


Figure 1
Proposed Path Model for Direct and Indirect Pathways

Appendix C

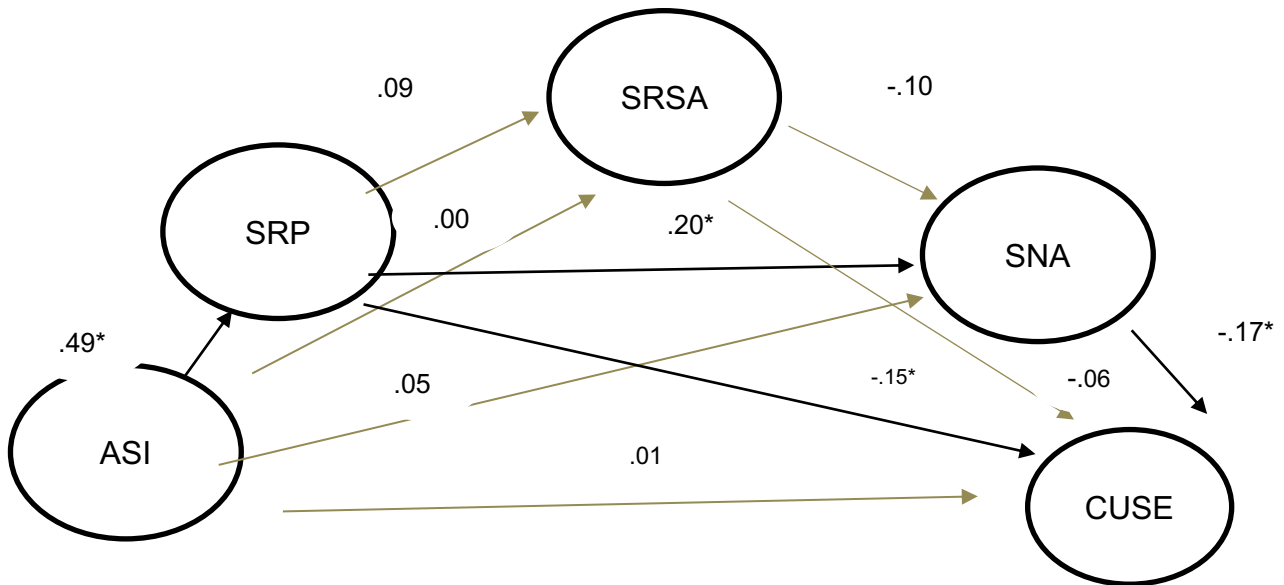


Figure 2

Results for Proposed Path Model for Direct and Indirect Effects. Relationship status, socioeconomic status, and level of education were covariates. Values reflect standardized coefficients. * $p < .01$

Appendix D

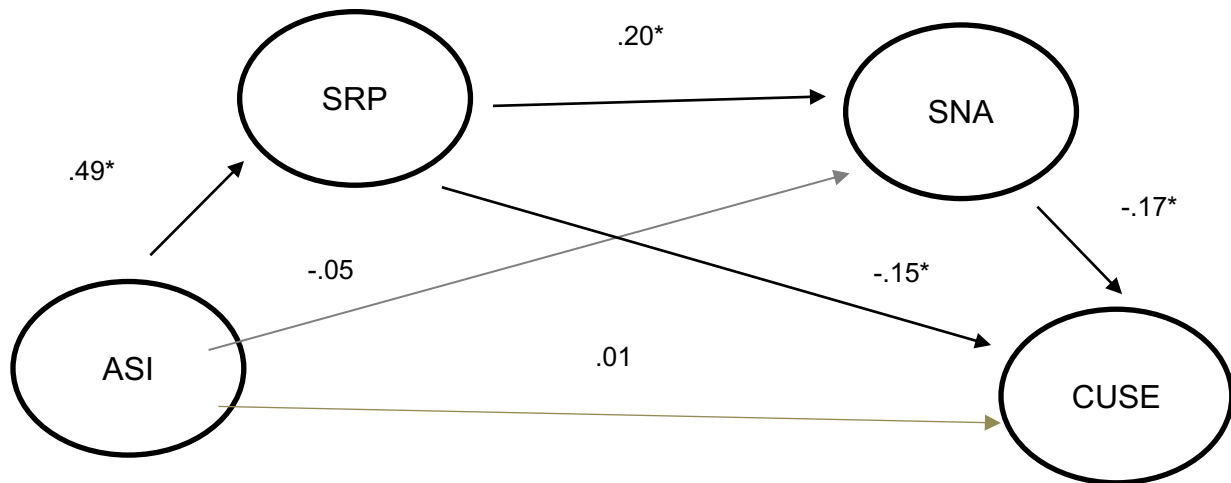


Figure 3

Significant Indirect Pathway 5. Relationship status, socioeconomic status, and level of education were covariates. Values reflect standardized coefficients. * $p < .0$

VITA

Elliott N. DeVore was born to Monica Christy Buchanan and Don Thomas DeVore but raised by many. They have three siblings: Nicholas, Kate, and Wyatt. They obtained an M.Ed. in student affairs at Iowa State University and worked at the University of San Francisco prior to returning to their hometown to pursue a Ph.D. in Psychology. Elliott considers himself an avid choral singer and music theater and opera lover.