



Colour Matters:

Body Image, Racism, and Well-being among Gay and Bisexual Men of Colour in Toronto

A Report of the Imagine Men's Health Study

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ACKNOWLEDGMENTS

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The authors would also like to thank all the individuals who worked with us to develop the research and this report.

We would like to acknowledge the following **Research Assistants:** Andrew Ross, Alvi Dandal, Kenta Asakura, Rhonda Hackett, Rory Crath, Sulaimon Giwa, Rusty Souleymanov, & Terence Lowe.



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada

The Imagine Men's Health Project was funded by the Social Sciences and Humanities Research Council
[410-2009-2134]

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GLOSSARY

MSM: Men who Have Sex with Other Men

GBM: Gay and bisexual men

IMH: Imagine Men's Health

CAC: Community Advisory Committee

GTA: Greater Toronto Area

ASO: AIDS Service Organization

SSHRC: Social Sciences and Humanities Research Council of Canada

MEASURES/INSTRUMENTS

Racism and Life Experiences Scale & Racism Scale for Gay Men: measure the perceptions and the experiences of racism in participants' lives.

Drive for Muscularity Scale (DMS): assesses an individual's level of satisfaction with the muscularity of their body as well as behaviours associated with increasing muscle mass.

Male Eating Behaviour and Body Image Evaluation (MEBBIE) scale: measures body dissatisfaction and men's attitudes, feelings and behaviours related to their bodies.

Eating Attitudes Test (EAT-26): measures participants' concerns about dieting, body weight or problematic eating attitudes and behaviours.

Social Appearance Anxiety Scale: measures anxiety about being negatively evaluated by others because of one's overall appearance.

Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ): measures participants' internalization of cultural standards of attractiveness.

Perceived Masculinity Male Eroticism Subscale: assessed beliefs regarding physical appearance and penis size as indicators of masculinity.

Multidimensional Scale of Perceived Social Support: measures levels of social support in participants' lives.

Internalized Homophobia Scale: measures internalized levels of homophobia.

Sexual Objectification Experiences Scale: measures levels of sexual objectification in participants' lives.

EXECUTIVE SUMMARY



The Imagine Men's Health (IMH) Study

was funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). This community-based research study was designed to examine body image, health and well-being among gay and bisexual men (GBM) of colour. Ideas leading towards the development of the IMH study were mainly based on a previous study¹⁶ focused on issues of body image among GBM of colour in Toronto in 2008, conducted by the principal investigator, Dr. David Brennan. In that study, participants indicated that GBM of colour experience body image differently from their White counterparts. As a result, Professor Brennan and the research team worked collaboratively with various Toronto-based social service agencies to discuss the development of a research project on body image among GBM of colour. The result of this university-community collaboration included the formation of a Community Advisory Committee (CAC) comprised of more than 17 GBM of colour representing various ethnoracial communities. All CAC members generously offered their personal and professional experiences as GBM of colour living and/or working with other GBM of colour to support Professor Brennan and the research team to

develop and design the study within a framework that took particular diligence in accounting for race and racial bias, systems of power and oppression and were in line with the reality of the lived experiences of the various community members participating in the study (anti-racist, anti-oppressive, and culturally relevant framework).

The IMH study launched in 2010 and was designed to shed light on the issues related to body image among GBM from the four largest ethnoracial communities in the Greater Toronto Area (GTA). These communities were Black/African/Caribbean, East & Southeast Asian, South Asian, and Latino/Hispanic/Brazilian. This research study was comprised of two phases: Phase 1: focus groups and interviews, and Phase 2: an online survey. First, focus groups and interviews were conducted with 61 GBM of colour in April and May of 2010. The nine focus groups, along with the interview data from three individuals, informed the development of a comprehensive online survey about body image and other health-related measures of GBM of colour. A total of 410 GBM of colour completed the online survey between March and June 2012. Throughout the entire research process, the CAC members actively participated in the development of research tools (e.g., interview questions, survey items) and recruitment of potential study participants. Some CAC members also helped the research team with data collection and analysis.

Focus Groups & Interviews

- Black/African/Caribbean, East & Southeast Asian, South Asian, and Latino/Hispanic/Brazilian
- **Number of Participants = 61**

Major Findings from Focus Groups and Interviews

Three major themes emerged from the focus groups and interviews with 61 participants.

- (1) GBM of colour face immense cultural pressure to meet body image ideals within the predominantly White gay community in Toronto.**
- (2) Racism and other types of social oppression have a negative impact on GBM of colour and their well-being.**
- (3) GBM of colour face challenges and show resistance against culturally dominant body image ideals.**

This phase of the study highlighted how GBM of colour experience racism and social marginalization/exclusion. The participants spoke of how body image ideals prevailing in the predominantly White gay community in Toronto often negatively impact their body image and well-being. Our results showed that, despite these challenges, GBM of colour also actively resisted the pressures to conform to such body image ideals. They simultaneously sought to resist against the experience of being fetishized and eroticized based on race-based body stereotypes.

Online Survey

- Black/African/Caribbean, East & Southeast Asian, South Asian, and Latino/Hispanic/Brazilian
- **Number of Participants = 410**

Major Findings from the Online Survey

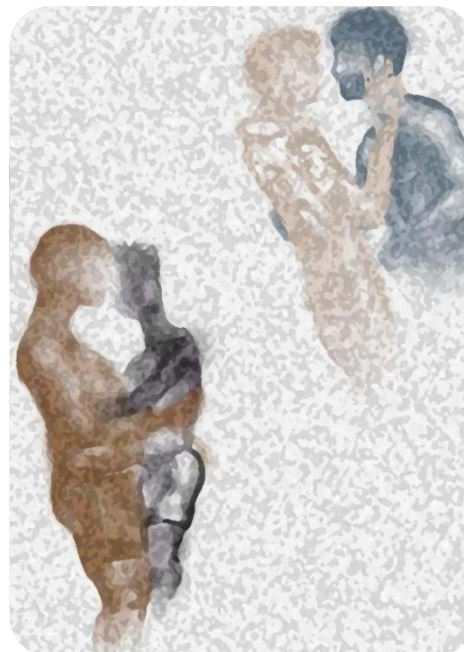
Significant differences across ethnoracial groups emerged based on the following measures:

- 1) Racism and Life Experiences Scale
- 2) Perceived Masculinity Scale
- 3) Social Appearance Anxiety Scale
- 4) Drive for Muscularity Scale
- 5) Male Eating Behaviours and Body Image Dissatisfaction Scale
- 6) Adverse Childhood Events Scale
- 7) Objectification Experiences Scale

Some of the findings include the following: Latino/ Hispanic/ Brazilian participants reported lower scores on the perceived masculinity scale compared to other ethnoracial groups. Also, Latino/ Hispanic/ Brazilian participants reported experiencing significantly less racism compared to other ethnoracial groups. Group differences were also found on the social appearance and drive for muscularity scales, where South Asian participants reported significantly higher scores (on both scales) compared to Black/African/Caribbean men. In addition, compared to Black/African/Caribbean GBM, other ethnoracial groups reported significantly higher scores on body image dissatisfaction scale. Compared to Black/African/Caribbean GBM, South Asian and Latino/ Hispanic/ Brazilian participants reported higher levels of concern about dieting, body weight, and problematic eating behaviours. In terms of adverse childhood events, East/South East Asian men reported fewer incidents/experiences of childhood sexual abuse, compared to Black/African/Caribbean and Latino/ Hispanic/ Brazilian participants. Finally, Black/African/Caribbean and Brazilian/Hispanic/Latino participants reported experiencing more incidents of sexual objectification compared to East/ South East Asian participants.

About Imagine Men's Health Study

Gay and bisexual men, particularly men who identify with ethnoracialized communities, are at a disproportionately high risk for negative health outcomes.¹⁻³ In the area of sexual health, for instance, GBM of colour represent a growing proportion of new HIV diagnoses in Ontario. GBM of colour, in particular, Black, Southeast/East Asian, and Latino GBM, account for an increasing proportion (from 4%-8%) of new HIV diagnoses and



AIDS cases between 1995-2005, while the proportion among White GBM has declined.² Issues related to body image are an important component of gay men's health. When compared to heterosexual men, GBM are more likely to report being dissatisfied with their bodies.⁴⁻⁷ A desire to become more muscular has been associated with increased alcohol/drug use,⁸ low self-esteem, depression,⁹ disordered eating,¹⁰⁻¹² restrictive dieting, steroid use, and eating pathologies.^{5, 13-14} However, very little is known about the issues of body image among GBM of colour because most of these studies were drawn from primarily White GBM samples.

The Imagine Men's Health (IMH) study sought to fill this gap in the literature about body image among GBM of colour. IMH was a two-phase mixed-method research project led by a 9-person research team and an active Community Advisory Committee (CAC) representing each of the four largest ethnoracial populations in Toronto (South Asian, Black/African/Caribbean, Southeast/East Asian, and Latino/Hispanic/Brazilian).¹⁵

All of the CAC members self-identified as men of colour. Furthermore, this project was implemented by a racially diverse team of research associates.

This study sought to examine the ways GBM of colour experienced body image issues. We wanted to understand how these issues were experienced and dealt with by GBM of colour. We also wanted to examine if there were any associations between body image concerns, experiences of racism and the mental, physical and sexual health of GBM of colour. Thus, this research study comprised of two phases. In Phase 1, nine focus groups ($n=58$) and 3 interviews were conducted with GBM of colour from Toronto in May and June of 2010. Phase 1 findings directly informed the questions asked and directions of the online survey in Phase 2, in which 410 GBM of colour participated between March and June of 2012. Study results have been presented in numerous local, national, and international conferences.

PHASE 1: FOCUS GROUPS AND INTERVIEWS

Study Method

This study was advertised through flyers, online listserves, referrals from social service agencies, as well as word-of-mouth to recruit GBM of colour to participate in focus groups. In order to maximize the number of study participants, we also offered the option of individual interviews to accommodate some participants' schedule or their desire for privacy.

We recruited men who were (1) at least 18 years of age; (2) spoke English proficiently; (3) identified as gay or bisexual or reported having sex with another man in the last 12 months, and (4) identified as at least one of the following four ethnoracial groups: South Asian, Black/African/Caribbean, Southeast/East Asian, and Latino/Hispanic/Brazilian. We conducted focus groups separately with men over the age of 30 and men under the age of 30. This age grouping was consistent with how Toronto based AIDS Service Organizations (ASOs) social service programs and their funders recognize those under the age of 30 as "Young GBM."

See the tables below for the number, race/ethnicity, and age grouping of the participants from this phase of the study:

¹ A full report of this phase of the IMH study has been published in: Brennan, D.J., Asakura, K., George, C., Newman, P.A., Giwa, S., Hart, T.A., Souleymanov, R., Betancourt, G. (2013). "Never reflected anywhere": body image among ethnoracialized gay and bisexual men. *Body Image*, 10(3), 389-98.

| Focus Group (n=58) | | | |
|---------------------------|------------------|-----------------------|----|
| DEMOGRAPHICS | AGE GROUP | # OF ATTENDEES | |
| East & Southeast Asian | Under 30 | 8 | 13 |
| | Over 30 | 5 | |
| Latino/Hispanic/Brazilian | Under 30 | 9 | 16 |
| | Over 30 | 7 | |
| Black/African/Caribbean | Under 30 | 14 | 19 |
| | Over 30 | 5 | |
| South Asian | Under 30 | 6 | 10 |
| | Over 30 | 4 | |

| Individual Interview (n=3) | | |
|-----------------------------------|------------------|--------------------------|
| DEMOGRAPHICS | AGE GROUP | # OF PARTICIPANTS |
| East & Southeast Asian | Over 30 | 1 |
| Black/African/Caribbean | Over 30 | 2 |

Participants were asked to share how they experience their own bodies, including both positive views and struggles. They were also asked how they see Toronto's gay male community generally perceives the bodies of other GBM of colour. All focus groups and interviews were digitally recorded and transcribed verbatim for analysis. The Principal Investigator and several research associates analyzed the data. The PI then consulted with the research team and CAC members to ensure that the results accurately represent, and are grounded in, the voices of the study participants.

PHASE 1: STUDY RESULTS

There were three major themes that came up across the focus groups and individual interviews.

(1) GBM of colour face immense cultural pressure to meet body image ideals within the predominantly White gay community in Toronto.

(2) Racism and other types of social oppression have a negative impact on GBM of colour and their well-being.

(3) GBM of colour show resistance against culturally dominant body image ideals.

“

Look at the cover of the publication. Like...fab...who usually gets profiled on the cover is ... a Caucasian male, lots of muscles...spread eagle [legs and arms spread apart].... And I understand...you're selling magazines, but for the rest of us, who don't fit that profile, and don't have a good strong sense of self, I can see how damaging that could be. How you don't think when you look in the mirror that 'I'm hot', because ...you never see yourself reflected anywhere.

”

Theme (1): Body Image Ideals

Our study participants shared that there are certain body images that are favored in Toronto's gay community. These are "White" bodies, and "fit, masculine, and muscular" bodies.

"There [are] two [hot body types for GBM in Toronto]... [One] is the white male, mid-20's, extremely cut, bigger; doesn't have to be too big, but has to be very fit. And the other one is the older, muscled, bear, hairy; doesn't matter if you have a gut, because that's a new trend that's been going on for the last couple of years, against having abs and everything. But at the same time you still have to be defined in the right places, even though you have a gut." [East/South East Asian > 30]

These ideal body images are dominantly represented in the media. Our participants shared that images of non-White bodies are often absent from the local media catering to gay men.

"Look at the cover of the publication. Like...FAB...who usually gets profiled on the cover is ...a Caucasian male, lots of muscles...spread eagle [legs and arms spread apart].... And I understand...you're selling magazines, but for the rest of us, who don't fit that profile, and don't have a good strong sense of self, I can see how damaging that could be. How you don't think when you look in the mirror that "I'm hot", because ...you never see yourself reflected anywhere." [Black > 30]

Despite these ideal body images prevalent in Toronto's gay community, our participants shared with us that their personal preferences do not necessarily match with those white, fit, masculine, and muscular bodies represented in the media.

"I don't want somebody who is too good looking, and I don't want somebody who is like too muscular, I just want an average looking person. To me that's sexy. I don't like the built perfect shape anymore. It's not attractive to me. I like a normal person. And, if a person has a little flaw, like let's say a little larger nose or a little characteristic about your face, I find that more intriguing. So, body image comes down to, I guess, personal preference again. I don't necessarily need six pack abs to turn me on." [East/Southeast Asian > 30]

“

**I'm fairly decent looking.
Many times I walk into a social
situation and I'd be like 'why do I
feel as if I'm being ignored?'
Why is that people look at you,
turn away the moment you look
at them? And I really do think
that it's a race factor.**

”

Theme (2): Racism & Oppression

Perhaps due to the ideal body images prevalent in Toronto's gay community, some of our participants spoke of feeling completely ignored and invisible because they are not White.

"I'm fairly decent looking. Many times I walk into a social situation and I'd be like 'why do I feel as if I'm being ignored?' Why is it that people look at you, turn away the moment you look at them? And I really do think that it's a race factor." [South Asian < 30]

On the other hand, others reported feeling too visible because their non-White bodies are fetishized and sought after because of certain racial stereotypes. These stereotypes comprise certain body parts (e.g., penis size), and a racialized expectation of sexual prowess.

"Being African, everybody thinks you have a 13 or 14-inch penis...[and] you can shag for six hours, non-stop flight...They don't think you are a human being, you can have a normal size dick... You get affected because...as you take it out, they say, 'You are black, you should have something bigger than that.' So, it's the disappointment...Of course, it affects you. It affects your self-esteem." [Black > 30]

"Regardless of their physiques, this idea of extremely steamy, sweaty sex in bed and everything. So they think that because you're Latin they're going to have the best sex of their life. And I'm pretty sure some of us, I mean not saying me, but I'm pretty sure that some of us are just plain boring sex. So, it's just based on the stereotypes." [Latino/Brazilian < 30]

Other participants discussed ways in which racialized stereotypes were focused on gender roles and expectations.

"I guess with the assumption of...being automatically perceived as bottom, the 'feminine person' is the bottom so are you assuming that because of my body that I wouldn't want to have the option of being the top... if there's only two options that I have to be this right away, without even knowing me, that I'm playing the role of ...a woman... Is that because of my body, I

wonder? Because...you're fragile and geisha-like or what not."
[East/Southeast Asian < 30]

Racism is not the only factor that impacts how our participants viewed their non-White bodies. In many contexts, White bodies are also associated with class and wealth, and hence valued more significantly than non-White bodies.

"So most of my friends...would like to have a White partner...the ideal is White, blond, blue eyes, tall body... in Venezuela, [the ideal is] associated with economic status...All the White people are wealthy and all the dark skinned or indigenous people are poor... So in general that's the reason why the White body, the White tall, blonde, blue eyes, it's the object of desire." [Latino/ Brazilian > 30]

Many of our participants were second generation immigrants or newcomers to Canada. We learned that body image ideals vary significantly depending on social and cultural contexts. One participant, for example, is a newcomer from China and talked about what is considered to be 'hot' in his home culture. He then shared with us that he had to figure out what is considered to be 'hot' in a Canadian context.

"I [find that men in Toronto] are running after short Asian guys...how come? ...I am tall... In China,... tall is always considered good and desirable. But here, short and small is considered more desirable...I'm personally disappointed because... I'm not attractive or desirable anymore (laughter)."
[East/Southeast Asian > 30]

Similarly, another participant shared with us that the images represented in Bollywood films are considered to be "hot" in South Asian context.

"I think that South Asian culture, at least from...Bollywood... we...really love the British. We think they're like amazing and like perfect and so pure. It's like this weird sort of slave mentality I think, where you really idolize your former masters... Lightness is really prized and fair skin... It's all about bleaching your freaking skin to look as White as possible... It's really hard to unlearn that." [South Asian < 30]

“

When I get picked up, I feel accepted....I say, ‘wait a minute, maybe I ain’t that bad looking.’ So, my insecurities about my body have led me to have promiscuous sex; it’s as simple as that, just because I want to be accepted by somebody, and if you go and you get picked up you feel that much better about yourself.

”

Theme (3): Responding to Body Image Pressures: Challenges, Endorsements & Resistance

Not surprisingly, some of our participants shared with us that the body image ideals prevailing in Toronto's gay community have negatively impacted their health and well-being. In an attempt to meet these unrealistic ideals, some have resorted to certain lifestyle practices, such as steroid use, disordered eating, and unsafe sex.

“I'd skip meals. I've made myself vomit... so that I could look good for the evening... When I used to drink, I would not eat meals, because I was going to go out and party, because I wanted to look good. So to the detriment of my health, I will do that.” [Latino/Brazilian > 30]

“When I get picked up, I feel accepted....I say, ‘wait a minute, maybe I ain't that bad looking.’ So, my insecurities about my body have led me to have promiscuous sex; it's as simple as that, just because I want to be accepted by somebody, and if you go and you get picked up you feel that much better about yourself.” [East/Southeast Asian > 30]

On the other hand, many of our participants showed a great deal of courage by actively resisting the cultural pressure to conform to these body image ideals. The following accounts are some examples of strategies employed by gay men of colour to cope with their challenges.

“I got invited to...Pride beach party...and I said no... I can...imagine the expectation of body, you know, what it's going to be like to be in this space. And at this point...in my life, I don't need to be in those spaces to be validated... I've...cocooned myself with a set of friends, community people, that don't have those issues around body... I surround myself with my own that validates me, that I feel that I can...express myself in whatever way I feel and not be judged.” [Black > 30]

For other participants, there was an expressed desire to be close to other men of colour or of their own racial background in order to find solidarity in the experiences of

being men of colour in the gay community.

“I have Asian friends...and I think it’s important... I do feel that when you’re with them there are some stuff you can share or stuff that they understand better than with any of my White friends....There are some things that I say,...[my White friends] may try to sympathize, but they don’t fully understand it and so it’s good to have [Asian friends]... who fully understand what you do or what you are trying to say.” [East Asian < 30]

PHASE 2: ONLINE SURVEY

Study Method

Based on the results from Phase 1, a comprehensive online survey was developed to help understand the health and well-being of a larger sample of GBM of colour. This second phase of the study employed a survey method, using fluidsurveys.com (a Canadian-based online survey service) to collect data between March and June, 2012. The CAC helped the research team with the development and design of the survey, as well as recruitment and data analysis. The research team and the CAC modified existing instruments on body image dissatisfaction in order to better account for the experiences of racism and homophobia prevalent among GMB of colour.

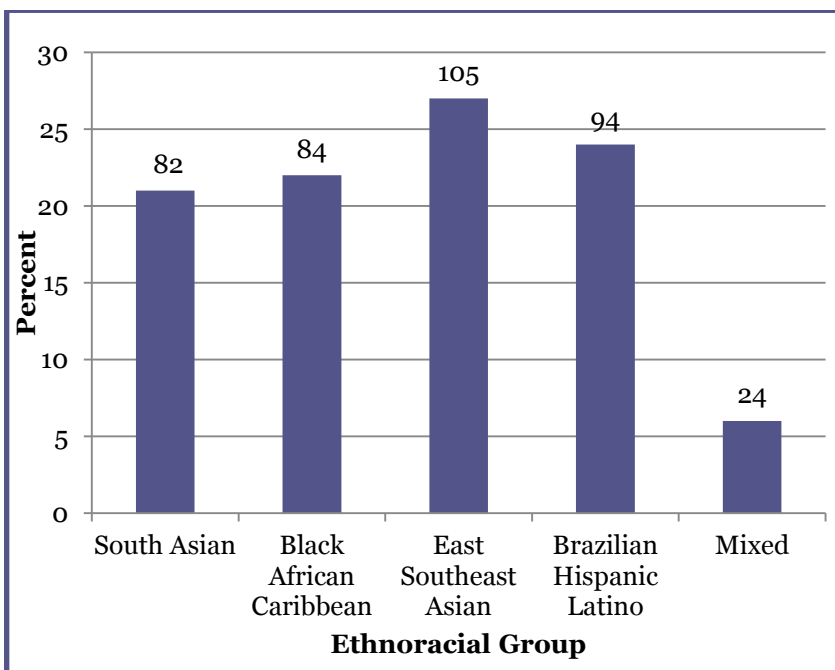
Recruitment flyers were posted in community agencies serving GBM of colour, gay bars/clubs, social media web-sites, radio show, and relevant community email listserves. Demographic information asked in the survey included: age, race/ethnicity, sexual orientation, education, household income, employment status, religion, country of birth, disability status, Human Immunodeficiency Virus and sexually transmitted infection status, as well as questions related to participants' physical health conditions (e.g., diabetes, cancers). Additionally, a number of psychosocial domains related to participants' mental, physical and sexual health and wellbeing were examined, including: experiences of racism, body image, social appearance, questions on masculinity and gender roles, adverse childhood experiences, substance use, sex behaviours, social support, depression, anxiety, internalized homophobia, sexual objectification, and the connection and involvement with the gay community. This online survey produced a sample of 410 GBM of colour living or working in the GTA. Of the 932 men who started the survey, 410 (44%) completed the whole survey.

PHASE 2: Online Survey Results

Demographic Characteristics of Participants from the Imagine Men's Health Survey.

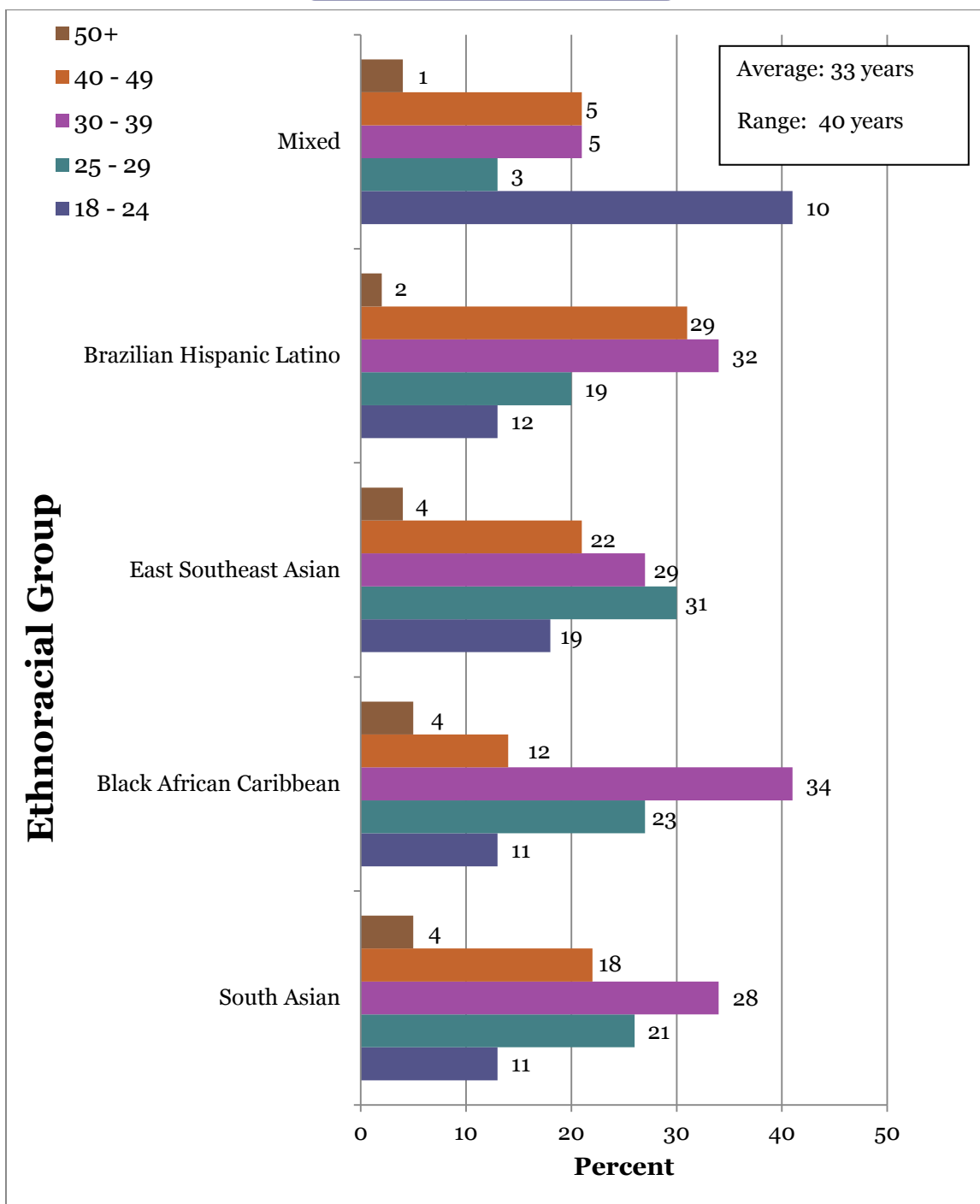
All survey items that were completed by 389 men were included in the analysis. Demographic characteristics of participants are presented in the charts below. The numbers at the end of each bar are the total number of participants who fell in that category.

Percent of Participants by Race/Ethnicity (N=389)

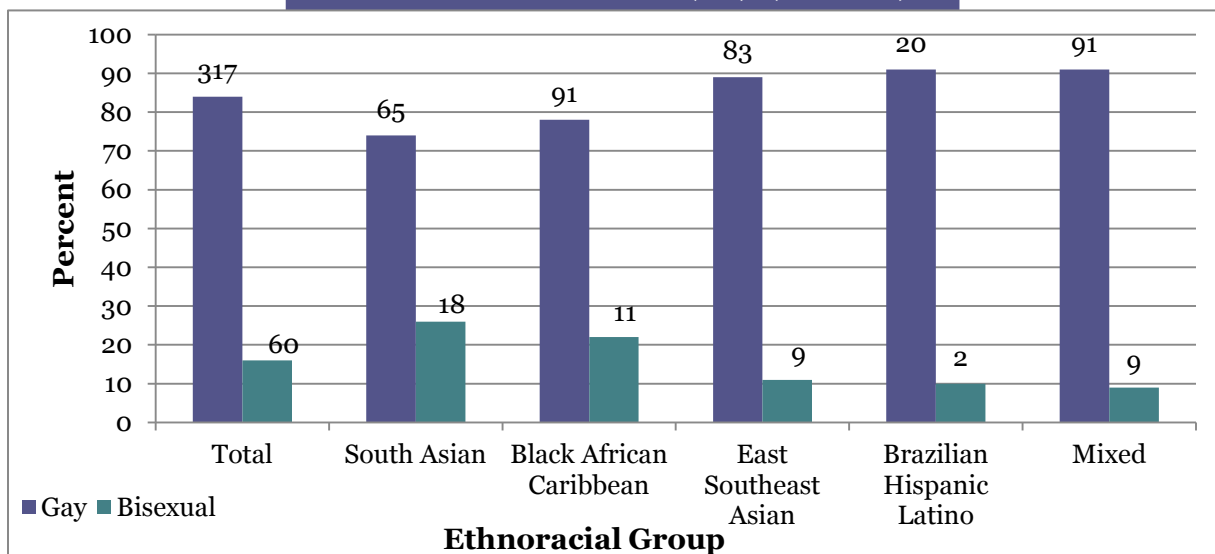


Participants identified as: South Asian ($n=82$; 21.1%), Black/African/Caribbean ($n=84$; 21.6%), Latino/Brazilian ($n=94$; 24.2%), East/Southeast Asian ($n=105$; 27%), and mixed race ($n=24$; 6.2%).

Age (%) (N=389)

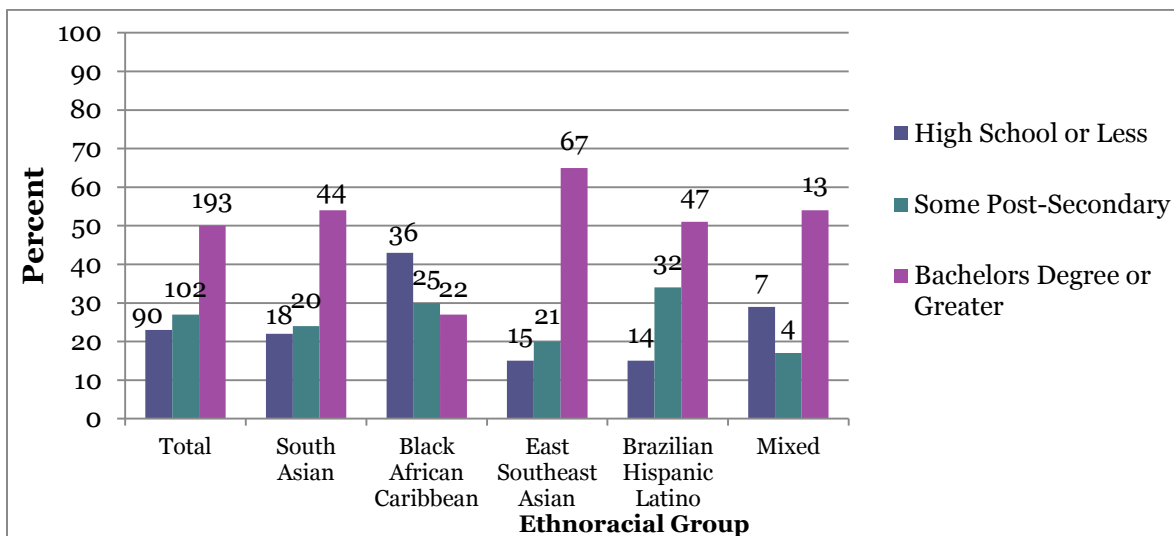


Sexual Orientation (%) (N=377)



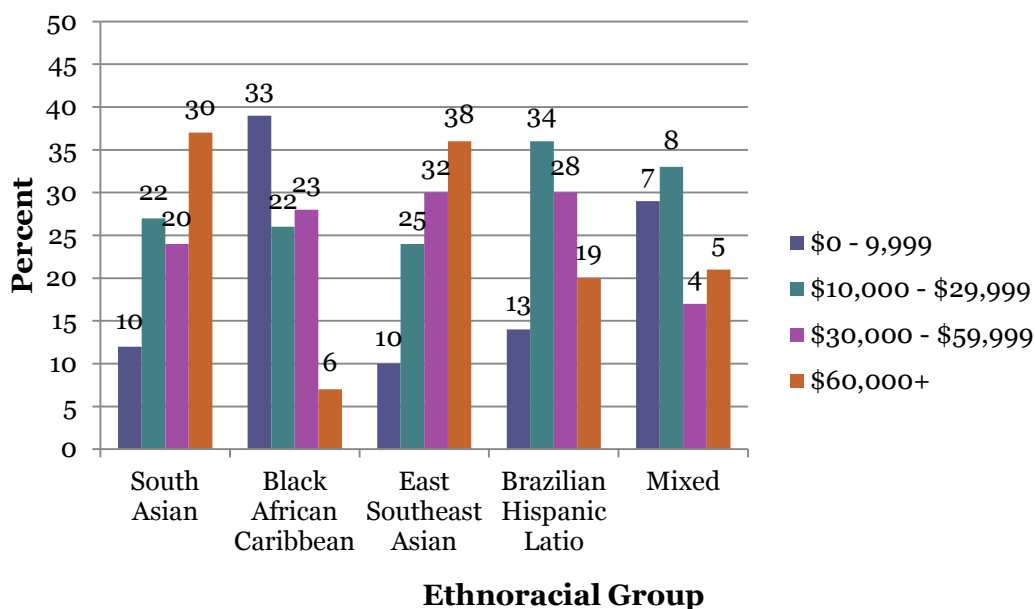
The majority of respondents ($n=317$; 83%) identified as gay/same-gender-loving/homosexual and 60 (15.7%) as bisexual.

What is the highest level of education you have completed? (%) (N=389)



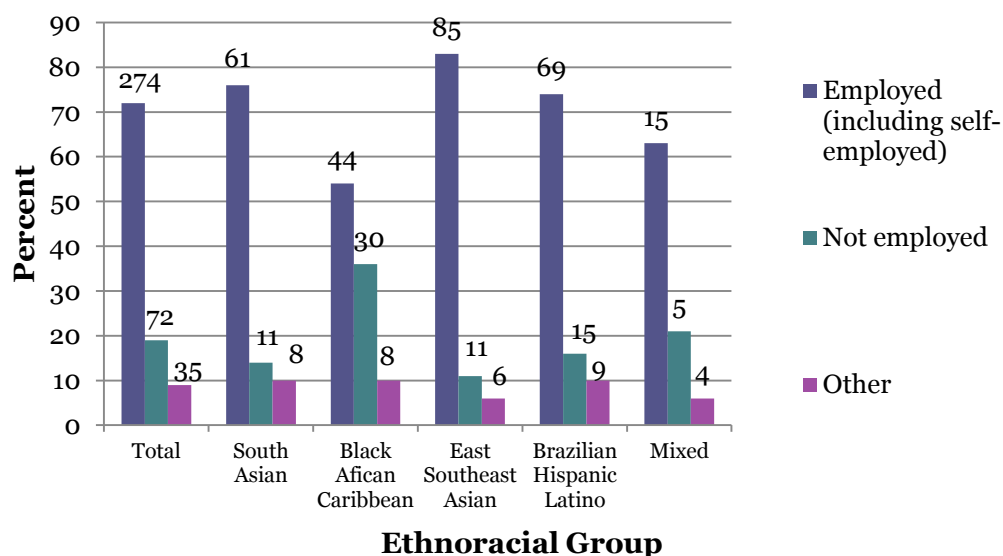
Half of the sample ($n=193$; 50.1%) had a bachelor degree or greater education level, 102 (26.5%) had some post-secondary education, and 90 (23.4%) had high school or lower educational attainment.

What is your current household income? (%) (N=389)



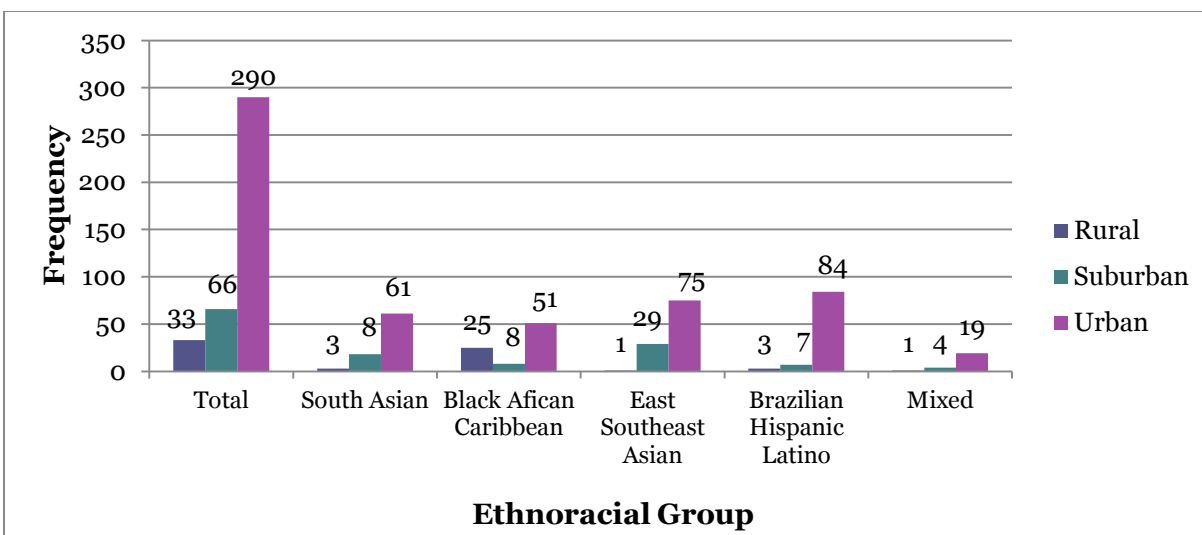
The most common category of income for this sample was between \$10,000-29,000.

What is your current employment status? (N=389)



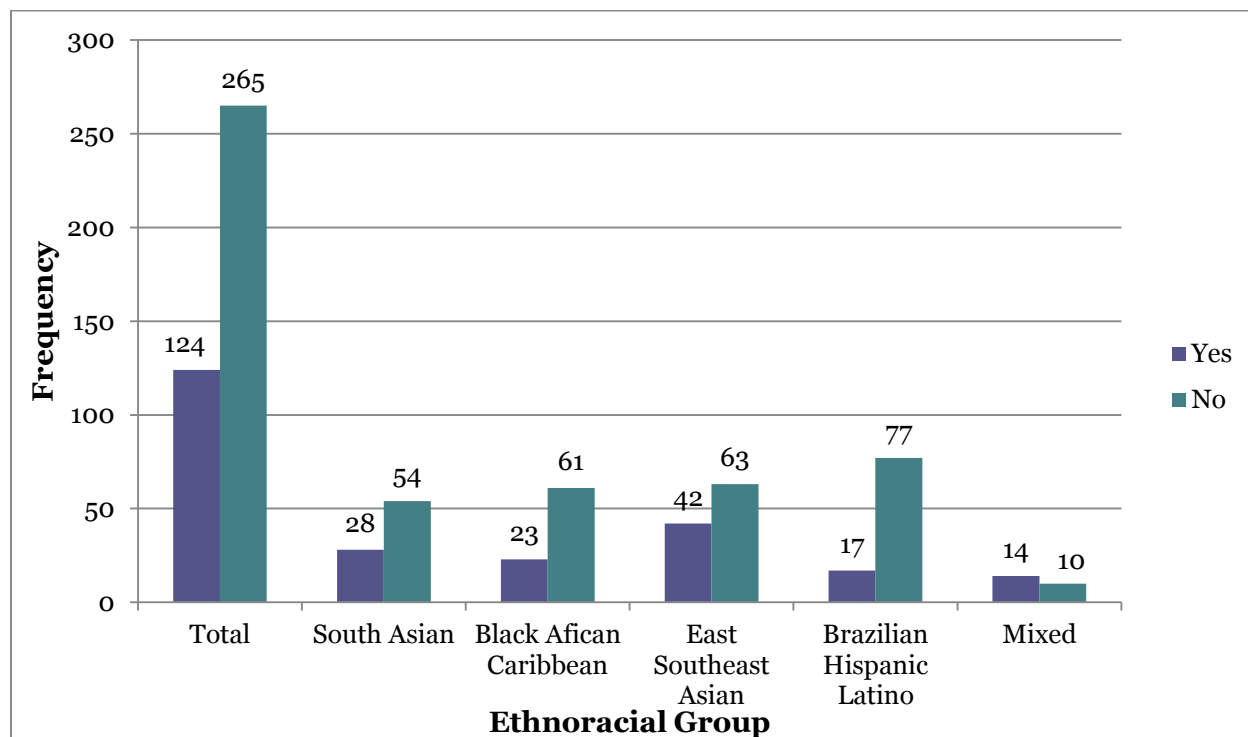
Among 389 respondents, most, 274 (72.9%) were employed full-time, 72 (18.9%) were not employed, and 35 (9.2%) were retired or unable to work.

Which of the following best describes the area you live in? (%) (N=389)



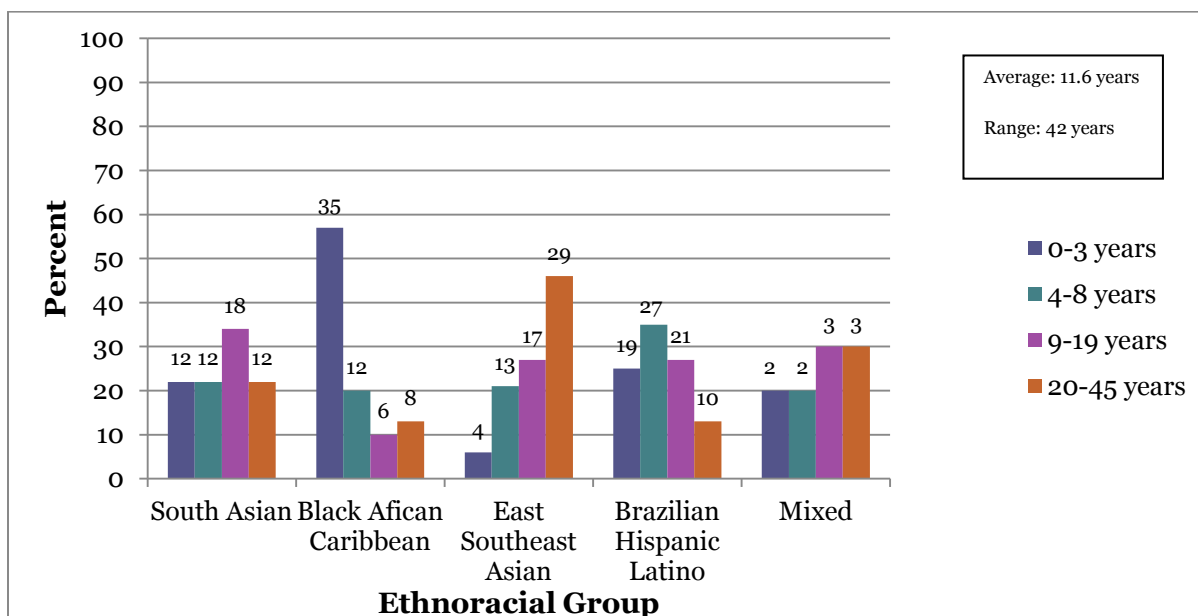
Among 389 respondents, 290 (74.6%) lived in urban areas, 66 (17%) lived in suburban areas, and 33 (8.5%) lived in rural areas.

Were you born in Canada? (N=389)



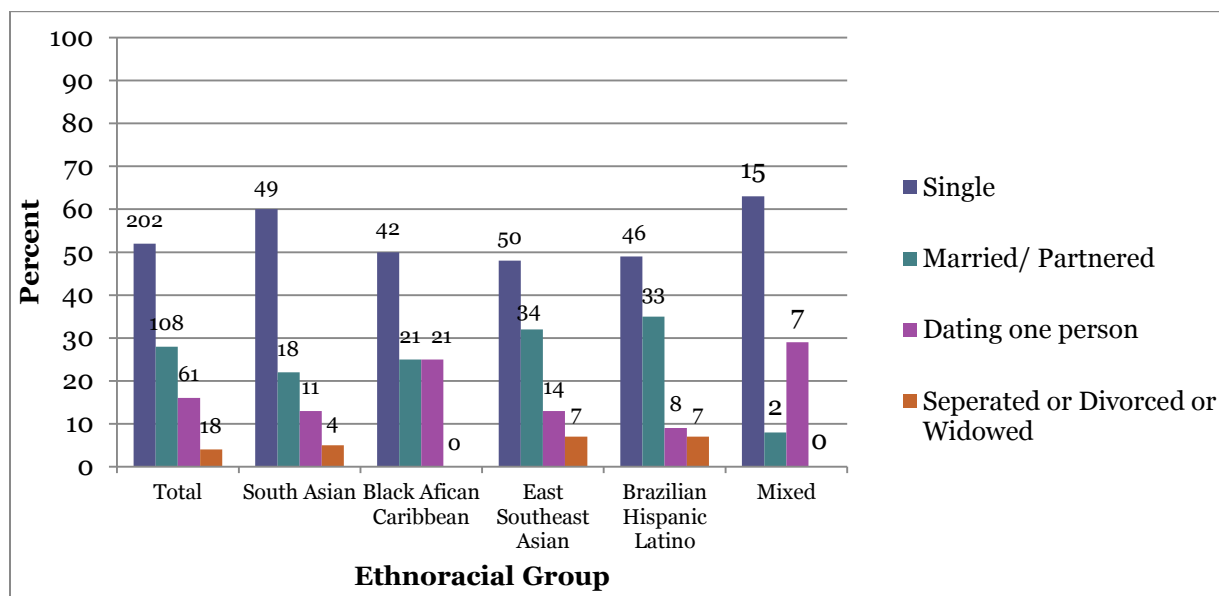
Of the 389 respondents, 265 (68.1%) were born outside of Canada and 124 (39.8%) were Canadian-born participants.

How long have you been living in Canada? (N=124)



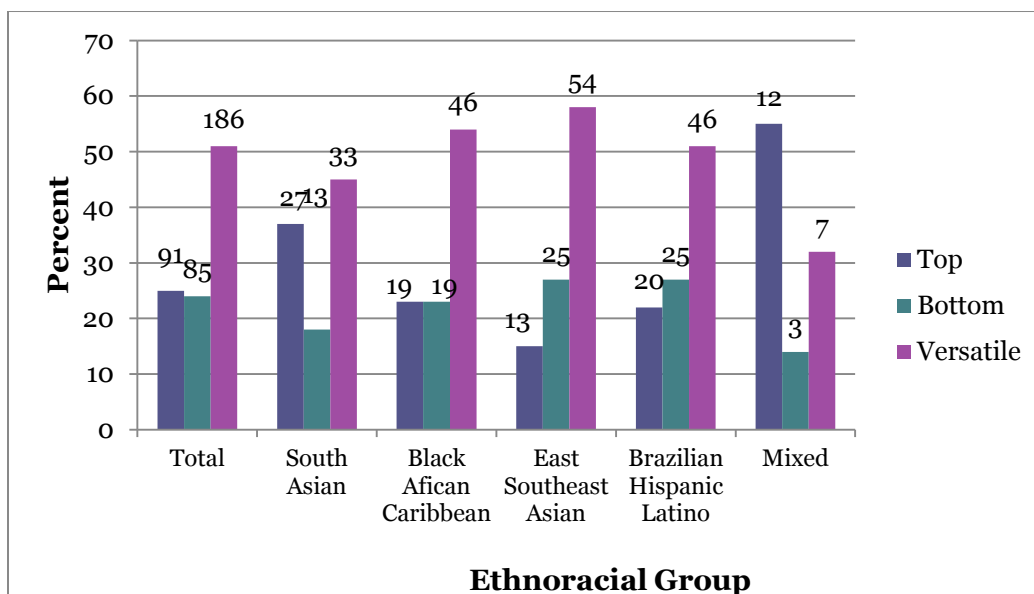
Among those born outside of Canada, the average number of years residing in Canada was 11.6 years.

What is your current relationship status? (N=389)



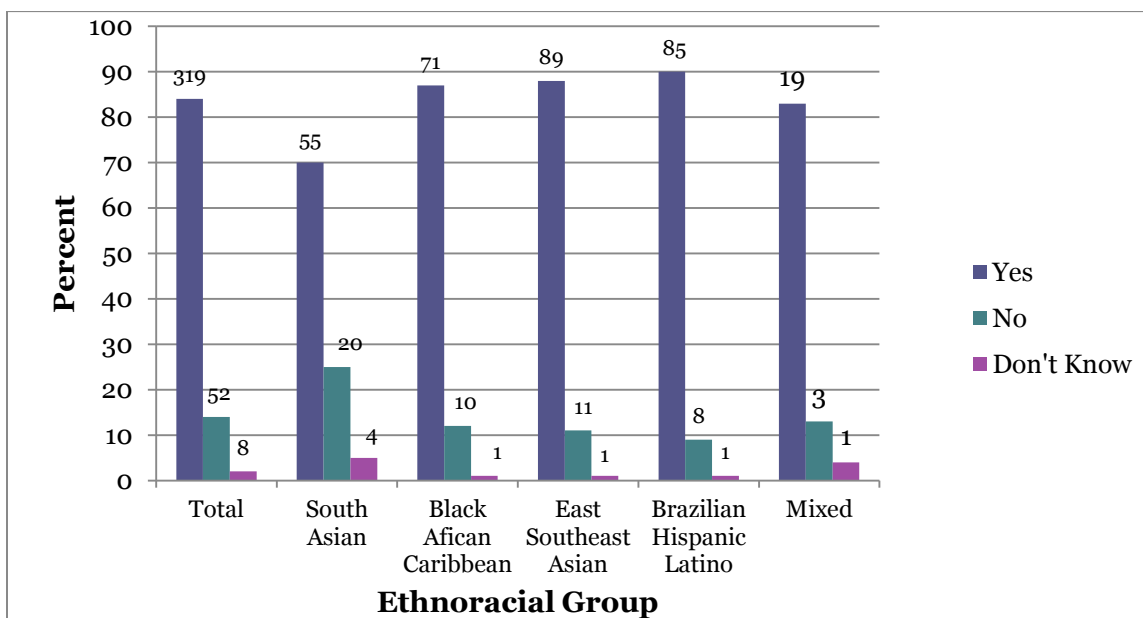
Just over half of the sample (n= 202; 51.9%) identified as being single, 108 (27.8%) were married/partnered, 61 (15.7%) were dating one person, and 18 (4.6%) were separated, divorced, or widowed.

How would you label yourself sexually? (N=389)



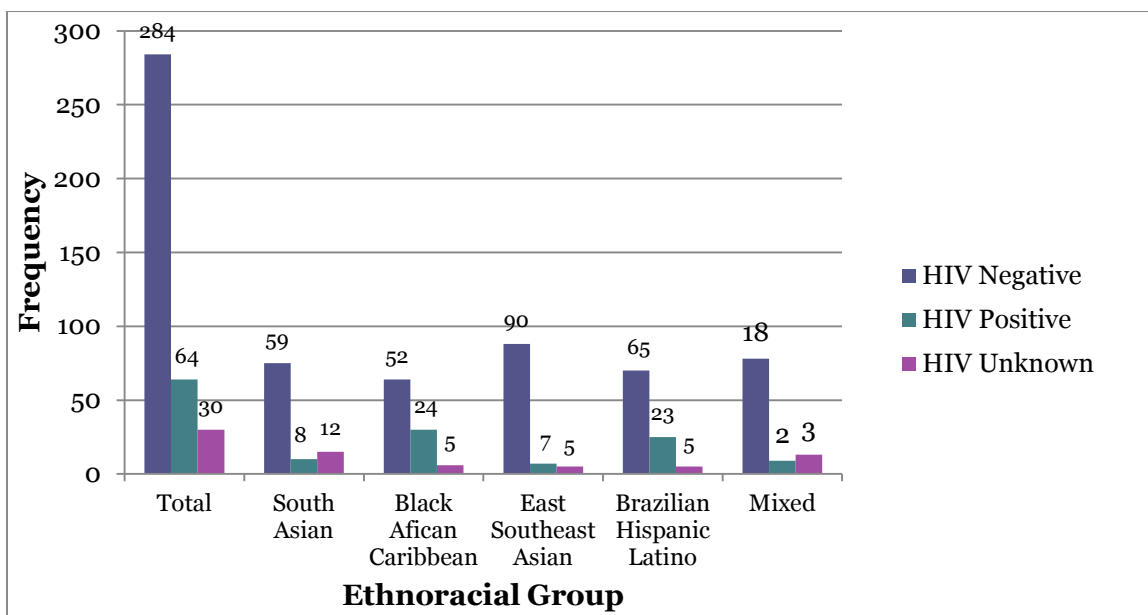
Among 389 respondents, 186 identified themselves as versatile, 85 as bottom, and 91 as top.

Have you ever been tested for HIV? (N=379)



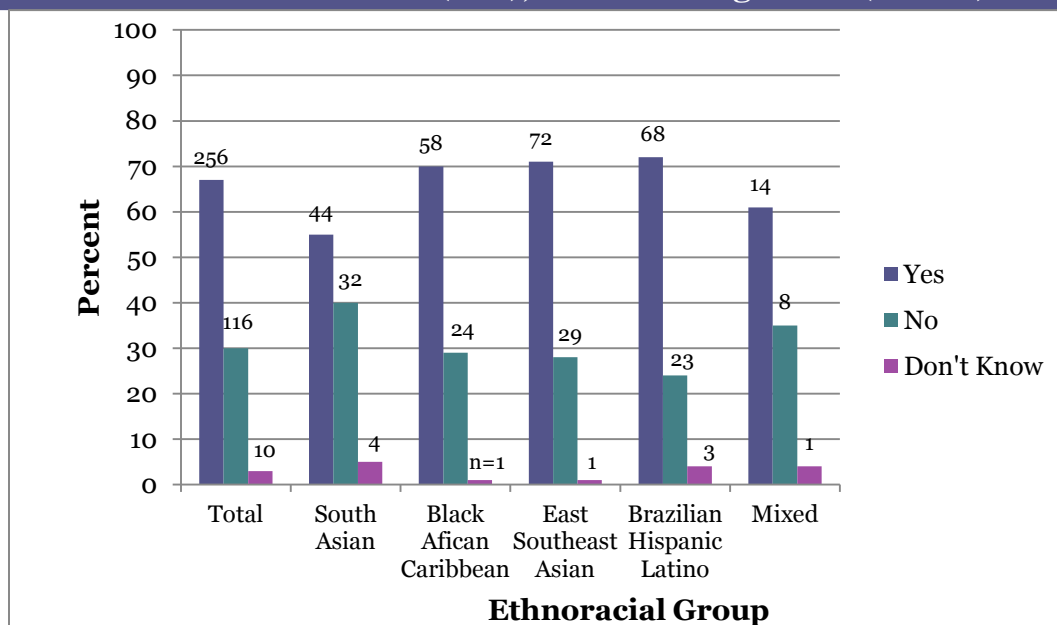
While 52 men (13.7%) reported never been tested for an HIV, 319 GBM (84.2%) were tested for HIV.

What is your HIV status? (N=378)



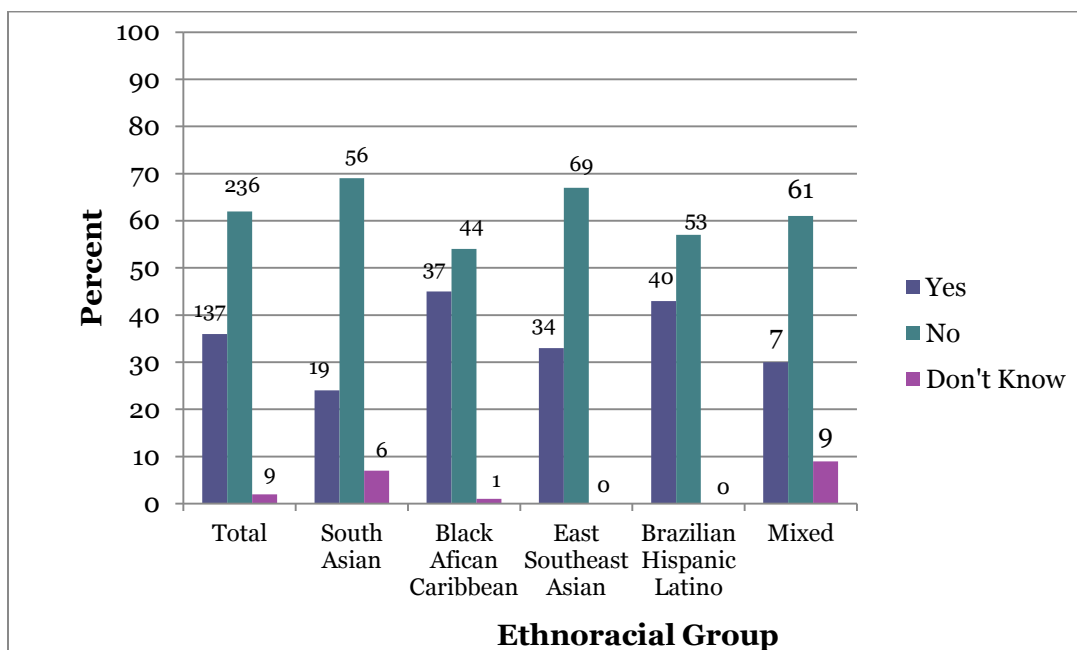
The vast majority of the respondents reported being HIV-negative ($n=284$; 75.1%), 64 (16.9%) were HIV-positive, and 30 (7.9%) of men surveyed were unsure of their HIV status.

Have you ever been tested for a sexually transmitted disease (STD) or sexually transmitted infection (STI), not including HIV? (N=382)



Among respondents, 116 (30.4%) reported never having been tested for an STI, and 256 (67%) reported being tested for an STI.

Have you ever been diagnosed with a sexually transmitted infection (STI) or sexually transmitted disease (STD), not including HIV? (N=382)



Among the respondents 19 (35.2%) were diagnosed with a Sexually Transmitted Infection (STI; excluding HIV) in their lifetime, and 236 (61.8%) were never diagnosed with an STI.

PHASE 2 FINDINGS: DIFFERENCES BETWEEN ETHNORACIAL GROUPS

We examined ethnoracial group differences for a number of factors that we measured in the survey. Significant differences (all findings are significant at probability level of .05, or 5%) emerged for seven scales, including: **Racism and Life Experiences Scale**, **Perceived Masculinity Scale**, **Social Appearance Anxiety Scale**, **Drive for Muscularity Scale**, **Male Eating Behaviours and Body Image Dissatisfaction Scale**, and **Adverse Childhood Events Scale and Objectification Experiences Scale**.

The findings were the following:

1. Compared to Black/African/Caribbean GBM, other ethnoracial groups reported significantly higher scores on the body image dissatisfaction scale.
2. Compared to Black/African/Caribbean GBM, South Asian, and Latino/Hispanic/ Brazilian participants reported higher levels of concern about dieting, body weight, and problematic eating behaviours.
3. Latino/ Hispanic/ Brazilian participants reported lower scores on the perceived masculinity scale compared to other ethnoracial groups.
4. Latino/ Hispanic/ Brazilian participants reported experiencing significantly less racism compared to other ethnoracial groups.
5. South Asian participants reported significantly higher scores on social appearance anxiety scale compared to Black/ African/ Caribbean men.
6. South Asian participants reported higher scores on drive for muscularity scale compared to Black/African/Caribbean participants (results were marginally significant).
7. In terms of adverse childhood events, East/South East Asian men reported fewer incidents/experiences of childhood sexual abuse, compared to Black/African/Caribbean and Latino/ Hispanic/ Brazilian participants.
8. Black/African/Caribbean and Brazilian/Hispanic/Latino participants reported experiencing more incidents of sexual objectification compared to East/ South East Asian participants.

PHASE 2: Online Survey Scale Descriptions and Score Reports

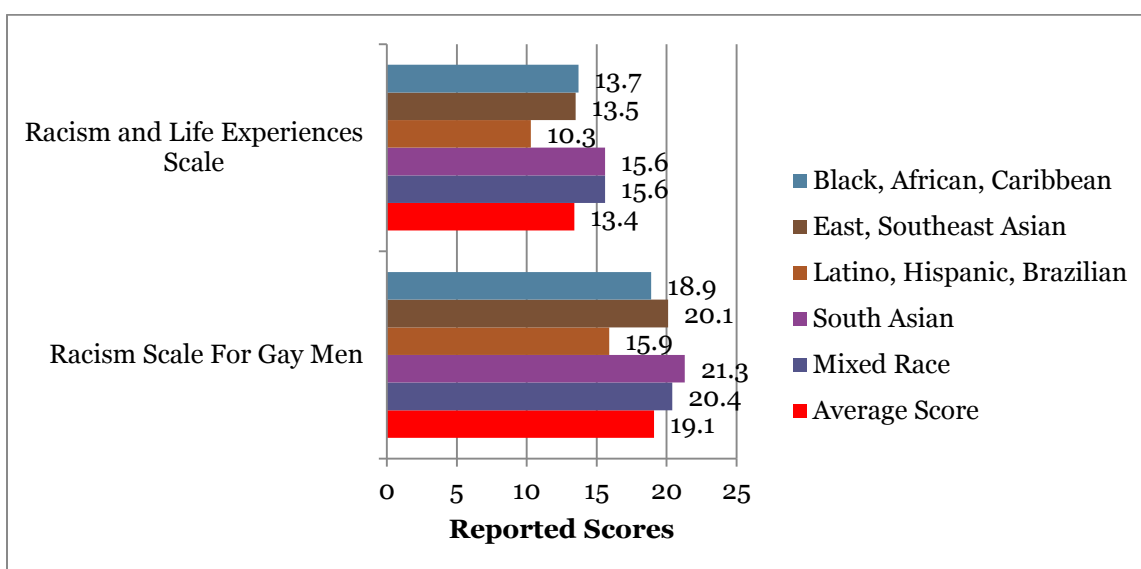
The survey examined a number of areas related to the participants' mental, physical and sexual health and well-being.

Detailed descriptions of the scales and results from the scale reports are presented on the following pages.

Experiences of Racism

The modified version of the **Racism and Life Experiences Scale** (9 items)¹⁹, and the **Racism Scale for Gay Men** (10 items), measure the perceptions and the experiences of racism in participants' lives. A higher score indicates a higher level of perceived racism.

Some of the questions on the Racism Scale for Gay Men include: "As you were growing up, how often were you made fun of or called names because of your race or ethnicity?" and "How often have you had trouble finding love or relationships because of your race or ethnicity?". Some of the questions on the Racism and Life Experiences Scale include: "Overall, during your lifetime, how much have you personally experienced racism, discrimination or racial prejudice?", "In general, how frequently do you hear about incidents of racial prejudice, discrimination, or racism from family, friends, co-workers, neighbours?" and, "In general, how much stress has racism caused in your life?" Below is the average score for each group for both scales.

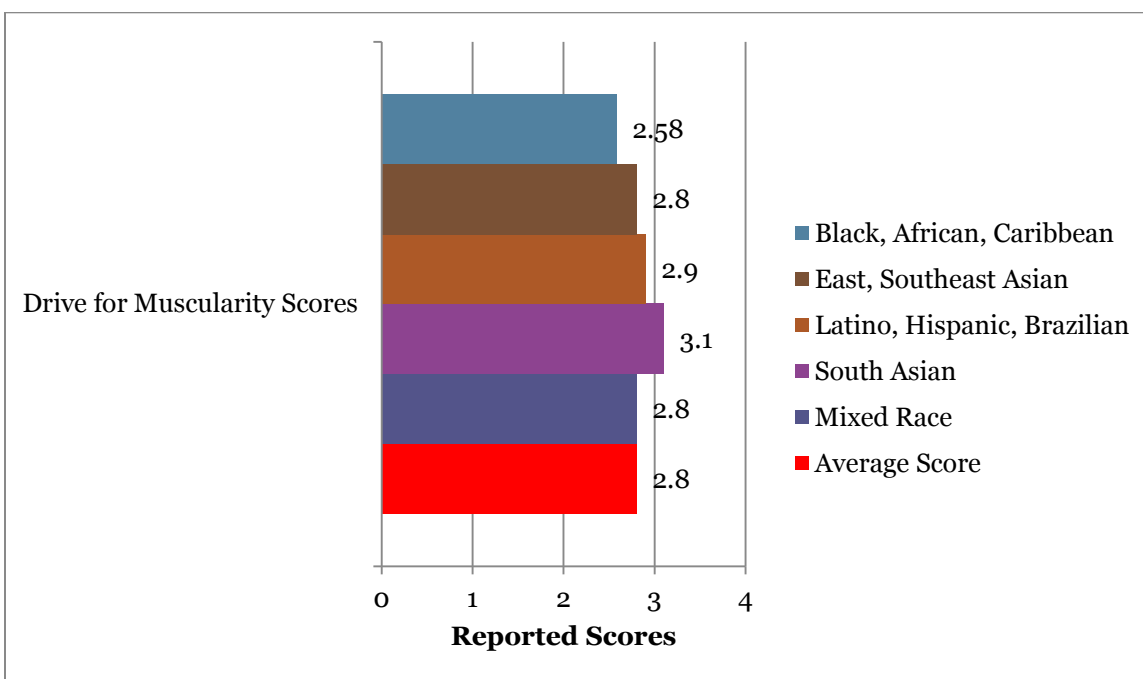


The groups that reported the highest scores on the *Racism and Life Experiences scale* (meaning they reported higher experiences of racism) were the Mixed race group and South Asian group, followed by Black/African/Caribbean, East/South East Asian and Latino/Hispanic/Brazilian groups.

The groups that reported the highest scores on the *Racism Scale for Gay Men* were South Asian group, followed by the Mixed race group, East/South East Asian, Black/African/Caribbean, and Latino/Hispanic/Brazilian groups.

Drive for Muscularity

Body image was assessed using the 15-item Drive for Muscularity Scale.²¹ A higher score indicates a higher level of drive for muscularity. The Drive for Muscularity scale, being specifically focused on muscularity, is a commonly used scale that assesses an individual's level of satisfaction with the muscularity of their body (e.g., 'I wish that I were more muscular') as well as behaviours associated with increasing muscle mass (e.g., 'I lift weights to build up muscle'). The figure presents the average score per group.

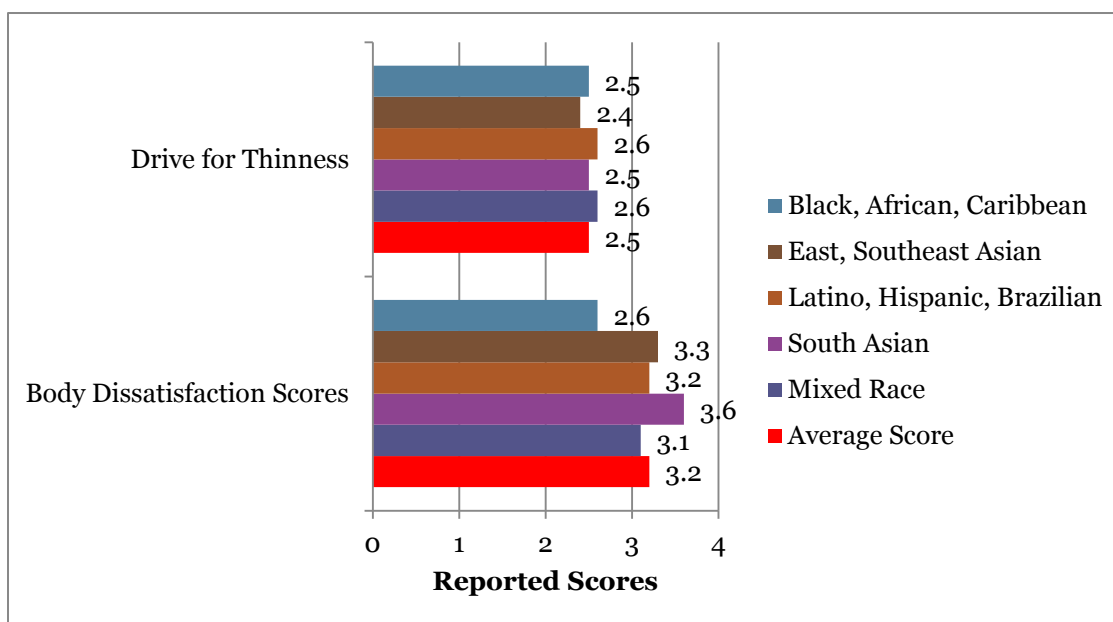


The group that reported the highest scores on the *Drive for Muscularity Scale* was the South Asian group, followed by the Latino/Hispanic/Brazilian group, followed by the Mixed Race, East/South East Asian and Black/African/Caribbean groups.

Body Dissatisfaction

The construct of body dissatisfaction was measured using the modified version of the Male Eating Behaviour and Body Image Evaluation (MEBBIE) scale.⁵

Some of the questions on the MEBBIE scale ask about men's attitudes, feelings and behaviours related to their bodies (e.g., "I dress to hide parts of my body that I think are "out of shape" or not muscular"), as well as behaviours related to the drive for thinness and exercise patterns (e.g., "I fast to control my weight", "I diet"). Higher scores on this scale indicate a stronger endorsement of potentially problematic attitudes or behaviours. Below is the average score per group for these two scales.

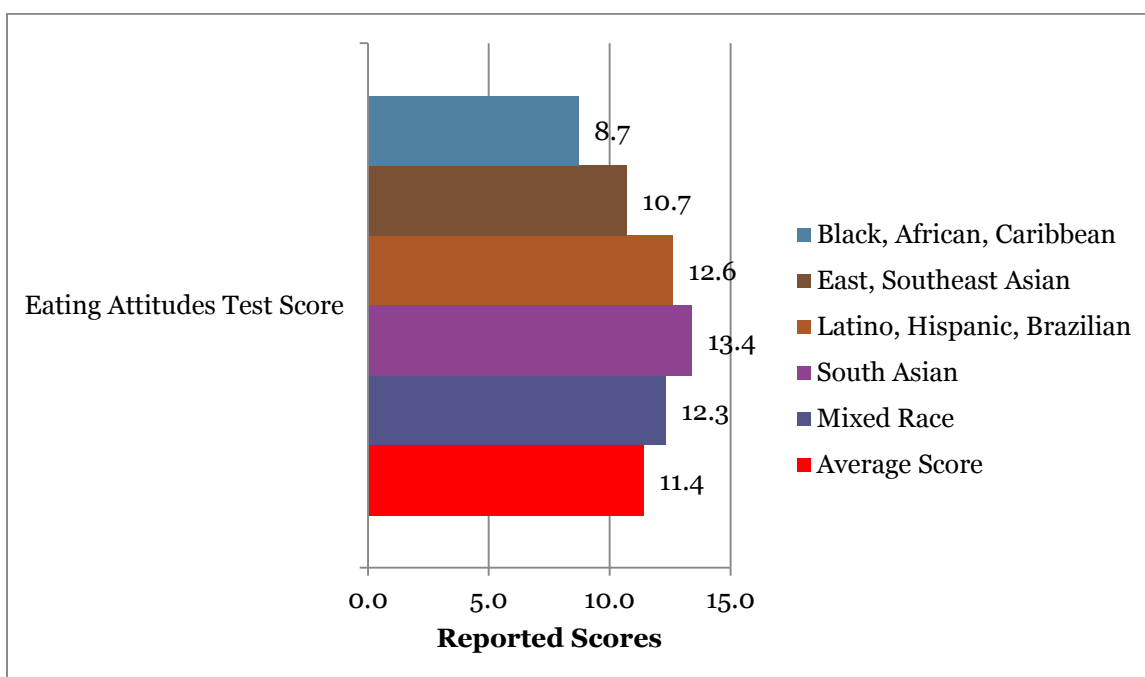


The group that reported the highest scores on the *Drive for Thinness Scale* was the Latino/Hispanic/Brazilian group, followed by the Mixed race, South Asian, Black/African/Caribbean and East/South East Asian and groups.

The group that reported the highest scores on the *Body Dissatisfaction Scale* was the South Asian group, followed by the East/South East Asian, Latino/Hispanic/Brazilian, Mixed race, and Black/African/Caribbean men.

Eating Behaviours and Attitudes

Eating attitudes were assessed using the 26-item Eating Attitudes Test (EAT-26)¹⁸. Some of the questions on this scale include: “I am terrified about being overweight”, and “I avoid eating when I am hungry”. Higher scores on this scale indicate a high level of concern about dieting, body weight or problematic eating behaviours. Below is the average score per group on this scale.

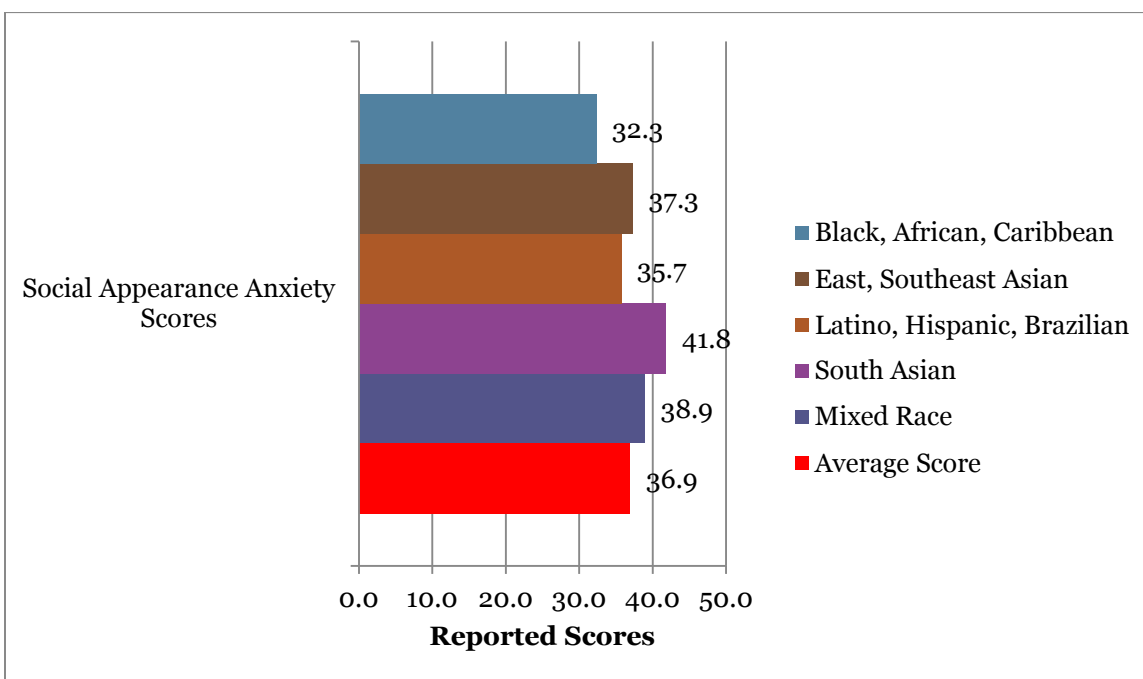


The group that reported the highest scores on the *Eating Attitudes Test* was the South Asian group, followed by the Latino/Hispanic/Brazilian, Mixed race, East/South East Asian, and Black/African/Caribbean men.

Social Appearance Anxiety

Anxiety about being negatively evaluated by others because of one's overall appearance (including body shape) was measured using the 16-item Social Appearance Anxiety Scale.²⁵ Higher score indicate a higher level of appearance anxiety.

Some of the questions on the Social Appearance Anxiety Scale include: "I worry that others talk about flaws in my appearance when I am not around" and "I feel nervous when having my picture taken". Below is the average score per group on each scale.

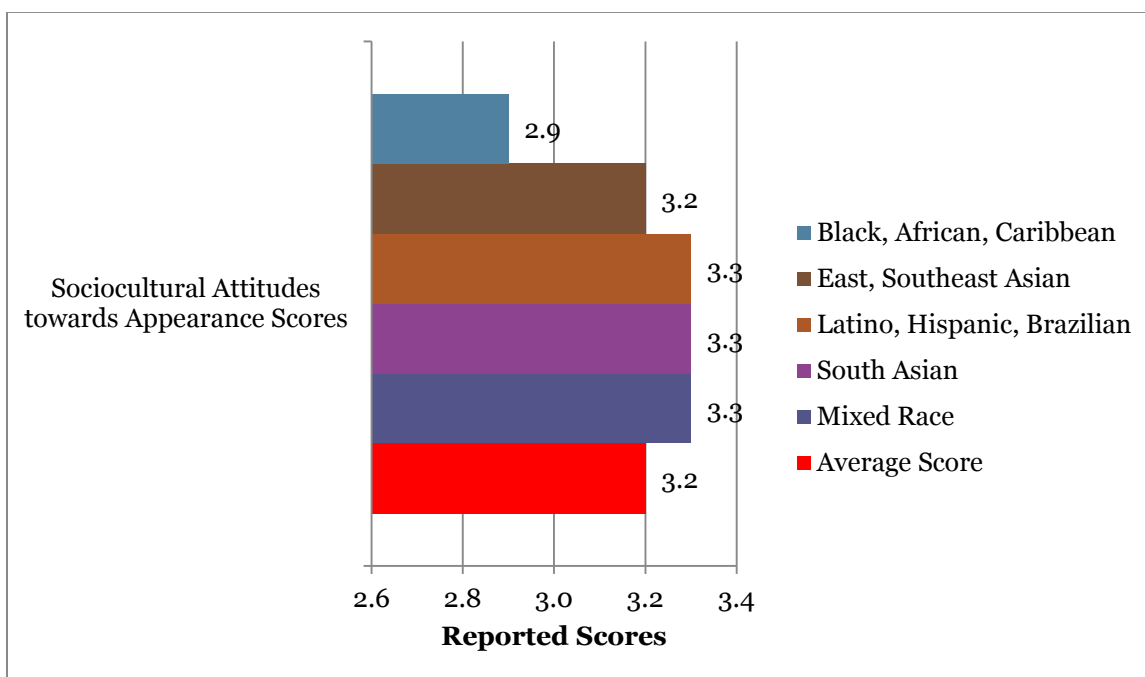


The group that reported the highest scores on the *Social Appearance Anxiety Scale* was the South Asian group, followed by the Mixed race, East/South East Asian, Latino/Hispanic/Brazilian, and Black/African/Caribbean groups.

Sociocultural Attitudes towards Appearance

Participants' internalization of cultural standards of attractiveness was measured using the 10-item modified version of the Internalization Subscale of the Sociocultural Attitudes Towards Appearance Questionnaire.²⁶ Higher score indicate a higher level of internalization of cultural standards of attractiveness.

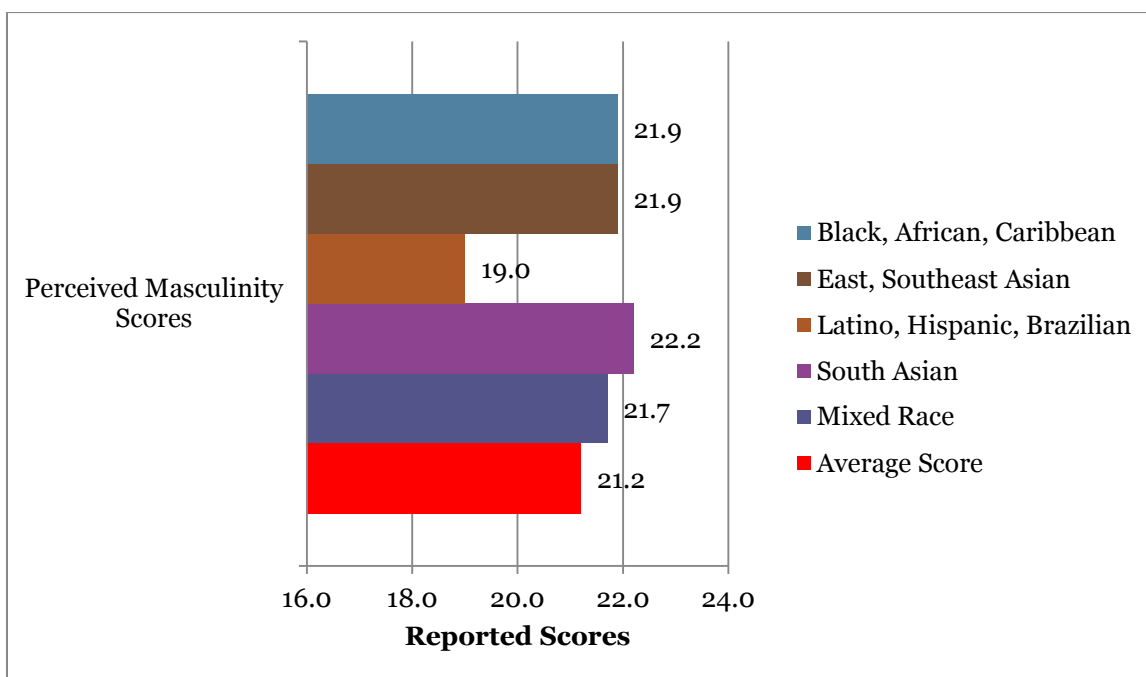
Some of the questions on the Internalization Subscale of the Sociocultural Attitudes Towards Appearance Questionnaire include: "I don't wish to look like men in the magazines", "I wish I looked like an underwear model", "music videos that show fit/lean men make me wish that I were fit". The figure below presents the average score per group.



The groups that reported the highest scores on the *Internalization Subscale of the Sociocultural Attitudes towards Appearance Questionnaire* were the South Asian group, Mixed Race and Latino/Hispanic/Brazilian men (the three groups had equal scores), followed by East/South East Asian, and Black/African/Caribbean group.

Perceived Masculinity

The construct of masculinity was measured by a 5-item modified version of the questionnaire called Perceived Masculinity Male Eroticism Subscale.²⁴ This subscale is part of the larger Perceived Masculinity Scale²⁴ and was selected because of its particular focus on body image. The scale assessed beliefs regarding physical appearance and penis size as indicators of masculinity (e.g., “How often do you think a man’s weight, muscle tone, and overall physical appearance determine how masculine or manly a man is?”; “How often do you think a man’s penis size determines how masculine or manly a man is?”). Higher scores on this subscale reflect a greater endorsement of beliefs regarding body image as indicators of masculinity. Below is the average score per group on this scale.

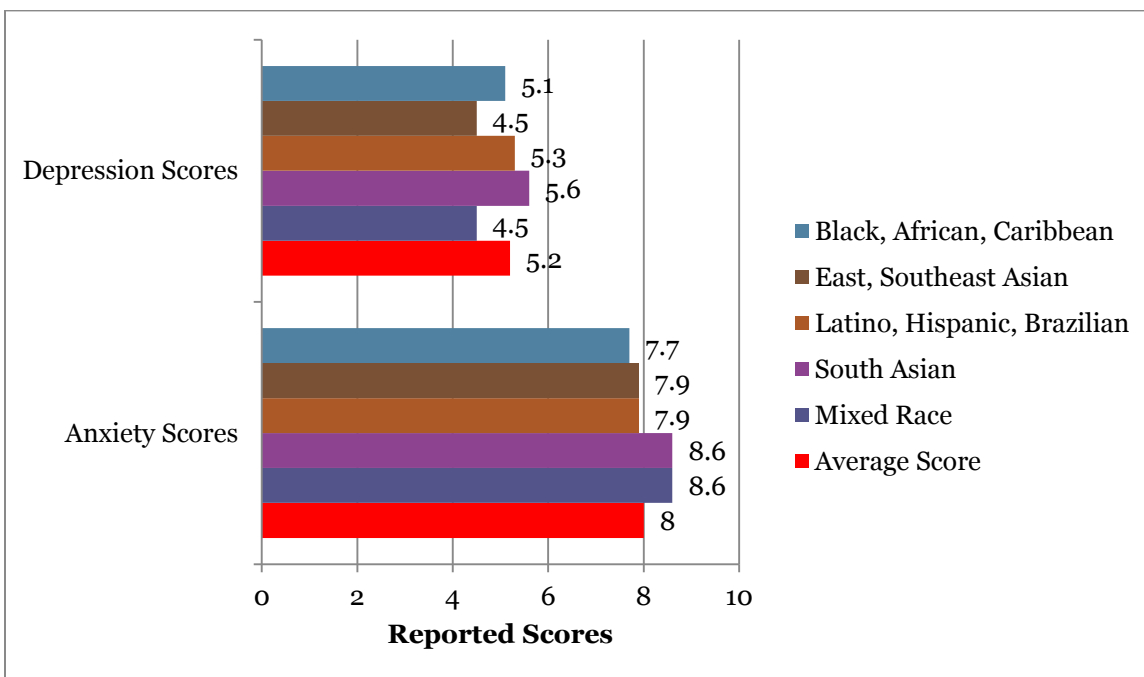


The group that reported the highest scores on the *Perceived Masculinity Scale* was the South Asian group, followed by the East/South East Asian, Mixed race, Black/African/Caribbean, and Latino/Hispanic/Brazilian groups.

Depression and Anxiety

Mental health status was examined using the 14-item Hospital Anxiety and Depression Scale.²³ Higher scores on this scale indicate a higher level of anxiety or depression.

Some of the questions related to anxiety on the Hospital Anxiety and Depression Scale include: “I can sit at ease and feel relaxed”, and “worrying thoughts go through my mind”. Some of the questions related to depression on the Hospital Anxiety and Depression Scale include: “I feel cheerful”, and “I still enjoy the things I used to enjoy”. This figure presents the average score for each group.

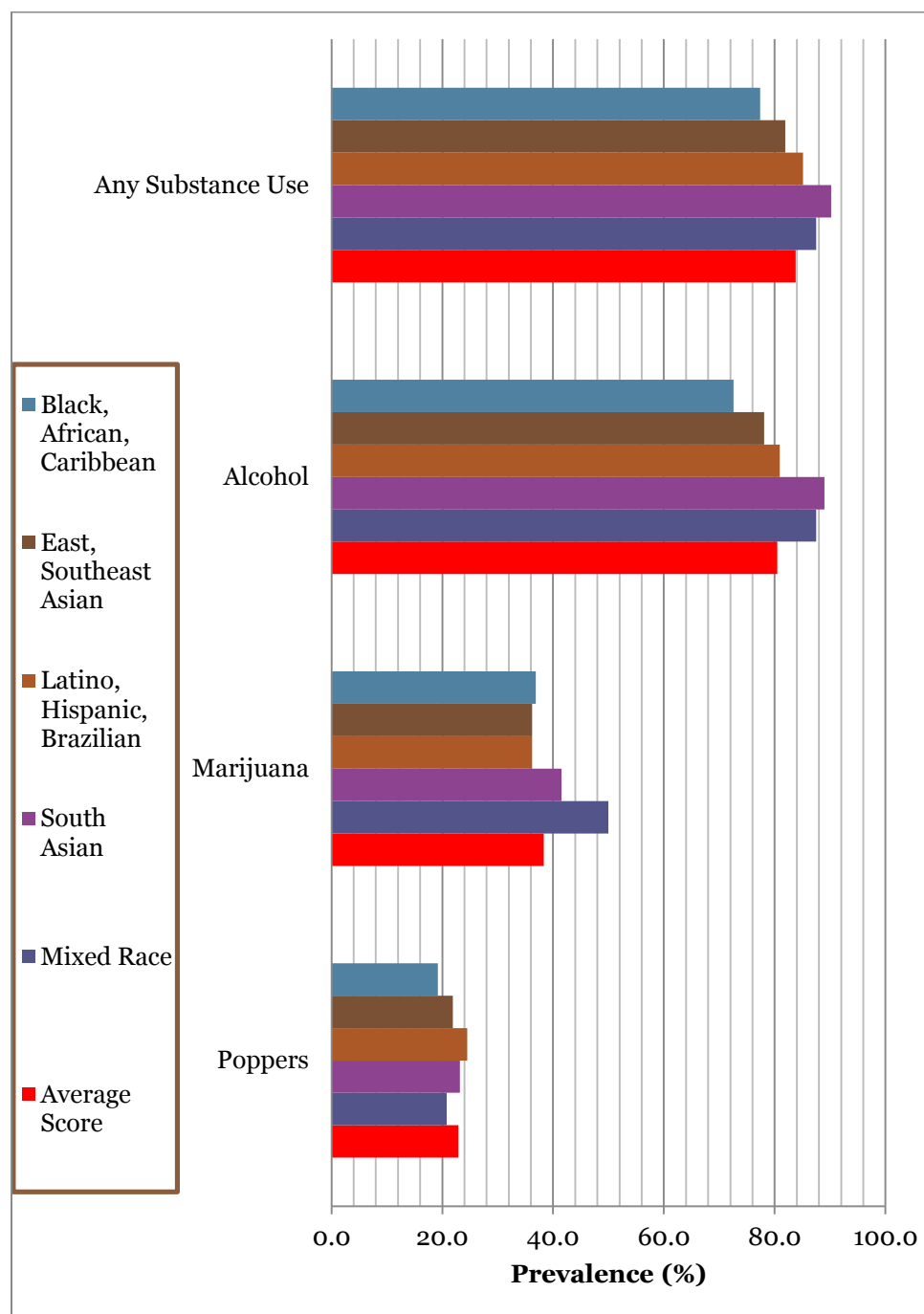


The group that reported the highest scores on the *Depression Scale* was the South Asian group, followed by the Latino/Hispanic/Brazilian and Black/African/Caribbean groups, and then followed by East/South East Asian and Mixed race groups (where both groups had equal scores).

The groups that reported the highest scores on the *Anxiety Scale* were the South Asian and Mixed Race groups (both groups had equal scores), followed by the East/South East Asian and Latino/Hispanic/Brazilian groups (both groups had equal scores), and Black/African/Caribbean group.

Substance Use

Participants in the survey also provided data on their overall frequency of recreational substance use in the past six month. This figure presents the prevalence of alcohol, marijuana and poppers use (percentage of men who use particular substances; total $N = 389$) in the past six months.

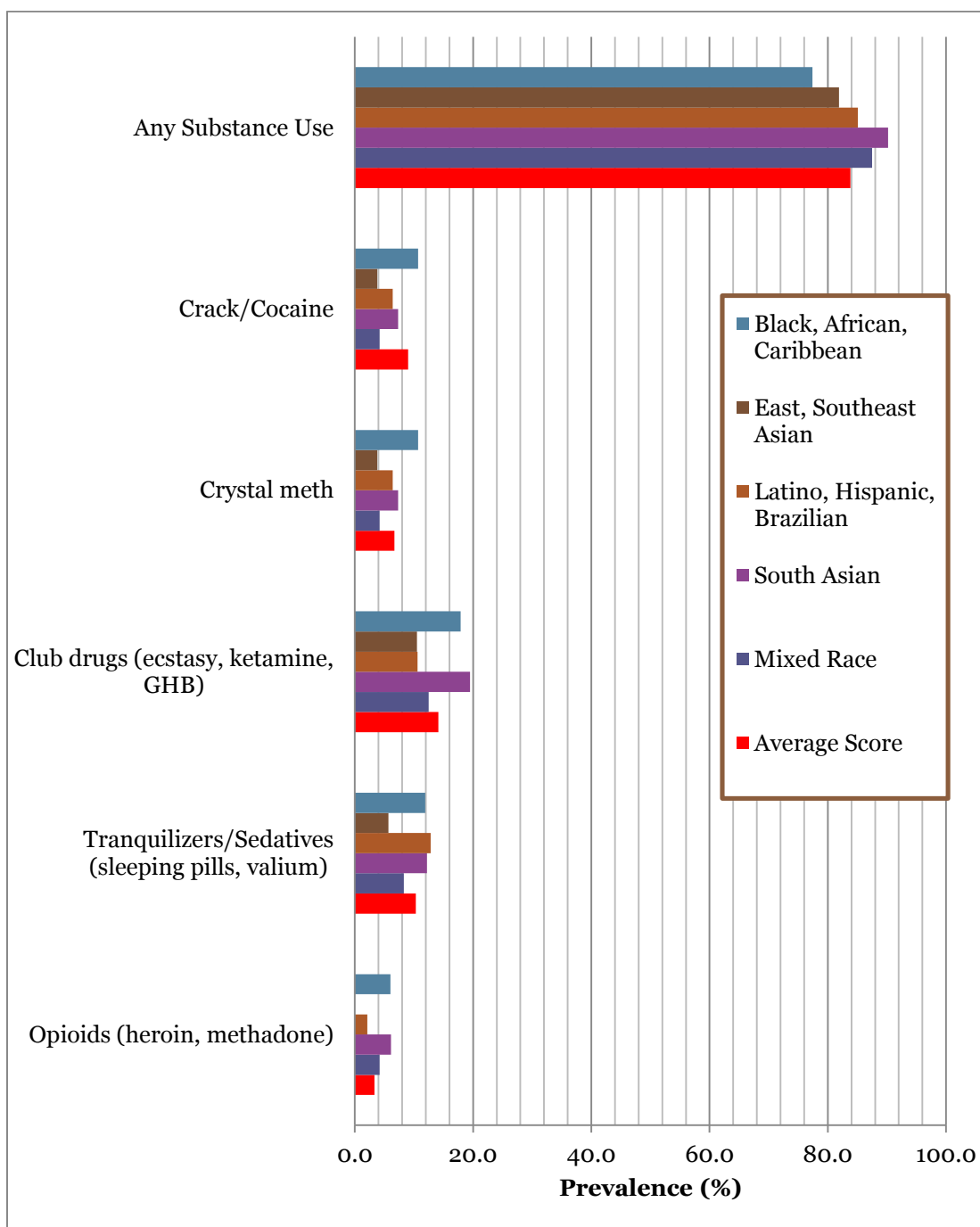


The prevalence of recreational substance use for this sample was high – 83.8% report substance use in the last six months.

Rates of recreational substance use did not differ significantly by race/ethnicity.

Substance Use Continued

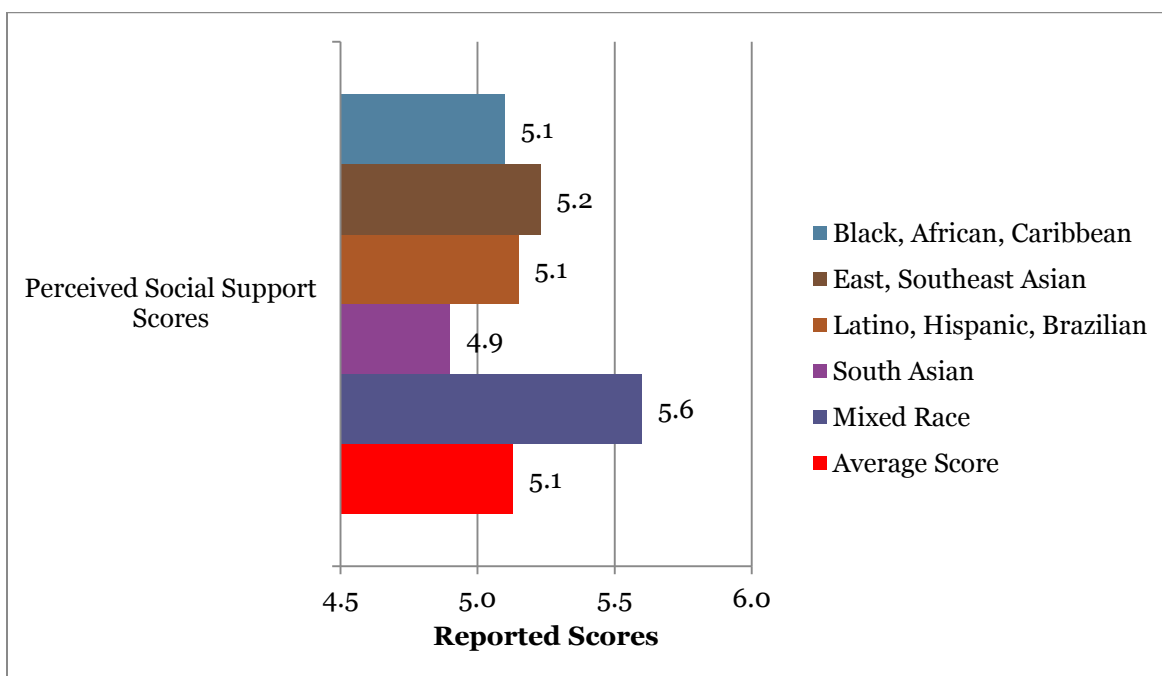
Participants in the survey also provided data on their overall frequency of recreational substance use in the past six month. This figure presents the prevalence of crack/cocaine, crystal meth, club drug, tranquilizers, and opioid use (percentage of men who use particular substances; total $N = 389$) in the past six months.



Social Support

Social support was measured using the 12-item Multidimensional Scale of Perceived Social Support¹⁷. Higher scores on this scale reflect a higher level of perceived social support.

Some of the questions on the Multidimensional Scale of Perceived Social Support include: “There is a special person that is around when I am in need”, “My family really tries to help me”, and “I have a special person who is a real source of comfort for me”. Below is the average score per group.

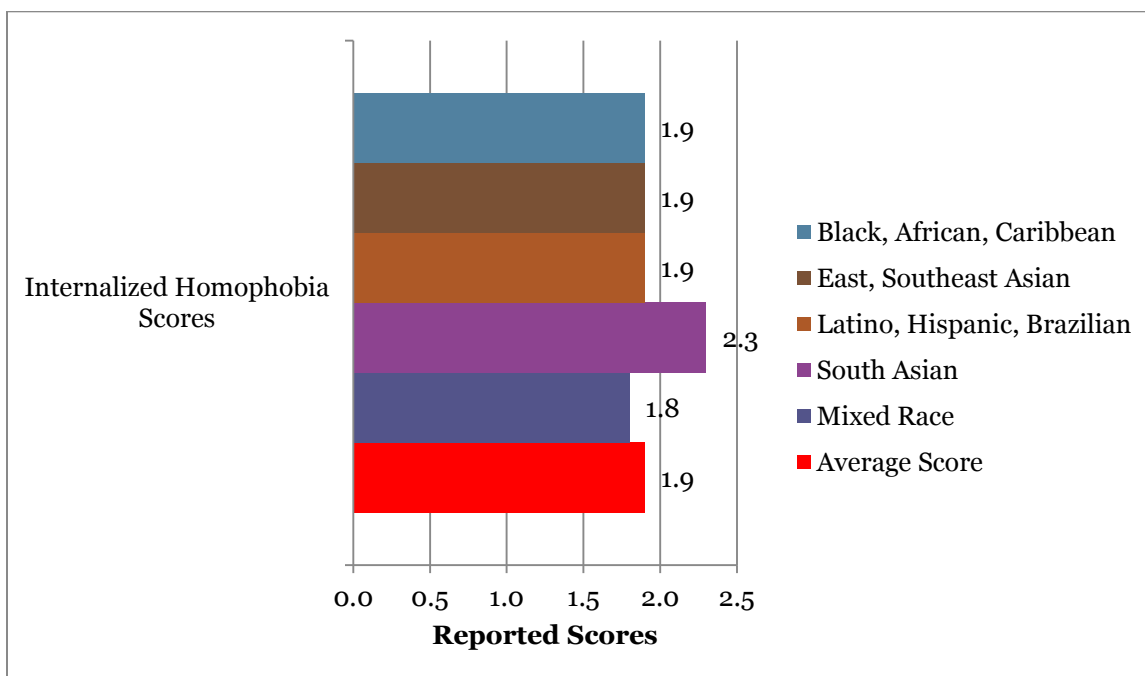


The group that reported the highest scores on the *Multidimensional Scale of Perceived Social Support* (meaning that they had more social support in their lives) was the Mixed race group, followed by the East/South East Asian, then followed by the Black/African/Caribbean and Latino/Hispanic/Brazilian groups (two groups had equal scores), followed by the South Asian group.

Internalized Homophobia

Internalized levels of homophobia were assessed using the 9-item Internalized Homophobia Scale.²⁰ Higher scores on this scale reflect a higher level of internalized homophobia.

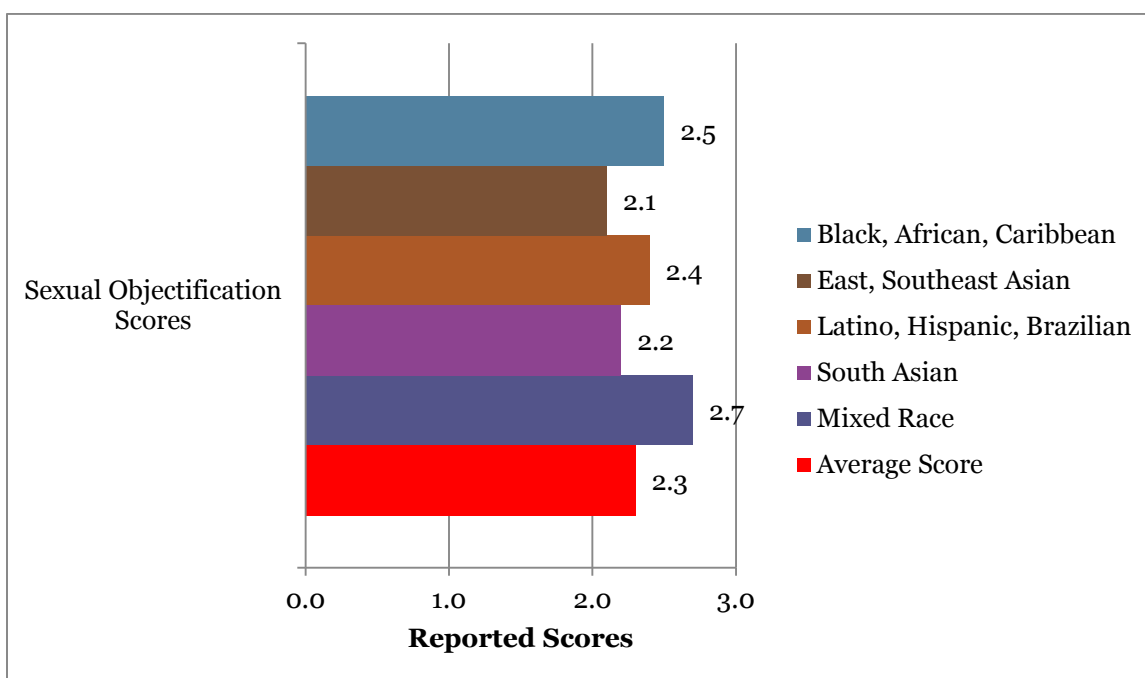
Some of the questions on the Internalized Homophobia Scale include: “I wish I weren’t gay/bisexual”, and “I feel that being gay/bisexual is a personal shortcoming for me”. The average score for each group is presented below.



The group that reported the highest scores on the *Internalized Homophobia Scale* was the South Asian group, followed by the East/South East Asian, Black/African/Caribbean, and Latino/Hispanic/Brazilian groups (three groups had equal scores), and followed by the Mixed race group.

Sexual Objectification

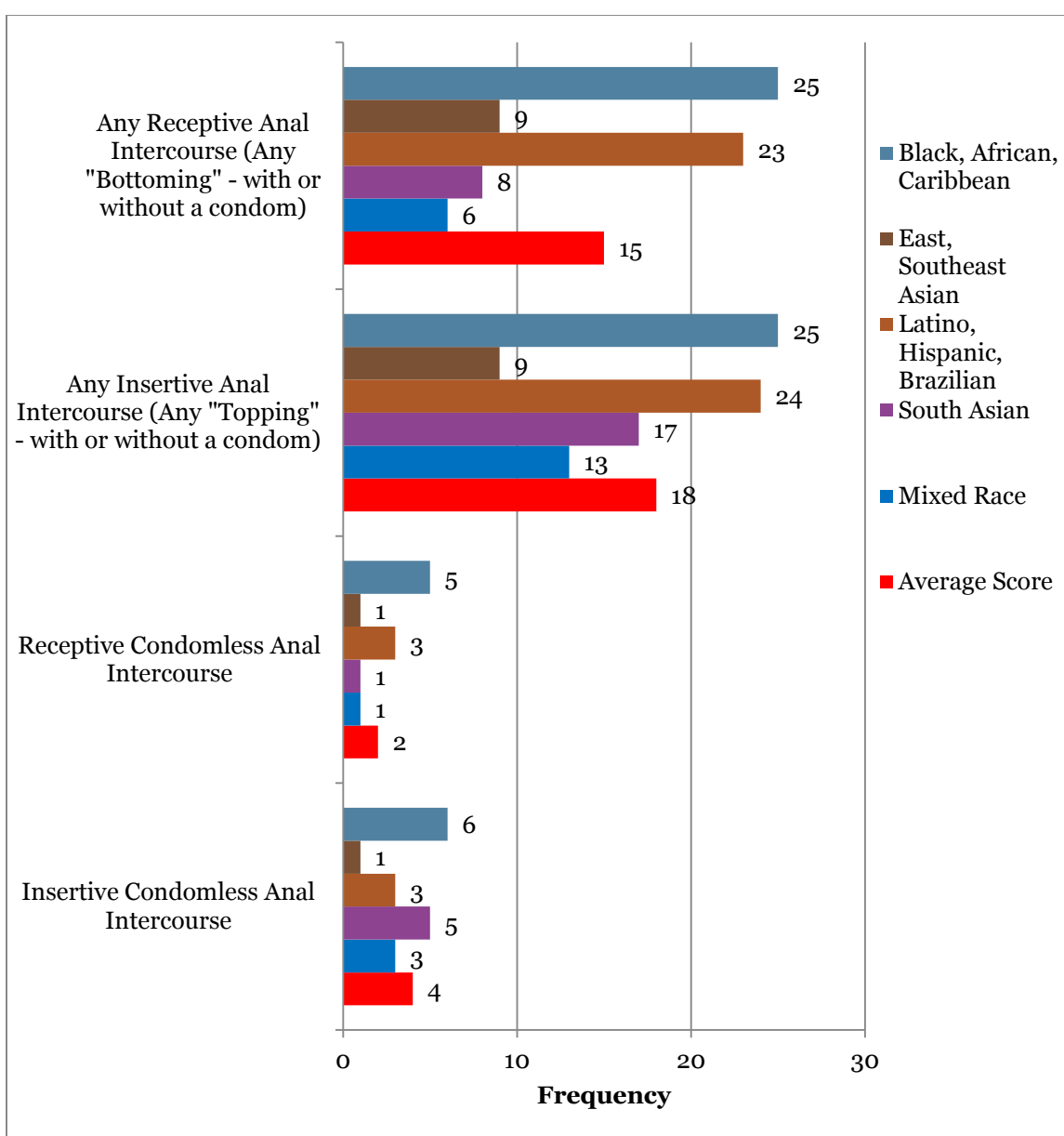
Experiences of sexual objectification were measured using the 17-item Sexual Objectification Experiences Scale²³. Higher scores on this scale reflect greater levels of perceived sexual objectification. Some of the questions on the Sexual Objectification Experiences Scale include: “Someone made offensive or unwanted, sexualized gestures towards me”, “Someone stared at my body while talking to me”, and “Had people shout sexual comments, whistle, or make catcalls at me”. The figure below presents the average score per group.



The group that reported the highest score on the *Sexual Objectification Experiences Scale* was the Mixed race group, followed by the Black/African/Caribbean, Latino/Hispanic/Brazilian, South Asian, and the East/South East Asian groups.

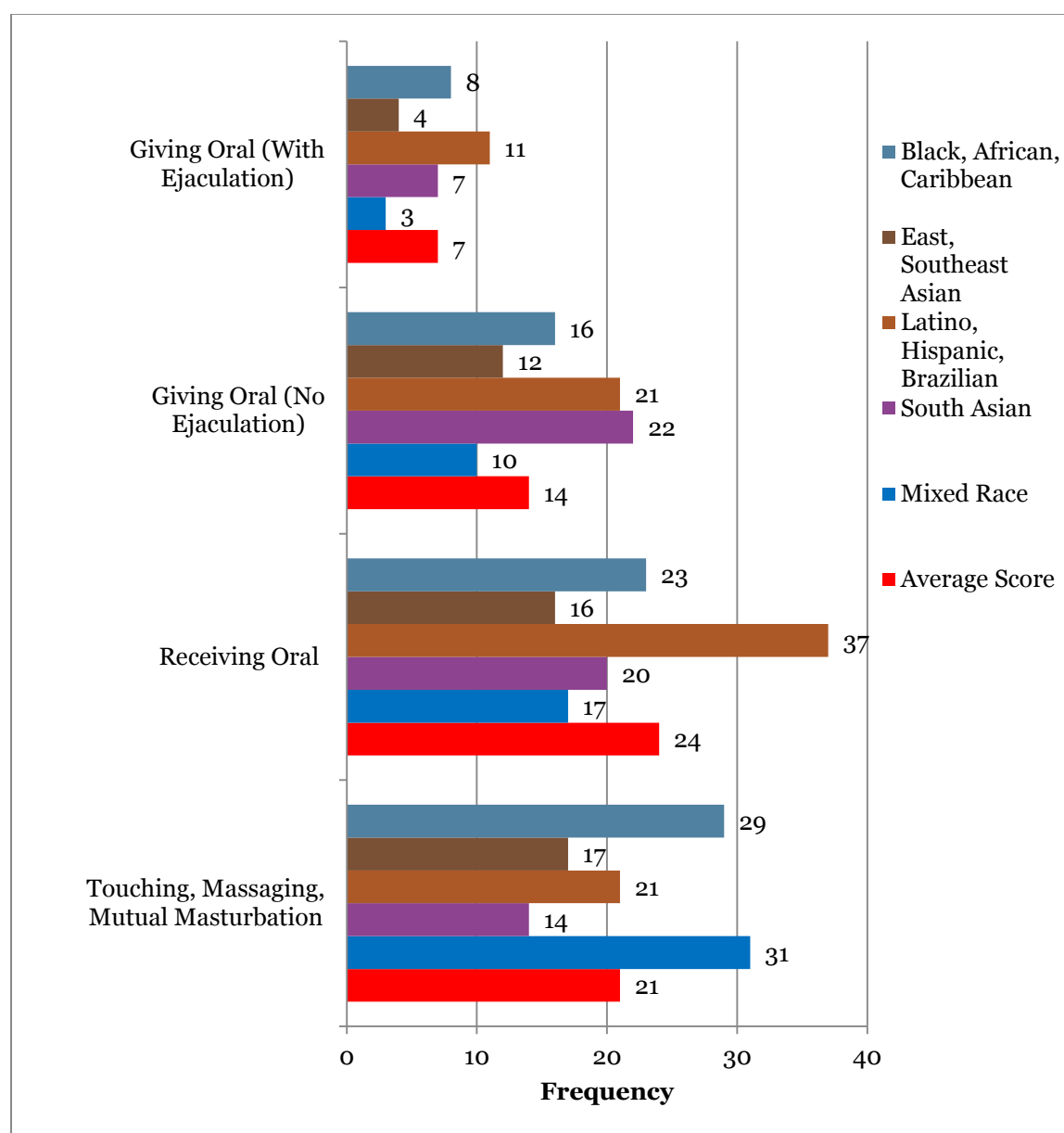
Sexual Behaviour

We asked participants several questions regarding their sex lives, and asked them to write the number of times they participated in: a) receptive anal intercourse (with or without condoms); b) insertive anal intercourse (with or without condoms); c) insertive condomless anal intercourse, d) receptive condomless anal intercourse. These questions referred to participants' sex life with both primary and secondary male partners whom they have been with for over 6 months. The figure represents the average frequency of specific sexual behaviours for each group.



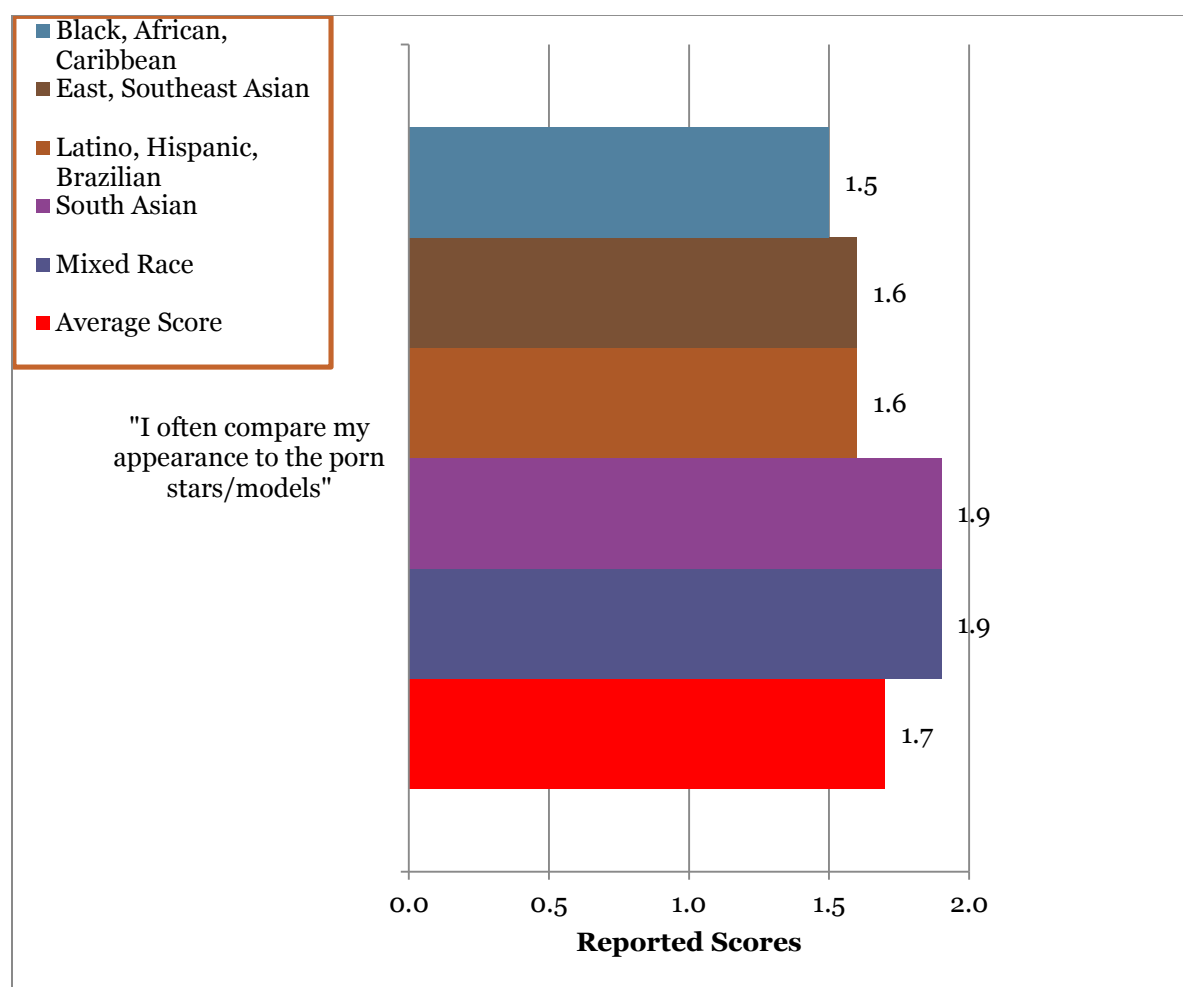
Sexual Behaviour Continued

We asked participants several questions regarding their sex lives, and asked them to write the number of times they participated in: a) receiving oral sex, b) giving oral sex with ejaculation, c) giving oral with no ejaculation, and d) touching, massaging, mutual masturbation. These questions referred to participants' sex life with both primary and secondary male partners whom they have been with for over 6 months. The figure represents the average frequency of specific sexual behaviours for each group.



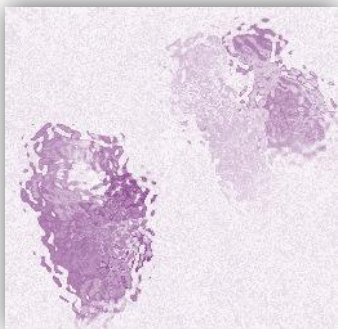
Pornography Effects on Body Image

In an effort to understand the influence of pornography on the body image of participants, respondents were also asked to select how much they agreed or disagreed with the following statement: "I often compare my appearance to the porn stars/models" (answer choices for this question ranged from "1=completely disagree" to "5=completely agree"). Higher scores on this question reflect greater level of agreement with this statement. Below are the average scores for each group.



The group that reported the highest score on this question was the Mixed race and South Asian groups (both groups had equal scores), followed by the Latino/Hispanic/Brazilian and the East/South East Asian men (both groups had equal scores), and followed by the Black/African/Caribbean men

Recommendations



This study was a significant step in building a case for the importance of the effects of body image, racism and homophobia on the health and well-being of GBM of colour in Toronto.

1. Body image issues are important for GBM of colour. Experiences of racism and racialized stereotypes about GBM of colour impact how they feel about themselves in relation to other men in the gay community, particularly white gay men.
2. These pressures to conform to body image ideals impact the health and well-being of GBM of colour.
3. GBM of colour navigate these pressures sometimes by acquiescing to the norms but also by resisting them and building solidarity with other GBM of their ethnoracial background and other GBM of colour.
4. GBM from different ethnoracial backgrounds reported some differences in experiences of racism, levels of body dissatisfaction, a drive for muscularity, and perceptions of masculinity, eating behaviours, social appearance anxiety, sexual objectification and adverse childhood events. GBM of colour are clearly not a monolithic population but have unique experiences and needs that are important to understand in relation to their health and wellness.

**The findings from the
Imagine Men's Health Study
can be useful in several
important ways, including...**

For Healthcare Professionals

**Health professionals and service providers
who work with GBM of colour should
consider the role body dissatisfaction, racial
discrimination, and sexual objectification
play in the development of potential
negative health outcomes for GBM of
colour.**

For Social Service Providers

These findings have potential importance for those who provide a broad range of services to GBM of colour. The findings of both phases of this project may enable service providers to work with GBM of colour to develop strategies to mitigate the negative emotional impact on them when they encounter rejection and discrimination because of their race, sexual orientation, and/or gender expression.

The results of this study may help service providers who work with GBM of colour identify coping strategies and resources to deal with these negative health outcomes; group level interventions may also be helpful to encourage GBM of colour to continue to be critical of the ways in which they are characterized and stereotyped in the mainstream gay community and media and to promote positive body images.

For Social Service Providers

Continued

When developing outreach or community education programs or interventions for GBM of colour, these findings suggest that it would be critical to include material, resources and topics that focus on the experiences of racism, internalized homophobia and body image as important components related to developing better health and wellness.

Community interventions aimed at addressing racism within the broader gay community would be helpful. These can include addressing media representations of GBM of colour. Both in historical and contemporary contexts, media representations of GBM of colour have tended to be exceedingly problematic, tokenistic and stereotypical, particularly within mainstream media. These representations have many salient repercussions for the health and well-being of the GBM of colour. Service providers should develop interventions that target community culture/climate and critically examine the representations of GBM of colour in traditional media (including the impact of GBM's of colour representations in the media on areas such as body image).

For Policy Makers and Advocates

Continuing funding support for organizations and programs that seek to dismantle racism, homophobia and other social oppressions that impact GMB of colour.

Support funding for programs and training specifically designed for GMB of colour.

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