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Political Environment, Minority Stress, and Perceptions of Social Inclusion After *Obergefell vs. Hodges*

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INTRODUCTION: Support from a romantic partner is thought to buffer the body's physiological response to stress and can protect individual functioning by providing a sense of security, emotional support, and facilitating healthy coping mechanisms¹⁻³. A major source of stress for sexual minority men comes from the stigma of living in a heteronormative society⁶⁻⁸ and stems from experiences of overt discrimination (enacted stigma), expectations of rejection from family, friends, or society (anticipated stigma) and the internalization of these negative experiences and subsequent decrease in self-worth (internalized homonegativity). This stress leads to adverse physical^{9,10} and mental^{6,11-13} health outcomes, but studies also show that being in a caring, romantic partnership may help buffer these adverse health effects for male couples^{5,14}.

In addition to extending the economic and legal benefits of marriage to wedded same-sex couples, the legalization of same-sex marriage may also indirectly benefit male couples by improving perceptions of their inclusion in society¹⁶⁻¹⁸. A multidimensional concept referring to the process of improving the "ability, opportunity, and dignity of people disadvantaged on the basis of identity"¹⁹, increased perceptions of social inclusion may help male couples feel validated in their partnership and deserving of the same social privileges afforded to opposite-sex couples. Perceiving a higher degree of social inclusion may also reduce feelings minority stress¹⁶, suggesting that measuring how marriage equality is changing perceptions of social inclusion is important for determining the health-related consequences of this policy change.

The degree to which marriage equality indirectly improves perceptions of social inclusion may vary across communities with differing social attitudes regarding same-sex marriage. A lower level of perceived social inclusion could blunt the ability of a male-male romantic partnership to buffer the effects of minority stress. Results of the 2016 presidential election highlight the increasingly-polarized nature of the U.S. electorate²⁰ and the continued self-segregation of Americans by political views²¹. The two major political parties' disparate positions towards LGBT rights and most Americans' strong identification with either the Republican or Democratic party supports evidence that a community's voting patterns are likely to align with its prevailing norms regarding social issues such as marriage equality^{22,23}.

There are currently no studies examining how *Obergefell v. Hodges* is changing perceptions of social inclusion for male couples across the United States. This study begins to fill a gap in the literature by using baseline data from a nationwide survey of male couples and data from the 2016 presidential election to analyze how gains in perceived social inclusion due to marriage equality may differ across four distinct political environments.

METHODS: This analysis used baseline data from Project Nexus: Providing Online Counseling for Home-Based HIV Testing- a prospective, randomized controlled trial of male-male couples (N=834 individuals/417 couples). Inclusion criteria for Project Nexus required participants to be: 1) a cisgender man in a sexual relationship with another cisgender man for six months or longer; 2) both older than 18 years; 3) willing to have an HIV test kit delivered to their home address; 4) able to access to an internet-capable device; 5) comfortable providing their name, email, and mailing address, as well as contact information for their main partner. Data was collected from April, 2016-March, 2017.

The outcome for this analysis is comprised of four five-point, Likert-type questions regarding perceived gains in social inclusion since *Obergefell v. Hodges*: “since the ruling, I feel more welcome in my community”, “since the ruling, my partner and I have more positive/ interactions with other members of our community”, “more often since the ruling, I feel like my partner and I are treated as equitably as heterosexual couples”, and “I feel safer in my community since the ruling. These comprise an additive scale ($\alpha=0.85$) ranging from 4 (strongly disagree with all four questions) to 20 (strongly agree with all four questions). Only unmarried men were asked these four social inclusion questions and those with missing data were removed, for a final analysis sample of 498 men.

Using publicly available data ²⁶, results from the 2016 presidential election were matched to each participant’s state of residence, as well as to the county corresponding to the ZIP code of each participant’s mailing address as reported in the baseline survey. The final measure of political environment was categorical, measuring whether the participant resided in both a state and county carried by Donald Trump (Trump/Trump), a Trump-carried state and a Clinton-carried county (Trump/Clinton), and Clinton state and a Trump county (Clinton/Trump), or a Clinton state and a Clinton county (Clinton/Clinton).

Mean scores for the perceived social inclusion scale were calculated, and analysis of variance (ANOVA) used to test for differences across political environments. Factors associated with perceptions of social inclusion were then modelled using multiple linear regression. These included demographic variables as well as validated measures of anticipated, enacted, and internalized stigma. An interaction term between political environment and enacted stigma was also added to the regression model to further examine the relationship between these two variables.

RESULTS: Participants represented 46 states and the District of Columbia. Thirty-seven percent, ($n=219$) lived in the most progressive political environment (Clinton/Clinton), while 25% ($n=147$) lived in the most conservative (Trump/Trump). Four percent ($n=18$) of respondents lived in Clinton/Trump areas, while one-third (34%; $n=166$) resided in states carried by Donald Trump and counties carried by Hillary Clinton.

Mean scores on the inclusion scale did not differ significantly between political environments. Men 35 and older had significantly smaller gains in perceived social inclusion after nationwide marriage equality than did men aged 18-24 (35-44: $\beta= -1.76$, [95% CI: -2.70- -0.83], $p<0.000$; 45+: $\beta= -1.20$, [95% CI: -2.42- -0.02], $p=0.05$). Participants who identified as Hispanic/Latino had significantly larger gains in perceived social inclusion after nationwide marriage equality compared to non-Latino, White participants ($\beta=0.92$ [95% CI: 0.07-1.78], $p=0.034$). A higher score on the enacted stigma scale was significantly associated with fewer perceived gains in social inclusion ($\beta= -0.04$, [95% CI: -0.07- -0.01], $p=0.02$). The interaction term between political environment and level of external stigma was significant in Trump/Trump environments, indicating participants who both reside in the most conservative political environment and experience more enacted stigma had significantly fewer gains in perceived social inclusion compared to those who reside in Clinton/Clinton environments and have lower scores on the enacted stigma scale ($\beta: -0.09$, [95% CI: -0.07- -0.01], $p=0.045$).

DISCUSSION: Results show that gains in social inclusion made through marriage equality are not equally shared among male couples across the United States, and that minority stressors play a role in this disparity. Further, the relationship between minority stress and a community’s social norms may shape perceived gains in social inclusion for men who experience more instances of discrimination while also living in more socially conservative areas of the country.

This finding that inclusion scores did not significantly differ by political environment may be a function of the marked increase in approval of same-sex marriage in recent years. While Republicans’ approval of same-sex marriage (40%) is well below that of Democrats’ (73%), approval among conservatives has more than doubled in less than a decade ²⁴. Increasingly favorable views on same-sex marriage in socially conservative areas may mean that political environment alone is too broad a measure to detect differences in perceived social inclusion due to marriage equality.

Respondents who experienced more enacted stigma also perceived significantly fewer gains in social inclusion. The legalization of marriage equality is unlikely to change the social norms of a community where instances of discrimination regularly occur. The analysis shows that the combination of living in a state and county won by Donald Trump and experiencing more instances of discrimination serves to reduce a person's perception of how much legalized marriage equality has improved their sense of belonging. One potential explanation may be that the isolating social norms that can accompany these areas (i.e. exclusionary local or state policies, a lack of LGBT-friendly resources, refusal to provide services for same-sex weddings, and a dearth of affirming social networks) may compound the negative effects of enacted stigma on perceived social inclusion.

CONCLUSION: This study is the first to examine associations between nationwide marriage equality and perceptions of social inclusion among male couples across a broad range of social and political contexts. The degree to which marriage equality has improved the perceptions of social inclusion is not significantly different across these contexts. However, experiencing enacted stigma and the conservative norms that accompany many states and counties carried by Donald Trump in the 2016 presidential election may work in tandem to reduce gains in perceived social inclusion. While there are clear improvements to the perceptions of social inclusion after *Obergefell v. Hodges*, the federal legalization of marriage is unlikely to change the social norms of a community where male couples already feel socially excluded. Therefore, multilevel interventions aimed at changing social norms through community outreach and working with local advocates to build safe, inclusive spaces may help decrease overall levels of minority stress, increase the ability of male couples to buffer existing minority stress, and improve perceptions of social inclusion for male couples.

Title:

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Keywords:

LGBT health, minority stress and social inclusion

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Abstract Summary:

Marriage equality is associated with improvements in perceived social inclusion and reduced feelings of stigma among same-sex couples. Using a nationwide sample of male couples, this presentation highlights how the political environment (conservative vs. progressive) of a couple's community is associated with feelings of social inclusion due to marriage equality.

Content Outline:

The aim of this presentation is to examine the changes *Obergefell v. Hodges* has had on perceived social inclusion among a national sample of male couples residing in four distinct political environments. The analysis included 249 male couples (n=498) recruited online from 46 states and the District of Columbia. A four-item scale measuring changes in perceived social inclusion due to *Obergefell v. Hodges* was created. Respondents were categorized into four political environments using results from the 2016 presidential election. Multiple linear regression was used to examine associations between political environment and perceived social inclusion. Perceived social inclusion did not significantly differ between political environments. Men over 35 and Latino men had significantly fewer gains in social inclusion than men 18-24 and white men, respectively. An interaction between political environment and external stigma was significant in the most politically conservative areas, suggesting the combination of homophobic discrimination and conservative social norms may blunt the positive effects of marriage equality on social inclusion. While *Obergefell v. Hodges* has improved perceived social inclusion overall, marriage equality alone is unlikely to change discriminatory social norms. Therefore, identifying couples who have benefited least from marriage equality may help direct additional resources and advocacy where they are needed most.

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Professional Experience: Working in global women's health since beginning my MPH in 2009, I have completed research activities in several LMICs, including data collection on intimate partner violence in the urban slums of Bangladesh and assisting in a cervical cancer screening study in Gaborone, Botswana. Most recently, I completed a systematic review on the association between antenatal care uptake and experiences of intimate partner violence in LMICs. I have completed advanced statistical coursework, including Advanced Linear Modeling, which enables me to complete this analysis and am familiar with large, multi-country datasets of publicly-available data. Clinically, I specialized in women's health, having taken additional coursework and clinical experience in the primary care of pregnant and

postpartum women.

Author Summary: Nick Metheny, MPH, RN, is a PhD Candidate at the University of Michigan School of Nursing. He completed a BA in Public Health at The College of William and Mary, an MPH in Global Health Policy at The George Washington University, and holds a BSN from the University of Pennsylvania in Philadelphia. Nick's research interests include the negative health effects of structural and interpersonal violence among women and sexual minorities in resource-poor settings.

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Professional Experience: Dr. Stephenson's work focuses on sexual and reproductive health, with a specific focus on the development and testing of HIV prevention interventions for sexual minority population. His work focuses on the intersection between sexuality and sexual health, examining how social stressors and inequalities for sexual minority groups create increased risks for poor sexual health. Dr. Stephenson is particularly interested in the development of new prevention efforts to increase HIV and HIV care adherence, interventions aimed at same-sex couples, and interventions that tackle the intersection of violence and HIV risk. He also works on maternal health issues in resource poor countries, examining how climates of gender inequity put women at risk of poor maternal health outcomes.

Author Summary: Dr. Stephenson is a renowned scientist in the fields of sexuality and health, authoring more than 250 peer-reviewed journal articles. His work is internationally-focused and centers on reducing structural barriers to health and healthcare for vulnerable populations. He is currently Director of the Center for Sexuality and Health Disparities and Chair of the Department of Systems, Population, and Leadership at the University of Michigan School of Nursing