

Positive Affective Expectations and Perceived Discrimination as Predictors of Positive Health Behavior in Lesbian, Gay, and Bisexual Individuals



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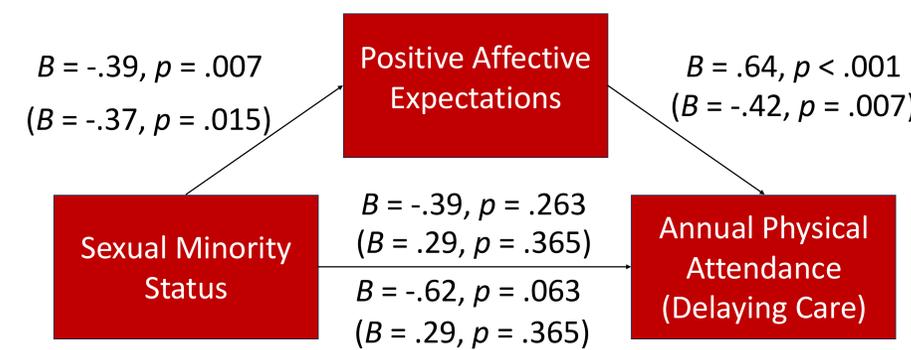
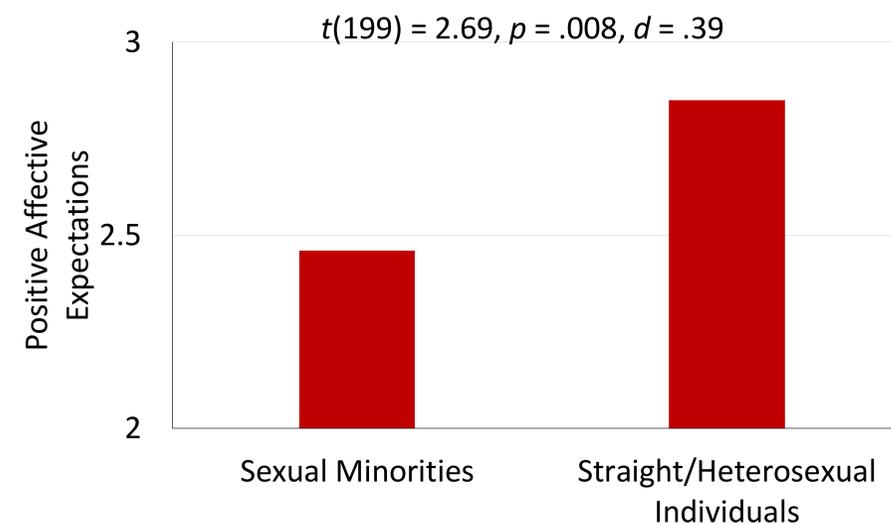
BACKGROUND

- Positive affective expectations, or expectations of experiencing positive affect in given contexts, are significantly associated with health-enhancing behaviors.
- Previous research shows that lesbian, gay, and bisexual (LGB) individuals engage in fewer protective positive health behaviors (e.g., annual physicals) than heterosexual individuals, which may be in part due to perceived discrimination.
- This study explored the links between lesbian, gay, and bisexual individuals, positive affective expectations, perceived discrimination, and positive health behaviors.

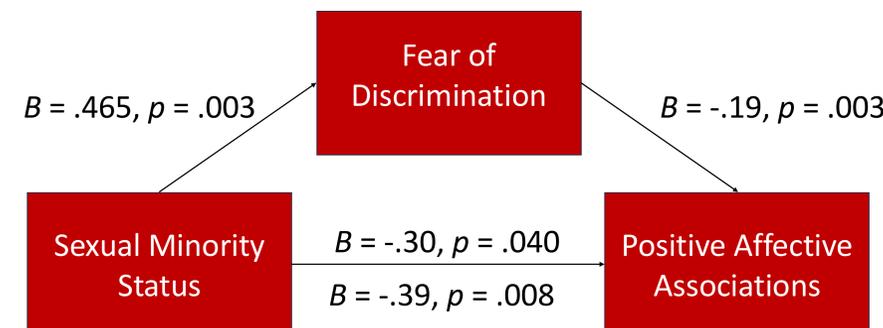
METHOD

- A total of 203 participants ($M_{age} = 38.5, SD = 12.8$) completed a Prolific survey.
- Of the 203 participants, 75.7% self-identified as White, while the 24.3% self-identified as individuals of color.
- Participants self-identified as women (45.0%), men (37.1%), nonbinary (12.4%), and genderfluid/genderqueer (3.5%). Furthermore, participants self-identified as either cisgender (69.8%) or transgender (30.2%).
- 61.8% of participants self-identified as lesbian, gay, or bisexual, while 38.1% self-identified as heterosexual.
- To assess positive health behaviors, questions relating to delayed care, annual physical examinations, and primary care providers were asked (e.g., have you had an annual physical examination within the past 12 months?). Questions answered "I don't know/unsure" were recoded as negative to create binary outcome variables.
- To assess Positive Affective Expectations, the Positive and Negative Affect Schedule (PANAS) was used. While both positive and negative affect items were surveyed, only those items relating to positive affect were used to assess expectations (e.g., interested, excited, strong, enthusiastic, proud, inspired, determined, attentive, active).

RESULTS



Indirect Effect: $B = -.25, 95\% \text{ CI } [-.565, -.059]$
(Indirect Effect: $B = .16, 95\% \text{ CI } [.017, .370]$)



Indirect Effect: $B = -.09, 95\% \text{ CI } [-.199, -.018]$

RESULTS

- Each one-unit increase of positive affective expectancy was associated with:
 - A 1.56 times lower odds of delaying necessary care ($B = -0.45, p = .004$). The overall model was significant, $\chi^2(1) = 8.81, p = .003$, Nagelkerke $R^2 = .06$.
 - A 1.97 times higher odds of attending an annual physical ($B = 0.68, p < .001$). The model was significant, $\chi^2(1) = 15.85, p < .001$, Nagelkerke $R^2 = .11$.
 - A 1.79 times higher odds of having a primary care doctor ($B = 0.58, p = .007$). The overall model was significant, $\chi^2(1) = 8.67, p = .003$, Nagelkerke $R^2 = .07$.

DISCUSSION

- Results support positive affective expectations as a key psychological pathway through which perceived discrimination shapes LGB health disparities.
- Given the strong and consistent influence of affective associations and expectations on health behavior, focus on the way discrimination impacts health-relevant positive affect for sexual minority groups – as well as other minority groups – merits further investigation.
- Understanding this relationship may help to inform targeted health messaging and interventions to increase positive health behaviors in groups with historically low uptake.
- The present study is limited by its self-report and cross-sectional nature.
- Future studies should consider pairing with health providers in order to include objective measures of care attendance and utilization.
- Future studies would also benefit from considering if these effects are similar for participants with multiple intersectional minoritized identities.

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