

**MASCULINIDADE E SAÚDE MENTAL DE HOMENS CISGÊNEROS HOMOSSEXUAIS UNIVERSITÁRIOS:
PROTOCOLO DE REVISÃO DE ESCOPO**

***MASCULINITY AND MENTAL HEALTH OF CISGENDER HOMOSEXUAL MALE UNIVERSITY STUDENTS:
SCOPE REVIEW PROTOCOL***

***MASCULINIDAD Y SALUD MENTAL DE LOS HOMBRES CISGÊNEROS HOMOSSEXUALES UNIVERSITARIOS:
PROTOCOLO DE REVISIÓN DEL ALCANCE***

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ABSTRACT

Objective: This study aims to map the evidence available in the literature on the masculinity of cisgender homosexual men and how it relates to mental health in the university context. Methodology: This is a scoping review protocol based on structural and methodological criteria outlined by the JBI and conducted in accordance with the guidelines recommended by the PRISMA-ScR Checklist. The search strategy will be carried out in fourteen databases, using Boolean operators to ensure standardisation and consistency in the terminology used. The Health Sciences Descriptors were also consulted. All studies obtained in the search will be gathered and imported into Rayyan Software, a bibliographic management platform also responsible for removing duplicates. Data selection and extraction will be performed by double independent review (with a third party for consensus). After screening and full reading, the findings will be classified by JBI levels of evidence, narratively synthesised, and presented using the PRISMA-ScR flowchart. Seeking to answer the following guiding question: "How does the masculinity of cisgender homosexual university men relate to the search for mental health services?". The protocol was registered in the Open Science Framework under registration number 10.17605/OSF.IO/HJY7N.

Keywords: Masculinity; Mental Health; Sexual and Gender Minorities; Universities.

RESUMO

Objetivo: Este estudo tem como objetivo mapear as evidências disponíveis na literatura sobre a masculinidade de homens cisgênero homossexuais e como se relacionam à saúde mental no contexto universitário. Metodologia: Trata-se de um protocolo de revisão de escopo, fundamentada em critérios estruturais e metodológicos delineados pelo JBI, e conduzida em conformidade com as normativas preconizadas pelo Checklist PRISMA-ScR. A estratégia de busca será realizada em quatorze bases de dados, utilizando os operadores booleanos, para garantir uma padronização e coerência na terminologia utilizada, foram também consultados os Descritores em Ciências da Saúde, todos os estudos obtidos na busca serão reunidos e importados para o Software Rayyan, plataforma de gerenciamento bibliográfico responsável também pela remoção de duplicatas. A seleção e extração de dados ocorrerão por dupla revisão independente (com um terceiro para consenso). Após triagem e leitura integral, os achados serão classificados pelos níveis de evidência JBI, sintetizados narrativamente e apresentados através do fluxograma PRISMA-ScR. Buscando responder a seguinte pergunta norteadora: "Como a masculinidade de homens cisgêneros homossexuais universitários se relaciona com a busca por serviços de saúde mental?". O protocolo foi cadastrado e registrado na Open Science Framework através do número de registro 10.17605/OSF.IO/HJY7N.

Palavras-chave: Masculinidade; Saúde Mental; Minorias Sexuais e de Gênero; Ensino Superior.

RESUMEN

Objetivo: El objetivo de este estudio es mapear la evidencia disponible en la literatura sobre la masculinidad de los hombres cisgênero homosexuales y cómo se relaciona con la salud mental en el contexto universitario. Metodología: Se trata de un protocolo de revisión de alcance, basado en criterios estructurales y metodológicos delineados por el JBI, y realizado de conformidad con las normas recomendadas por la lista de verificación PRISMA-ScR. La estrategia de búsqueda se llevará a cabo en catorce bases de datos, utilizando operadores booleanos, para garantizar la estandarización y coherencia en la terminología utilizada. También se consultaron los Descriptores en Ciencias de la Salud. Todos los estudios obtenidos en la búsqueda se reunirán e importarán al software Rayyan, una plataforma de gestión bibliográfica que también se encarga de eliminar duplicados. La selección y extracción de datos se realizará mediante una doble revisión independiente (con un tercero para llegar a un consenso). Tras la selección y la lectura íntegra, los hallazgos se clasificarán según los niveles de evidencia JBI, se sintetizarán narrativamente y se presentarán mediante el diagrama de flujo PRISMA-ScR. Con el objetivo de responder a la siguiente pregunta orientadora: "Cómo se relaciona la masculinidad de los hombres cisgênero homosexuales universitarios con la búsqueda de servicios de salud mental?". El protocolo se registró en el Open Science Framework con el número de registro 10.17605/OSF.IO/HJY7N.

Palabras clave: Masculinidad; Salud Mental; Minorías Sexuales y de Género; Universidades.



INTRODUCTION

In the global context, Brazil was a pioneer in implementing the National Policy for Comprehensive Men's Health Care (PNAISH) in 2009 (Ordinance No. 1,944), aiming to improve men's health. The policy focuses on expanding access, promoting sexual/reproductive health, valuing fatherhood, preventing diseases, and reducing violence/accidents. However, sociocultural patterns of masculinity (strength/virility) negatively affect self-care and the seeking of health services^(1,2).

In international comparison, countries such as Ireland and Australia adopt even more comprehensive public policies. These initiatives were based on the recognition of the diversity and plurality of social determinants that permeate men's lives, incorporating gender-sensitive approaches and structuring more robust bases to ensure integrated care⁽³⁾.

This perspective is directly related to the social constructions of masculinities, understood as multiple, dynamic, and contextualized. These constructions influence health practices, social relations, and access to power, establishing hierarchies between different expressions of masculinity and impacting men and women unequally⁽⁴⁻⁶⁾.

In this context, issues related to sexual orientation and gender identity also become relevant. Homosexuality refers to affective and/or sexual attraction to people of the same sex, while cisgenderism designates individuals whose gender identity corresponds to the sex

assigned at birth. Men who do not fit the hegemonic model of masculinity may experience stigma, rejection, and barriers to accessing care, factors that contribute to greater psychological vulnerability⁽⁷⁻⁸⁾.

Approximately 40% of young cisgender male university students are affected by depression and other mental health factors. This is associated with high rates of physical-social anxiety (87%), body shame (82%), and the negative impact of media on self-esteem (71%). Aesthetic and social pressures cause isolation and reduced seeking of help and therapy due to stigmas of masculinity. Stereotypes of emotional invulnerability, aggravated by heteronormativity, prejudice, and symbolic violence in the university environment, prevent the expression of suffering and access to psychological support. Traditional masculinity values virility and independence, discouraging the use of mental health services, seen as "feminine"⁽⁹⁻¹³⁾.

Concern about men's health is reinforced by data: men discuss their emotional issues less, minimizing or ignoring them, resulting in less seeking of health care compared to women. This low adherence, associated with gender, psychosocial, and sociocultural factors, is reflected in alarming rates, such as significantly higher suicide rates in men (9.9%) than in women (2.6%), especially among those aged 15 to 29⁽¹⁴⁻¹⁶⁾.

Recognizing and mitigating the power of privilege historically associated with men within public health policies is fundamental, but it is necessary to consider specific gender-related

vulnerabilities and the potential for improvement in their health indicators. Adopting an approach that considers, in an intersectional way, all aspects of gender and its articulation with other determinants of equity, such as social class, race/ethnicity, and sexual orientation⁽¹⁷⁾.

According to the Ministry of Health, men tend to resist acknowledging their own health needs. This resistance is based on a view that dismisses the possibility of illness. The transposition of sociocultural constructions of masculinity to the university context exposes men to multiple stressors, which are predictors of mental health risk. University students tend to minimize or discredit mental health problems, resisting seeking support due to fear of being socially perceived as fragile or feminized when seeking care^(18, 19).

The mental health of cisgender homosexual men in universities has specificities that potentiate vulnerabilities. Sociocultural and institutional factors, coupled with conceptions of masculinity that hinder the search for care, mean that care is only sought in the face of physical pain or discomfort. Risky behaviors such as alcohol consumption and sedentary lifestyles are prevalent, and the idealization of invulnerability contributes to resistance in recognizing emotional fragilities⁽²⁰⁻²³⁾.

The ways in which masculinity is constructed and experienced by cisgender homosexual men can, therefore, intensify emotional vulnerabilities, especially in the face of prejudice, stigma, and academic pressures. In this sense, this study aims to: Map the evidence

available in the literature on the masculinity of cisgender homosexual men and how it relates to mental health in the university context.

METHOD

Study Type

This is a literature review, in Scoping Review format, based on structural and methodological criteria outlined by the Joanna Briggs Institute (JBI) (24). It was conducted in accordance with the guidelines set forth by the Checklist Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (25). The Scoping Review protocol was registered and recorded in the Open Science Framework (OSF) under Digital Object Identifier (DOI) number 10.17605/OSF.IO/HJY7N.

This design definition stems from the need to integrate, deepen, and elucidate how cisgender homosexual men articulate their conception of masculinity with the search for support, particularly in the field of mental health, and how this dynamic manifests itself in the university context. Thus, it is verified that the methodological option is intrinsically linked to the objective of the investigation, providing a broadening of knowledge about norms of masculinity and mental health care practices among male university students.

With the purpose of identifying and analyzing comprehensive scientific evidence, the

aim is to foster an understanding of how cisgender homosexual men establish relationships between masculinity and mental health in the academic context, detecting possible gaps and barriers faced by this population. To this end, knowledge productions on existing vulnerabilities are examined, and the relevance of promoting debate on masculinity and mental health is highlighted.

Guiding Strategy and Development of the Research Question

To guide the study, the research question was developed based on the mnemonic PCC (Population, Concept, Context) (24). The following were considered: Cisgender Homosexual Men University Students (Population); Masculinity (Concept); and Mental Health Services (Research Context). Based on the above, the research question posed was: “How does the masculinity of cisgender gay male university students relate to the search for mental health services?”

Eligibility Criteria

In the context of the scoping review, the narrative structure of the inclusion criteria encompasses scientific articles and/or studies written in various languages, available in full text with public or restricted access, provided they present thematic relevance and support the objective of the analysis. Undergraduate theses, dissertations, doctoral theses, opinion articles,

and different types of reviews, such as systematic, integrative, and narrative reviews, as well as case series and individual reports, will be included.

The exclusion criteria adopted will be conference proceedings, correspondence and/or brochures to the editor, reports and studies that are unavailable or cannot be located in full, even if a request is made to the responsible authors, without a response obtained after two weeks. Also excluded are works that are not aligned with the scientific core of the scope or that encompass a diversification of areas that do not correspond to it.

The adoption of such criteria contributes to narrowing the scope of scientific interest, establishing a careful and rigorous selection of findings, in a clear and objective manner, connecting a body of information that underpins the learning process and the deepening of the proposed scientific scenario.

Search Strategy

In the initial phase of the scoping review, an exploratory search was conducted in the scientific literature using descriptors and keywords relevant to the topic. This investigation was conducted in specialized health databases, encompassing both broad expressions and those of specific natures, related to masculinity, cisgender homosexual men, and the search for mental health services.

Ensuring standardization and consistency in the terminology used, the Health

Sciences Descriptors (DeCS) were also consulted. This step contributed to improving the search strategy, allowing the inclusion of synonyms and increasing the precision in retrieving publications, strengthening the methodological rigor adopted.

Access to information sources will preferably be through the CAPES Periodicals Portal (Federated Academic Community - CAFE) and the Virtual Health Library (BVS). If material is unavailable on these platforms, searches will be conducted directly on the respective database portals using the Google search engine.

The following databases were consulted: Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Web of Science (WOS), Google Scholar, Scopus, and Science Direct. Additionally, the following databases will be included: EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PeerJ Preprint, PsycINFO, Open Access Theses and Dissertations (Open Thesis), and OpenGray.EU.

The search strategy outlined follows established and subsequently standardized descriptors according to each methodology and search strategy present in different databases, utilizing Boolean operators (AND, OR, and/or NOT). The combinations used in the process involved the terms: (Masculinity) AND (Sexual and Gender Minorities) OR (Male Homosexuals) AND (Mental Health) AND (Students) OR (College Student). The term "Male Homosexuals" is not indexed in the CINAHL database, since it adopts its own set of controlled descriptors; the equivalent term registered in that system is "Gay Men". In turn, in the EMBASE database, the same concept is indexed under the name "Homosexual Male".

It should be noted that the search strategy was developed from a standardized structure, used as an initial reference for conducting searches in different databases. These databases have their own specific characteristics, such as controlled terminologies, refinement filters, and indexing criteria, which require specific adaptations in the application of these strategies. Some of these specific characteristics are exemplified in Chart 1.

Chart 1 - Search syntax for articles in information sources, Três Lagoas, MS, Brazil, 2025.

Source of Information	Search syntax	Items Found
CINAHL	(Masculinity) AND (Sexual and Gender Minorities OR Gay Men) AND (mental health) AND (Students OR College Student)	1



Web Of Science	(Masculinity) AND (“Sexual and Gender Minorities” OR “Male Homosexuals”) AND (“Mental Health”) AND (Students OR “College Student”)	0
Scopus	TITLE-ABS-KEY (Masculinity AND "Sexual and Gender Minorities" OR "Male Homosexuals" AND "Mental Health" AND Students OR "College Student")	2
BDENF (BVS)	((Masculinity)) AND ((Sexual and Gender Minorities) OR (Male Homosexuals)) AND ((Mental Health)) AND ((Students) OR (College Student))	0
SciELO	((Masculinity)) AND ((Sexual and Gender Minorities) OR (Male Homosexuals)) AND ((Mental Health)) AND ((Students) OR (College Student))	0
LILACS (BVS)	((Masculinity)) AND ((Sexual and Gender Minorities) OR (Male Homosexuals)) AND ((Mental Health)) AND ((Students) OR (College Student))	1
PSYCINFO	Any Field: Masculinity <i>AND</i> Any Field: Sexual <i>AND</i> Any Field: Gender Minorities <i>OR</i> Any Field: Male Homosexuals <i>AND</i> Any Field: Mental Health <i>AND</i> Any Field: Students <i>OR</i> Any Field: College Student	2
OPENGREY.EU (DANS)	(fileName:"Masculinity" fileName:"AND" fileName:"Sexual and Gender Minorities" fileName:"OR" fileName:"Male Homosexuals" fileName:"AND" fileName:"Mental Health" fileName:"AND" fileName:"Students" fileName:"AND" fileName:"College Student" fileName:")	7
PUBMED	((("Masculinity"[All Fields] AND "Sexual and Gender Minorities"[All Fields]) OR "Male Homosexuals"[All Fields]) AND "Mental Health"[All Fields] AND "Students"[All Fields]) OR "College Student"[All Fields]	4,483
EMBASE	(‘Masculinity’) AND (‘Sexual and Gender Minorities’ OR ‘Homosexual Male’) AND (‘Mental Health’) AND (‘Students’ OR ‘College Student’)	0
Science Direct	(“Masculinity”) AND (“Sexual and Gender Minorities” OR “Male Homosexuals”) AND (“Mental Health”) AND (“Students” OR “College Student”)	149
Google Scholar	"Masculinity" AND "Sexual and Gender Minorities" OR "Male Homosexuals" AND "Mental Health" AND "Students" AND "College Student"	771
Open Thesis	((“Masculinity”) AND (“Sexual and Gender Minorities” OR “Male Homosexuals”) AND (“Mental Health”) AND (“Students” OR “College Student”))	31



PeerJ Preprints	"Masculinity"+"Sexual and Gender Minorities"+"Male Homosexuals"+"Mental Health"+"Students"+"College Student"	0
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Source: Authors, 2025.

Study Selection

First, all studies obtained in the search will be gathered and imported into Rayyan, a bibliographic management platform also responsible for removing duplicates. Then, at least two independent reviewers will analyze titles and abstracts according to the inclusion criteria established in this review and scope.

From this initial analysis, the researchers responsible for the double-blind peer review must complete the table for each selected article, recording the following information: title, year of publication, authors, source database, and main results. This procedure aims to organize the study screening process, as well as facilitate the categorization previously established in the research.

Data Extraction

The initial search was conducted between July and November 2025 by two independent reviewers simultaneously. After this stage, all

identified references were imported and managed in the Rayyan software.

In case of disagreement between reviewers during the study selection process, a third reviewer will be consulted to assist in decision-making and reach consensus after reading the material in its entirety. Initially, duplicate studies will be identified and removed, keeping only one version of each article. Then, titles and abstracts will be analyzed by two independent reviewers, who will apply the inclusion and exclusion criteria previously established for this scoping review.

Subsequently, a full reading of the selected articles will be conducted to verify their relevance and eligibility to compose the final sample of the review. Data extraction and mapping of the included studies will be conducted by two independent reviewers using the data extraction instrument presented below (Chart 2). Finally, the collected information will be organized and tabulated in Microsoft Word software.

Chart 2 - Data Extraction Instrument Adapted to the PRISMA-ScR (25) and JBI (24) Checklists, Três Lagoas, MS, Brazil, 2025.

SCOPE REVIEW



Guiding Question: “How does the masculinity of cisgender gay male university students relate to the search for mental health services?”

Objective: To map the available evidence in the literature on the masculinity of cisgender gay men and how it relates to mental health in the university context.

Eligibility Criteria:

P: Cisgender Gay Men University Students;

C: Masculinity;

C: Mental Health Services.

Study Type:

Included: Articles in Portuguese, English, or Spanish; Undergraduate Theses; Dissertations; Theses; Opinion Articles and other types of reviews; Quantitative studies; and Qualitative studies.

Excluded: Proceedings; Indexes; Letters to the editor; Abstracts; Experience Reports; and Studies that were not available in full.

STUDY IDENTIFICATION

Title:

Author(s):

Year:

Type of Study:

Objectives:

Method:

Population:

Database:

SPECIFIC QUESTIONS

Results:

Discussion:



Key findings:
Conclusions:

Source: Authors, 2025.

Analysis and Presentation of Results

The extracted data will be analyzed, discussed, and systematized in tables, aiming for clarity in the presentation, and accompanied by a narrative synthesis for the characterization of the productions. In this scoping review, the JBI evidence level classification will be adopted for the empirical evaluation of the selected articles (24).

Furthermore, correlations will be established between the findings, the guiding question, and the study objectives, in order to substantiate the conclusions. Finally, the process of searching and selecting the studies will be illustrated using the PRISMA-ScR flowchart (25).

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Nothing to declare.

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