



HHS Public Access

Author manuscript

Cult Health Sex. Author manuscript; available in PMC 2015 September 10.

Published in final edited form as:

Cult Health Sex. 2014 ; 16(2): 136–148. doi:10.1080/13691058.2013.843722.

“At times, I feel like I’m sinning”: The paradoxical role of non-LGBT-affirming religion in the lives of behaviourally bisexual Latino men

Nicolette Severson, Miguel Muñoz-Laboy, and Rebecca Kaufman

College of Health Professions and Social Work, Temple University, Philadelphia, USA

Nicolette Severson: nicolette.severson@temple.edu

Abstract

In this paper we examine non-LGBT-affirming religiosity among behaviourally bisexual Latino men as it relates to sexual attitudes, experiences, and behaviours. We asked, how does religiosity correspond to masculine identities, sex roles, and condom efficacy? And, how might religiosity influence contexts of health risks? Data was analysed from a mixed-methods study of 142 behaviourally bisexual Latino men, aged 18–60 years. Major findings included positive correlations between religiosity and a) masculine ideologies, b) internalised homonegativity, c) less comfort with receptive sex, d) low condom efficacy, and e) higher levels of loneliness and incidents of discriminatory events. Results are paired with illustrative, descriptive case studies from life history interviews. It is suggested that non-LGBT-affirming religiosity plays a paradoxical role in the lives of behaviourally bisexual Latino men: on one hand, increasing internalised homonegativity and attendant health risks; on the other, providing social support to members of a marginalised population.

Keywords

religion; bisexuality; Latino; HIV; masculinity

Introduction

Religious belief and practice are fundamental aspects of the human experience, structuring meanings and guiding behaviour across the globe. Diversity within Latino groups makes generalisations problematic, as religious adherence, like other characteristics, may vary greatly by socioeconomic status, age, gender, and levels of acculturation. And yet religious adherence, particularly to Catholicism, is widely perceived to be prevalent among Latinos in the USA. Religious involvement is related to a socially conservative outlook that promotes heterosexual marriage, the preservation of family, and condemns non-heterosexuality (Diaz-Stevens & Stevens-Arroyo 1998; Espinosa 2008). Despite the potential for religion to be a key factor in the understanding of distinctive cultural patterns within Latino populations, it is often overlooked in the study of Latino sexual minorities. Religious influence is often left out of analyses of behavioural bisexuality, and conversely, studies of religion among non-heterosexuals rarely focus on the distinct experiences of bisexuals (Clark, 1989; Ritter & O’Neill, 1989; Thumma 1991; Yip 1997; Rodriguez and Oulette 2000; Lemelle, 2004).

Both Protestant and Catholic Christianity have historically taken a negative stance on human sexuality, with messages of control central to teachings on morality. Traditionally, Christianity has limited acceptable sexuality to either celibacy or procreative, heterosexual marriage and has openly and vehemently condemned same-sex behaviour as morally wrong. Social movements of the past fifty years have precipitated dramatic changes in sexual culture and societal norms, leading many to question the controlling aspect of the church and weakening the authority of the official proscriptions on sexuality (Roof and McKinney 1985, 1993). Nevertheless these attitudes are still common within Evangelical and Roman Catholic churches. Moreover, the sea changes of the past half-century have led many to cling to heteronormativity and an ascendant interpretation of heterosexual marriage, as evidenced by the contemporary US struggle for marriage equality. Importantly, as a result of this exclusion and the stigmatisation of non-heterosexuals, many LGBT-affirming faiths have emerged. To differentiate our reference to religion from these inclusive and affirming faiths, we have chosen to use the term non-LGBT-affirming religion.

Religiosity (which we define broadly here as beliefs that are relevant to traditional institutionalised searches to acknowledge and maintain a relationship with the transcendent [Hill and Hood 1999, 5]) has been widely perceived as a commonality among the highly diverse population of Latinos in the USA. Latino Catholicism in particular has been tied to patterns—such as familism and machismo—that have long been considered distinctive to Latino culture (Ellison et al. 2012). Some scholars have gone so far as to identify Catholicism as a factor critical to the understanding of all Hispanic cultures (Espin 1994). Although Catholicism does account for an estimated 70% of Latinos in the USA, Protestantism has greatly expanded, both in Latin America and among Latinos in the USA. (Diaz-Stevens and Stevens-Arroyo 1998; Greeley 1994). An estimated 20–25% of Latinos in the USA are now Protestant, with the majority belonging to evangelical or charismatic groups, (Greeley 1994). These Protestant adherents have been shown to hold more conservative views on social issues, including same-sex marriage, abortion, divorce, and casual sex, than their Catholic counterparts (Ellison et al. 2012; Perl, Greeley, and Gray 2006).

Measuring the effects of church teachings on individual behaviour can be difficult. In their examination of the role of local sexual norms in shaping congregational Protestant and Catholic teachings, Ellingson, et al., found that there were often sizable discrepancies between official teachings and the practices of local congregants, although the teachings did “minimally serve as guideposts...by outlining the boundaries of moral and immoral behaviour” (Ellingson, et al. 2001, 11). Indeed, a discrepancy between official church proscriptions and beliefs and practices of the religiously affiliated may be considered culturally acceptable by some adherents. To cite one example from the recent news cycle, during the search for a new pope in March 2013 a New York Times poll found that even Catholics who frequently attended mass no longer followed the bishop’s lead on institutional priorities such as birth control and same-sex marriage. Likewise, Catholic respondents wished to see the new pope continue to oppose abortion and the death penalty, despite the fact that they themselves were not against these practices (Goodstein and Thee-Brenan 2013). Clearly religious proscriptions are followed unevenly by different populations, and

vary by factors such as age, levels of familism and acculturation, race/ethnicity, gender, and local cultural norms.

And yet, because of the unequivocal condemnation of non-heterosexuality within the official teachings of Catholic and Evangelical Christian groups discussed here, a broad internalisation of homonegative attitudes among the behaviourally bisexual Latino men in our study seemed likely. Religiosity was not the initial focus of the original study—rather, this analysis is based upon data collected for a larger mixed-methods study that examined multidimensional contexts of health risks for behaviourally bisexual Latino men. As religiosity began to emerge as a prominent factor in specific sexual behaviours and attitudes during both quantitative and qualitative analyses, we hypothesised a relationship between high levels of religiosity and contexts of sexual and mental health risks in our population. Findings elsewhere supported our initial hypotheses: religiously-oriented non-heterosexuals have been found to experience internal conflict and shame regarding their sexual orientation (Schuck & Liddle 2001), and non-heterosexuals who belong to non-LGBT-affirming religious communities face psychological distress (Mahaffy 1996; Rodriguez and Oulette 2000; Thumma 1991). Furthermore, a previous analysis of the data by the authors identified a subgroup of men in our population over 25 who held traditional views on gender and sex roles, expressed negativity towards non-heterosexuality, and made frequent reference to religion in their life history interviews (Severson, et al., 2013). This led us to believe that among men in our study, religiosity would play a strong role in the organisation of non-heterosexuality. Specifically, we explored the following research questions: 1) how does religiosity correspond to masculine identities, sex roles, and condom efficacy? and 2) how does religiosity intersect with bisexual desire, identity, and understandings of same-sex encounters?

Theoretical Framework

Institutional influence and control over sexual behaviour is a long-running theme in the study of sexuality (D’Emilio and Freedman 1988; Laumann, et al. 2004). On the one hand, scholarship emphasises the existence of rigorous institutional control over sexuality, (Foucault 1978; D’Emilio 1983; Chauncey 1994) with religion as one facet of a larger cadre of institutional forces whose mechanisms work to uphold specific configurations of power. This control continues in indirect ways, as the individual internalises values and self-regulates to conform to normative, institutionally-sanctioned behaviour. Other scholarship argues for the ineffectiveness of institutional rules, and emphasises the evasion or transgression of them through history, as well as the continued weakening of their socialisation powers in monitoring sexual behaviour (D’Emilio and Freedman 1988; Joyner and Laumann, 2001).

In conceptualising the intersection of religiosity and sexuality, it was helpful to employ Laumann and colleagues’ theory of sex markets (2004). In this framework, institutions such as religion are one factor among three others— social networks, space, and sex culture—that work to structure norms and regulate behaviour. Laumann et al. argues that, in the contemporary US context, where suspicion towards the motives of institutions and organisations is widespread, institutions are more likely to exert indirect control over

sexuality, resulting in the weakening of overt surveillance and regulatory mechanisms. Indirect control may take the form of advancement of ideologies and “causal stories.” Causal stories are narratives that identify a problem and its cause, and work to construct perceptions of moral and immoral behaviour and ultimately, to legitimise regulation. For example, religious institutions that identify non-heterosexuality as problematic may cite causes such as an increasingly secular culture, and/or frame it in biblical notions of “sin” and “immorality”. For Laumann et al., sexuality is not the primary concern of religion or any other institution, and is policed only when it threatens to disturb the institutional order (2004). While we would argue that regulating sexuality is often a core, role-defining issue on the organised religion agenda, this framework is enormously helpful in conceptualising a continuum of organisational control and influence, both direct and indirect, on the sexual behaviour of individuals.

Methods

Participants and procedures

This project was approved by the Columbia Medical Center Institutional Review Board (CUMC IRB Protocol # AAAE0494), and data were collected from August 2009 through September 2011. To recruit participants, we first designed a recruitment card with a generic name for the study – Latino Men’s Sexual Health Survey – with a simple instruction to contact us via phone, via e-mail or via the web address on the card. The card was then distributed to all the people present in the recruitment sites, with permission from the establishments or agencies, with mini-posters and cards left for potential participants. Next, a version of the card was posted on two types of internet sites: sites geared towards Latino men cruising for sex with other men, as well as sites oriented towards self-identifying bisexual Latino men. The senior advisory committee for the study generated a list of Internet sites. Last, interested participants had the option of calling via phone, e-mailing us, or visiting the Internet page dedicated to study recruitment.

The recruitment Internet page asked potential participants to consent to participate in the confidential automated screening via a 5-minute questionnaire, available in Spanish and English. The questions for the screening focused on the selection criteria for the study: age (18 to 60 years), sex (male), ethnicity (Latino descent), sexual encounters throughout life with women and men (bisexual history), and recent sexual encounters (bisexually active in the last six months, a time-frame used in the literature to establish behavioural sexual orientation stability [Stokes, McKirnan, & Burzette, 1993]); place of residence based on zip code (Bronx, Queens, MCD 12, Patterson or Newark), birthplace (foreign/US born), length in the USA, and general health practices and status (including HIV status). To support the efficient processing of potential participants, we developed a software programme that determined the eligibility of the participant according to our selection criteria and the quota sampling process. If the person did not meet the selection criteria, he received a message thanking him for his time and cooperation. If the person met the selection criteria and sampling parameters, then he was asked to schedule a time and date for the interview on the Internet page, and to submit an e-mail or phone number which we could use to contact the potential participant to verify the time and location of the interview. We used the same

online system for recruitment through person-to-person outreach where individuals were asked to complete the screening questionnaire on the computer in our offices or on the site of recruitment using a laptop computer. This automated system for recruitment facilitated the process of sampling, while at the same time reduced interviewees' initial discomfort in answering screening questions.

We screened 258 men of which 45% did not meet study criteria (7% had not had male partners in their lifetimes, 1.9% had not had female partners in their lifetimes; 10.9% had not had sex with female or female-to-male partners in the past six months; 11.2% had not had sex with male or male-to-female partners in the past six months; 7% were HIV positive and 7% were unable to participate in the study). A total of 142 men qualified and participated in the study. Participants answered an online questionnaire (in Spanish or English) on their sexuality, masculinity, demographic profile and general measures of their health and health/risk practices. Data for this analysis resulted from both the quantitative measures of the computer-based questionnaire and the qualitative life histories collected during the interview process.

Quantitative measures and statistical analysis

The quantitative measures used to examine the relationship between religiosity (dependent variable) and men's ideologies on sexuality and masculinity (independent factors) were as follows: 1) religiosity (Santa Clara Religiosity Scale, $\alpha = .91$); 2) emotional and physical connectedness and notion of devotion to family (Familism Scale, $\alpha = .93$); 3) level of acculturation (Acculturation Scale, $\alpha = .92$); 4) ideologies on traditional masculinity and gender roles (Machismo Scale, $\alpha = .86$); 5) heteronormativity (Homophobia scale, $\alpha = .88$; sex roles scale, $\alpha = .91$); 6) ideologies and sexual attitudes and affect (Sensation seeking scale, $\alpha = .89$; condom self-efficacy scale, $\alpha = .94$; AMORE procreative and pleasure motivations for having sex scales, $\alpha = .88$ and $\alpha = .89$, respectively); and, 7) Lifetime negative experiences of prejudice and discrimination based on sexuality, race and/or ethnicity. Data were extracted from the online survey database and imported into IBM SPSS, version 19.0.1. We utilised descriptive statistics to identify levels of religiosity and sexual behaviours and attitudes of the men in the study. We conducted three linear regression analyses to explore the associations between: a) religiosity and ideologies on sexuality; b) religiosity and masculinity ideologies; c) religiosity and social factors in the lives of the men in the study. We also fitted a multivariate linear modeling to explore how men's religiosity was influenced by background, demographic factors.

Qualitative measures and case study analysis

We conducted the quantitative analysis first. Based on the findings from this analysis, we decided to examine the qualitative narratives collected in the study. In this second analysis, we focused on identifying what Yin (2009, 2012) labeled illustrative, descriptive case studies to characterise and provide a nuanced, realistic portrayal of the associations between religiosity and sexual behaviours, attitudes, and experiences among members of our study sample. To identify these illustrative case studies, two independent coders (both authors of this paper) independently triangulated three questions that were asked during the open-ended section of the interviews: 1) "Where you raised with religion in the home?" 2) "Do you

consider yourself to be a religious person?" and, 3) "Do you ever experience conflict between your religious belief and your sexuality?" We selected portions of several case studies to thematically illustrate the quantitative findings throughout the paper. Life history narratives were found to be representative of numerous factors critical to the relationship between religiosity and sexuality among our population, and demonstrative of the often indirect and nuanced ways in which institutions shape understandings of sexuality and contexts of risk.

Findings

Demographic Context

The mean age for our sample was 32.9 years (SD 11.8 years). As a measure of socioeconomic status, 53.1% had an annual income below \$14,999, and 10.8% were unemployed. For these men, levels of religiosity increased with the age of respondents. High levels of religiosity were positively correlated to low levels of acculturation and high levels of familism (see table). These findings reflect broader trends of Latinos in the USA, where declining religious affiliation is concentrated within young, native-born populations (Navarro Rivera, et al., 2010). Furthermore, the afore mentioned, previous analysis by the authors identified a youthful cohort (ages 18–25) who, along with identifying as bisexual and practising fluid gender and sexual roles, were largely American-born (Severson, et al., 2013) and repeatedly demonstrated irreverence and disdain towards organised religion and religious proscriptions on sexual behaviour.

Our first major finding was that religiosity was positively correlated with masculine ideologies, in that those with high levels of religiosity were more likely to agree with the statement "I consider myself to be masculine" (Table 1). During life history interviews, many men were unwilling to identify as bisexual, and emphasised their masculinity. Ramon was raised as a Catholic. His past experience had included long-term relationships with women and men, and sexual encounters with men and women (both biological and transgender). At the time of the interview, he was in a long-term relationship with a woman, but had casual sexual encounters outside of the relationship. When asked to describe his sexual identity, Ramon (age 56) insisted:

I'm a man, no doubt about it, I'm a rigorous man, I work hard. If I like something, okay, that turns me on, or gives me pleasure, I'll run with it. These titles or these labels you choose what you want to be. I'm a man; a man is a man is a man.

Emilio (age 37), the son of a pastor, experienced persistent internal conflict between his same-sex encounters and a fear of immorality, noting "at times, I feel like I'm sinning." He did not identify as bisexual, preferring to describe himself as "sexual. I'm just a sexual person." He discussed his relationship with masculinity, explaining that he agreed with the messages he had received over his life about manhood:

I fall in line with it, yeah. I feel manly. It's not like I'm hanging out with my gay friends or whoever, and it's like, "Oh, I turned into this –" It doesn't happen. I'm still me. And whatever woman I hang out with, they'll never look at me like, "Are you that way?"

An alliance with masculine norms and ideologies among gay and bisexual men is well-founded in the wider literature. Studies within gay male populations have consistently noted the value placed on masculinity and the negative attitudes towards perceived effeminacy. Latino gay men seeking partners have been found to seek out stereotypically masculine characteristics and to avoid and devalue stereotypically feminine traits (Jeffries 2009). This has also been noted among African-American gay men, (Malebranche, et al, 2009) as well as among anonymous postings of online dating sites (Logan 2010; Ward 2008). Anti-effeminacy has been linked more generally to negative feelings about same sex behaviour, with a value placed on traditional masculine norms and roles related to higher levels of internalised homonegativity and homophobia among gay and bisexual men, both in the general population (Szymanski & Carr, 2008; Hamilton and Mahalink, 2009) and among Latino men specifically (Estrada et al. 2011). Gay and bisexual men who consider themselves effeminate have been shown to experience increased mental distress resulting from more negative experiences with homophobia (Sandfort, Melendez, and Diaz 2007).

Indeed, our second major finding was that religiosity was positively correlated with homonegativity, in that respondents with high religiosity were more likely to agree with the statement “I feel it is gay people’s fault that they are rejected by society” (Table 1). During interviews, men often expressed negative attitudes and disassociated themselves from gay and bisexual men. As Julian (age 40), a behaviourally bisexual man from a “very Catholic” family explained, he avoided going to gay bars because “being around so many gay guys makes me feel claustrophobic, and I always get in trouble...I become homophobic if I go to one of those places. I always get kicked out.”

Another participant, Alonzo, attended church every week and considered himself to be heterosexual despite the fact that he had had sexual encounters with men and transgender women after his marriage of 25 years ended. Regarding his religious beliefs compared to his same sex activities, he explained that it was a personal conflict, and that he liked to keep the two worlds separate. At the time of the interview Alonzo was having sexual relations with two women (one biological, one transgender), and a man. However, he disliked the use of labels like “bisexual,” complaining that sexual identities had “it has gotten out of hand” and were “creating an immoral impact on people.”

Men in our population with higher levels of religiosity also reported less comfort with receptive sex (being penetrated by a man) (Table 1). In interviews, some made direct connections between their belief systems and their preference for sexual roles. Here Javier (age 30) talks about being penetrated:

It was kind of difficult for me because then it was a mixed feeling...When – if we're going back to what you said, "Do you believe in religion?" You know, that part of me that grew up as a kid in a religious – we're not supposed to do that... That comes up sometimes, and I recognise it. I say, "No, this is not for me."

This difficulty in playing a perceived feminine role can certainly be directly associated with the value placed on masculine ideologies as discussed. It can also be situated within a long-running scholarly dialogue connecting dominant gender ideologies to identities and practices among gay and bisexual Latino men. Perhaps most famously, Latin bisexuality has been

identified as a phenomenon wherein men who only adopt the insertive role in anal and oral sex are still considered heterosexual (Fox 1996; Liguori et al. 1996) due to an organisation of sex roles that values the male (insertive) role and devalues the female (receptive) role (Taylor 1985; Carrier 1995; De Moya and Garcia 1996). While it is important to note that constructs such as Latin bisexuality, and related machismo run the risk of acting as stereotypes and being deployed uncritically (Carrillo 2002, 2003; Carballo-Diequez 2004; Parker 1991; Muñoz-Laboy and Dodge 2005), our findings do suggest the continued relevance of this value organisation in which the receptive role is stigmatised among the men in our population, particularly those with high levels of religiosity.

Finally, religiosity was positively correlated with high levels of loneliness, a higher frequency of violence and discrimination, and lower condom efficacy (Table 1), which we find useful to conceptualise together. Antonio (age 24) illustrates several of these patterns. Involvement in the Catholic Church was a major part of Antonio's life growing up and he often carried a Bible with him. "People knew me for my spirit," he explained. Yet once the community discovered that the teenaged Antonio had sexual encounters with other teenage boys, they (including his own father) tried to ban him from church. The ordeal left Antonio feeling "guilty." An evangelical Christian at the time of the interview, Antonio reconciled his same sex behaviour with his Christian teachings by equating his "sins" as a bisexual with other church members' sins:

I go to church and I let them know about it, and I tell them, like you know, nobody's perfect, we are all sinners...in the Bible, all it says, no sin is perfect, all sins are the same. So you commit adultery, you commit stealing, you commit that, this, and it's the same thing as my sin.

Antonio reported that he used condoms more often than he "used to." However, he admitted to having had unprotected sex with people who were HIV positive, including one encounter that was too recent to know if he the virus had been transmitted.

Antonio's story illustrates a cluster of factors that indicate contexts of elevated health risks. According to Meyer's minority stress model (1995), minority stress arises from the "totality of the minority person's experience in a dominant society" as well as from specific negative events. Meyer found psychological distress to be linked to prejudice events, perceived stigma, and internalised homophobia in gay men's lives. Minority stress has been connected to low condom efficacy and HIV risk behaviour (Meyer and Dean 1998; Hatzenbuehler, Nolen-Hoeksema and Erickson 2008; Rosario, Rotheram-Borus, & Reid 1996), while loneliness itself has been linked to increased sexual risk behaviour (Muñoz-Laboy, Hirsch, Quispe-Lazaro, 2009).

Yet despite an environment of discrimination and homonegativity, Antonio continued to find value in his church membership, revealing a two-fold relationship in which guilt and anxiety are weighed against the benefits of community (Mbetbo 2013). Although less clear among LGBT populations, religion has been shown to play a positive role in the enhancement of perceived psychological well-being among Latinos in the USA (Levin, Markides & Ray 1996). Religiosity has furthermore been shown to increase with negative life events, such as illness (Reed 1986) and to act as a buffer for life stressors, including

discrimination (Bierman 2006). Belonging to organised religions can provide critical social support that enhances mental health for marginalised populations, such as those who are HIV positive (Kendal 1996; Nunes et al. 1995). This paradoxical relationship of support and discrimination may help explain the continued value of non-LGBT-affirming church membership among sexual minorities.

Discussion

Limitations

The cross-sectional design of this study and not collecting a random, representative sample (which is not possible with hidden populations of unknown denominators) are limitations to fully understanding a) the causal relationships between religiosity and men's sexual decision-making, and b) how these factors may change over time or the life course.

Therefore, our study findings must be taken as exploratory. Further longitudinal research designs are needed to examine the causal linkages between religiosity, connectedness and penetration into religious networks, religious institutional context, congruence/dissidence with religious doctrines and behavioural-health outcomes.

Religiosity as oppressor; religiosity as support

Non-LGBT-affirming religiosity influenced the organisation of our population's sexual lives in numerous ways. The prevalence of masculine ideologies and associated characteristics—negativity towards same-sex and perceived feminine behaviour, including less comfort with receptive sex—is well established within the literature on gay and bisexual men, including Latino bisexual men, as previously noted. Likewise, internalised homonegativity and high levels of loneliness, discrimination, and low condom efficacy have been linked in the literature on minority stress, social inequality, and HIV risk. Uniquely, our analysis correlated religiosity with this cluster of characteristics to revealing the influence of religious belief in structuring meanings and patterns of sexual behaviour for the behaviourally bisexual Latino men in our study.

These findings suggest that in our population, there exists some congruence between religious teachings with a long precedent of condemning non-heterosexuality and strictly delineating gendered attributes along unequal lines of power, and individual attitudes and behaviour. The institutional reach of religion was recognisable in the qualitative data as respondents identified their behaviour as problematic and stigmatised, using religiously-laden terms such as sin and immorality. These comments can be understood in part through Laumann and colleagues' conception of causal stories—or mechanisms which exert influence by framing and defining behaviour (2004). Particularly through comments such as “things have gotten out of hand,” respondents revealed both a break with normative behaviour and implied a need for regulation or control, both of which mirror non-LGBT-affirming institutional religious prerogatives. The particular order that non-LGBT-affirming religious teachings reproduce—heteronormative, reifying the devaluation of the feminine role—continues to create a disjunction between the non-heterosexual person's needs and experiences and that of the values it proscribes, creating internalised homonegativity and contexts of risk.

As an institutional sex market force, religion is one influence among others shaping the organisation and understanding of sexuality. And yet, religion is in a unique seat of power as a source of transcendent meaning, tradition, community, and comfort for many. While much of our findings point to the negative role of non-LGBT-affirming religiosity in contributing to contexts of risk, this is only one aspect of a larger story. The fact that religiosity was positively correlated with discrimination, violence, and loneliness suggests that religion was also acting as a positive social support for our population. Indeed, findings do point to the positive role religion can play for stigmatised populations. This paradoxical role of non-LGB-affirming religion as both a marginalising force and as a source of social support in the lives of behavioural bisexual Latino men presents many questions. For example, what are some of the ways sexual minority men manage stigmatising religious attitudes to maintain religious affiliations or beliefs? In our illustrative example, Antonio reconciled his behaviour with church teachings by equating his non-heterosexuality with the prevalence of “sin” among others. Future studies might further explore the dynamics of this cost-benefit relationship and its influence on the mental and physical health of bisexual Latino men, perhaps especially in relation to immigration, acculturation, the life course, and a changing political climate for the LGBT community. The internalisation of homonegativity, the prevalence of masculine ideologies that engender it, and the specific health risk behaviours identified in this analysis reveal sexual minority men’s religiosity as a critical intersection of meaning systems, discrimination, social support, and health risks.

References

- Bierman A. Does Religion Buffer the Effects of Discrimination on Mental Health? Differing Effects by Race. *Journal for the Scientific Study of Religion*. 2006; 45:551–565.
- Carballo-Diéguez A, Dolezal C, Nieves L, Díaz F, Decena C. Looking For a Tall, Dark, Macho Man... Sexual-Role Behavior Variations in Latino Gay and Bisexual Men. *Culture, Health & Sexuality*. 2004; 6:159–171.
- Carrier, J. *De Los Otros: Intimacy and Homosexuality Among Mexican Men*. New York: Columbia University Press; 1995.
- Carrillo, H. *The Night is Young: Sexuality in Mexico in the Time of AIDS*. Chicago: The University of Chicago Press; 2002.
- Carrillo, H. Neither Machos Nor Maricones: Masculinity and Emerging Male Homosexual Identities in Mexico. In: Gutman, M., editor. *Changing Men and Masculinities in Latin America*. Durham: Duke University Press; 2003. p. 351–369.
- Chauncey, G. *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World, 1890–1940*. New York: Basic Books; 1994.
- Clark JM, Brown JC, Hochstein LM. Institutional Religion and Gay/Lesbian Oppression. *Marriage & Family Review*. 1989; 14 (3–4):265–284.
- de Moya, AE.; Garcia, R. AIDS and the Enigma of Bisexuality in the Dominican Republic. In: Aggleton, P., editor. *Bisexualities and AIDS: International Perspectives*. Bristol, PA: Taylor and Francis; 1996. p. 119–134.
- Diaz-Stevens, AM.; Arroyo, AMS. Recognizing the Latino resurgence in US Religion: The Emmaus paradigm. Boulder: Westview Press; 1998.
- D’Emilio, J. *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940–1970*. Chicago: University of Chicago Press; 1983.
- D’Emilio, J.; Freedman, EB. *Intimate Matters: A History of Sexuality in America*. Chicago: University of Chicago Press; 1988.

- Ellison CG, Wolfinger NH, Ramos-Wada AI. Attitudes Toward Marriage, Divorce, Cohabitation, and Casual Sex Among Working-Age Latinos Does Religion Matter? *Journal of Family Issues*. 2013; 34:295–322.
- Ellingson S, Tebbe N, Van Haitsma M, Laumann EO. Religion and the Politics of Sexuality. *Journal of Contemporary Ethnography*. 2001; 30:3–55.
- Espin, O. Popular Catholicism Among Latinos. In: Dolan, JP.; Deck, AF., editors. *Hispanic Catholic Culture in the US: Issues and Concerns*. Notre Dame: University of Notre Dame Press; 1994. p. 308-259.
- Espinosa G. The Influence of Religion on Latino Education, Marriage, and Social Views in the United States. *Marriage & Family Review*. 2008; 43:205–225.
- Estrada F, Rigali-Oiler M, Arciniega GM, Tracey TJ. Machismo and Mexican American Men: An Empirical Understanding Using a Gay Sample. *Journal of Counseling Psychology*. 2011; 58:358–367. [PubMed: 21534655]
- Foucault, M. *The History of Sexuality, Vol. 1: An Introduction*. New York: Pantheon Books; 1978.
- Fox, RC. Bisexuality in Perspective: A Review of Theory and Research. In: Firestein, B., editor. *Bisexuality: The Psychology and Politics of an Invisible Minority*. Thousand Oaks, CA: Sage Publications; 1996. p. 3-50.
- Goodstein, L.; Thee-Brenan, M. U.S. Catholics in poll see a church out of touch. *New York Times*. 2013 Mar 5. Retrieved from http://www.nytimes.com/2013/03/06/us/poll-shows-disconnect-between-us-catholics-and-church.html?pagewanted=all&_r=0
- Greeley, AM. The Demography of American Catholics, 1965–1990. In: Greeley, AM., editor. *The Sociology of Andrew M. Greeley*. Atlanta: Scholars Press; 1994. p. 545-564.
- Hamilton CJ, Mahalik JR. Minority Stress, Masculinity, and Social Norms Predicting Gay Men's Health Risk Behaviors. *Journal of Counseling Psychology*. 2009; 56:132–141.
- Hatzenbuehler ML, Nolen-Hoeksema S, Erickson SJ. Minority Stress Predictors of HIV Risk Behavior, Substance Use, and Depressive Symptoms: Results from a Prospective Study of Bereaved Gay Men. *Health Psychology*. 2008; 27:455–462. [PubMed: 18643003]
- Hill, PC.; Hood, RW. *Measures of Religiosity*. Birmingham, AL: Religious Education Press; 1999.
- Jeffries WL. A Comparative Analysis of Homosexual Behaviors, Sex Role Preferences, and Anal Sex Proclivities in Latino and Non-Latino Men. *Archives of Sexual Behavior*. 2009; 38:765–778. [PubMed: 17968645]
- Joyner, K.; Laumann, EO. Teenage Sex and the Sexual Revolution. In: Joyner, K.; Laumann, EO., editors. *Sex, Love, and Health in America: Private Choices and Public Consequences*. Chicago: University Of Chicago Press; 2001. p. 41-47.
- Kendall J. "Human Association as a Factor Influencing Wellness in Homosexual Men with Immunodeficiency Virus Disease. *Applied Nursing Research*. 1996; 9:195–203. [PubMed: 8961577]
- Laumann, EO.; Ellington, S.; Mahay, J.; Paik, A.; Youm, Y. *The Sexual Organization of the City*. Chicago: University of Chicago Press; 2004.
- Lemelle AJ. African American Attitudes Toward Gay Males: Faith-Based Initiatives and Implications for HIV/AIDS Services. *Journal of African American Studies*. 2004; 7 (4):59–74.
- Levin JS, Markides KS, Ray LA. Religious Attendance and Psychological Well- Being in Mexican Americans: A Panel Analysis of Three-Generations Data. *Gerontologist*. 1996; 36:454–463. [PubMed: 8771973]
- Liguori, AL.; González-Block, M.; Aggleton, P. Bisexuality and HIV/AIDS in Mexico. In: Aggleton, P., editor. *Bisexualities and AIDS: International Perspectives*. Bristol, PA: Taylor and Francis; 1996. p. 74-97.
- Logan TD. Personal Characteristics, Sexual Behaviors, and Male Sex Work: A Quantitative Approach. *American Sociological Review*. 2010; 75:679–704.
- Mahaffy KA. Cognitive Dissonance and Its Resolution: A Study of Lesbian Christians. *Journal for the Scientific Study of Religion*. 1996; 35:392–402.
- Malebranche DJ, Fields EL, Bryant LO, Harper SR. Masculine Socialization and Sexual Risk Behaviors Among Black Men Who Have Sex with Men: A Qualitative Exploration. *Men and Masculinities*. 2009; 12:90–112.

- Ntetmen Mbetbo J. Internalised Conflicts in the Practice of Religion among Kwandengue living with HIV in Douala, Cameroun. *Culture, Health & Sexuality*. 2013;1–12. (ahead-of-print).
- Meyer IH. Minority Stress and Mental Health in Gay Men. *Journal of Health and Social Behavior*. 1995; 36:38–56. [PubMed: 7738327]
- Meyer, IH.; Dean, L. Internalized Homophobia, Intimacy, and Sexual Behavior Among Gay and Bisexual Men. In: Herek, GM., editor. *Stigma and Sexual Orientation: Understanding Prejudice Against Lesbians, Gay Men, and Bisexuals*. Thousand Oaks, CA: Sage Publications; 1998. p. 160-186.
- Muñoz-Laboy M. Familism and sexual regulation among bisexual Latino men. *Archives of Sexual Behavior*. 2008; 37:773–782. [PubMed: 18521735]
- Muñoz-Laboy MA, Dodge B. Bisexual Practices: Patterns, Meanings, and Implications for HIV/STI Prevention among Bisexually Active Latino Men and Their Partners. *Journal of Bisexuality*. 2005; 5(1):79–101.
- Munoz-Laboy, Miguel; Hirsch, Jennifer S.; Quispe-Lazaro, Arturo. Loneliness as a sexual risk factor for male Mexican migrant workers. *American Journal of Public Health*. 2009; 99 (5):802–810. [PubMed: 19299684]
- Navarro-Rivera, J.; Kosmin, BA.; Keysar, A. *US Latino Religious Identification 1990–2008: Growth, Diversity & Transformation*. Hartford: Trinity College Digital Repository, Trinity College; 2010.
- Nunes JA, Raymond SJ, Nicholas PK, Leuner JD, Webster A. Social Support, Quality of Life, Immune Function, and Health in Persons Living with HIV. *Journal of Holistic Nursing*. 1995; 13:174–198. [PubMed: 7745242]
- Parker, Richard. *Bodies, Pleasures, and Passions: Sexual Culture in Contemporary Brazil*. Boston: Beacon Press; 1991.
- Perl P, Greely JZ, Gray M. What Proportion of Adult Hispanics are Catholic? A Review of Survey Data and Methodology. *Journal for the Scientific Study of Religion*. 2006; 45:419–436.
- Reed PG. Religiousness among Terminally Ill and Healthy Adults. *Research in Nursing & Health*. 1986; 9:35–41. [PubMed: 3634417]
- Ritter KY, O'Neill CW. Moving Through Loss: The Spiritual Journey of Gay Men and Lesbian Women. *Journal of Counseling & Development*. 1989; 68 (1):9.
- Rodriguez EM, Oulette SC. Gay and Lesbian Christians: Homosexual and Religious Identity Integration in the Members and Participants of a Gay-Positive Church. *Journal for the Scientific Study of Religion*. 2000; 39:333–347.
- Roof WC, McKinney W. *Denominational America and the New Religious Pluralism*. *Annals Of The American Academy Of Political & Social Science*. 1985; 480:24–38.
- Roof, WC.; Greer, B.; Johnson, M.; Leibson, A. *A Generation of Seekers: The Spiritual Journeys of the Baby Boom Generation*. New York: HarperCollins Publishers; 1993.
- Rosario M, Rotheram-Borus MJ, Reid H. Gay-Related Stress and Its Correlates Among Gay and Bisexual Male Adolescents of Predominately Black and Hispanic Background. *Journal of Community Psychology*. 1996; 24:136–159.
- Sandfort TG, Melendez RM, Diaz RM. Gender Nonconformity, Homophobia, and Mental Distress in Latino Gay and Bisexual Men. *Journal of Sex Research*. 2007; 44:181–190. [PubMed: 17599275]
- Schuck KD, Liddle BJ. Religious Conflicts Experienced by Lesbian, Gay, and Bisexual Individuals. *Journal of Gay & Lesbian Psychotherapy*. 2001; 5:63–82.
- Severson, Nicolette; Muñoz-Laboy, Miguel; Garcia, Jonathan; Perry, Ashley; Wilson, Patrick; Parker, Richard. Generational changes in the meanings of sex, sexual identity and stigma among Latino young and adult men. *Culture, Health & Sexuality*. 2013;1–15. ahead-of-print.
- Stokes JP, McKirnan DJ, Burzette RG. Sexual Behavior, Condom Use, Disclosure of Sexuality, and Stability of Sexual Orientation in Bisexual Men. *The Journal of Sex Research*. 1993; 30:203–213.
- Szymanski DM, Carr ER. The Roles of Gender Role Conflict and Internalized Heterosexism in Gay and Bisexual Men's Psychological Distress: Testing Two Mediation Models. *Psychology of Men and Masculinity*. 2008; 9:40–54.
- Taylor C. Mexican Male Homosexual Interaction in Public Contexts. *Journal of Homosexuality*. 1985; 11:117–136. [PubMed: 4093597]

- Thumma S. Negotiating a Religious Identity: The Case of the Gay Evangelical. *Sociology of Religion*. 1991; 52:333–347.
- Ward J. Dude-Sex: White Masculinities and ‘Authentic’ Heterosexuality Among Dudes Who Have Sex with Dudes. *Sexualities*. 2008; 11:414–434.
- Yin, R. *Case Study Research: Design and Methods*. 4. Thousand Oaks: Sage Publications; 2009.
- Yin, R. *Applications of Case Study Research*. 3. Thousand Oaks: Sage Publications; 2012.
- Yip AKT. Attacking the Attacker: Gay Christians Talk Back. *British Journal Of Sociology*. 1997; 48 (1):113–127. [PubMed: 9178598]

Table 1

Multivariate Linear Regressions of Gender, Sexuality and Social Factors on Religiosity Among Bisexual Latino Men (n=145)

	Model 1 (N=144)	Model 2 (N=144)	Model 3 (N=144)	Model 4 (N=144)
	β (SE)	β (SE)	β (SE)	β (SE)
<u>Masculinity Factors</u>				
Machismo	.10 (.19)	---	---	.12 (.15)
Procreation motivation for sex	.03 (2.86)	---	---	.13 (2.75)
Masculine self-identity	.20 (3.66)*	---	---	.01 (3.37)
<u>Sexuality Factors</u>				
Pleasure/recreation motivation for sex	---	.22 (2.86)*	---	.22 (2.86)
Homophobia	---	.19 (.01)*	---	.18(.01)*
Acceptability of passive role during sex	---	-.17 (2.04)*	---	-.06 (2.19)
Sensation seeking	---	-.01 (.38)	---	-.01 (.37)
Condom self-efficacy female partners	---	-.20 (.36)**	---	-.18 (.34)*
Condom self-efficacy with male partners	---	-.25 (.32)**	---	-.07 (.49)
<u>Social Factors</u>				
Acculturation	---	---	-.28 (.19)**	-.23 (.21)**
Loneliness	---	---	.24 (.36)**	.26 (.36)**
Familism	---	---	.96 (.03)**	.94 (.03)**
Sexual discrimination in workplace	---	---	.12 (2.29)	.12 (2.29)
Physical/verbal aggression based sexuality	---	---	.18 (4.81)*	.14 (4.79)
Police harassment based on sexuality	---	---	.19 (2.93)*	.12 (3.13)
Racial discrimination in workplace	---	---	.19 (2.29)*	.02 (2.32)
Racial physical/verbal aggression	---	---	.14 (2.60)	.01 (2.61)
Police racial harassment	---	---	.13 (2.34)	.02 (2.33)
<u>Social Factors</u>				
Age	---	---	---	.18(.01)*
Education	---	---	---	.11 (2.73)
Income	---	---	---	.03 (2.08)

* p < 0.05,

** P < 0.001