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Research Paper

Attitude toward Homosexuality, Gender Role Beliefs and Religiosity among Mental Health Professionals

Krishna Priya S Prabhu[1]*, Dr. Anjana Sinha[2]

ABSTRACT

Homosexuality has been a taboo since a very long time. Attitudes held by people especially care providers like mental health professionals become a cause of concern as it influences a lot of factors such as attitudes held by laymen about minority communities, help seeking behaviors in homosexuals and most importantly the whole of therapy or interventions provided. Negative attitudes can make or break the lives of such overlooked minorities. Factors such as traditional gender role beliefs which constitute age old perceptions like patriarchal supremacy, male chauvinism, the norm of women being futile and submissive as well as high levels of religiosity are shown to have an impact on attitudes toward homosexuality. This study hence aimed to investigate the relationship between attitude toward homosexuality, gender role beliefs and religiosity among mental health professionals who are currently practicing and if and how gender and educational qualification impacts such attitudes. The participants included 62 mental health professionals from South Indian states (Females- 40, Males-22). The tools used in the study were- Attitude Toward Homosexuality Scale for Indians (AHSI), Gender Role Belief Scale- Short Form and Indic Religiosity Scale. Results indicated that there is a significant positive correlation between attitude toward homosexuality and gender role beliefs and no significant correlation between attitude toward homosexuality and religiosity among mental health professionals. It was also found that gender and educational qualification does not signify changes in attitudes held by professionals.

Keywords: *Attitude, Gender role, Homosexuality, Religiosity*

Homosexuality has been prevalent in society since time immemorial. In ancient India, homosexuality was not heavily punished. People were forced to ride on donkeys and tonsure their heads at the worst. Ruth Vanita (2005) described that British rule had changed the faith of homosexuals and it was a start to homophobic ideologies. Homosexuality is not a particularly rare phenomenon. As it may be seen as a controversial concept in some cultures, people are generally not comfortable disclosing their homosexual orientation. People also fail to distinguish between desire, behavior, and identity due to lack of knowledge and awareness and hence the prevalence of homosexuality is difficult to ascertain in studies. According to the LGBT+ pride 2021 global survey, on average,

[1]Msc Clinical Psychology Student, Kristu Jayanti College (Autonomous), Bangalore, India
[2]Assistant Professor, Department of Psychology, Kristu Jayanti College (Autonomous), Bangalore, India
*Corresponding Author

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globally, 80% identify as heterosexual, and 3% as gay, lesbian, or homosexual. Socio culturally, homosexuality is still not seen as normal. A 2017-18 survey conducted in eight states by the Centre for the Study of Developing Societies (CSDS) and Azim Premji University found that 28% agreed or somewhat agreed with the statement that sexual relationships between two men or two women should be accepted by society, 46% disagreed, and the rest had no opinion. The shift from viewing homosexuality as a crime and deviation from society to embracing its normalcy slowly began in the late 20th century. However, stigmatization and social repression are accepted social norms in modern Indian society and take a considerable toll on the health of the LGBTQIA+ population.

Studies conducted in the west indicate that mistreatment and discrimination of homosexuals is a constant problem. Bullying, verbal as well as physical harassment, and hate crimes are experienced due to their sexual identities. The school and college-going population are also victims of such harassment. It leads to poor attendance, bad grades, and dropping out. LGBTQIA+ is a social identity that is discounted as a result of socially established and imposed attitudes and norms. Although it is not necessarily negative, the dominant group in society, those in positions of power, have created a negative attitude. Although people with conservative religious backgrounds frequently have stigmatizing attitudes against LGBTQIA+ people, these attitudes also occur in the wider public (Adamczyk and Pitt, 2009). In a study by Swim et al. (2007), LGBTQIA+ participants reported experiencing sexism daily. These experiences included comments made about them or LGBTQIA+ people as a whole, jokes that make assumptions about or express hostility towards LGBTQIA+ people, overt threats of violence or hate, or a general disdain for or stigmatization of LGBTQIA+ people. Such adverse responses from society affect people's health as well as their opinion about themselves which includes poor self-esteem, body image issues, and self-stigmatization. Assault is also a risk factor for mental health issues. Such risks can be reduced by family acceptance and connection with other LGBTQIA+ youth. LGBTQIA+ youth who come from highly rejecting families are more than three times as likely to have attempted suicide than LGBTQIA+ peers who reported no or low levels of family rejection.

Mental health concerns among homosexuals are varied however, evidence suggested by researchers shows that compared with heterosexual counterparts, gay men and lesbians suffer from more mental health problems including substance related and addictive disorders, affective disorders, and suicide (Cochran, 2001; Gilman et al., 2001; Herrell et al., 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001). A high number of studies indicate that the gay population is at higher risk of developing not only mental disorders, such as depression accompanied by suicide attempts and substance abuse (Cochran et al. 2007, King et al. 2008, Cochran & Mays 2009) they are also more prone to develop sexually transmitted diseases, cancer, and cardiovascular diseases (Dahan et al. 2007, Ridner et al. 2006). Even after accounting for the comorbidity of mental disorders, lesbians and bisexual women exhibited a 3-fold increased risk of drug use disorders, and homosexual and bisexual males showed a 2-fold increased risk of anxiety disorders, schizophrenia, and psychotic illness. Suicide attempts were independently associated with bisexuality, with odds 3 times higher than in heterosexuals (Bolton & Sareen, 2011). Many researchers believe this to be due to double discrimination in the form of stigma experienced both within the LGBTQ community as well as from outside of it (Tangela et al. 2015). In one study, 52.9% of gay men studied were found to have some psychiatric morbidity (Prajapati, Parikh, & Bala, 2014). A qualitative study on sexual minority women found that isolation, anxiety, high

substance use, and frequent suicidal thoughts were common themes in these women's experiences.

Despite the high prevalence rates of mental health issues in this population, homosexual individuals hesitate to seek help for their problems from professionals. Women who belonged to the sexual minority community also reported that they typically try to avoid mental health services because of the stigma of mental health issues, fear of negative medical interventions, and previous unfavorable experiences with these services (Bowling et al., 2015). As reported in some reviews, the extent of marginalization, inadequate knowledge and sensitivity of healthcare professionals toward LGBTQIA+ individuals, active discrimination, and perpetuation of violence by them may be the contributing healthcare barriers (Kottai & Ranganathan, 2019). Findings from another study showed that LGB Identity Affirmation, but not Negative LGBTQIA+ Identity, was related to perceived counselor sexual prejudice such that the more affirming LGBTQIA+ individuals are of their sexual identity the less they perceive counselors to display prejudice against them. The perceptions of sexual bias among counselors and intentions to seek psychological therapy were mediated by attitudes about mental health counseling. Also, it was discovered that there is a negative correlation between LGBTQIA+ identification and intentions to seek psychiatric treatment, meaning that the more negatively someone regards their LGBTQIA+ identity, the higher their desire to seek mental health care. Lastly, a favorable correlation between prior counseling experience and attitudes and intentions for getting help was also seen (Spengler & Ægisdóttir, 2015). Homophobia and negative attitudes toward homosexuality are said to be one reason for these negative life outcomes experienced by LGTB youth (Harbaugh & Lindsey, 2015).

Therefore, improving attitudes, raising awareness, and improving the quality of health care for homosexual patients becomes crucial. Physicians' attitudes are influenced by their sexual orientation in addition to their level of training (knowledge) and speciality, according to Bhugra and King (1989). Health care providers' attitudes can affect their readiness to assist homosexual patients (Yen et al. 2007, and as a result, the standard of care and treatment). Furthermore, mental health professionals' attitudes towards homosexuals are of great importance as they are better promoters of anti-stigma programs among laymen. In addition, anti-stigma- programs could help in spreading non homophobic attitudes towards clients and patients, as well as in raising awareness on how the attitudes of physicians and medical staff lead to negative social, ethical, and psychological consequences.

So, what factors influence these attitudes in mental health professionals? Religious teachings and beliefs are perchance the most commonly cited cause of discrimination against homosexuals (Mole, 2011). Religiosity takes up a central role in the lives of people in India. In a secular and diverse country like India where traditions are cultivated in young minds from the very first blink of one's eyes, holding firmly onto various religious beliefs and adhering to its norms is not uncommon. It is believed that subjection to socializing agents, such as religious institutions, is crucial for elucidating people's moral attitudes (Durkheim, 1951; Ultee et al., 2003). The fundamental tenet of socialization and integration theory is that exposure to socializing agents causes people to acquire and internalize societal norms. Those who are more exposed to specific norms are more likely to embrace, adopt, and internalize these standards. The level of the impact varies depending on the extent to which individuals are exposed to various socializing agents. Being a member of a religious organization directly affects an individual's social norms since members of the organization

are more likely to interact with one another and feel compelled to uphold its standards and ideals (Smith-Lovin, & Cook, 2001). Adherents are more prone to accept this viewpoint if rejecting homosexuality is the social norm.

The more religious, in general, the more people are homonegative. However, this is conditioned by religious affiliation. The nature of religious motivation becomes important here as extrinsic motivation strengthens the negative effect of religiosity on attitudes toward gay and lesbian people. The results of a study conducted by Janssen & Scheepers (2019) indicate that every dimension of religiosity has a positive relationship with the rejection of homosexuality that is, those who are more religiously salient or who attend religious services more frequently and hold more deeply held religious particularistic beliefs are more likely to be homophobic. Religiosity plays a central role in people's lives and influences their attitudes because so many individuals still identify with a religious denomination (Hackett, Grim, Stonawski, Skirbekk, & Potančoková, 2012). Various dimensions of religiosity like denomination, religious attendance, particularistic beliefs, and salience of religion in one's life all had a positive relationship with rejection of homosexuality (Janssen & Scheepers, 2019). Altemeyer and Hunsberger (1992) defined this as a result of "the belief that there is one set of religious teachings that contains the fundamental, basic, intrinsic, essential and inerrant truth about humanity and deity". Consistent with these findings is evidence that suggests that individuals who report greater religiosity also report more negative attitudes about homosexuals and greater sexual prejudice, including apprehension about contact with homosexuals, civil rights intolerance, and stereotypic beliefs (Rowatt et al., 2006). There is a growing body of evidence portraying some healthcare, social care, and social work practitioners with negative views towards LGBTQ people are informed by their religious beliefs (Balik et al., 2020; Bradbury-Jones et al., 2020). Fisher et al. (2017), reported findings from an Italian study of healthcare providers that both homophobia and transphobia were associated with religious fundamentalism.

Gender role beliefs are widely held beliefs about the roles that are appropriate and expected for men and women (Eagly & Karau, 2002) and so can play a crucial role in understanding people's perception of sexuality. Men are often expected to be assertive, dominant, and the breadwinners, whereas women are often expected to be nurturing and caring and the primary caregivers for their children (Fischer & Anderson, 2012). Almost 9 out of 10 Indians agree with the notion that wifes must always obey her husband, including nearly two-thirds who completely agree with this statement. Indian women are only slightly less likely than men to say they completely agree that wives should always obey their husbands (61% vs. 67%), according to the survey which was conducted between 2019-2020 by Pew Research Center. Findings also suggested that roughly a third of adults (34%) feel that child care should be handled primarily by women, (43%) see earning majorly as the obligation of men, most Indians (63%) see male children as being primarily responsible for their parents' last rites and burial rituals. For reasons ranging from historical to economic, Indian society tends to hold on to traditional gender roles which give away tonnes of freedom, rights, and prominence to males than females. Gender schema theory by Bem in 1981 explains how individuals become gendered in society, and how sex-linked characteristics are maintained and transmitted to other members of a culture. This theory also sheds light on some of the processes by which gender stereotypes become so psychologically entrenched in our society. Gender schemas, networks of information that allow some information to be more easily assimilated than others are based on interactions and observations of others, environment, and culture. A great many societal and personal problems have been found to result from the

persistence and adherence to traditional male and female gender role beliefs. Research abounds on how a person's gender expectations affect his or her treatment of others. Connell (1987) asserted that contempt for homosexuality especially among heterosexual men is a part of the ideological package supporting men's dominance. The fact that homosexuality threatens the credibility of a naturalized ideology of gender and the dichotomized sexual world is noteworthy. From a social constructionist view, sexual orientation is perceived as a learned phenomenon mediated by social, cultural, and intersubjective factors (Tolman, 2002). The notion of "sex" and everything revolving around it is socially constructed, with particular bodily acts and sexual identity labeled as legitimate or as deviant within specific social and historical contexts (Plante, 2015). Men and women who conform to gender norms are perceived as "complements" to one another, and this makes hetero-sexual pairing seem necessary and acceptable (Glick et al., 2000; Ingraham, 2006). Hence, it would seem that the concept of sexuality is inextricably linked to gender norms and beliefs. According to one of the earliest psychological theories on homosexuality (Freud, 1905/1953), same-sex attraction is brought on by an excessive identification with the other-sex parent is consistent with the above idea. A common belief that nonheterosexual people are gender nonconforming and vice versa remains, although there is no modern data to support this theory. Such ingrained beliefs about masculinity and femininity may play a role in the attitudes heterosexuals hold toward homosexuals. A study on gender role variables and attitudes towards homosexuality found that the best predictors of such attitudes were gender, endorsement of male role norms, attitudes toward women, benevolent sexism, and modern sexism. Empirical evidence indicates that traditional gender role identity is associated with homophobic views in males, but not females (Falomir-Pichastor, Martinez & Paterna, 2010; Polimeni, Hardie, & Buzwell, 2000). Some studies have pointed out that heterosexual men, particularly one's whose identity is closely tied to their masculinity and who try to live up to a standard of extreme masculinity, have more negative attitudes toward gay men (Davies, 2004). It has been well-established that perceived threats shape negative attitudes (Stephan et al., 2005). Integrated threat theory supports this finding saying individuals are likely to avoid those behaviors that threaten, and embrace activities that strengthen, their sense of self—in this case, their gender role identity. In support of this perspective, Anderson (2008) suggested that men wishing to avoid homosexual stigma generally do not work or play in feminized contexts, nor do they act in feminine ways if they desire to be perceived as hetero-masculine among peers. Social role theory provides some insights into understanding this phenomenon. Social role theory suggests that inferences about presumed homosexuality are influenced by gender-associated beliefs (Bem, 1981).

This leads to a significant debate of whether providers of mental health care who have traditional gender role beliefs, with high religiosity and negative attitude towards sexual minorities can help and assist homosexually oriented clients. For the reasons listed above, it becomes necessary to assess mental health professionals' attitudes toward homosexuality and the factors influencing it as the prevalence of homosexual individuals is increasing. Furthermore, due to the stigma and minority status that they carry, they are more prone to suffer from all kinds of illnesses with a lower probability to seek help for the same.

Aim

To assess the relationship between attitude toward homosexuality, gender role beliefs and religiosity among mental health professionals and to determine whether gender and educational qualification influences the attitudes held by professionals about homosexuals.

Hypotheses

- H01: There is no significant correlation between attitude toward homosexuality and gender role beliefs among mental health professionals.
- H02: There is no significant correlation between attitude toward homosexuality and religiosity among mental health professionals.
- H03: There is no significant difference in attitude towards homosexuality based on educational qualification among mental health professionals.
- H04: There is no significant difference in attitude towards homosexuality based on gender among mental health professionals.
- H05: There is no significant difference in gender role beliefs based on gender among mental health professionals.

Sample

The sample consisted of 62 mental health professionals (Females-40, Males-22) (Clinical Psychologists, Counselors, Psychiatrists, Psychiatric Nurses, Social Workers) who are currently practicing in South India.

Instruments

- **The Attitudes Toward Homosexuality Scale for Indians (AHSI)**
  Attitudes Towards Homosexuality Scale for Indians (AHSI) scale by Kanika Ahuja is a 5-point Likert scale consisting of 20 items. A Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used. The higher the score, the more positive is the attitude of the subject towards homosexuals. Items 1, 2, 3, 6, 9, 10, 11, 13, 16, and 17 are reverse scored. The scale had a reliability of 0.91.
- **Indic Religiosity Scale**
  Indic Religiosity Scale by Jayakumar & Verma (2020) is a 15-item construct with five factors which is a valid and reliable measure of religiosity. The five factors include: Way of Life; Belief in Rebirth, Karma and Destiny; Existence of Supreme Power; Importance of Prayer and Purposeful Life with a 5-point likert scale. The Cronbach's Alpha was found to be 0.96 and validity was found to be above 0.70 for all constructs.
- **Gender Role Belief Scale- Short Form (GRBS-SF)**
  The Gender Role Belief Scale – Short Form by Brown and Gladstone (2012) consists of 10 items rated on a 7-point likert scale. Thus, possible scores range from 10 to 70, with higher scores indicating more feminist gender role beliefs. The reliability was found to be 0.77 and validity was considered to be high.

Procedure

The google form containing 3 questionnaires: The Attitudes Toward Homosexuality Scale for Indians (AHSI), Indic Religiosity Scale and Gender Role Belief Scale- Short Form (GRBS-SF) was circulated through various social media platforms like WhatsApp, LinkedIn and Gmail. The first section consisted of a short debriefing about the study followed by the 3 questionnaires. Clear instructions as to how to go about filling the questionnaires, the targeted sample and the aim of the study was specified along with the form. Participants were asked to fill it up on a voluntary basis and were further requested to circulate it to other professionals.

Table 1 shows the relationship between Attitude toward Homosexuality and Gender Role Beliefs

Variables	N	M	SD	1	2	3
1.Attitude toward Homosexuality	62	89.34	11.73	-	.683*	-0.44**
2.Gender Role Belief	62	61.19	9.89	.683*	-	-
3.Religiosity	62	53.19	9.98	-0.44**	-	-

*p>0.05 **p<0.05

Table 1 represents the correlation between attitude toward homosexuality gender role belief and religiosity among mental health professionals. The analysis indicates that there is a positive correlation between attitudes held by mental health professionals about homosexuality and their beliefs about gender roles (r=.683). Therefore, the null hypothesis, which states that, there is no significant correlation between attitude toward homosexuality and gender role beliefs among mental health professionals is rejected. The figures signify that there is no correlation between mental health professionals' attitude toward homosexuality and their religiosity. Hence, the null hypothesis which states that, there is no significant correlation between attitude toward homosexuality and religiosity among mental health professionals is accepted. Consistent with this finding are many studies conducted across the globe. One of the recent studies conducted by Reyes et al. (2019) found gender-role beliefs, and attitudes toward lesbians and gays are significantly related.

To the contrary of H02 being accepted, previous research shows a significant relationship among these variables. The findings of the current study may be influenced by the recent trends of youngsters becoming widely less religious and even holding atheistic beliefs. According to Pew Research Centre, out of 106 countries surveyed, young adults are significantly less likely to be affiliated with a religious group in 41. In other words, young adults are more likely to be religiously unaffiliated. The result yielded in this study may also be due to various factors influencing the finding such as small sample size.

Table 2 shows the difference in attitude toward homosexuality based on educational qualification among mental health professionals.

Variable	Postgraduate		Superspeciality		T	p	Cohen's d
	M	SD	M	SD			
Attitude Toward Homosexuality	88.80	13.11	90.04	9.86	-0.40	.68	11.81

Table 2 portrays the difference in attitude toward homosexuality based on educational qualification of mental health professionals. The results indicate that there is no significant difference in attitude toward homosexuality with respect to the respondent's educational qualification. Therefore, the null hypothesis stated as there is no significant difference in attitude toward homosexuality based on educational qualification is accepted. Previous studies have shown a different trend away from the results displayed. A study by Dunjić-Kostić (2012) showed that Age specialty (psychiatry, gynecology, internal medicine and surgery) and respondents' status had no effect on stigmatization. This finding of the present study is inconsistent probably because of the fact that individuals are aware about homosexuality at the postgraduate level just as much as at the super speciality level. The

curriculum in this modern era covers facts about sexual orientation at the undergraduate level itself. Media and social exposure can also play a role in the level of knowledge and awareness about homosexuality possessed by the respondents. 66% of participants of a study conducted by Arthur et al. (2021) reported that social influences were the main source of their current knowledge about LGBT health experiences.

Table 3 shows the difference in attitude toward homosexuality and gender role beliefs based on gender among mental health professionals.

Variables	Female		Male		t	P	Cohen's d
	M	SD	M	SD			
Attitude toward Homosexuality	88.86	12.82	.23	.81	.23	.30	11.82
Gender Role Belief	62.35	9.11	59.09	11.07	1.24	.32	9.85

Table 3 indicates the difference in attitude toward homosexuality and gender role beliefs based on gender among mental health professionals. Figures show that there is no significant difference in attitude toward homosexuality based on gender. This means that the null hypothesis which states that there is no significant difference in attitude toward homosexuality based on gender among mental health professionals is accepted. The result also signifies that there is no significant difference in gender role beliefs based on gender among professionals. Hence, the null hypothesis which stated that there is no significant difference in gender role beliefs based on gender of professionals is accepted. This indicates that gender doesn't influence attitudes towards homosexuals among mental health professionals. This finding differs from the other studies from the Western context. It might be because of the cultural differences, the legalization of homosexuality in India and the small sample taken for study. However, a study by Indhumathi (2019) is in line with this finding. A study by Debnath (2022) in West Bengal also found that sex did not make a significant difference in the attitude towards homosexuality. The findings also indicate that gender role beliefs do not differ with gender among mental health professionals. This is contradictory to studies conducted previously. Study by Stark (1991) revealed that men were not only more sexist in general, but that they also reported significantly higher levels of belief in both traditional male as well as female roles than women. This can be due to the changing trends in sticking onto unfair, manmade, illogical patriarchal practices due to increased awareness and knowledge to moving forward to embracing an egalitarian, feministic approach especially seen among young adults. It can be noted that the study participants were a majority of adults younger than 30 who fall into the aforementioned category.

Based on the statistical analysis conducted, it can be concluded that there is a significant positive relationship between attitude toward homosexuality and gender role beliefs and no significant relationship between attitude toward homosexuality and religiosity among mental health professionals. The study also shows that age, educational qualification and gender does not have an influence on attitudes about homosexuality among mental health professionals. In addition, gender role beliefs do not tend to be different based on the gender of mental health professionals.

Implications

The findings of this study will be helpful in understanding the factors like gender role beliefs that may have an influence on the attitudes of mental health professions toward homosexuals and minority communities. The finding indicating the fact that professionals' beliefs about stereotypical ways in which men and women need to conduct themselves in the society may have ill effects on any client they encounter. Hence, awareness programs focusing on such issues needs to be conducted with professionals in the mental health arena. This also emphasizes on the importance of how self-awareness within the therapist plays a crucial role in a therapeutic session. Moreover, it highlights how traditional values and standards which oppress a particular gender or community still prevails in a developing country like India. It shows a general trend in the changing attitudes that are held by Indian professionals against minorities. Furthermore, it adds to the current literature on attitude towards homosexuality in India.

Limitations

The current study was conducted on a small sample of 62 mental health professionals. Geographical constraint of considering only South India is a major drawback. Due to time and sample constraints, the quality of the study might have been compromised. Moreover, the survey was circulated through google forms and so the responses of participants might have been influenced by many extraneous factors such as distraction, fatigue, disinterest etc. The determination of truthfulness of such responses circulated online is also a crucial point to be noted.

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Conflict of Interest

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