

The Role of Internalized Homophobia and Body Appreciation in Predicting Risky Sexual Behaviour Among Sexual Minorities in Nigeria.

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ABSTRACT

The study investigated the role of internalized homophobia and body appreciation in predicting risky sexual behaviour among sexual minorities in Nigeria. A total of forty-eight (48) sexual minority individuals were recruited using a non-probabilistic sampling method, relying on social network strategies to access a hard-to-reach population. Their ages ranged from 18 to 36 years old, with the mean age of 24.83 and standard deviation of 4.46. Three instruments were used for data collection. They included: Revised Internalized Homophobia Scale, Body Appreciation Scale 2 and Sexual Risk Survey. It adopted a correlational research design and moderated regression analysis as the research design and statistics respectively. The result revealed: a) a non-significant negative prediction of internalized homophobia on risky sexual behaviour among the studied population ($\beta = -0.29$, $p > .05$), b) a non-significant negative prediction of body appreciation on risky sexual behaviour ($\beta = -0.49$, $p > .05$), and c) the interaction term between internalized homophobia and body appreciation was also not statistically significant ($\beta = 0.02$, $p = >.05$), indicating that body appreciation did not moderate the relationship between internalized homophobia and risky sexual behaviour. These results highlight the need to explore other psychosocial and structural factors influencing sexual risk-taking among sexual minorities in Nigeria, with implications for culturally sensitive clinical interventions and public health programming.

Keywords: internalized homophobia, body appreciation, risky sexual behaviour, sexual minorities, Nigeria

Introduction

Risky sexual behaviour has been linked to adverse mental health outcomes, including depression, anxiety, low self-esteem, and post-traumatic stress, often arising from regret, shame, and fear of negative consequences (Mori et al., 2019; Sassover et al., 2023). While typically addressed as a public health issue due to its association with sexually transmitted infections (STIs) and unintended pregnancies, its psychological dimensions are equally critical. Risky sexual behaviour such as unprotected intercourse, multiple partners, early initiation of sex, or sexual activity under the influence of substances remains prevalent

among young people (Mcharo et al., 2020; UNAIDS, 2023). These behaviours are shaped by factors such as peer influence, socio-economic pressures, inadequate sexual health education, and perceived invulnerability to negative outcomes (Thephtien & Celyn, 2022).

Sexual minorities (gay, lesbian, and bisexual individuals) are disproportionately affected, with higher rates of risky sexual behaviour compared to heterosexuals, often driven by stigma, discrimination, and limited access to supportive health services (Cutuli et al., 2020; Malik et al., 2023). In Nigeria, where the Same-Sex Marriage (Prohibition) Act (SSMPA) of 2014 criminalizes same-sex relationships and advocacy, legal and cultural hostility exacerbates this vulnerability (Arimoro, 2019; Sekoni et al., 2022). Minority stress theory posits that such stigma and discrimination contribute to chronic stress and maladaptive coping, including engagement in risky sexual practices. Internalized homophobia; the internalization of society's negative attitudes toward one's sexual orientation has been associated with depression, anxiety, low self-esteem, and difficulty forming healthy relationships (Ingoglia et al., 2020; Matsuzaka et al., 2023). For some, risky sexual behaviour serves as a coping mechanism to manage shame, guilt, or rejection, while simultaneously increasing vulnerability to adverse health outcomes.

Body image is another psychological factor with potential influence on sexual decision-making. Body appreciation, defined as accepting, respecting, and valuing one's body beyond appearance ideals, is considered a protective factor that fosters confidence and responsible health behaviours (Alleva & Tylka, 2021). Conversely, body dissatisfaction has been linked to negative self-perception, diminished self-worth, and engagement in high-risk sexual encounters (Nowicki et al., 2022; Gillen & Markey, 2019). For sexual minorities in Nigeria, conflicting beauty standards; traditional preferences for fuller bodies versus globalized ideals of thinness and muscularity may heighten insecurity and external validation-seeking behaviours, potentially influencing risky sexual practices (Balogun et al., 2024; Swami et al., 2024).

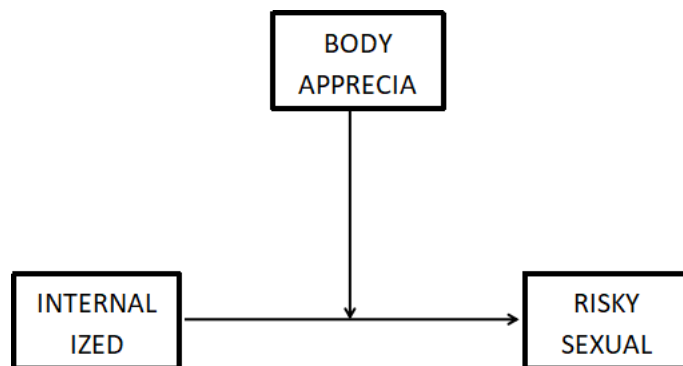
Despite evidence linking internalized homophobia and body image to risky sexual behaviour, research within the Nigerian context remains limited, particularly for lesbians and bisexuals, who are often underrepresented in indigenous studies that predominantly focus on gay men (Francisco et al., 2022). Moreover, while internalized homophobia has been shown to predict maladaptive behaviours, the potential buffering role of body appreciation has not been adequately explored. Individuals with higher body appreciation may possess a stronger self-concept and greater assertiveness in sexual decision-making, which could mitigate the psychological distress associated with internalized homophobia and reduce the likelihood of engaging in risky sexual behaviour (Boyd, 2022; Palmieri, 2020). This study therefore seeks to examine how internalized homophobia and body appreciation influence risky sexual behaviour among sexual minorities in Nigeria,

contributing to the development of culturally relevant interventions that promote psychological well-being and sexual health in this population.

This study hypothesized that

1. Internalized homophobia will significantly predict higher levels of risky sexual behaviour among sexual minorities.
2. Body appreciation will significantly predict lower levels of risky sexual behaviour among sexual minorities.
3. Body appreciation will moderate the relationship between internalized homophobia and risky sexual behaviour such that the positive relationship between internalized homophobia and risky sexual behaviour will be weaker among individuals with higher body appreciation.

Figure 1: Conceptual diagram of body appreciation as a moderator of the relationship between internalized homophobia and risky sexual behaviour



Method

Participants

Forty-eight sexual minority individuals (ages 18–36; $M = 24.83$, $SD = 4.46$) participated in the study. A non-probabilistic sampling method was used, with participants recruited through a community-based organization in Edo and Anambra States. Of these, 58% were assigned male at birth and 42% female; 40% identified as gay, 37% as bisexual, 19% as lesbian, and the remainder as non-binary or other identities. Eligibility required being a sexual minority adult and providing informed consent.

Instruments

Three standardised instruments were utilised: the Revised Internalized Homophobia Scale (RIHS; Herek, Gillis & Cogan, 2009), Body Appreciation Scale-2 (BAS-2; Tylka & Wood-Barcalow, 2015), and Sexual Risk Survey (SRS; Turchik & Garske, 2009).

Revised Internalized Homophobia Scale (RIHS)

The RIHS (Herek, Gillis & Cogan, 2009) is a 9-item self-report instrument designed to assess internalized homophobia among sexual minorities. It conceptualises internalized homophobia across three dimensions: discomfort with one's sexual orientation, internalized negative belief, and avoidance of LGB-related contexts. Items are rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating greater internalized homophobia. Herek et al. (2009) reported a Cronbach's alpha of .84, demonstrating high internal consistency. Although the scale has not been validated within a Nigerian sample, Vu et al. (2012) established its psychometric adequacy in a South African context, also reporting a Cronbach's alpha of .84.

Body Appreciation Scale-2 (BAS-2)

The BAS-2 (Tylka & Wood-Barcalow, 2015) is a 10-item self-report measure designed to assess body appreciation as a core component of positive body image. All items are forward-scored on a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Always*), with higher scores reflecting greater body appreciation. The scale assesses four dimensions: Body Acceptance, reflecting unconditional acceptance of one's body inclusive of perceived flaws; Body Appreciation, capturing gratitude for the body's functionality and uniqueness over appearance; Body Respect, encompassing behaviours that demonstrate care and protection of the body; and Resistance to Sociocultural Pressures, reflecting the capacity to resist unrealistic societal beauty standards. Tylka and Wood-Barcalow (2015) reported Cronbach's alpha values of .97 for women and .96 for men, with intraclass correlation coefficients of .90 for both sexes over a three-week period, indicating excellent reliability and temporal stability. For a Nigerian sample, Obi (2024) reported a Cronbach's alpha of .82.

Sexual Risk Survey (SRS)

The SRS (Turchik & Garske, 2009) is a 23-item self-report instrument designed to assess the frequency and variety of risky sexual behaviours. Participants indicate, via a free-response format, the number of times they engaged in each described behaviour over the preceding six months. Raw frequency scores are subsequently recoded into categorical values of 0 to 4 — based on distributional cut-offs from the original article — and summed to yield a total sexual risk-taking score ranging from 0 to 92. The scale evaluates five domains: Sexual Risk Taking with Uncommitted Partners, Risky Sex Acts, Impulsive Sexual Behaviors, Intent to Engage in Risky Sexual Behaviors, and Risky Anal Sex Acts. Turchik and Garske (2009) reported an overall Cronbach's alpha of .88, with subscale alphas

of .89, .80, .78, .89, and .61 for the five domains respectively. For a Nigerian sample, Ibigbami (2012) validated the survey and reported a total scale internal consistency of .92, with subscale alphas of .88, .77, .75, .56, and .75 respectively.

Procedure

Ethical approval and informed consent were obtained from relevant authorities and participants. Data were collected via a structured Google Form that included demographic questions and the three instruments. Links were distributed through community-based organizations' social media channels, and 48 valid responses were analyzed.

Design and Analysis

A correlational research design was employed to examine associations among internalized homophobia, body appreciation, and risky sexual behavior. Moderated regression analysis was conducted using SPSS v23 to test both direct and interaction effects.

Result

Table 1: Result of Moderated Regression Analysis Examining The Role of Internalized Internalized Homophobia and Body Appreciation in Risky Sexual Behaviour

Model Summary

R	R-sq	MSE	F	df1	df2	p
.559	.0655	341.7286	1.0280	3.00	44.00	.3894

Model	coeff	se	t	p	LLCI	ULCI
constant	19.3259	2.6879	7.1902	.0000	13.9097	24.7442
IHTOT	-2.978	.3261	-9.131	.3662	-.9551	.3595
BATOT	-4.903	.4024	-1.2185	.2295	-1.3014	.3207
Int_1	.0199	.0426	.4682	.6419	-.0659	.1058

Table 1 above shows that Internalized homophobia and body appreciation do not significantly predict risky sexual behaviour among sexual minorities in Nigeria. The model summary revealed an overall R-squared value of .0655, indicating that approximately 6.55% of the variance in risky sexual behaviour could be explained by the determinant variables included in the model. The model itself was not statistically significant, as shown by the F-statistic ($F(3, 44) = 1.0280, p = .3894$), suggesting that the determinant variables (internalized homophobia and body appreciation) did not significantly account for variability in risky sexual behaviour.

The coefficient for internalized homophobia ($\beta = -.2978$) is not statistically significant ($p = .3662$) since the p-value exceeds the standard threshold of .05. Thus, the first hypothesis which states that “Internalized homophobia will significantly predict higher levels of risky sexual behaviour among sexual minorities” was not supported. Body appreciation had a regression coefficient of $\beta = -0.4903$ and a p-value of .2295. Although the direction of the relationship was negative as hypothesized, the p-value exceeded the .05 threshold, indicating that the result was not statistically significant. This means that body appreciation did not significantly predict risky sexual behaviour among sexual minorities in this sample. Consequently, Hypothesis 2 which proposed that body appreciation would significantly predict lower levels of risky sexual behaviour was not supported. Lastly, the interaction term between internalized homophobia and body appreciation had a coefficient of $\beta = .0199$ with a p-value of .6419. This p-value is not statistically significant, indicating that body appreciation did not significantly moderate the relationship between internalized homophobia and risky sexual behaviour. In other words, the strength of the association between internalized homophobia and risky sexual behaviour did not differ based on levels of body appreciation. Therefore, Hypothesis 3 which stated that body appreciation would moderate the relationship such that the positive link between internalized homophobia and risky sexual behaviour would be weaker among individuals with higher body appreciation was not supported.

Discussion

This study examined whether internalized homophobia and body appreciation predict risky sexual behaviour among sexual minorities in Nigeria using moderated regression analysis. Contrary to expectations and previous literature, neither variable (individually nor interactively) significantly predicted risky sexual behaviour.

Previous research often links internalized homophobia to maladaptive coping, such as risky sexual behaviour, through diminished self-esteem, shame, and emotional distress (Cavicchioli et al., 2018; Matsuzaka et al., 2023). However, emerging evidence challenges this direct link, suggesting that internalized stigma more reliably predicts internal struggles (e.g., anxiety, depression) than external behaviours (Nguyen et al., 2023). Coping mechanisms, relationship satisfaction, and psychological resilience appear more influential (Fleishman et al., 2020). In high-stigma settings like Nigeria, sexual minorities may adopt adaptive strategies such as avoidance, concealment, or positive reframing rather than engaging in risk-taking (Oginni et al., 2019; Murchison et al., 2016). These contextual factors may explain the absence of a predictive relationship in this study.

Similarly, body appreciation did not predict lower risky sexual behaviour, contrasting with studies highlighting its protective role (Tylka & Wood-Barcalow, 2015; Evans-Paulson et al., 2022). While body appreciation fosters sexual self-efficacy and partner communication, its direct influence may be weak when overshadowed by impulsivity, emotional distress, or

cultural pressures (Richner & Lynch, 2024). In Nigeria, conflicting ideals—global messages of body positivity versus local stigma—may limit its protective effect (Nowicki et al., 2022). Furthermore, the Body Appreciation Scale-2 captures attitudes rather than explicit health behaviours, potentially underestimating its role.

The lack of interaction between internalized homophobia and body appreciation suggests that protective factors may not operate linearly but within complex, context-dependent systems. External influences such as legal constraints, stigma, and limited healthcare access likely exert stronger effects on sexual decision-making (Adimekwe, 2024). Sample size limitations may also have reduced power to detect subtle interaction effects.

Implication of the Findings

These findings call for contextually tailored approaches in clinical, public health, and educational settings. Clinicians should not assume a direct link between internalized stigma and risky behaviour but instead focus on emotion regulation, resilience, and adaptive coping. Public health interventions should prioritize accessible, non-stigmatizing sexual health education and skills-based prevention strategies. Professional training should emphasize culturally sensitive, systems-based models that consider external barriers alongside individual factors.

Limitations of the Study

The study's small sample (n=48) limits generalizability and statistical power. Reliance on self-reports may have introduced bias in a stigmatizing context. The cross-sectional, quantitative design precludes causal inference and overlooks nuanced lived experiences. Future research should include larger, more diverse samples; integrate qualitative or mixed methods; and examine mediating variables such as trauma history, emotion regulation, and social support.

Recommendations

- Employ culturally sensitive, resilience-focused clinical interventions.
- Expand sexual health programs through confidential, community-based channels.
- Train professionals to recognize context-specific manifestations of stigma and risk.
- Conduct longitudinal and mixed-methods studies.
- Explore mediators (e.g., coping strategies, trauma history) and protective factors beyond body appreciation.

Conclusion

This study found no significant relationship between internalized homophobia, body appreciation, and risky sexual behaviour among sexual minorities in Nigeria. These results challenge assumptions of universal pathways between stigma and behaviour, highlighting the need for contextually grounded, multifactorial approaches to understanding and supporting sexual minority health.

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