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Determining the Homophobia Level of Individuals in Different Countries: A Case Study of Community in Turkey, Nigeria, Pakistan, India, Bangladesh and Nepal

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ABSTRACT

Objective: To determine the homophobia level of individuals in different countries.

Material and methods: A descriptive cross-sectional study among 518 individuals aged 18 years and above living in Turkey (Agri), Nigeria (Ibadan), Pakistan (Charsadda), India (Punjab), Bangladesh (Chittagong), and Nepal (Kathmandu). Via Google Forms, the participants completed a demographic characteristics form and Hudson and Ricketts Homophobia Scale.

Results: The mean score from the Hudson and Ricketts Homophobia Scale was 92.97 ± 27.47 . The mean score from the scale was statistically significantly higher among Nigerian respondents, Christians, males, those employed as a health worker, and those who do not have a homosexual acquaintance ($p < 0.05$). A statistically significant relationship was also found between the total mean score from the scale and age ($p < 0.05$).

Conclusion: Nationality, religion, gender, occupation, age, and whether or not one has homosexual acquaintances are key demographic correlates of homophobia level. With this study, the attitude of different regions and religions towards homophobia was determined. This study has not been conducted before, the attitude of individuals in different regions regarding homophobia has been determined and it is thought that it will shed light on future studies. The study recommends that further investigation should be conducted with a larger group for proper causal inference to be drawn.

Keywords: homophobia; religion; nationality

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Introduction

The social life in the society we live is such that imposed heterosexuality on individuals by gender policies. Individuals with different sexual orientations are not only ignored but also exposed to oppression and violence [1,2]. Today, it is known that many lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals are subjected to human rights violations and are forced to live in a discriminatory and exclusionary society with social sanctions and social control mechanisms. Sexual orientation refers to the gender to which an individual is attracted [3,4].

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Individuals who are attracted to their own gender are homosexual, individuals who are attracted to both genders are bisexual, individuals who feel themselves belonging to the opposite sex are transsexual, and individuals who have congenital reproductive organs and glands of both sexes are called intersex people [3,4]. LGBTI individuals are tolerated in some societies; however, in most communities, they are still regarded as having low dignity, deviant, and sick [2]. Homosexuality is illegal in many countries, which impose penalties such as imprisonment, forced labor, and even the death penalty [5]. Defining them as abnormal, sick, and sinful, condemning them, and exposing them to human rights violations, homophobia, marginalization, violence, and social exclusion are just a few of the problems LGBTI individuals experience [1,2]. Especially homophobic attitudes, stigmatization, discrimination, and social exclusion cause LGBTI

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individuals to hide their sexual orientation, which is an important part of their identity and personality. This situation prevents LGBTI individuals not only from being accepted by society as they are but also from accepting themselves as they are. As such, LGBTI individuals struggle with low self-esteem and a lack of self-confidence, as a result of which they experience psychological problems such as stress, depression, anxiety, substance use, and suicidal ideation more than heterosexuals [1,2,5,6]. Therefore, to create social unity, societies must strive to bring an end to homophobic bullying. However, the lack of knowledge and sensitivity of those who provide health and education services affects LGBTI individuals negatively. For this reason, it is very important to understand and know the health problems and needs of LGBTI individuals. As a matter of fact, it was stated in a report by the European Union Parliament that sexuality education should include the fight against all forms of violence against LGBTI individuals. This is because creating a welcoming and safe environment for LGBTI individuals is essential for the well-being and health of societies [3,7].

The study focused mainly on determining the homophobia level of individuals in different countries. Specifically, the study; 1) described the respondents' demographic characteristics, 2) determined the respondents' homophobia levels, 3) compared the respondents' demographic characteristics and homophobia levels, 4) determined whether there is a relationship between the respondents' homophobia levels and age.

Material and methods

The study employed the cross-sectional design. The study was carried out in the following countries: Turkey (Agri), Nigeria (Ibadan), Pakistan (Charsadda), India (Punjab), Bangladesh (Chittagong), and Nepal (Kathmandu).

The Population of the Study; The population comprises all individuals aged 18 and above living in Turkey (Agri), Nigeria (Ibadan), Pakistan (Charsadda), India (Punjab), Bangladesh (Chittagong), and Nepal (Kathmandu). The sample size comprises five hundred and eighteen (n=518) individuals from the above-mentioned countries.

Data Collection Tools; The researchers explained the purpose of the research to the respondents and obtained verbal consent from them. An online Google Form developed by the researchers was then administered to those who agreed to participate in the research. The survey consists of two forms:

1. Demographic Characteristics Form; It consists of questions regarding the demographic characteristics of the respondents (nationality, religion, gender, etc.)

2. Hudson and Ricketts Homophobia Scale; The scale was developed by Hudson and Ricketts (1980) to determine attitudes towards homosexual individuals [8]. In Turkey, bearded origin of the small number of bilingual and Sakallı and Uğurlu (2001) scale was used by the Turkish version validity and reliability study conducted [9]. The original scale consists of 25 items. However, in the present study, the item, "walking comfortably in parts of the city where homosexuals are present" was removed since the countries where the respondents live do not have many such places. As a result, the scale consisted of 24 6-point Likert type items (I never agree: 1 point; Quite disagree: 2 points; Slightly Disagree: 3 points; Slightly Agree: 4 points; Strongly Agree: 5 points Strongly Agree: 6 points). The 5th, 6th, 8th, 10th, 11th, 13th, 17th, 18th, 23rd, and 24th items were reversely scored. Higher scores indicate higher levels of homophobia. The scale is considered reliable since the Cronbach Alpha coefficients calculated for the original scale and determined in the validity and reliability study of Sakallı and Uğurlu (2001) were 0.90 and 0.94, respectively (2001) [8,9]. In our study, the Cronbach Alpha coefficient was found to be 0.93.

Ethical Approval; The study was approved by the Agri Ibrahim Cecen University Scientific Research Ethics Committee (Date 08.09.2020 and number 123). The study was conducted in accordance with the ethical standards established in the Declaration of Helsinki.

Statistical analysis

The data analysis was done using the Statistical Package for the Social Sciences (SPSS-22) statistical software. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to analyze the data. The Kolmogorov – Smirnov test was used to test the distribution normality. The Mann-Whitney U test was used for binary groups, and the Kruskal-Wallis test was used for multiple comparisons. The Spearman correlation test was used to determine the linear relationship between variables and the severity of the relationship. Statistical significance was set at $p < 0.05$.

Results

As can be inferred from Table 1, of the respondents, 17.6% are from Turkey and India, 44.6% are followers of Islam, 59.7% are male, 76.6% are single, and 74.7% are graduates of higher education.

Table 1. Demographic characteristics of the respondents (N = 518)

Variables		n	%
Nationality	Turkey	91	17.6
	Nigeria	89	17.2
	India	91	17.6
	Bangladesh	82	15.8
	Pakistan	81	15.6
	Nepal	84	16.2
Religion	Islam	231	44.6
	Christianity	108	20.8
	Hinduism	160	30.9
	I have no religion	19	3.7
Gender	Female	209	40.3
	Male	309	59.7
Marital status	Single	397	76.6
	Married	121	23.4
Education level	Primary education	23	4.4
	Secondary education	108	20.8
	Higher education	387	74.7
Income level	Income less than expenditures	156	30.1
	Income equal to expenditures	304	58.7
	Income more than expenditures	58	11.2
Job	Health worker	111	21.4
	Civil Servant	46	8.9
	Pensioner	8	1.5
	Self Employed	67	12.9
	Unemployed	138	26.6
	Household Labor	22	4.2
	Other	126	24.3
Do you have a homosexual acquaintance?	Yes	149	28.8
	No	369	71.2
Age (Year)	26.46 ± 6.88 (min. 18, max. 62)		
Total Mean Score *	92.97 ± 27.47 (min. 24.00, max. 144.00)		

* From the Homophobia Scale, Source: online field survey 2020

Also, 58.7% have an income equal to expenditures, 26.6% are unemployed, and 71.2% do not have a homosexual acquaintance. Furthermore, the mean age of the respondents is 26.46 ± 6.88 , and the total mean score from the Hudson and Ricketts Homophobia Scale is 92.97 ± 27.47 .

Table 2 presents the respondents' demographic characteristics and total mean scores from the scale. Total mean scores were found to be statistically significantly higher among Nigerian respondents, Christians, males, those employed as a health worker, and those who do not have a homosexual acquaintance ($p < 0.05$).

Table 2. Comparison of Individuals' Demographic Characteristics and Total Mean Scores from the Homophobia Scale

		n	Mean±SD	Statistic
Nationality	Turkey	91	112.47±29.58	KW=214.017 p= 0.000
	Nigeria	89	116.22±18.78	
	India	91	70.21±22.68	
	Bangladesh	82	86.45±10.01	
	Pakistan	81	95.86±21.18	
	Nepal	84	75.47±19.09	
Religion	Islam	231	101.13±24.78	KW=147.096 p=0.000
	Christianity	108	108.49±22.86	
	Hinduism	160	74.86±20.24	
	I have no religion	19	58.10±24.52	
Gender	Female	209	83.18±27.75	U=21283.50 p=0.012
	Male	309	99.60±25.24	
Marital status	Single	397	91.63±28.91	U=21635.50 p= 0.098
	Married	121	97.38±21.61	
Education Level	Primary education	23	90.69±15.21	KW=5.178 p= 0.075
	Secondary education	108	88.48±19.43	
	High education	387	94.36±29.74	
Income level	Income less than expenditures	156	92.91±30.02	KW=5.360 p=0.069
	Income equal to expenditures	304	91.77±26.13	
	Income more than expenditures	58	99.46±26.65	
Job	Health worker	111	103.52±26.64	KW=40.758 p= 0.000
	Civil Servant	46	95.95±21.92	
	Pensioner	8	83.25±6.08	
	Self Employed	67	98.13±24.53	
	Unemployed	138	83.02±27.16	
	Household Labor	22	87.40±13.34	
	Other	126	92.34±30.45	
	Do you have a homosexual acquaintance?	Yes	149	
No		369	97.66±28.78	

Source: online field survey 2020

Also, a statistically significant correlation was found between the total mean score from the scale and age ($p < 0.05$) (Table 3).

Table 3. Relationship Between Age and Total Mean Scores from the Homophobia Scale

	Age (Year)	
	r	p
Total Mean Score from the Homophobia Scale	0.198	0.000

Discussion

Although homosexuality has encountered different attitudes and approaches in different cultures over the years, the general attitude and approach towards homosexuality are still negative [10]. Even in places where social judgments, including those about sexuality, are formed in the light of correct information, societal attitudes change very slowly and difficultly. Moreover, negative attitudes and judgments are likely to be reinforced by false information [11]. This study aims to determine homophobia levels of individuals from different countries and evaluate the demographic correlates of the homophobia levels. In our study, the total mean scores from the Hudson and Ricketts Homophobia Scale were found to be significantly higher among Nigerian nationals and followers of Christianity ($p < 0.05$). Likewise, the study of Sekoni linked religion (Christianity) to a higher homophobia level among Nigerians [12] and other studies that examined the role of religion [13-15] in relation to homophobia. The religious unity, the cultural context, the unbearable stigma as well as the legal punishment attached to the practice of homosexuality are possible explanations for higher homophobia levels observed among Nigerians. Nigeria and many other African countries encourage heterosexuality. Hence, other types of sexual orientation are generally perceived as a deviation from the cultural and social norms of Africa, resulting in the scarcity of publication on homosexuality [16,17]. The findings of Valentine & McDonald (2004) also indicated higher homophobia levels among Christians. The researchers noted in their work that the hatred against homosexuality can be a result of strong religious beliefs that condemn homosexuality [18]. In Nigeria, homosexual activity is illegal; in fact, across the twelve northern states (predominantly Muslims) that adopted Sharia law, the punishment is death by stoning [19]. In other southern states where the secular criminal law is adopted, the maximum punishment for homosexual activity is 14 years' imprisonment [20]. Mapayi et al. (2016) concluded that while the Nigerian society's awareness of homosexuality has been increasing in recent years, the societal attitude towards it is still largely unfavorable, noting that it is a reflection of the social norms and the law that promotes stigma and violence towards homosexual individuals [21].

In our study, the total mean scores from the Hudson and Ricketts Homophobia Scale were found to be significantly higher among men ($p < 0.05$). In fact, higher homophobia levels among men were an expected finding when the relevant literature was examined. It is known that men are more effective than women at the point of adopting gender roles, and men feel more pressure to act in conformity with these roles [22]. It was concluded in a study that men exhibit a more active role in adopting and protecting traditional beliefs, and these traditional beliefs and roles push men to take a more negative attitude towards homosexuality [23]. In the studies of both Brien and Feng et al. (2012), it was observed that male participants were more homophobic than female participants [24, 25].

According to our research findings, homophobia total mean scores were significantly higher among unemployed respondents ($p < 0.05$). This situation is thought to be related to the income level. In a study, it was found that individuals of lower socioeconomic status were more homophobic [26]. Likewise in the USA, it was reported that gay men mostly come from families with middle and high-income levels [27].

In our study, the mean scores from the scale were found to be significantly lower among those who were acquainted with homosexual individuals ($p < 0.05$). In his social relationship hypothesis, Allport et al. (1954) stated that if

members of different groups communicate with and get to know each other, they can see the similarities, and thus, it becomes possible to reduce the prejudices and conflicts between groups. In line with this hypothesis, researchers stated that people with negative attitudes and prejudices towards homosexuals can reduce their own prejudices if they communicate with them [28]. This is also noted in studies conducted abroad [29,30]. In line with these findings, people who are acquainted and have social contact with homosexuals have lower homophobia levels. Therefore, we can say that moving away from cultural stereotypes and having social contact and making friends with homosexual individuals are effective in lower homophobia levels.

Strengths and Limitations of this Study: The fact that this study is aimed at determining the level of homophobia of individuals from different regions and with different religious beliefs makes the study valuable. The fact that this study was conducted in only one province of each country is the limitation of the study.

Conclusion

Nationality, religion, gender, occupation, age, and whether or not one has a homosexual acquaintance are key demographic correlates of homophobia levels. With this study, the attitude of different regions and religions towards homophobia was determined. This study has not been conducted before, the attitude of individuals in different regions regarding homophobia has been determined and it is thought that it will shed light on future studies. However, the study recommends that further investigation should be conducted with a larger group for causal inference to be drawn.

References

- [1] Bakır-Ayğar B, Gündoğdu M, Ayğar H. Mersin Üniversitesi Eğitim Fakültesi öğrencilerinin eşcinsellere yönelik tutumları. *Uluslararası Sosyal Araştırmalar Dergisi*. 2015;8(41):769-77.
- [2] Müller A. Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa. *BMC international health and human rights*. 2017 Dec 1;17(1):16.
- [3] Kayır GÖ. Sosyolojik değerlendirme: LGBT bireyler açısından cinsiyet kimlikleri meselesi. *Eğitim Bilim Toplum Dergisi*. 2015;13(51):73-97.
- [4] Güner U, Kalkan P, Öz Y, Özsoy EC, Söyle F. Türkiye’de Cinsel Yönelim veya Cinsiyet Kimliği Temelinde Ayrımcılığın İzlenmesi Raporu 1 Ocak–30 Haziran 2010.
- [5] Moreno A, Herazo E, Oviedo H, Campo-Arias A. Measuring homonegativity: psychometric analysis of Herek’s attitudes toward lesbians and gay men scale (ATLG) in Colombia, South America. *Journal of homosexuality*. 2015 Jul 3;62(7):924-35.
- [6] Trussell DE, Kovac L, Apgar J. LGBTQ parents’ experiences of community youth sport: Change your forms, change your (hetero) norms. *Sport Management Review*. 2018 Feb 1;21(1):51-62.
- [7] Comfort J, McCausland K. Health priorities and perceived health determinants among Western Australians attending the 2011 LGBTI Perth Pride Fairday Festival. *Health Promotion Journal of Australia*. 2013 May 2;24(1):20-5.
- [8] Hudson WW, Hudson WW, Rickets WA A strategy for the measurement of homophobia. *Journal of homosexuality*. 1980;5:355-72.
- [9] Sakalli N, Ugurlu O. The effects of social contact with a lesbian person on the attitude change toward homosexuality in Turkey. *Journal of Homosexuality*. 2003 May 20;44(1):111-9
- [10] Boehmer U, Miao X, Linkletter C, Clark MA. Adult health behaviors over the life course by sexual orientation. *American journal of public health*. 2012 Feb;102(2):292-300.
- [11] Şahin NH, Bilgiç D. Toplumda eşcinsellere yönelik tutumlar ve lezbiyen kadınlarda sağlık eşitsizliği. *Sağlık Bilimleri ve Meslekleri Dergisi*. 2016;3(3):216-25.
- [12] Sekoni AO, Jolly K, Gale NK, Ifaniyi OA, Somefun EO, Agaba EI, et al. Provision of healthcare services to men who have sex with men in Nigeria: students' attitudes following the passage of the same-sex marriage prohibition law. *LGBT health*. 2016 Aug 1;3(4):300-7.
- [13] Harris JI, Cook SW, Kashubeck-West S. Religious attitudes, internalized homophobia, and identity in gay and lesbian adults. *Journal of Gay & Lesbian Mental Health*. 2008 Jun 12;12(3):205-25.
- [14] Rodriguez-Seijas C. Love the sinner, hate the sin: Religious belief does not equate homophobia. *Journal of the Department of Behavioural Sciences*. 2013;3(1):1-3.
- [15] Finlay B, Walther CS. The relation of religious affiliation, service attendance, and other factors to homophobic attitudes among university students. *Review of Religious Research*. 2003 Jun 1:370-93.
- [16] Dougan S, Gilbert VL, Sinka K, Evans BG. HIV infections acquired through heterosexual intercourse in the United Kingdom: findings from national surveillance. *Bmj*. 2005 Jun 2;330(7503):1303-4.
- [17] Wade AS, Kane CT, Diallo PA, Diop AK, Gueye K, Mboup S, et al. HIV infection and sexually transmitted infections among men who have sex with men in Senegal. *Aids*. 2005 Dec 2;19(18):2133-40.
- [18] Valentine G, McDonald I. Understanding prejudice: Attitudes towards minorities. *Stonewall*; 2004.
- [19] Siraj A. The construction of the homosexual 'other' by British Muslim heterosexuals. *Contemporary Islam*. 2009 Apr 1;3(1):41-57.
- [20] Federal Government Nigeria. (1990). Criminal Code Act Laws of the Federation of Nigeria. Nigeria: Federal Government Nigeria. Same sex marriage (prohibition) act, 2014, (2014).
- [21] Mapayi BM, Oginni OO, Akinsulore A, Aloba OO. Homophobia and perceptions about homosexuality among students of a tertiary institution in Nigeria. *Gender and Behaviour*. 2016 Dec;14(3):7624-37.
- [22] Swank E, Raiz L. Attitudes toward gays and lesbians among undergraduate social work students. *Affilia*. 2010 Feb;25(1):19-29.
- [23] Gormley B, Lopez FG. Authoritarian and homophobic attitudes: Gender and adult attachment style differences. *Journal of Homosexuality*. 2010 Mar 31;57(4):525-38.
- [24] O'Brien KS, Shovelton H, Latner JD. Homophobia in physical education and sport: The role of physical/sporting identity and attributes, authoritarian aggression, and social dominance orientation. *International Journal of Psychology*. 2013 Oct 1;48(5):891-9.
- [25] Feng Y, Lou C, Gao E, Tu X, Cheng Y, Emerson MR, et al. Adolescents' and young adults' perception of homosexuality and related factors in three Asian cities. *Journal of Adolescent Health*. 2012 Mar 1;50(3):S52-60.
- [26] Dikmen HA, Yılmaz S. Midwifery students' knowledge and attitudes towards lesbians and gay men. *Ankara Sağlık Bilimleri Dergisi*.;9(1):101-12.
- [27] Barrett DC, Pollack LM. Whose gay community? Social class, sexual self-expression, and gay community involvement. *The Sociological Quarterly*. 2005 Aug 1;46(3):437-56.
- [28] Allport GW, Clark K, Pettigrew T. The nature of prejudice, 1954.
- [29] Hefner V, Galaviz T, Morse V, Firchau RJ, Basile C, Todd R, et al. Refusing to tolerate intolerance: An experiment testing the link between exposure to gay-related content and resulting attitudes and behaviors. *Sexuality & Culture*. 2015 Dec 1;19(4):864-81.
- [30] Anderssen N. Does contact with lesbians and gays lead to friendlier attitudes? A two year longitudinal study. *Journal of Community & Applied Social Psychology*. 2002 Mar;12(2):124-36.