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Individual Well-Being as predictors of Couple Resilience among Sexually and Gender-Diverse Persons in South Africa and Nigeria

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ABSTRACT

Sexually and gender-diverse (SGD) persons in Africa face enduring structural and psychosocial challenges that may undermine couple resilience. Despite the growth of global research, empirical evidence linking individual well-being to couple resilience among SGD populations remains limited. This study examined whether individual factors predict couple resilience among SGD adults in South Africa and Nigeria, while controlling for socio-demographic characteristics. Using a cross-sectional design, data from 194 SGD individuals (mean age = 31.25, SD = 10.76) were analysed using hierarchical multiple regression. In Model 1, socio-demographic variables explained 17.3% of the variance in couple resilience, $F(6, 85) = 2.97$, $p < .01$, with ethnic/racial background emerging as the only significant predictor ($\beta = .29$, $p = .006$). Model 2 showed that individual well-being significantly predicted couple resilience, $F(1, 74) = 2.04$, $p < .05$, accounting for an additional 31.9% of the variance ($\Delta R^2 = .15$). Overall, individual factors significantly predict couple resilience among SGD populations beyond socio-demographic influences. Limitations include the purposive sampling approach and self-reported measures, which may impact generalisability. Recommendations/Implications to practice, policy, and theory were mentioned.

Keywords: Couple Resilience, Individual Wellbeing, LGBT, Nigeria, South Africa, Sexually and/or gender-diverse persons

INTRODUCTION

Sexually and Gender-Diverse (SGD)[1] individuals living in the Africa continent face significant resilience challenges regardless of the sociopolitical landscape (Ibigbami et al., 2023; Wilks et al., 2022). Despite the distinct sociopolitical attitude towards SGD persons in South Africa and Nigeria, resilience remain a major problem regardless (Ibigbami et al., 2023; Wilks et al., 2022). Even though what constitutes resilience in the context of the global south remained unclear (Fisher & Jones, 2024). From the global perspective, there has not been a general consensus as regards what resilience means in a broader context. In other words, resilience means different concept to different authors (Fisher & Jones, 2024). The concept of resilience among SGD persons may pose a more difficult dynamics because high prevalence of poor health outcomes among the populations has been linked problem with resilience, however, the poor health among the population was not an indication of a lack of resilience, but rather due to a wide range of system problems such as health inequities, discrimination by health providers, or incompetence in providing tailored healthcare services to the SGD persons and communities (Ellis et al., 2022; Witter et al., 2023).

[1] While the connecting global study utilises 'sexual and/or gender minority' or 'SGM', we will refer to 'sexually and gender-diverse' or 'SGD", the preferred terminology used in South Africa in reference to Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) persons and communities.

Resilience refers to the ability of an individual to absorb, adapt, and recover from lived adversity, stressors, and/or challenging life events (Schechter & Halevi, 2023). In context, resilience in the study describes how well SGD persons bounce back from difficulties, maintaining or quickly returning to a state of psychological well-being, and often emerging stronger or more capable (Schechter & Halevi, 2023). Resilience is the expression or manifestation of adequate adaptation skills in the presence of adversity or negative lived experiences, again the primitive understanding of resilience as a psychiatric problems requiring intervention (Schechter & Halevi, 2023). Despite a numbers on resilience among the SGD populations, the role of individual psychological factors that could impact the resilience of SGD persons in Sub-sahara Africa (Rachmad, 2022; Theron, 2023).

The overall wellbeing and resilience of SGD persons and communities are increasingly recognised as serious public health concerns (Randall et al., 2017; Randall & Bodenmann, 2017). The increased scholarly interest in the resilience and wellbeing of SGD individuals in the last decade is unprecedented (Clark et al., 2025; Schechter & Halevi, 2023;). In contrast, it is imperative to note that resilience among SGD and communities in many African countries remain under-researched.

However, numerous scholars across the globe have identified socio-demographic factors, (such as socioeconomic status, sex at birth, occupation, location, and others) as strong predictors of resilience among SGD persons (Gates, 2017; Mkhize & Maharaj, 2021; Reygan & Henderson, 2019). Despite how important socio-demographic factors have been linked to resilience, it is not within the scope of the study, instead, the participants' demographic factors were considered as an extraneous variables that would be controlled for when establishing the association between the individual factors and resilience.

The role of internalised homophobia in predicting copy resilience remained unclear as there is paucity of study that had examined the association between the variables in the Africa context. However, the study of Lev (2015) posited that internalised homophobia influences resilience among lesbian and gay couples. In a similar study of Totenhagen et al. (2018), SGD persons vulnerable to internalised homophobia may experience stress and relationship functioning in same-sex couples. In a similar way, internalised homonegativity was associated with the relationship quality of Lesbian and Gay Couples (Trombetta et al., 2025).

The role of outness and LGBT-positive identity in predicting couple resilience remains complex and undocumented in the Africa continent. From the global perspective, evidence suggests that outness may function as both a protective and vulnerable factor within LGBT-couple relationship. Totenhagen et al. (2018) showed that higher levels of outness, particularly may undermine relationship functioning. Conversely, affirming identity processes appear to strengthen resilience; Akers et al. (2021) and Baiocco et al. (2025) found that identity affirmation, and/or positive LGBT+ identity were associated with greater relational stability.

The relationship between suicidal ideation, anxiety, and stress highlights the interplay between psychological factors and couple-resilience processes. Green et al. (2022) reported that positive sexual identity protects wellbeing among SGD populations, while Shahram et al. (2021) identified active relationship between suicide intention and resilience of SGD persons. Similarly, anxiety and stress have been shown to inversely relate to resilience in same-sex relationships (Clark et al., 2025; Nakamura & Tsong, 2019), although adaptive coping strategies may mitigate these effects (Peyer et al., 2025).

Gay-related stress remain central to understanding resilience among sexual minority couples. McGarty et al. (2021) demonstrated that exposure to gay-related stressors is associated with individual mental health in romantic relationships, while Randall et al. (2023) emphasized the importance of dyadic coping processes in facilitating relational adaptation. Witherspoon and Theodore (2021) further highlighted how minority stress experiences interact with relational coping strategies to shape resilience outcomes in diverse relationship structures (Gorman et al., 2022; Meyer, 2010; Peyer et al., 2025).

Perceived social support and LGBT community connectedness consistently emerge as critical protective factors. Aguilera and Barrita (2021) underscored the role of community connectedness in providing affirmation and collective coping, particularly for SGD people of colour. Similarly, Wootton et al. (2025) demonstrated that perceived social support functions as enhances resileince and relational stability within same-sex partnerships.

Nakamura and Tsong (2019) reported that depressive symptoms were associated with lower resilience among individuals in same-sex relationships. Similarly, Gupta et al. (2025) found that depressive symptomatology undermining adaptive coping capacities among couples. At the dyadic level, perceived relationship quality has been identified as a critical resilience resource. Sinha (2023) demonstrated that higher relationship quality buffered the effects of couple-level stress indicating relational satisfaction among marginalized couples.

Variations and complexities in the resilience of SGD persons and communities in the African continent are not well documented, unlike with heterosexual and cisgender persons, more broadly (Wilks et al., 2022). Not much is known about the individual wellbeing or predictors of couple resilience among population of interest (Wilks et al., 2022). Outcome of study like this may contribute to comprehensive and informing data on resilience skills of SGD persons and communities. Information about resilience of SGD persons could further inform policies and interventions targeted at enhancing the wellbeing of SGD (Wilks et al., 2022).

The study mainly focus on the individual wellbeing factors and correlates with resilience. The scope of the individual wellness considered in the study included outness (Whitehead et al., 2016), gay-related stress (Balsam et al., 2011), positive identity (Riggle et al., 2014), internalised homophobia (Puckett et al., 2015) gender minority stress and resilience (Balsam et al., 2011), depression, anxiety, stress (Messih, 2016), connectedness to the LGBT Community (Sommantico et al., 2018), perceived social support (Moore et al., 2021) and perceived relationship quality (Trombetta et al., 2025).

Purpose of the Study

The primary aim of the study is to explore individual wellbeing factors that predicts resilience, controlling for the socio-demographic influence among SGD persons in South Africa and Nigeria. To deliver the broader aim/purpose, the research had the specific objectives:

- examine the individual wellbeing (outness, gay-related stress, positive identity, internalised homophobia, minority stress, depression, anxiety, stress, religiosity, suicide, connectedness to the LGBT Community, perceived social support, and perceived relationship quality) that predict resilience among SGD persons.

METHODS AND MATERIALS

Design

The research endeavour employed an ex post facto research design. The design allowed the gathering of existing information (individual lived experiences) and how they interact with resilience from a predefined group of respondents (sexually and gender-diverse). The design was used to quantify or explore existing experiences/opinions/trends, with no form of manipulation/influence from the researcher(s).

Study Settings

The study settings are arguably the two most populous African nations, i.e. South Africa and Nigeria. South Africa, the second country in the study, is the most developed country in the African continent and ranks as the world's 23rd most populous nation, with a population exceeding sixty (60) million residents. The country covers an area of 1,221,037 square kilometres. South Africa has three capital cities: Pretoria (executive), Bloemfontein (judicial), and Cape Town (legislative). The majority of the population is Black African, with other ethnic groups speaking a variety of African languages. The most widely spoken languages are Zulu, Xhosa, Afrikaans, and English.

Nigeria, officially the Federal Republic of Nigeria, is a country in West Africa and is the most populous country on the continent, with a population of over 211 million. Geographically, Nigeria is situated between the Sahel to the north, and the Gulf of Guinea to the south in the Atlantic Ocean. It covers an area of 923,769 square kilometers (356,669 sq mi). Nigeria is a multinational state inhabited by more than 250 ethnic groups speaking 500 distinct languages, all identifying with a wide variety of cultures. The three largest ethnic groups are the Hausa in the north, Yoruba in the west, and Igbo in the east, together comprising over 60% of the total population

Population and Sample

The study's populations are sexually and gender-diverse individuals residing in both South Africa and Nigeria. Participants who meet the following inclusion criteria were eligible to participate:

- Over the age of 18 years
- SGD residents of South Africa or Nigeria in romantic relationships.
- Identify as sexually and/ or gender-diverse as defined by all non-heterosexual and/ or non-cisgender persons
- Ability to read and understand the English language.

Two hundred and eighty SGD individuals successfully completed the surveys. Purposive sampling was adopted for the recruitment of participants in these two countries, also noting documented vast differences in the socio-cultural and legal dispositions toward SGD individuals in South Africa and Nigeria, making the population hard-to-reach in Nigeria.

Data Collection Methods

Data for the study was collected across different sections (A - C) of the research instruments.

Section A: *Screening Tools & Demographics Scales*: This phase was designed based on the exclusion criteria

of the study. Respondents responded to the checklists as applied to determine their eligibility to continue with the survey. While, the demographic section collected information regarding the participants' age, sex, gender identity and sexual orientation, racial background, income, level of education, and employment status.

Section B: *Batteries of Individual Wellbeing Scales*: This section comprises combinations of widely acceptable instruments that measure all constructs of interest related to the individual wellbeing of SGD individuals. Below are the scales.

B1: *Outness Inventory:* The Outness Inventory developed by Mohr and Fassinger (2000) was administered. The inventory is a rating scale to indicate the extent to which other key persons know about the respondent's sexual orientation. The response scale ranges from 0 (not applicable), 01 (does NOT know about sexual orientation status), to 07 (definitely knows about sexual orientation status, and it is OPENLY talked about).

B2: Gay-Related Stress: The measure of Gay-Related Stress was developed by Lewis et al. (2001) developed the Measures of Gay-related stress. Respondents were asked to choose the option that best describes their experience of stress regarding each scenario/statement in the past six months. The response scale ranges from 01 (no stress) to 03 (severe stress).

B3: Lesbian Gay Bisexual Positive Identity Measure: Lesbian, Gay, Bisexual Positive Identity Measure (LGB-PIM) was developed by Riggle et al. (2014). The scale allows the use of a series of questions about your identity as an LGBT person. Respondents were asked to respond to questions by thinking about which response category best represents their feelings about their experiences and choose the response that best reflects their feelings about their LGBT identity. The response scale ranges from 01 (not applicable), 02 (strongly disagree) to 07 (strongly agree).

B4: Internalised Homophobia: Martin and Dean (1993) developed the Internalised Homophobia (IHP) scale. The scale measures to which extent someone is challenged by society`s negative perceptions, intolerance, and stigma towards same-sex sexuality, internalising such thoughts, believing that they may be true, and leading to self-hatred due to being a socially stigmatised person. The response scale ranges from 01 (strongly disagree) to 05 (strongly agree).

B5: Gender Minority Stress and Resilience Scale: The Gender Minority Stress and Resilience scale (GMSR) were used in the study. It was developed by Testa et al. (2015) Respondents were asked to indicate how much they agree with the listed statements. The response scale ranges from 01 (strongly disagree) to 05 (strongly agree).

B6: *Depression, Anxiety, Stress Scales*: The Depression, Anxiety, Stress Scales (DASS-21) was developed by Lovibond and Lovibond (1995) to measure the extent of depression, anxiety, and stress symptoms in test-takers. The response scale ranges from 0 (not applicable, at all), to 03 (applies to me very much, or most of the time).

B7: The Centrality of Religiosity Scale: Centrality of Religiosity Scale Interreligious-7 (CRSi-7) was developed by Huber and Huber (2012) as a measure of the centrality, importance, or salience of religious meanings in personality. It is a 5-point response scale, 5 indicates very often, 4=often, 3=occasionally, 2=rarely, and 1 indicates never.

B8: Paykel Suicide Scale: The Paykel Suicide Scale (PSS) was developed by Paykel (1997) to measure suicidal tendencies and intents. The scale has a bi-response scale of yes and no from a pool of statements.

B10: Connectedness to the LGBT Community Scale: The connectedness to the LGBT Community Scale was adapted from Frost and Meyer (2009) The scale measures the level of connectedness of respondents to LGBT communities. The response scale ranges from 01 (strongly disagree), to 04 (strongly agree).

B11: Multidimensional Scale of Perceived Social Support: Zimet et al. (1988) developed the Multidimensional Scale of Perceived Social Support (MSPSS). The scale measures how participants perceived support from the immediate social network. The response scale ranges from 01 (very strongly disagree) to 07 (very strongly agree).

B12: *Perceived Relationship Quality*: The Perceived Relationship Quality Component (PRQC) was developed by Fletcher et al. (2000) to measure the quality perception of relationships engaged by the potential respondents. The inventory consists of 18 items. Each perceived relationship quality component is assessed by three questions. Each statement is answered on a 7-point Likert-type scale. The response scale ranges from 01 (not at all) to 07 (extremely). Instructions are to rate the current partner and relationship on each item.

Section C: Couple Resilience: The Couple Resilience Inventory was developed by Sanford et al. (2016) design to measure the capacity of intimate partners to withstand, adapt to, and recover from stressors and adversity at the dyadic level.The inventory consists of 14 items. Each statement is answered on a 6-point Likert-type scale. The response scale ranges from 01 to 06. Higher score shall indicate higher resilience

Data Collection and Procedures

A letter of introduction, together with the informed consent form (stating all the ethical requirements) was made available to participants who willingly consented to be part of the study. Participants were recruited by

posting a recruitment flyer to various LGBTQ+ organisations and community mailing lists, distribution on social media sites (e.g., Facebook), and via Google forms. Interested participants were directed to the Qualtrics survey link that first contained the informed consent and screening questionnaire to determine eligibility. When eligible, participants were automatically directed to the research questionnaire. The survey took on average between 45-60 minutes to complete. Due to ethical considerations, no compensation was given for participating in the study.

Data Analysis

Data for this study was gathered using Qualtrics. Qualtrics is an emerging and fast-growing tool allowed the export of results to carry out further analyses using packages such as Statistical Package for Social Sciences. Data was analysed using hierarchical linear regression that permits a testing the association between individual factors and couple resilience while holding constant the influence of participants' Socio-Demographic factors.

Ethical Considerations

The study was certified and cleared of ethical considerations or concerns. The study's proposal was reviewed and cleared by the Ethics Review Committee (ERC) of the Arizona State University IRB (#HRP 503-Social Behavioural Protocol) with the ethical approval number: STUDY00013805, and the Ethics Research Committee of UNISA (NHREC Registration #: Rec-240816-052; CREC Reference #: 4807275312 _CREC_CHS_2022).

RESULTS

This section explore the difference in individual wellbeing (outness, gay-related stress, positive identity, internalised homophobia, minority stress, depression, anxiety, stress, religiosity, suicide, connectedness to the LGBT Community, perceived social support, and perceived relationship quality) among sexually and gender-diverse persons and comm unities in South Africa and Nigeria. t-test of Independent Sample was used to test the difference as presented in Table 1.

Table 1 Shows the hierarchical regression analysis of individual wellbeing as predictors of couple resilience among SGD persons in Nigeria and South Africa

Predictors	Model 1		Model 2	
Socio-Demographic Factors	β	T	β	t
Age	00.18	01.73	0.30**	2.56
Gender Identity	00.07	02.36*	-0.13	-1.16
Sexual Orientation	00.16	01.47	0.15	1.25
Ethnic/Racial Background	00.29**	02.82**	0.29*	2.85
Education Level	00.10	00.93	0.14	1.19
Financial Stress	00.03	00.27	0.06	0.55
Individual Wellbeing				
Perceived Social Support			0.29*	2.07*
Suicidal Ideation			0.23	1.88
Outness			-0.13	-1.04
Gay-related stress			-0.08	-0.63
LGB positive identity			-0.13	-1.06
Internalised homophobia			-0.10	-0.70
General stress			-0.19	-0.92
Anxiety			0.25	1.33
Depression			0.07	0.42
Relationship quality			0.03	0.21
LGBT connectedness			0.13	1.10
R^2	0.173**		0.319**	
ΔR^2	0.173**		0.146**	
F	02.97**		02.04**	

*p < 0.05, **p < 0.01, ***p < 0.001,

A hierarchical multiple regression was conducted to examine predictors of couple resilience. In Model 1, socio-demographic variables collectively explained 17.3% of the variance in couple resilience [$F(6, 85) = 2.97$, $p < 0.01$]. Within this model, ethnic/racial background emerged as the only statistically significant predictor ($\beta = 0.29$, $p <$

0.01), suggesting meaningful differences in couple resilience across racial or ethnic groupings. Age, gender identity, sexual orientation, education, and financial difficulty were not significant.

In Model 2, the addition of psychosocial, identity, and mental health variables increased the explained variance to 31.9%, although the incremental change in explained variance was not statistically significant ($\Delta R^2 = 0.15$, $p > 0.05$). Nevertheless, the overall model remained statistically significant [$F(17, 74) = 2.04$, $p < 0.05$]. In this expanded model, older age, ethnic/racial background, and perceived social support emerged as significant positive predictors of couple resilience. Suicide ideation approached significance, suggesting a potentially complex relationship between distress indicators and resilience processes.

Importantly, minority stress variables (e.g., gay-related stress, internalised homophobia, outness) and mental health symptoms (depression, anxiety, general stress) did not independently predict couple resilience when considered alongside socio-demographic and relational resources. This pattern suggests that protective social resources, particularly perceived social support, may play a more central role in sustaining couple resilience than individual distress or identity-related stressors in this sample.

DISCUSSION

The study examined individual wellbeing that predict couple resilience among SGD persons specifically living in South Africa and Nigeria, while controlling for socio-demographic influences. The findings of the study are consistent with existing literature, the findings reaffirm that couple resilience among SGD populations in the African context is shaped by a complex interaction of structural, relational, and psychosocial factors, rather than individual pathology alone (Ellis et al., 2022; Witter et al., 2023). In recognition of the divergent socio-political climates in South Africa and Nigeria, resilience among couple remained a salient challenge, underscoring the pervasiveness of systemic stressors confronting SGD persons across the continent (Ibigbami et al., 2023; Wilks et al., 2022).

The study identifies some social and demographic factors as a strong factors to interfere with the associations between individual wellbeing and couple resilience among SGD couples. The first regression model to control the socio-demographic variables explained a modest but significant proportion of variance in couple resilience, with ethnic/racial background emerging as a significant predictor. This finding aligns with prior African and global scholarship suggesting that resilience is embedded within broader socio-historical and cultural contexts, including racialised experiences of marginalisation and access to resources (Gates, 2017; Mkhize & Maharaj, 2021). The marginal role of age further suggests that resilience capacities may accumulate over time through lived experience and adaptive coping, particularly among SGD adults navigating hostile environments.

Contrary to expectations derived from minority stress theory, internalised homophobia, gay-related stress, outness, and LGBT-positive identity did not independently predict couple resilience when psychosocial and relational factors were simultaneously considered. While previous studies have linked these variables to relationship functioning and psychological outcomes (Lev, 2015; Totenhagen et al., 2018; Trombetta et al., 2025), the present findings suggest that their influence on couple resilience may be indirect or contingent on the availability of protective relational resources. However, perceived social support emerged as the most consistent and significant predictor of resilience in the final model. This finding reinforces the centrality of social and relational resources in sustaining resilience among SGD persons, particularly within contexts characterised by structural exclusion and limited institutional support (Aguilera & Barrita, 2021; Wootton et al., 2025). Notably, mental health factors such as anxiety, depression, and general stress were not independently associated with couple resilience, suggesting that the presence of distress does not equate to an absence of couple resilience. Rather, resilience appears to coexist with psychological vulnerability, reflecting adaptive functioning in the face of chronic adversity (Schechter & Halevi, 2023).

Suicidal ideation was not statistical significance in predicting couple resilience, indicating a complex and potentially bidirectional relationship between severe suicide and resilience processes. This aligns with prior evidence showing that identity-based protective factors of suicide risk among SGD populations (Green et al., 2022; Shahram et al., 2021). Collectively, these findings challenge simplistic conceptualisations of couple resilience as an individual trait and/or factors instead posited that combinations of individual wellbeing are strong predictors of couple resilience, controlling for the socio-demographic among SGD persons in Africa.

Limitations

Several limitations should be considered when interpreting the findings. First, the cross-sectional design precludes causal inference and limits conclusions regarding the directionality of relationships between personal wellbeing factors and couple resilience. Second, the reliance on self-report measures introduces the possibility of response and social desirability biases, particularly given the sensitivity of involving SGD populations and sexual orientation, gender identity, and mental health variables in hostile sociocultural contexts. Third, although the study

controlled for socio-demographic factors, the relatively modest sample size may have limited statistical power, particularly in the hierarchical regression model with multiple predictors. Finally, the operationalisation of resilience was based on individual-level assessment, which may not fully capture culturally grounded or collective expressions of resilience prevalent in African contexts.

Recommendations

Recommendations for Policy

Policymakers should prioritise the inclusion of SGD persons within national mental health and relational wellbeing frameworks. In country like Nigeria, anti-discrimination policies must extend beyond legal recognition to ensure equitable access to healthcare, psychosocial services, and community-based support systems. Investment in community-led support structures may be particularly effective in strengthening couple resilience among SGD populations.

Recommendations for Psychological Practice

Psychological relational interventions with SGD clients should adopt strength-based and personal approaches rather than deficit-focused models. Practitioners should actively incorporate social support mapping, couple-based interventions, and community resource linkage into clinical practice. Personal wellbeing and affirmative training remain essential for professionals working with SGD populations in Africa.

Recommendations For Research

Future research should employ longitudinal and mixed-methods designs to better capture the dynamic nature of couple resilience across time and contexts. There is a critical need for culturally grounded and psychometrically validated resilience measures specific to African SGD populations. Further research should also examine dyadic and community-level resilience processes, particularly within romantic and familial relationships.

Declaration of Interests Statement

The author declares no known financial or personal conflicts of interest that could have influenced the conduct, analysis, outcomes, and/or reporting of this study.

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