



Gender Congruence and Mental Wellbeing among Transgender individuals: The Moderating role of Perceived Social Support

Fahmida Shoukat

Department of Applied Psychology, University of the Management and Technology
Lahore. Email: shoukatfahmida220@gmail.com

Sumaira Ayub

Department of Applied Psychology, University of the Management and Technology
Lahore. Email: sumaira.ayub@umt.edu.pk; ORCID ID: 0000-0002-1307-133X

Dr. Beenish Mubeen

Department of Applied Psychology, University of the Management and Technology
Lahore. Email: beenish.mubeen@umt.edu.pk

ABSTRACT

This study examined the moderating role of perceived social support in determining the relationship between gender congruence and mental wellbeing among transgender individuals. Correlational research design was employed in the present study. Purposive sample of 200 transgender with an age range of 19 to 55 years ($M = 29.62$, $SD = 7.51$) were taken from different institutions from Lahore and Bahawalpur working for transgender communities. The self-constructed demographic sheet, Transgender Congruence Scale (Kozee et al., 2012), Multidimensional Perceived Social Support Scale (Zimet, 1988), Mental Health Continuum Scale (Keyes, 2002) were used to assess the sample. The results showed positive relationship between gender congruence, perceived social support and mental wellbeing among transgenders. The results of the moderation analysis showed moderating role of support from friends as well as significant others in determining the relationship between gender identity acceptance and mental wellbeing among transgenders. The study is useful in highlighting the predictors of mental wellbeing of transgender which can be helpful in devising the strategies to maximize their mental wellbeing.

Keywords. Gender Congruence, Appearance Congruence, Gender identity acceptance, Perceived Social Support, Mental Wellbeing, Transgender individuals.

INTRODUCTION

The term 'transgender' denotes to those people which are different in gender expression or identity despite of their given sex at birth (Chen et al., 2017). According to estimation, there are almost 25 million people recognized as transgender that is nearly (0.4-1.3) % of world's population (Winter et al., 2016). In recent years, there has been growing recognition of the importance of understanding the intersection of gender identity and mental health within the field of psychiatry. Transgender individuals, whose gender identity differs





from the sex assigned to them at birth (Beemyn & Rankin, 2011), frequently facing multiple challenges in accordance with social approval, effect there psychological wellbeing and limit their access to healthcare. Transgender face inequalities at different levels, as a result, they are at high risk of psychological as well as emotional abuse, sexual and physical violence. Despite progress in recognizing transgender rights and identities, transgender individuals continue to experience high rates of mental health issues, including depression, anxiety, and suicidality, which are often exacerbated by social stigma and discrimination (Grant et al., 2011; Reisner et al., 2016). It is estimated that, almost 56% of the transgender experience depression and 59% transgender experience anxiety. Almost 76% of transgender reported physical abuse. Almost 86% transgender were sexually active and majority of transgender experience verbal abuse (Manzoor et al., 2022). It is found that transgender experiences other psychological issues like lower self-esteem, less satisfaction and high stress rate just because of incongruent in gender identity (Davey et al., 2014).

Moreover, Gender congruence is playing a notable role in the mental wellbeing of transgender individuals – the extent to which an individual's gender identity aligns with their physical appearance and the social roles and expectations associated with their identified gender (Budge et al., 2013; Testa et al., 2017). It shows difference in gender expression or identity despite of their given sex at birth (Huicochea et al., 2018). Research has consistently shown that greater gender congruence is associated with better mental health outcomes among transgender individuals, such as reduces the psychological burdens and increase the individual satisfaction with his life (Bockting et al., 2013; Kozee et al., 2012), lower the anxiety and depression, and greater mental well-being (Olson et al., 2011).

However, the relationship between gender congruence and mental well-being is not solely determined by individual factors; rather, it is also influenced by various contextual and Interpersonal factors, one of the most significant being perceived social support. Social support is the experience of being esteemed regarded thoughts about other people who are available in one's life (Gurung et al., 2006). The way social support is taken is the way individuals view friends, family and others as being available to provide material, mental and by large help during critical crossroads. Social support has been reliably connected with prosperity, as the apparent degrees of help, love, and mind can give positive encounters (Siedlecki et al., 2014).

According to persistent demonstration of research the buffering effect of social support influence relationship between stressors and mental health outcomes (Thoits, 2011). Among transgender individuals, perceived social support has been found to mitigate the negative impact of minority stressors, such as discrimination and victimization, on mental wellbeing (Hendricks & Testa, 2012; Seelman et al., 2017). High social support relates to better physical and psychological well-being (Uchino, 2006). It has been observed that 68% of transgender are found to be homeless, faced rejection from their family side and it's also in record that 54% abuse is from transgenders family side, and it's almost half percentage that got abused from family side (Durso & Gates, 2012). Most transgender people were dismissed





by their groups of beginning and made groups of decision. Many were rejected by friends or potentially encountered a decline in closeness in relational connections (Gagne & Tewksbury, 1998). Family support permit transgender person to foster more prominent self-acknowledgment and compatibility (Pflum et al., 2015). Mental health is very important for a person just like physical health in which different types of emotional, psychological and social well-being are included. It greatly affected how we think about situations, feel either positive or negative, and behave. It also helps to identify the type of behaviors which show in a stressful environment and how people cope in these situations. People who have good coping abilities, work more focused in their daily routines, and get positive achievements and also contribute positively to social circles (Toussaint & Webb, 2005).

While reviewing the literature, Başar and Öz (2016) suggested support from the friend predicted strong resilience, whereas the perceived discrimination predicted low resilience. Further, Boza and Perry (2014) identified mental health outcomes, victimization, perceived social support, and depression among transgenders. Their results revealed that social support significantly negatively predicted the depressive symptoms among transgenders, and higher levels of victimization indicated higher levels of depressive symptoms. According to Weinhardt et al. (2019), the relationship between social support, well-being, and resilience among transgender youth was examined. The result showed that truly lived by owning their real gender only happens when transgenders have supportive family system, which also reduce their psychological distress. However, friend support was positively related to connectedness and finding meaning in life. According to Tantirattanakulchai and Hounnaklang (2022), who explored the relationship between perceived social support and depression among transgender women in Bangkok, Thailand. The results suggested a negative association between social support and depression indicating that low perceived social support was more likely to be positively related to high risk of depression in transgender women. Further, Falak et al. (2020) identified the relationship between perceived discrimination, social support, and psychological distress in transgender individuals. The results suggested a positive relationship between perceived discrimination and psychological distress and negative relationship between social support and psychological distress. Further, negative relationship between perceived discrimination and social support. However, perceived discrimination was higher in younger transgender individuals than older transgender individuals. Significant others support was higher in younger transgender individuals than older transgender individuals. According to Abbas et al. (2017) who explored the effect of Social Support and self-efficacy on psychological distress among Khawajasiras. The findings revealed that there was a significant positive association between self-efficacy and social support among the Khawajasira community.

Therefore, social support and self-efficacy were significantly negatively related to psychological distress among Khawajasira community. However, low social support significantly positively predicted the psychological distress among Khawajasiras community.





Despite the growing body of research on transgenders related issue, there is still huge gap related to gender congruence, perceived social support and mental health which should explore in terms of transgenders, there remains a need for further investigation into the complex interplay of these factors. Specifically, little is known about the moderating role of perceived social support in the relationship between gender congruence and mental wellbeing among transgender individuals. Understanding how perceived social support may buffer or exacerbate the impact of gender incongruence on mental health outcomes is crucial for informing interventions and support services aimed at promoting the wellbeing of transgender individuals. Therefore, the present study seeks to examine the moderating role of perceived social support in the relationship between gender congruence and mental wellbeing among transgender individuals. By addressing this gap in the literature, we aim to contribute to a deeper understanding of the factors that influence mental health outcomes in this population and inform the development of targeted interventions to support the mental wellbeing of transgender individuals.

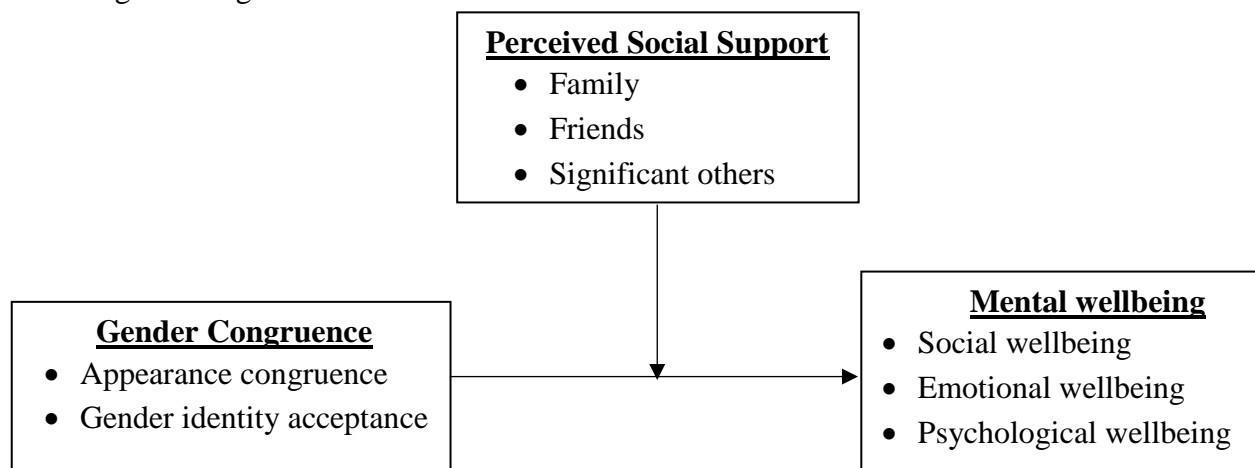


Figure 1. *The Conceptual Model of the Research*

MATERIALS AND METHOD

Study Design and Approval

The present study was administered at Applied Psychology Department of University of Management and Technology, Lahore from March 2021 to April 2022. The study synopsis was approved by research supervisor and Departmental Graduate Committee (DGC) by following the ethical approval guidelines of institution (Ref. ICPY/20/177).

Sample and Procedure

The sample Comprised of 200 transgenders age ranged 19-55 years ($M = 29.62$, $SD = 7.51$). The data were collected from different two cities of Punjab including Lahore and Bahawalpur. The sample was accessed from Fountain house, Khawaja Sara Society, Bheer



Pind Community, The Gender Guardian, Hijra Community and (Private Transgender sector). Sampling technique used in the data collection from research participants is Nonprobability purposive sampling. Transgender below the age of 55 were included because above the age of 55 become guru. Those transgenders who take funding from Fountain House having any mental or physical illness such as AIDS and thalassemia and cancer were excluded. Participants who reported as guru were excluded who did not work and stayed at home. For the present study around 300 participants were contacted, out of which 200 participants volunteered for the participants, so the response rate was 66.67%. The following ethical considerations were taken into account: Informed consent was taken from participants, and they were briefed about the nature of the study. The confidentiality of the information obtained from them was ensured. They were given the right to withdraw at any time of the research. After data collection, results were analyzed Using SPSS version 26. After data collection, results were reported honestly.

Measurements

The following assessment measures were used in the present study:

Demographic Information Sheet

It included sample information related to age, education, religion, no. of Siblings, birth order, Residence, relation with parents, nature of relationship with father and mother, No. of friends, nature of relationship with friends, occupation, income, information related to psychological and physical illness, history of victimization (physical abuse, verbal abuse, sexual abuse).

Transgender Congruence Scale (Kozee et al., 2012)

This 12 items scale was used to measure transgender congruence. The scale consist of two subscales including appearance congruence and gender identity acceptance. Transgender congruence scale is a Likert version scale ranging from strongly disagree (1) to strongly agree (5). Higher scores indicated higher transgender congruence. This scale was translated in the present study using the MAPI guideline and the Cronbach's alpha value was reported as .84 and its subscales appearance congruence and gender identity acceptance showed .81 and .62 respectively.

Multidimensional Perceived Social Support Scale (Zimet, 1988)

Multidimensional Perceived Social Support Scale is 7-point Likert-type scale ranging from very strongly disagree (1) to very strongly agree (7) with 12 item questionnaire. The scale has three subscales Family, Friends, and Significant others. High score of the scale indicated higher level of social support. Translated version of the perceived social support scale by (Zafar & Kausar, 2013). In the present study, Cronbach's alpha value is .75 and its subscales family support, friend support and significant others showed .81, .84, and .89 respectively.



Mental Health Continuum- Short Form (Keyes, 2002)

The 14-item scale was used to measure the mental wellbeing among transgenders. The scale has three subscales including social wellbeing, emotional wellbeing, and psychological wellbeing. Items are scored on a 6-point scale ranging from Never (0) to everyday (6). Translated version of the mental Health continuum scale by (Faran & Malik, 2015) was used in the study. In the present study the Cronbach's alpha value of this scale is .87 and its subscales social, emotional and psychological wellbeing showed .71, .79, and .79 respectively.

Statistical Analyses

All data were statistically processed by the IBM SPSS statistical software (version 21). After screening of the data descriptive statistics were computed on the demographic variables (See table 1) followed by Cronbach's alpha values of all scales and subscales used. Pearson Product Moment Correlation was carried out to investigate the relationship among study variables (see in table 2). Further, moderation through multiple hierarchical regression analysis was administered to find out the moderating role of perceived social support between gender congruence and mental wellbeing among transgenders (see table 3). A *p* value of <.05 was considered statistically significant.

RESULTS

Sociodemographic Characteristics of the Sample

Sample was mostly composed by transgender female 135 (67%) and transgender male 65 (33%). The majority of participants 180 (90%) were uneducated, with only a small proportion 20 (10%) reported having some level of education. Regarding birth order, most participants 165 (82.1%) were middle born, followed by last-born individuals 25 (12.4%) and first born 10 (5%). The estimated income of the sample was 20950 rupees.

The residential status of the sample varied significantly, with many participants 171 (86%) were residing with gurus rather than parents 28 (13%). Additionally, a large proportion of participants 186 (93%) reported having no contact with their parents. Regarding the nature of relationships with parents, most of participants reported unpleasant relations, particularly with fathers (192, 96%) and mothers (147, 74%). Only a small minority reported pleasant relationships with either parent (16 with father, 4 with mother). In terms of social connections, most participants indicated having 20 or more friends 130(60%), with the majority 172 (86%) reporting a pleasant nature of the relationship with their friends.

A significant proportion of participants 132 (66%) reported experiencing psychological illness. Professionally, the sample was primarily engaged in singing or dancing (134, 66%) or sex work (65, 33%), with a negligible percentage in government employment (1, 1%). In our study, the most reported deficiency in life by transgenders was respect 142 (70%), followed by relationships and support 58 (30%). Regarding important needs of transgenders, social status was emphasized by the majority 158 (79%), followed by



Vol 2 Issue 2 (Jan-March 2025)

job opportunities 38 (19%), and education 4 (2%). The history of victimization was prevalent among participants, with a majority reporting experiences of physical abuse 133 (67%), verbal abuse 167 (84%), and sexual abuse 160 (80%). For more details see Table 1.

Table 1. Sociodemographic Characteristics of the Participants

Characteristics	f (%)	M (SD)
Age		29.62 (7.51)
Sex type		
Transgender male	65(33%)	
Transgender female	135(67%)	
Education status		
Educated	20(10%)	
Uneducated	180(90%)	
No. of siblings		
Below 5	66 (34%)	
5 & above	134 (66%)	
Birth order		
First Born	10 (5.0)	
Middle Born	165 (82.1)	
Last Born	25 (12.4)	
Estimate income		20950 (3.34)
Residence		
Guru	171(86%)	
Parents	28(13%)	
Relatives	1(1%)	
Contact with parents		
Yes	14(7%)	
No	186(93%)	
Relation with Father		
Unpleasant	172(85%)	
Unpleasant to some extent	20(11%)	
Neutral	4(2%)	
Pleasant to some extent	2(1%)	
Pleasant	2(1%)	
Relation with Mother		
Unpleasant	83(42%)	
Unpleasant to some extent	64(32%)	
Neutral	37(18%)	
Pleasant to some extent	15(7%)	
Pleasant	1(1%)	





Table 1. Sociodemographic Characteristics of the Participants

Characteristics	f (%)	M (SD)
No. of Friends		
Below 20	70(40%)	
20 & above	130(60%)	
Relation with Friends		
Pleasant	172(86%)	
Unpleasant	28(14%)	
Occupation		
Singing/Dancing	134(66%)	
Government job	1(1%)	
Sex Business	65(33%)	
Psychological illness		
Yes	132(66%)	
No	68(34%)	
Psychological treatment		
Yes	1(1%)	
No	99(99%)	
Physical illness		
Yes	20(10%)	
No	180(90%)	
Deficiency in life		
Relation and support	58(30%)	
Respect	142(70%)	
Important Needs of transgender		
Education	4(2%)	
Job	38(19%)	
Social Status	158(79%)	
Sex Need	0(0%)	
Psychological/emotional need	0(0%)	
Physical Abuse		
Yes	133(67%)	
No	67(33%)	
Verbal Abuse		
Yes	167(84%)	
No	32(16%)	
Sexual Abuse		
Yes	160(80%)	
No	15(20%)	



Relationship between Study Variables

Table 2. Descriptive Statistics and Correlation for Variables of Interest

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Age	-	.28**	-.21**	-.07	-.05	-.13	.08	.06	.10	.01	.06	.04	-.07	.00	.00	.09	.06
2. No. of Friends	-	-	-.22**	.05	-.10	-.25**	.09	.07	.13	.17**	-.4	.26**	.03	.07	.04	.16*	.09
3. Monthly income	-	-	-	-.11	.17*	.16*	-.05	-.08	.05	.17*	.14*	.11	.07	.07	-.02	.11	.10
4. Physical Abuse	-	-	-	-	.12	-.06	.03	.04	.02	.11	.04	.05	.11	-.14*	.11	.08	.11
5. Verbal Abuse	-	-	-	-	-	.03	-.03	-.03	-.00	.15*	.08	.11	.08	.06	.08	.04	.02
6. Sexual Abuse	-	-	-	-	-	-	.04	.00	.12	.14*	.16*	.06	.06	-.26**	-.15*	-.21**	-.26**
7. Gender congruence	-	-	-	-	-	-	-	.96**	.75**	.18**	.03	.22**	.04	.13	.08	.13	.11
8. App. Congruence	-	-	-	-	-	-	-	-	.55**	.15*	.04	.17	.03	.10	.05	.12	.08
9. Gender identity Acc.	-	-	-	-	-	-	-	-	-	.20**	.01	.26**	.04	.16*	.11	.12	.15*
10. Per. Soci. Support	-	-	-	-	-	-	-	-	-	-	.47**	.76**	.58**	.32**	.26**	.25**	.28**
11. Family support	-	-	-	-	-	-	-	-	-	-	-	.09	.02	.19*	.10	.16*	.19**
12. Friends support	-	-	-	-	-	-	-	-	-	-	-	-	.11	.17*	.10	.10	.19**
13. Significant others	-	-	-	-	-	-	-	-	-	-	-	-	-	.25**	.30**	.23**	.13
14. Mental wellbeing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.78**	.83**	.86**
15. Social	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.53**	.43**
16. Emotional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.63**
17. Psychological	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>M</i>	.63	.84	.01	.33	.20	.20	.92	.22	.70	.75	.47	.44	.84	.66	.34	.57	.74
<i>SD</i>	.51	.77	.01	.47	.72	.40	.51	.17	.01	.33	.53	.25	.19	.37	.40	.43	.23

Note. App. Congruence = Appearance Congruence; Gender identity Acc. = Gender Identity Acceptance; 10. Per. Soci. Support= Perceived Social Support
* $p < .05$. ** $p < .01$.





Table 2 showed that gender congruence and its subscales gender identity acceptance and appearance congruence were found to be positively related to perceived social support and mental wellbeing in transgender individuals. Further, gender identity acceptance was found to be positively related to friends' support as well as psychological wellbeing. The results also indicated that perceived social support was found to be positively related to mental wellbeing and its subscales i.e., social, emotional, and psychological wellbeing. The same trend was found in the subscales of these variables indicating that support from family was found to be positively related to emotional and psychological wellbeing, while friend support is associated with psychological wellbeing. Support from significant others contributed to social and emotional wellbeing in transgender individuals.

Further the relationship of demographics variables and variable of interest was also checked. Results reveal that history of sexual and physical abuse was negatively related to mental wellbeing in transgenders. However, no. of friends positively related to emotional wellbeing among transgenders. Further monthly income was positively related to family support in transgender individuals.

Moderating Role of Perceived Social Support

Considering the trends of relationship among study variables, the moderation analysis was performed on the subscales of the variables (See Table 3).

The result 3 reveal that the overall variance explained by the model of social wellbeing aspect of mental wellbeing was 17% with $F(17,199) = 1.84, p < .05$. The result revealed that significant positive interaction effect of gender identity acceptance and friend support predicting the social wellbeing ($\beta = .20, p < .01$) among transgender individuals. Further, history of sexual abuse also negatively predicted their social wellbeing.

The overall variance explained by the model of emotional wellbeing was 20% with $F(17,199) = 2.52, p < .001$. Result showed significant positive interaction effect of appearance congruence and significant others support predicting their emotional wellbeing ($\beta = .56, p < .05$).

The overall variance explained by the model of psychological wellbeing was 22% with $F(17,199) = 3.10, p < .001$. Result showed significant positive interaction effect of appearance congruence and significant others support predicting the psychological wellbeing ($\beta = .91, p < .01$) among transgenders. Further, the history of sexual and physical abuse also negatively predicted their psychological wellbeing.





Table 3. Moderating role of Perceived Social Support between Gender Congruence and Mental Wellbeing among Transgender (N=200)

Predictors	Mental Wellbeing																				
	Social Wellbeing						Emotional Wellbeing						Psychological Wellbeing								
	B	95%CI for B		SE B	β	R^2	ΔR^2	B	95%CI for B		SE B	β	R^2	ΔR^2	B	95%CI for B		SE B	β	R^2	ΔR^2
		LL	UL					LL	UL						LL	UL					
Step 1																					
Control variable	.41	- .92	.76	.33		.05	.05	.01	- .21	.22	.72	.	.07	.07	.75	- .58	.09	.86		.12	.12
Age	.01	- .05	.08	.03	.03			- .01	- .06	.03	.02	- .04			.03	- .01	.15	.04	.13		
No. of Friends	.01	- .04	.06	.02	.02			- .03	- .07	.01	.01	- .14			- .04	- .11	.01	.03	- .11		
Income	.01	.01	.01	.01	- .07				.01	.01	.01	.01				.01	.01	.01	.04		
Physical Abuse	.55	- .45	.56	.51	.07			.39	- .32	.10	.36	.07			- .35**	- .13	- .56	.61	- .15**		
Verbal Abuse	.19	- .46	.84	.33	.04			- .07	- .53	.39	.23	- .02			- .26	- .05	.52	.39	- .04		
Sexual Abuse	- .20*	- .03	- .45	.63	- .14*			.76	- .11	.64	.44	.12			- .15**	.65	.65	.75	- .20**		
Step 2																					
AC	.01	- .58	.60	.30	.01	.06	.01	- .30	- .72	.11	.21	- .65	.09	.02	- .39	- .11	.31	.36	- .48	.13	.01
GIA	- .12	- .45	.20	.67	- .66			.25	- .69	.19	.47	.20			.47	- .12	.08	.81	.22		
Step 3																					
Family Support	.13	- .19	.47	.18	.10	.14	.08	- .03	- .68	.61	.83	- .03	.15	.06	- .41	- .22	.39	.42	- .24	.18	.05
Friend Support	- .77	- .61	.06	.42	- .96			- .01	- .61	.57	.30	- .03			.47	- .54	.48	.51	.47		
Sig Others	.58	- .39	.56	.51	.55			- .50	.61	.61	.06	- 1.97			- .69	- .29	.89	.82	- .03		
Step 4																					
AC*Family	- .01	- .06	.04	.02	- .30	.17	.03	.02	- .01	.06	.02	1.15	.20	.03	.03	- .03	.11	.03	.88	.22	.03
AC*Friend	.01	- .01	.02	.01	.19			- .01	- .01	.01	.01	- .29			- .01	- .04	.01	.01	- .81		
AC*Sig Others	- .01	- .07	.04	.03	- .51			.04*	.01	.09	.02	.56*			.09**	.02	.16	.03	.91**		
GIA*Family	.02	- .12	.17	.07	.27			- .06	- .17	.04	.05	- .98			- .05	- .23	.12	.09	- .49		
GIA*Friend	.05**	.01	.11	.02	.20**			.01	- .01	.04	.01	.47			.02	- .03	.08	.02	.44		
GIA*Sig others	.01	- .08	.12	.05	.22			- .01	- .09	.05	.03	- .32			- .06	- .19	.06	.06	- .73		

Note. AC = Appearance Congruence; GIA = Gender Identity Acceptance; Sig Others = Significant Other Support.

* $p < .05$. ** $p < .01$.





DISCUSSION

The current research was intended to inquire the complicated connection between gender congruence, perceived social support, and mental wellbeing in the context of transgender individuals. Particularly, the precise objectives were the following: the first one to find out the relation between variable of interest in transgender individuals and the second to investigate whether perceived social support is a moderator in finding the relationship between gender congruence and mental wellbeing.

The present study highlighted that gender congruence, and its subscales gender identity acceptance and appearance congruence were found to be positively related to perceived social support and mental wellbeing in transgender individuals. The results go in line with the previous study conducted by Owen-Smith et al. (2018) examined the relationship between perceived gender congruence, body image satisfaction and mental health in a cohort of transgender individuals. Their findings suggested higher perceived gender incongruence and body image dissatisfaction lead to negative mental health outcomes in transgender individuals. Another study conducted by Holbrook (2019) and Jones et al. (2018) goes align with present research. Studies indicate that there is significant positive relationship between gender congruence, social support gender relevant wellbeing, life satisfaction and anxiety and depression. Sample taken from Ireland, where a person does not satisfied with their assigned sex. The studies reveal that there is significant positive correlation between gender congruence and gender relevant wellbeing and life satisfaction. Anxiety and depression were reported at very high level and social support also found at very high level.

A relevant study by Demirtas et al. (2018), investigate by taking sample from Turkey of LGB-identified individuals, find the link between self-compassion (i.e., self-kindness, common humanity, and mindfulness), perceived social support (i.e., family, friends, and significant others), and subjective well-being (i.e., life satisfaction, positive affect, and negative affect). The sample was 291 transgender individuals and age range were 18-28 years ($M = 23.96$, $SD = 6.30$). The finding revealed that significant positive association between perceived social support from family, friends and significant others, self-compassion, and well-being among transgenders. Further, (family, friends, and significant others) support had high level of self-compassion and subjective wellbeing among transgenders. Similar finding was supported by Tantirattanakulchai and Hounnaklang (2022), identifying the correlation between social support and depression among transgender women. Sample was 280 transgenders with age range of 18 years or older. The results showed that positive relationship between perceived social supports and depression among transgenders. However, high social support reported lower levels of depression among transgenders. Further, social support reduced depression symptoms among transgender women. However, most of the transgender reported more physical illness whereas psychic illness is positively



related to depression. So, this could be related with present study that transgenders who receive high social support are having higher social, emotional, and psychological wellbeing.

The present study suggested that moderating role support of friends and significant others in determining the relationship between gender identity acceptances and appearance congruence positively predicted the social, emotional, and psychological wellbeing. This suggests that the presence of supportive relationships with friends and significant others buffers against the negative impact of incongruence between gender identity and social roles on mental wellbeing. Previous study consisted perceived social support as a moderator by Trujillo et al. (2017) exploring the social support moderate these relationships among discrimination, mental health, and suicidal ideation in transgender individuals. The sample was 78 transgender participants between the age of 20 or older ($M = 29.6$, $SD = 10.46$). The result revealed that significant other support negatively predicted the depression. Family and friends support did not predict the depression. Another study consisted by Demirtepe-Saygılı & Bozo (2011) identifying the moderating role of perceived social support relationship among well-being indicators and mental symptoms. The sample consisted of 60 participants and the age range 18 and 51 years old ($M = 33.1$, $SD = 5.90$). The results revealed that perceived social support did not predict the psychological symptoms. However, people perceive high social support reported lower levels of psychological symptoms. So, this also relevant the results of present study that significant others support significantly positively predicted the emotional wellbeing and psychological wellbeing among transgenders. Further, if transgender perceive high level of support from significant other tend to have higher level of emotional and psychological wellbeing among transgenders. Previous study supported by Itzick et al. (2017) investigating the moderating role of perceived social support in the association between perceived discrimination and subjective well-being. The sample consisted of 433 participants. The age range was 12 years older. The results suggested that individuals perceive low and moderate levels of social support negatively predicted perceived discrimination and subjective well-being.

The current research emphasized victimization history which prevalent among participants, with a majority reporting experiences of physical abuse, verbal abuse, and sexual abuse. The sample reported that they were primarily engaged in singing or dancing or sex work with a negligible percentage in government employment. The sample reported deficiency in life was respect followed by relationships and support and social support was the most important needs of transgenders. Considering these negative sociodemographic predictors, they can have lower mental wellbeing. These finding goes align with Minority stress theory, which demonstrate that marginalized groups such as transgenders always remain under stressed and face psychological distress because of cultural and societal prejudice and discrimination against them (Meyer, 2003).

The current study has some limitations. The study only included general transgenders, but the categories-based difference did not consider. For future research categories-based difference should also be analyzed with the study variables. The present study was conducted





on those transgenders who were visiting various centers for aid and earn through streets. So, the similar study should be done with the transgender working in various fields and offices. Most of the transgender were illiterate or could not know how to read Urdu. So, the researcher filled the questionnaire herself by asking them each statement. So, there may be possibilities of social disabilities in response, and it should be catered for future studies.

Conclusions

The research concluded that there is significant positive relationship between gender congruence, perceived social support and mental wellbeing among transgenders. The present study concluded that friends and significant others support moderate the relationship between the gender congruence and mental wellbeing among transgenders. These findings underscore the importance of both individual factors, such as gender congruence, and interpersonal factors, such as social support, in promoting positive mental health outcomes among transgender individuals.

Implications

The findings of the study are an addition in indigenous research literature investigating moderating role of perceived social support in determining the relationship between gender congruence (gender identity acceptance, appearance congruence) and mental wellbeing (social, emotional, and psychological wellbeing) among transgenders. The study is also useful in highlighting the various sociodemographic predictors of mental wellbeing of transgenders including their psychological health, history of victimization, important needs, and deficiencies in life, profession, nature of relationship with their family etc. So, based on findings; strategy can be devised to better the mental wellbeing of transgender. These findings have important implications for interventions aimed at promoting mental wellbeing among transgender individuals. Programs and services that focus on enhancing social support networks, particularly from friends and significant others, may effectively mitigate the adverse effects of gender incongruence, familial rejection, and societal stigma on mental health outcomes. This study is useful for professionals dealing with the transgender by paying close attention to positive relationship between gender congruence, perceived social support and mental wellbeing indicating that those transgenders who did not accept their identity and have low perceived social support that can have significant negative impact on mental wellbeing. So, this study can be helpful in facilitating the transgender in different professional settings.

REFERENCES

- Abbas, H. M. A., Gull, V. I., & Ghaffar, K. (2018). The Impact of Social Support on Psychological Distress among Khawajasira Community: The Mediated Effect of Self-Efficacy. *Information Management and Business Review*, 9(6), 36-40. <https://doi.org/10.22610/imbr.v9i6.2040>





- Başar, K., & Öz, G. (2016). Resilience in Individuals with Gender Dysphoria: Association with Perceived Social Support and Discrimination. *Turkish Journal of Psychiatry*, 27(4), 1-6. <https://doi.org/10.5080/u17071>
- Beemyn, G., & Rankin, S. (2011). *The lives of transgender people*. New York: Columbia University Press.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951. <https://doi.org/10.2105/AJPH.2013.301241>
- Boza, C., & Nicholson Perry, K. (2014). Gender related victimization, perceived social support, and predictors of depression among transgender Australians. *International Journal of Transgenderism*, 15(1), 35-52. <https://doi.org/10.1080/15532739.2014.890558>
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81(3), 545–557. <https://doi.org/10.1037/a0031774>
- Chen, J. A., Granato, H., Shipherd, J. C., Simpson, T., & Lehavot, K. (2017). A qualitative analysis of transgender veterans' lived experiences. *Psychology of Sexual Orientation and Gender Diversity*, 4(1), 63–74. <https://doi.org/10.1037/sgd0000217>
- Davey, A., Bouman, W. P., Arcelus, J., & Meyer, C. (2014). Social support and psychological well-being in gender dysphoria: A comparison of patients with matched controls. *The journal of Sexual Medicine*, 11(12), 2976-2985. <https://doi.org/10.1111/jsm.12681>
- Demirtepe-Saygili, D., & Bozo, O. (2011). Perceived social support as a moderator of the relationship between caregiver well-being indicators and psychological symptoms. *Journal of Health Psychology*, 16(7), 1091–1100. <https://doi.org/10.1177/1359105311399486>
- Durso, L. E., & Gates, G. J. (2012). *Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless*. UCLA: The Williams Institute. Retrieved from <https://escholarship.org/uc/item/80x75033>
- Falak, S., Safdar, F., & Nuzhat-ul-Ain. (2020). Perceived discrimination, social support, and psychological distress in transgender individuals. *PsyCh Journal*, 9(5), 682–690. <https://doi.org/10.1002/pchj.373>
- Gagné, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45(1), 81–101. <https://doi.org/10.1525/sp.1998.45.1.03x0158b>
- Grant, J. M., Mottet, L. A., Tanis, J. J., & Min, D. (2011). *Transgender discrimination survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Gurung, R. A. R. (2006). *Health Psychology: A Cultural Approach*. Belmont, CA: Thomson Wadsworth.
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>



- Holbrook, S. (2019). The relationship between gender congruence and social support and the mental health of transgender and gender non-conforming individuals in Ireland.
- Itzick, M., Kagan, M., & Tal-Katz, P. (2018). Perceived social support as a moderator between perceived discrimination and subjective well-being among people with physical disabilities in Israel. *Disability and Rehabilitation*, 40(18), 2208–2216. <https://doi.org/10.1080/09638288.2017.1331380>
- Jones, B. A., Bouman, W. P., Haycraft, E., & Arcelus, J. (2019). The Gender Congruence and Life Satisfaction Scale (GCLS): Development and validation of a scale to measure outcomes from transgender health services. *International Journal of Transgenderism*, 20(1), 63–80. <https://doi.org/10.1080/15532739.2018.1453425>
- Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222. <https://doi.org/10.2307/3090197>
- Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. *Psychology of Women Quarterly*, 36(2), 179–196. <https://doi.org/10.1177/0361684312442161>
- Manzoor, I., Khan, Z. H., Tariq, R., & Shahzad, R. (2022). Health Problems & Barriers to Healthcare Services for the Transgender Community in Lahore, Pakistan. *Pakistan Journal of Medical Sciences*, 38(1), 138–144. <https://doi.org/10.12669/pjms.38.1.4375>
- Olson, J., Forbes, C., & Belzer, M. (2011). Management of the transgender adolescent. *Archives of Pediatrics & Adolescent Medicine*, 165(2), 171–176. <https://doi.org/10.1001/archpediatrics.2010.275>
- Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilai, J., Becerra-Culqui, T. A., Getahun, D., ... & Goodman, M. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction, and mental health in a cohort of transgender individuals. *The journal of sexual medicine*, 15(4), 591–600. <https://doi.org/10.1016/j.jsxm.2018.01.017>
- Pflum, S. R., Testa, R. J., Balsam, K. F., Goldblum, P. B., & Bongar, B. (2015). Social support, trans community connectedness, and mental health symptoms among transgender and gender nonconforming adults. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 281–286. <https://doi.org/10.1037/sgd0000122>
- Reisner, S. L., Vettes, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: a matched retrospective cohort study. *Journal of Adolescent Health*, 56(3), 274–279. <https://doi.org/10.1016/j.jadohealth.2014.10.264>
- Seelman, K. L., Colón-Díaz, M. J. P., LeCroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgender Health*, 2(1), 17–28. <https://doi.org/10.1089/trgh.2016.0024>
- Siedlecki, K. L., Salthouse, T. A., Oishi, S., & Jeswani, S. (2014). The relationship between social support and subjective well-being across ages. *Social Indicators Research*, 117(2), 561–576. <https://doi.org/10.1007/s11205-013-0361-4>
- Tantirattanakulchai, P., & Hounnaklang, N. (2022). Associations between clusters of perceived social support level, depression, and suicidal ideation among transgender





Vol 2 Issue 2 (Jan-March 2025)

- women: A latent class analysis. *Journal of Public Health Research*, 11(1), 2090. <https://doi.org/10.4081/jphr.2021.2090>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2017). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Thoits P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52(2), 145–161. <https://doi.org/10.1177/0022146510395592>
- Toplu-Demirtaş, E., Kemer, G., Pope, A. L., & Moe, J. L. (2018). Self-compassion matters: The relationships between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey. *Journal of Counseling Psychology*, 65(3), 372–382. <https://doi.org/10.1037/cou0000261>
- Toussaint, L., & Webb, J. R. (2005). Theoretical and empirical connections between forgiveness, mental health, and well-being. *Handbook of Forgiveness* (1st ed.). New York: Routledge. <https://doi.org/10.4324/9780203955673>
- Trujillo, M. A., Perrin, P. B., Sutter, M., Tabaac, A., & Benotsch, E. G. (2017). The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample. *International Journal of Transgenderism*, 18(1), 39-52. <https://doi.org/10.1080/15532739.2016.1247405>
- Uchino, B. N. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, 29(4), 377-387. <https://doi.org/10.1007/s10865-006-9056-5>
- Vargas-Huicochea, I., Robles, R., Real, T., Fresán, A., Cruz-Islas, J., Vega-Ramírez, H., & Medina-Mora, M. E. (2018). A qualitative study of the acceptability of the proposed ICD-11 gender incongruence of childhood diagnosis among transgender adults who were labeled due to their gender identity since childhood. *Archives of Sexual Behavior*, 47(8), 2363-2374. <https://doi.org/10.1007/s10508-018-1241-4>
- Weinhardt, L. S., Xie, H., Wesp, L. M., Murray, J. R., Apchemengich, I., Kioko, D., & Cook-Daniels, L. (2019). The role of family, friend, and significant other support in well-being among transgender and non-binary youth. *Journal of Transgender Family Studies*, 15(4), 311-325. <https://doi.org/10.1080/1550428X.2018.1522606>
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *The Lancet*, 388(10042), 390–400. [https://doi.org/10.1016/S0140-6736\(16\)00683-8](https://doi.org/10.1016/S0140-6736(16)00683-8)
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41. https://doi.org/10.1207/s15327752jpa5201_2

