Family Rejection, Self- Esteem and Mental Health of Transgender Individuals

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Healthy and strong interpersonal relationships play a unique role in ensuring the mental wellbeing of individuals. The purpose of the study was to understand how rejection experiences from the family affect the self-esteem and mental health of transgender persons. This study was conducted by personally interviewing 150 transgender individuals in the state of Kerala from October 2023 to February 2024 by using a snowball sampling technique. Data related to demographic variables, mental health and self-esteem were collected with the help of the self-structured interview schedule. Five-point Likert scale was used for collecting data related to mental health and self-esteem. Chi-square test, one-way analysis of variance followed by least significant difference test as post hoc analysis and Karl Pearson's correlation were employed for testing the hypothesis. Transgender people did not get recognition from their own families. Those who had more negative experiences from family members had significantly lower self-esteem. The analysis shows that there was a positive relationship between family rejection and self-esteem. At the same time, no relationship was found between demographic factors and mental well-being. However, regression results indicate that there was a close relationship between family acceptance of self-esteem levels and the mental health of transgender individuals. Negative experiences from an important primary group like family increase mental health challenges. Social inclusion and systematic institutional changes are necessary to ensure high self-esteem and mental well-being for transgender people.

Keywords: Transphobia; Rejection; Inadmissibility; Avoidance; Life experience; Self-esteem; Mental health challenges

The study on family rejection, self-esteem, and mental health of transgender sheds light on the widespread societal stigma and rejection faced by transgender (TG) individuals who do not conform to the traditional binary gender system. Transgender (TG) individuals who do not conform to the traditional binary gender system are never considered desirable or accepted by society (Divan, 2016: Paechter, 2021), as it contradicts the long-standing social thoughts, ways of life, and cultural ideologies of society. TG community members face rejection and constant discrimination from mainstream society, social institutions, and service sectors (Grantanis et al., 2011; Omer, Jabeen & Sherazi, 2021: Divan V, 2016). Strong family ties are the backbone of a person's life through ups and downs, especially during difficult times. TG persons who express a different sense of gender identity experience distress and ostracism within the family (Grossman et al., 2006; Arvind A, 2021). Constant displeasure from family members, lack of freedom, and disagreements lead them to mental exhaustion. Mental suffering creates a lack of enthusiasm, restlessness, and physical ailments (Smith AJ, 2018).

Social stigma and isolation make the TG community in Kerala the most marginalized

section of the Indian economy. Social contempt and lack of acceptance make their condition utterly reprehensible (Kumaradhas & Muthukuma, 2022; Reeja, 2018). They suffer from ostracism from their family, neglect from their friends, the effects of unemployment, and absolute poverty where they cannot even meet the essentials. Society has its own framework and associated rules and expectations. Social arrangements are combined with the functions of various social institutions. Unable to live up to social expectations, TG people are often subjected to various forms of violence and have to endure disapproval, blame, rebuke, and criticism from primary group members (Jaddidi & Sharma, 2021; Lombardi, Wilchins & Priesing, 2001). Society hates transgender people who follow a way of life that is contrary to society's interests. In a society where TG people are mistreated, they not only lack respect and dignity but are also judged as criminals. Rather than temporary opposition, they face permanent rejection from their own families, which is based on the conservative attitude of society. Transphobic reactions from family, neighbors, and local community members have forced Trans persons in Kerala to leave their homes (Joy & Nelson, 2022; Agarwal & Dhillon, 2023).

TGs are driven by inner consciousness rather than their biological uniqueness. Although trans have a distinctive attitude and influence that separates the relationship between physical condition and gender identity, the public does not accept it. The stigma of transgenderism results in experiences of neglect, abuse, and violence that lead to poor self-image, unhealthy behaviors, and stress in the individual (Bockting, 2005; Kenagy, 2005; Koken, Bimbi & Parsons, 2009). Healthy and strong interpersonal relationships play a unique role in ensuring high self-esteem and psychological well-being for individuals.

Aloofness expressed by relatives, rejection, and humiliation by mainstream society often undermine the self-confidence of transgender individuals (McCabe & Anhalt, 2022; Elmer, Tilburg & Fokkema, 2022). Disturbances in interpersonal relationships reduce TGs' self-assertiveness and lower their self-esteem. At the height of social degradation, trans people's self-esteem plummets.

Therefore, it is imperative to understand the profound impact of family rejection, societal stigma, and lack of acceptance on the mental health and self-esteem of transgender individuals. This study aims to delve deeper into these interconnected factors to contribute towards a better understanding of the challenges faced by the transgender community and to advocate for more inclusive and supportive societal structures.

Method

Research design, population and statistical analyses

This research work illustrates how persistent negative experiences of trans people in south India affect their psychological well-being and self-image. The main objectives of this research are (a) To understand the rejection of trans individuals from their families, (b) To learn about their mental health, (c) To assess the Self-Esteem of TG individuals. Null hypotheses: (1) There exists no significant difference in mental health among the respondents having different levels of family rejection, (2) There exists no significant difference in self-esteem among the respondents having different levels of family rejection. This study was conducted by personally interviewing 150 TG individuals in Kollam district, Kerala from October 2023 to February 2024, using the snowball sampling technique, as official records were not available. A structured interview schedule was used as the tool for

data collection. The research design of the present study was both descriptive and explanatory. The research is based on primary as well as secondary data sources. The chi-square test and correlation analysis were adopted to examine the association between different variables. Each self-structured scale was used to find out the respondent's mental health level and self-esteem level. The Least Significant Difference(LSD) test was also utilized for a detailed analysis of the relationship between family rejections, mental health and self-esteem.

Happiness and harmony at home facilitate individual wellbeing. Frictions and rifts in relationships between family members have an adverse effect on the person. To analyse these relationships in the present study Interpersonal Acceptance-Rejection Theory (IPARTheory) has been adopted. According to its sub-theory, all adults who receive rejections from significant others later express anxiety and insecurity. Parental and attachment figures rejection push to dependence and other personal problems. Especially it leads to antagonism, hatred, hostility, enmity, emotional unresponsiveness etc. In spite of this individuals become defensive independence, emotional imbalance, low self-esteem, impaired self-adequacy and negative worldview (Pariseau et al., 2019; Rohner, 2015; Le & Ashdown 2021; Rohner, 2021).

Theoretically speaking, these psychological pains stemmed from the denials they received from significant others. They are reluctant to express their emotions in front of others after receiving various rejections. This is the way individuals find themselves escaping further rejection and negativity (Aracý, et al., 2023; Fuller, 2017; Denes, Bennett & Winkler, 2017). Thus, many of them become emotionally unresponsive and incapable of managing the stress they face in normal life. Unlike accepted individuals, those who are rejected are not able to cope with every situation with emotional maturity (Rohner & Carrasco, 2014; Rigazio-DiGilio & Rohner, 2015). According to IPARTheory, individuals who have experienced rejection in life are more likely to develop a negative worldview. They may have mistrust, hostility, unfriendly, emotional insecurity and threatening or dangerous perceptions in all relationships. Anxiety and feelings of insecurity were found in all transgender individuals who faced rejection from significant others (Davis & Anderson, 2021; Bosse, et al., 2022; Vadevelu & Arunberkfa, 2023).

Results

Figure 1, shows the demographic characteristics of the respondents. It was collected from those who were willing to provide detailed information about themselves. The personal experiences of transgender individuals are intertwined with their demographic profile. The table gives a clear indication of their age, sex assigned at birth, education, religion, occupation, income and marital status. As far as age is concerned, the 31-35 category has the highest number of TG's. Most of them (94.7%) were assigned male at birth. 47.3% of the respondents have secondary-level education. They belong to different religious identities. Majority of them are Hindus (68.7%), followed by Muslims (16%) and then Christians (15.3%). Less than half of respondents (47.3%) are sex workers and belong to the low-income category. It is noteworthy that very few (19.3%) are married.

Family relationships have a decisive influence on the growth and development of an individual. Family, traditions and customs are to some extent factors that maintain the order and peace of a person's life. Family members are at the fore in providing constant support and help to individuals in the crisis phase of life and standing by them in times of challenge.
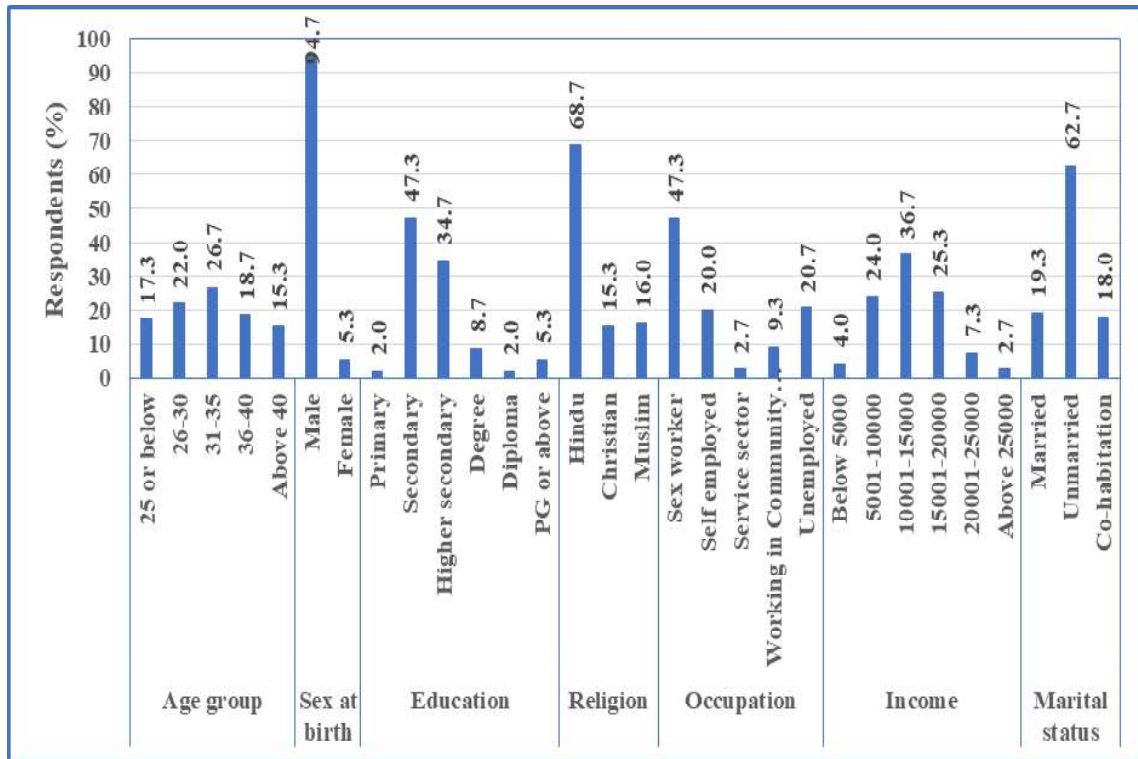
Figure: 1 Demographic Characteristic of the Respondents

Table: 1 Family Characteristic and Other Details of the Respondents

Characteristics	Category	Frequency	Percent
Nature of family	Nuclear	145	96.7
	Joint	5	3.3
Family inheritance	Patriarchal	149	99.3
	Matriarchal	1	0.7
Gender identity	Transsexual men (FTM)	7	4.7
	Transsexual women (MTF)	94	62.7
	Shemale	11	7.3
	Other	38	25.3
Age of realization of TG	d" 20	56	37.3
	21-25	82	54.7
	26-30	12	8.0

Have identity crisis	Yes	22	14.7
	No	128	85.3
Have savings	Yes	54	36.0
	No	96	64.0
Possessing property	Yes	48	32.0
	No	102	68.0
Have debt	Yes	41	27.3
	No	109	72.7
Family rejection	Frequently	49	32.7
	Sometimes	80	53.3
	Never	21	14.0

TG individuals' family situation, gender identity crises and other important financial information are included in Table 1. Not only this, it also mentions the nature of rejections from the family to understand the extent of

difficulties faced by the respondents in their own families. Transgender, who live against social norms and are ridiculed by others, often lose the security provided by the family and experience excessive stress and anxiety. Favourable family conditions boost individual self-confidence. Mental health declines in situations where emotional and financial support is not available in the family. Compared to their non-transgender siblings, transgender people receive less social support from their families (Factor & Rothblum, 2007).

Individuals who identify as TG persons experience discrimination in society and are vulnerable to poor health outcomes and impaired psychological well-being. TG youth have high rates of depression, suicidality, eating disorders, and mental illness (Connolly et al., 2016). However, according to their concerns, timely and accurate mental health services are not available (McCann & Sharek, 2016). Although TG individuals face significant disparities in health and well-being compared to their cisgender peers, strong family ties mitigate their difficulties (Brown & Porta, 2020). Mental health is essential to overcoming adversity in life. It is clearly arranged in Table 2, that the respondents are able to maintain their mental health.

Table: 2 Opinions Regarding Statements Related to Mental Health

Items	Yes		No	
	No.	%	No.	%
Have you ever been disappointed in life?	114	76.00	36	24.00
Do you have uncontrollable bowel movements?	122	81.33	28	18.67
Do you feel anxious that no one can understand you?	122	81.33	28	18.67
Are you worried about the future?	144	96.00	6	4.00
Feeling empty?	132	88.00	18	12.00
Does life seem overwhelming?	88	58.67	62	41.33
Feeling sad for no reason?	136	90.67	14	9.33
Do you feel depressed when others ignore you?	139	92.67	11	7.33
Feeling stressed by financial insecurity?	143	95.33	7	4.67
Do you feel disappointed by the negative experiences in life?	96	64.00	54	36.00
Feeling uncomfortable with your self-image?	119	79.33	31	20.67
Do you feel like you have no one?	130	86.67	20	13.33
Do you suffer from loneliness?	135	90.00	15	10.00
Are social prejudices debilitating?	148	98.67	2	1.33
Does boredom bother you?	146	97.33	4	2.67
Having sleep problems?	145	96.67	5	3.33
Are you constantly worried about life's problems?	143	95.33	7	4.67
Do you feel ashamed of your condition?	147	98.00	3	2.00

Do you consider yourself a burden to others?	142	94.67	8	5.33
Have you had suicidal thoughts during the hardships?	142	94.67	8	5.33
Have you attempted suicide?	142	94.67	8	5.33
Have you ever thought of yourself as a useless person to society?	106	70.67	44	29.33
Have you ever felt like a failure in life?	125	83.33	25	16.67

For assessment of overall mental health among the transgender, data were collected using a self-structured scale containing 23 statements with response yes and no. Then the response of each statement was scored 0 and 1 for the response yes and no. The scores of 23 statements were added to get a total score for mental health. As there are 23 statements, the expected total score for self-esteem may lies in between 0 to 23. This range is equally classified into three as poor level with scores ranges in between 0 to 7, average level with scores ranges in between 8 to 15 and high level with scores ranges in between 16 to 24. The score level of respondent's mental health indicates that 95.3% are at poor level and 4.7% are at average level in the classification.

Table: 3 Responses to Each Statement in Self-Esteem Scale

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I believe in my abilities	60 (40)	65 (43.3)	14 (9.3)	10 (6.7)	(0.7)
I am proud of my talents	59 (39.3)	63 (42)	18 (12)	10 (6.7)	-
I am very sociable	64 (42.7)	54 (36)	20 (13.3)	12 (8)	-
I express my opinions clearly	65 (43.3)	52 (34.7)	32 (21.3)	1 (0.7)	-
I have security feeling	68 (45.3)	51 (34)	28 (18.7)	3 (2)	-
I am not afraid of criticism.	68 (45.3)	49 (32.7)	29 (19.3)	4 (2.7)	-
I accept all situations with equanimity	67 (44.7)	51 (34)	23 (15.3)	9 (6)	-
I provide support and encouragement to others	73 (48.7)	54 (36)	14 (9.3)	9 (6)	-
I cherish healthy relationships	69 (46)	56 (37.3)	16 (10.7)	9 (6)	-
I am very satisfied in life	63 (42)	63 (42)	14 (9.3)	10 (6.7)	-
I work hard to achieve my goals	66 (44)	65 (43.3)	12 (8)	7 (4.7)	-
I am an optimist	66 (44)	75 (50)	9 (6)	-	-

Self-esteem depends on one's own perceptions and attitudes about one's qualities, abilities and self-worth. For assessment of self-esteem among the TG persons, data were collected using a self-esteem scale containing 12 statements with response strongly disagree, disagree, neutral, agree and strongly agree (Table 3). Then the response of each statement was scored 0, 1, 2, 3 and 4 for the response strongly disagree, disagree, neutral, agree and strongly agree respectively. The scores of 12 statements were added to get a total score for self-esteem. As there are 12 statements, the expected total score for self-esteem may lies in between 0 to 48. This

range is equally classified into three as low level of self-esteem with scores ranges in between 0 to 16, average level of self-esteem with scores ranges in between 17 to 32 and high level of self-esteem with scores ranges in between 33 to 48.

Null hypothesis: There exists no significant difference in mental health among the respondents having different levels of family rejection. One way Analysis of variance was done for comparing mental health among the respondents having different levels of family rejection. Results of the same was given in Table 4.

Table: 4 Comparison of Mental Health among the Respondents Having Different Levels of Family Rejection

Level of family rejection	Mean	SD	F-value	P-value
Frequently	1.92	1.91	19.321**	<0.01
Sometimes	2.98	1.86		
Never	5.33	3.20		

SD=Standard deviation,** Significant at 0.01 level.

P-value in Table 4 is less than 0.01 and so F-value (19.321) was found to be significant at 0.01 levels. Hence, reject the null hypothesis and accept that there exists significant difference in mental health among the respondents having different levels of family rejection. Pair wise comparison was done by using least significant difference (LSD) tests and the results of the same were given in Table 5.

Table: 5 Results of Multiple Comparison of Mental Health Among the Respondents Having Different Levels of Family Rejection Using LSD Test

Groups of comparison	MD	SE	Sig.,
Frequently vs Sometimes	1.06**	0.38	0.006
Frequently vs Never	3.41**	0.55	<0.001
Sometimes vs Never	2.36**	0.52	<0.001

MD=Mean difference,

SE=Standard error,

Sig., =Statistical significance,

** Significant at 0.01 level.

In Table 5, mean difference of all pairs was found to be significant at 0.01 level. This shows that all the three groups have significantly different mental health. Mean score for mental health is 5.33 for the respondents who are having never family rejection, 2.98 for those having family rejection sometimes and 1.92 for those having family rejection frequently. These results show that as the level of family rejection increases their mental health become poor.

Null hypothesis: There exists no significant difference in self-esteem among the respondents having different levels of family rejection. One way Analysis of variance was done for comparing self-esteem among the respondents having different levels of family rejection. A result of the same was given in Table 6.

Table: 6 Comparison of Self-Esteem among the Respondents Having Different Levels of Family Rejection

Level of family rejection	Mean	SE	F-value	P-value
Frequently	8.06	8.71	5.197**	0.007
Sometimes	8.74	8.72		
Never	15.14	9.67		

SE=Standard error, ** Significant at 0.01 level.

P-value (0.007) in Table 6, is less than 0.01 and so F-value (5.197) was found to be significant at 0.01 level. Hence, reject the null hypothesis and accept that there exists significant difference in self-esteem among the respondents having different levels of family rejection. Pair wise comparison was done by using LSD tests and the results of the same were given in Table 7.

Table: 7 Results of Multiple Comparison of Self-Esteem among the Respondents Having Different Levels of Family Rejection Using LSD Test

Groups of comparison	MD	SE	Sig.,
Frequently vs Sometimes	0.67[ns]	1.61	0.674
Frequently vs Never	7.08**	2.31	0.003
Sometimes vs Never	6.41**	2.17	0.004

LSD=Least significant difference, MD=Mean difference, SE=Standard error,

Sig., =Statistical significance, ns=non-significant, ** Significant at 0.01 level.

In Table 7, mean difference of self-esteem among the respondents having frequently or sometimes family rejection shows no significant difference. But the respondents having no family rejection is significantly different from other two groups at 0.01 level. Mean score for self-esteem is 15.14 for the respondents who are having never family rejection, 8.74 for those having family rejection sometimes and 8.06 for those having family rejection frequently. These results show that as the respondents having no family rejection have high self-esteem compared to other two groups those having either sometimes or frequent family rejection.

Relation between mental health and self esteem

Self-esteem and mental health are inextricably linked. Individuals with self-awareness and self-confidence are self-important, happy, and full of contentment. A person with high self-esteem usually has high mental health. Low self-esteem makes a person depressed and introverted. People with low self-esteem try to run away from the problems they face in life. Those who view challenges as obstacles and burden themselves with the thought of failure are constantly depleting their self-esteem. As self-esteem declines, so does mental health.

The relationship between self-esteem and mental health is reflected in Table 8.

Table: 8 Relation Between Mental Health and Self Esteem

Variables	Correlation	P-value
Mental health vs self esteem	0.126[ns]	0.124

ns=non-significant.

Friendships in life, a caring family environment and psychological satisfaction can boost a person's self-esteem. The study shows that TG individuals with high self-esteem have high mental health and transgender individuals with low mental health have low self-esteem.

Discussion

This research study has tried to find out how the lack of recognition from their own family and related problems negatively affect the mental health and self-esteem of transgender individuals in Kerala, a prominent state in South India. The TG persons who are part of the research were personally visited and understood the real situation through their living conditions and experiences. The stress, tension and severe and constant internal conflicts caused by the hardships faced by the concerned people, especially the family make the lives of TG individuals miserable (Mustanski, Garofalo & Emerson, 2010; Fuller & Riggs, 2018). An environment full of traditional practices, narrow mindedness and biased judgments are obstacles to the natural and free social entry of trans people. Rejections from loved ones create personal problems and negative attitudes in them (Denes, Bennett & Winkler, 2017; Davis & Anderson, 2021; Sherazi, Najam & Jabeen, 2023). Their rights are being eroded by narrow social orders that disintegrate relationships and lead to isolation (Aracý et al., 2023). Discriminations, degradations and the intensity of inequality create an intolerable mental state (Alam,

Warraich & Rehman, 2019). This study shows that constant challenges have a negative effect on their self-confidence (Rood et al., 2016; Austin & Goodman, 2017). Social institutions that do not support TG individuals do not strive for the welfare of community members. It is also evident that the protection, encouragement and favourable legislation of the state improve the socio-economic condition of the community (Vanderleest & Galper, 2009; Socías et al., 2014; Stroumsa, 2014; Sinha, 2016; Bouman et al., 2017).

For individuals, the personal shame of recognizing their TG identity and the social disapproval of disclosing it often leads to a feeling of a terrible identity crisis (Khan, 2009; Tabassum & Jamil, 2014). They are drawn to despair and sometimes suicide attempts. Other studies of TG persons also testify that this condition exists among them (Goldblum et al., 2012; Zwickl et al., 2021). Current data shows that rejection by loved ones creates mental health problems and low levels of self-esteem in TG individuals even when they are struggling with adverse life situations (Morrow & Messinger, 2006; Bosse et al., 2022; Vadevelu & Arunberkfa, 2023). P-value and F-value indicate that mental health decreases in TG individuals as family rejections increase. The Mean difference shows that those who have support from family have good mental health. The LSD Test proves that the greater the extent of displeasure from family members, the worse the mental health and lower the self-esteem (Ryan et al., 2010; Kosciw et al., 2013).

Limitations

The lack of official records on TG individuals in Kerala was a hindrance to accurate and clear data collection. It was difficult to find respondents and a lot of time had to be spent in eliciting personal information from introverted respondents. Their suicidal tendency has not been authentically studied. Not being able to study in detail the violence faced by the TG community and mentions the strong friendships in their lives and the welfare programs implemented by the government are important limitations of the study.

Implications of the study

The research study highlights the paramount importance of familial and societal acceptance in safeguarding the mental health and self-esteem of transgender (TG) individuals in Kerala, South India. It underscores the detrimental effects of rejection, isolation, and discrimination on the psycho-emotional well-being of TG individuals, emphasizing the urgent need for interventions aimed at fostering understanding, empathy, and support within families and broader communities. Moreover, the findings underscore the necessity of conducting research on the mental health needs of TG individuals without preconceived notions, signalling a call for more empathetic approaches to studying and addressing the unique challenges faced by transgender communities. Additionally, the study underscores the imperative of legal protections and social support mechanisms for the TG community, advocating for the enactment and enforcement of anti-discrimination laws and the provision of accessible mental health services. Ultimately, the research underscores that creating an inclusive social environment and upholding the rights of transgender individuals are shared responsibilities of all citizens, necessitating collective action and solidarity to challenge stigma and promote the well-being of marginalized communities.

Conclusion

Recognition and acceptance from their own family and community is essential to maintaining and enhancing the mental health of TG individuals. The study highlights that rejection, isolation and discrimination faced

by TG persons undermines their self-confidence and creates a negative self-image. Studies on the psycho-emotional status of TG individuals should be done without preconceived notions. Research shows that there is an urgent need to bring about positive changes in Kerala society and ensure legal protection and assistance to the TG community. It is the duty of every citizen of the country to create an enabling social environment to increase visibility and ensure the welfare of marginalized transgender persons.

References

Agarwal, M., & Dhillon, M. (2023). "Let Me Be": Lived Experiences of Violence Faced by the Indian TGNC Community in Undergoing Gender-Affirmative Procedures. Journal of human rights and social work, 8(3), 273-287.

Alam, I., Warraich, S. K., & Rehman, N. U. (2019). Issues and management of transgender community in Pakistan: a case study of Lahore. Pakistan Social Sciences Review, 3(2), 761-770. doi:10.35484/pssr.2019(3-2)58.

Aracý Ýyiaydýn, A., Toplu Demirtaþ, E., Akçabozan Kayabol, N. B., & Rohner, R. P. (2023). All you fear is love: The roles of rejection by intimate others. Personal Relationships, 30(2), 451-470. doi.10.1111/pere.12473.

Aracý Ýyiaydýn, Ayþegül, Ezgi Toplu Demirtaþ, Nazlý Büþra Akçabozan Kayabol, and Ronald P. Rohner. "All you fear is love: The roles of rejection by intimate others. " *Personal Relationships* 30, no. 2 (2023): 451-470. doi:10.1111/pere.12473.

Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. Journal of homosexuality, 64(6), 825-841.doi:10.1080/00918369.2016.1236587.

Bockting, W. O., Robinson, B. E., Forberg, J., & Scheltema, K. (2005). Evaluation of a sexual health approach to reducing HIV/STD risk in the transgender community. AIDS care, 17(3), 289-303. doi:10.1080/09540120412331299825.

Bosse, J. D., Dion, K. A., Campbell Galman, S., & Chiodo, L. M. (2022). Transgender and nonbinary young adults' perception of sibling and parental support for gender identity. *Research in Nursing & Health*, *45*(5), 569-579. doi: 10.1002/nur.22251.

Bouman, W. P., Claes, L., Brewin, N., Crawford, J. R., Millet, N., Fernandez-Aranda, F., & Arcelus, J. (2017). Transgender and anxiety: A comparative study between transgender people and the general population. International Journal of Transgenderism, 18(1), 16-26. doi: 10.1080/15532739.2016.1258352.

Brown, C., Porta, C. M., Eisenberg, M. E., McMorris, B. J., & Sieving, R. E. (2020). Family relationships and the health and well-being of transgender and gender-diverse youth: A critical review. *LGBT health*, *7*(8), 407-419. doi:10.1089/lgbt.2019.0200.

Connolly, M. D., Zervos, M. J., Barone II, C. J., Johnson, C. C., & Joseph, C. L. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health*, *59*(5), 489-495.doi: 10.1016/j.jadohealth.2016.06.012.

Davis, K. C., & Anderson, J. L. (2021). The role of perceived parental acceptance-rejection on personality psychopathology in sexual orientation minority young adults. Journal of Child and Family Studies, 30, 276-291. doi:10.1007/s10826-020-01858-3.

Denes, A., Bennett, M., & Winkler, K. L. (2017). Exploring the benefits of affectionate communication: implications for interpersonal acceptance–rejection theory. *Journal of Family Theory & Review*, *9*(4), 491-506. doi.10.1111/jftr.12218.

Divan, V., Cortez, C., Smelyanskaya, M., & Keatley, J. (2016). Transgender social inclusion and equality: a pivotal path to

development. *Journal of the International AIDS Society*, *19*, 20803. DOI.org/10.7448/IAS.19.3.20803.

Drydakis, N. (2020). Trans People, Transitioning, Mental Health, Life, and Job Satisfaction (pp. 1-22). Springer International Publishing.

Elmer, E. M., van Tilburg, T., & Fokkema, T. (2022). Minority stress and loneliness in a global sample of sexual minority adults: The roles of social anxiety, social inhibition, and community involvement. Archives of Sexual Behavior, 51(4), 2269-2298. doi: 10.1007/s10508-021-02132-3.

Factor, R. J., & Rothblum, E. D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT health research*, *3*(3), 11-30. doi:10.1080/15574090802092879.

Fuller, K. A. (2017). Interpersonal acceptance–rejection theory: Application to lesbian, gay, and bisexual persons. Journal of Family Theory & Review, 9(4), 507-520. doi.10.1111/jftr.12226.

Fuller, K. A., & Riggs, D. W. (2018). Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people. International Journal of Transgenderism, 19(4), 379-388. doi:10.1080/15532739.2018.1500966.

Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. Professional Psychology:Research and Practice, 43(5), 468. doi:10.1037/a0029605.

Grant, J. M., Mottet, L. A., Tanis, J. J., & Min, D. (2011). Transgender discrimination survey. *National Center for Transgender Equality and National Gay and Lesbian Task Force: Washington, DC, USA*, *1*(1), 2-7.

Grossman, A. H., D'Augelli, A. R., Howell, T. J., & Hubbard, S. (2005). Parent'reactions to transgender youth'gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services*, *18*(1), 3-16.

Hart, A., & Kourkoutas, E. (Eds.). (2015). *Innovative practice and interventions for children and adolescents with psychosocial difficulties and disabilities*. Cambridge Scholars Publishing.

Jaddidi, S., & Sharma, G. (2021). Position of Transgender in Contemporary India: An Analytical Study. *Issue 2 Int'l JL Mgmt. & Human.*, *4*, 2754.

Joy, J., & Nelson, V. (2022). Socio-demographic profile and challenges faced by the transgender community in Kollam district, Kerala-a clinic-based cross-sectional study. Kerala Journal of Psychiatry, 35(1), 58-63. doi:10.30834/KJP.35.1.2022.327.

Kenagy, G. P. (2005). Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & social work*, *30*(1), 19-26.

Khan, S. I., Hussain, M. I., Parveen, S., Bhuiyan, M. I., Gourab, G., Sarker, G. F., ... & Sikder, J. (2009). Living on the extreme margin: social exclusion of the transgender population (hijra) in Bangladesh. *Journal of health, population, and nutrition*, *27*(4), 441. doi:10.3329/jhpn.v27i4.3388.

Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance–rejection among transwomen of color. Journal of Family Psychology, 23(6), 853. doi:10.1037/a0017198.

Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, *12*(1), 45-63. doi:10.1080/15388220.2012.732546.

KUMARADHAS, J., & Muthukuma, P. K. (2022). Gender-based Stigma, Psychological distressamong Transgenders in Kerala. *NeuroQuantology*, *20*(15), 4273.

Le, K. P., & Ashdown, B. K. (2021). Examining the reliability of various interpersonal acceptance-rejection theory (IPARTheory) measures in Vietnamese adolescents. The Journal of Genetic Psychology, 182(1), 1-17. doi: 10.1080/00221325.2020.1827218.

Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of homosexuality*, *42*(1), 89-101.

McCabe, P. C., & Anhalt, K. (2022). Changing the narrative in schools: Addressing systemic barriers and stereotypes that prevent gender and sexual diverse youth from thriving. Psychology in the Schools, 59(1), 5-13. doi:10.1002/pits.22630.

McCann, E., & Sharek, D. (2016). Mental health needs of people who identify as transgender: A review of the literature. Archives of psychiatric nursing, 30(2), 280-285. 29. doi:10.1016/j.apnu.2015.07.003.

Morrow, D. F., & Messinger, L. (Eds.). (2006). *Sexual orientation and gender expression in social work practice: Working with gay, lesbian, bisexual, and transgender people*. Columbia University Press.

Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American journal of public health*, *100*(12), 2426-2432. doi:10.2105/AJPH.2009.178319.

Omer, S., Jabeen, S., & Sherazi, S. N. (2021). Historical Context and Situational Analysis of Rife Socio-economic Manifestations of Transgender Community in Lahore City. *Journal of the Punjab University Historical Society*, *34*(01).

Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology*, 7(3), 267. doi:10.1037/cpp0000291.

Reeja, P. S. (2018). Gender Identity Crisis-A Sociological Analysis of Transgenders in Kerala. *ZENITH* International Journal of Multidisciplinary Research, 8(6), 171-177.

Rigazio-DiGilio, S. A., & Rohner, R. P. (2015). Interpersonal acceptance-rejection theory and clinical applications. *Innovafive pracfices and intervenfions for children and adolescents with psychosocial difficulfies and disorders*, 476-515.

Rohner, R. P. (2021). Introduction to interpersonal acceptance-rejection theory (IPARTheory) and evidence. *Online readings in psychology and culture*, *6*(1), 4. doi: 10.9707/2307-0919.1055.

Rohner, R. P., & Carrasco, M. Á. (2014). Teoría de la aceptación-rechazo interpersonal (IPARTheory): Bases conceptuales, método y evidencia empírica. Acción psicológica, 11(2), 9-26. doi.10.5944/ap.11.2.14172.

Rohner, R. P., & Khaleque, A. (2015). Introduction to interpersonal acceptance-rejection theory, methods, evidence, and implications. *The University of Connecticut*.

Rood, B. A., Reisner, S. L., Surace, F. I., Puckett, J. A., Maroney, M. R., & Pantalone, D. W. (2016). Expecting rejection: Understanding the minority stress experiences of transgender and gender-nonconforming individuals. Transgender health, 1(1), 151-164. doi: 10.1089/trgh.2016.0012.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. Journal of child and adolescent psychiatric nursing, 23(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x.

Sherazi, N., Najam, N., & Jabeen, S. (2023). Social Exclusion and Mental Health

Issues of Transgender Community in Lahore City. FWU Journal of Social Sciences, 17(1), 1-17. doi: 10.51709/19951272/Spring 2023/1.

Sinha, S. (2016). Social exclusion of transgender in the civil society: A case study of the status of the transgender in Kolkata. International Journal of Sociology, Social Anthropology and Social Policy, 2(1), 58-73. doi:10.5958/2454-4833.2016.00006.1.

Socías, M. E., Marshall, B. D., Arístegui, I., Romero, M., Cahn, P., Kerr, T., & Sued, O. (2014). Factors associated with healthcare avoidance among transgender women in Argentina. International journal for equity in health, 13, 1-8. doi: 10.1186/s12939-014-0081-7.

Stroumsa, D. (2014). The state of transgender health care: policy, law, and medical frameworks. American journal of public health, 104(3), e31-e38. doi: 10.2105/AJPH.2013.301789.

Tabassum, S., & Jamil, S. (2014). Plight of marginalized: Educational issues of transgender community in Pakistan. Review of Arts and Humanities, 3(1), 107-119.

Vadevelu, K., & Arunberkfa, N. (2023). Emotion and problem focused coping by transgender adolescents and young adults with family social support and exclusion: A case study in Southern Thailand. Journal of Gay & Lesbian Social Services, 35(1), 92-112. doi.10.1080/10538720.2022.2049945.

Vanderleest, J. G., & Galper, C. Q. (2009). Improving the health of transgender people: Transgender medical education in Arizona. Journal of the Association of Nurses in AIDS Care, 20(5), 411-416. doi: 10.1016/j.jana.2009.07.003.

Zwickl, S., Wong, A. F. Q., Dowers, E., Leemaqz, S. Y. L., Bretherton, I., Cook, T., ... & Cheung, A. S. (2021). Factors associated with suicide attempts among Australian transgender adults. BMC psychiatry, 21, 1-9. doi: 10.1186/s12888-021-03491-w.

Paechter, C., Toft, A., & Carlile, A. (2021). Non-binary young people and schools: pedagogical insights from a small-scale interview study. Pedagogy, Culture & Society, 29(5), 695–713. https://doi.org/10.1080/14681366.2021.1912160

Divan V, Cortez C, Smelyanskaya M, Keatley J. Transgender social inclusion and equality: a pivotal path to development. J Int AIDS Soc. 2016 Jul 17;19(3 Suppl 2):20803. doi: 10.7448/IAS.19.3.20803. PMID: 27431473; PMCID: PMC4949312.

Arvind A, Pandya A, Amin L, Aggarwal M, Agrawal D, Tiwari K, Singh S, Nemkul M, Agarwal P. Social strain, distress, and gender dysphoria among transgender women and Hijra in Vadodara, India. Int J Transgend Health. 2021 Jan 27;23(1-2):149-163. doi: 10.1080/26895269.2020.1845273. PMID: 35403111; PMCID: PMC8986285.

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