

The Role of Gender Dysphoria, Stigma, Rejection and Discrimination in The Mental Health of Transgender Individuals: A Meta-Analysis

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ABSTRACT

Background: The present meta-analysis aims to explore the role of gender Dysphoria, stigma, rejection and discrimination in the mental health of transgender individuals. **Objectives:** The primary major of this meta-analysis was to systematically review and synthesize existing research on the association between gender dysphoria, stigma, rejection, and discrimination and mental health outcomes in transgender individuals. **Methods:** Inclusion: samples of transgender individuals with gender Dysphoria, stigma, rejection and discrimination, suffered by mental health outcomes like anxiety, depression and suicidal thoughts, involved individual studies with a minimum 50 participants. Ultimately 25 studies were included for meta-analysis by Google Scholar, PubMed, PsycINFO, Mendeley, CINAHL and JSTOR. Data was analyzed with considering effect size (mean difference, odds ratio), sub group analysis and heterogeneity. **Results:** The overall effect size was found 1.84, LCI and UCI estimated between 1.58 to 2.04, Standard Error (SE) = 0.0388, Q Statistic: 9.64 with degrees of freedom ($df = 25 - 1 = 24$). **Conclusion:** The results in the meta-analysis provided a strong and evidence-based understanding of how gender dysphoria, stigma, rejection, and discrimination impact the mental health of transgender individuals. Also, by examining heterogeneity, the analysis discovered the observed effects are consistent across all the different studies.

Keywords: *Transgender, Gender Dysphoria, Stigma, Rejection, Discrimination, Mental Health of Transgender*

Gender Dysphoria is known by the feeling of discomfort that comes from the experiences of mismatching their external gender identity and the biological gender they received by birth. For example, a person is looking like a male externally, but he has assigned a female genitals by birth. On the contrary, a person is looking as female externally, but genetically, the person having a male genitals at birth. As a result, this mismatching personality identity contributes to the feelings of discomforts, distress and these feelings of psychological discomfort among the transgender is being observed in emotional, social, behavioral forms by the researchers, clinicians and social workers. Resultantly, it leads to the feelings of isolation and rejection by their own family and

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community is being added as fuel in their psychological conflicts with themselves, with their family, with peers and community. Further, it was observed that the mental conflicts in their initial phase are very intolerable and distressful.

The present study aims to do systematically review and synthesize existing research on the relationship between gender dysphoria, stigma, rejection and discrimination and mental health outcomes in transgender individuals. In India, generally it is observed that the transgender individuals (TG) live away from their family. Ultimately, the transgender individuals are attached with their “Guru’s” or “Mentor” and after taking the “Initiation” from the “Guru’s” or “Mentor” the TG’s are instructed to follow the norms of transgender community in their whole life. Most of the transgender individuals in India are assigned the “Guru’s” or “Mentor” by force or by their own choices. Through this process, the transgender attached with another transgender within their local areas, own city or districts. Transgender community norms or commitments encourage living together with transgender community members. The TG’s live under the mentorship of their assigned “Guru’s”. Further, the TG’s in India survive their lives through the earnings done by begging on the roads, in trains, dancing in wedding ceremonies, performing religious rituals where transgender (TG) leads a special prayer to get the blessing of god for that sponsored family. But unfortunately, some TG’s earn money by involving commercial sex working activities.

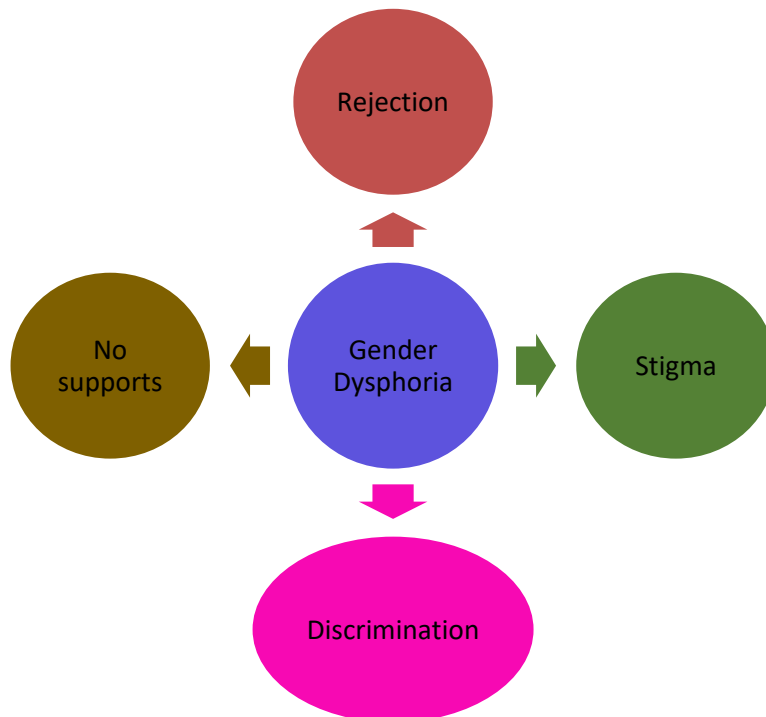
As a result, the transgender person gets detached completely from family itself as well as community. In addition, most of the transgender people meet up with their family members rarely in a month and some TG’s visit their own family only a few times in a year. Notably, it was reported that some TG's remain away from the major festivals, religious rituals and even in happy moments of their family members. These all experiences make them emotionally disturbed, distressed and feel guilty. Additionally, in the majority of instances the transgender face the discrimination and rejection by society, peer groups and health care service providers in some cases. As a consequence, emotional disturbances, rejection and discrimination leads to depression and anxiety and frequent mood swinging instances in transgender.

Previously, several studies have been conducted by the researchers and clinicians to examine the mental health challenges among the transgender. The majority of studies focused upon depression and anxiety as crucial part of their mental health issues resulting from discrimination, rejection and mismatching gender identity and lack of support from society.

The present study focuses light on the relationship between Gender Dysphoria (GD) and mental health in transgender individuals. Because, according to Budge, Adelson and Howard (2013), GD play an important role in leading emotional distress that contributing greater rates of depression and anxiety as well as suicidal thoughts as compared to normal individuals, but the severity of these mental health difficulties depends on their gender identity, rejection, discrimination and supports received from family and community. However, some transgender experience extreme levels of distress due to gender Dysphoria while others may feel flexible to overcome the challenges; especially those transgenders who received acceptance, unbiased treatments and support from family and community as well as from peer groups. On the contrary, ignored and untreated gender Dysphoria contributes to poor mental health that leads to depression and anxiety, suicidal thoughts and substance abuse (Grant et al. 2011).

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Figure 1.1: Figure indicates the influencing factors of GD that may lead to depression and anxiety.



Further, study on GD and mental health investigated that gender Dysphoria resulted from social factors like rejection, stigma, discrimination and lack of support that contributed more possibilities to mental health disorders (Meyer, 2023).

Many studies have reported that gender dysphoria itself directly linked to mental health problems in transgender as portrayed in the following figure.

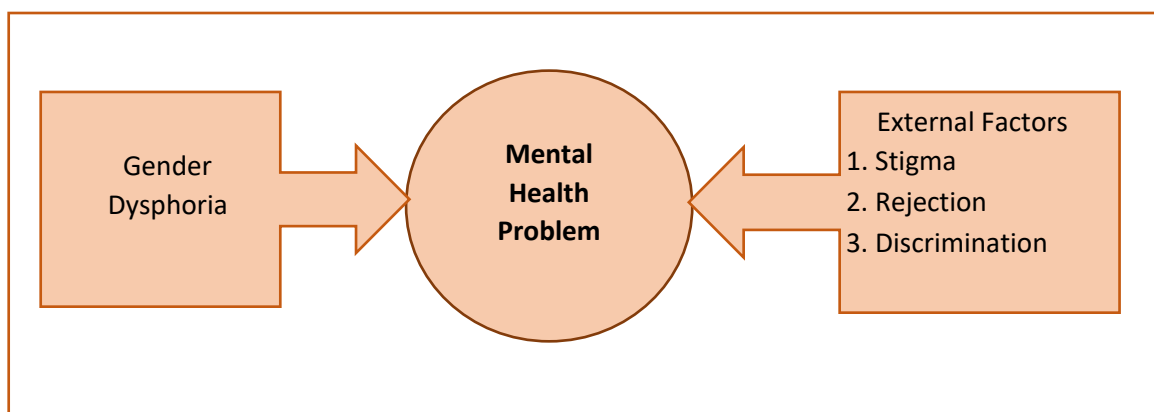


Figure 1.2: Indicates influencing factors that contributes to mental health problems in TG's.

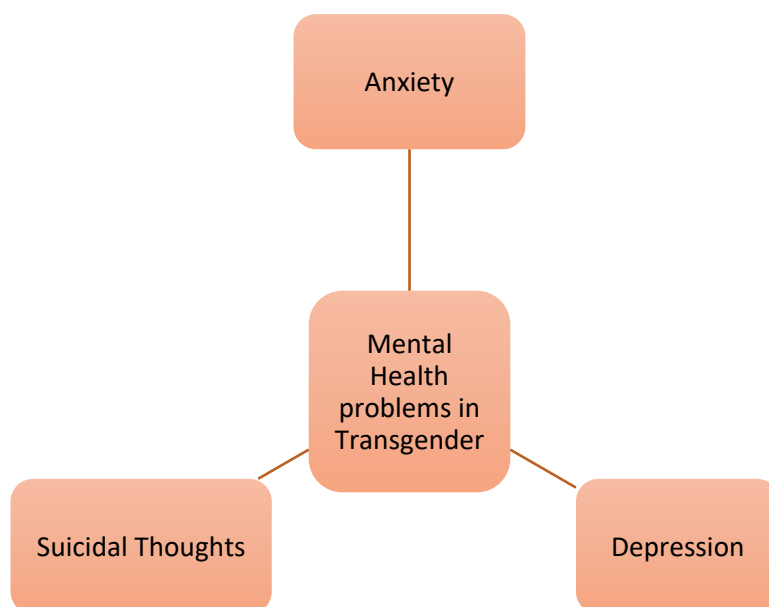
Implications of Mental Health in Transgender

Anxiety: According to the studies, the transgender individuals always experience countable mental health challenges like anxiety, depression, suicidal thoughts and substance abuse. Many times, these difficulties are fueled by social stigma and discrimination by own family and community that leading to anxiety disorders like generalized anxiety and social anxiety

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are found common in transgender. Also, many TG's are experienced extreme fear of rejection, negative perceptions and faced aggression due to their gender specification. Additionally, transgender suffer from psychological conflicts of not confirming to societal gender that may lead to chronic stress and increasing insecurity to anxiety related disorders. Additionally, some transgender face difficulties in social communications, particularly their different gender identity not understood completely by other members in society and this thing is responsible to increase the level of anxiety in TG's.

Figure 1.3: Displays the mental health challenges in transgender.



Depression: Depression is another important mental health issue in transgender community that is reported higher amount of prevalence as compared to normal individuals. Many studies have reported that transgender individuals experience major depressive disorder due to the constant feeling of gender dysphoria itself. It was emerged from frequent emotional disturbances due to the mismatching between gender identity and sex assigned at birth. Additionally, the negative emotional impact of GD is strengthened and fueled by social rejection, discrimination and isolation. Notably, TG individuals face more difficulties when they suffer from lack of supports and resultantly they are at higher risks of severe depression. Further, it was noticed that the experiences of GD increase the tendency of self-rejection which contributes the feelings of worthlessness or hopelessness as well as low self-esteem that give birth to depressive symptoms in transgender individuals.

Suicidal Thoughts: Suicidal thought is most noticeable issue that is generally linked with mental health challenges among the transgender individuals. The studies highlighted that transgender individuals are more prone to suicide attempts and suicide thoughts as compared to normal individuals. The emotional distress by gender Dysphoria and additionally charged by external factors like social stigma, rejection and discrimination always creates the feelings of worthlessness and detached from family and community.

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Surprisingly, transgender individuals reported with having higher rates of suicidal thoughts and attempts due to mismatching their gender identity as per their social norms. Additionally, the extreme feelings of suicidal thoughts is linked with not getting positive and cooperative care and lack of supportive environments.

Importantly, it has notes that all the mental health issue in transgender individuals are not only caused by gender Dysphoria but notably essential external factors such as stigma, rejection, discrimination and harassment family and community are played major role in developing the mental health problems like anxiety, depression and suicidal thoughts. Many times, majority of transgender individuals learn the adaptability to face these challenges after certain phase of life. These mental health problems are persistent in their young and beginning phase of life. Later on, they develop a tendency and skills to overcome these emotional disturbances. Because, they accept the reality and learn to readjust in their life challenging issues.

Need for a meta-analysis:

It has observed that many individuals' studies have done to find out connection between gender Dysphoria and mental health issues within transgender individuals. Some studies have uncovered a correlation of external factors like stigma, rejection and discrimination with mental health issues like anxiety, depression. It meant that many individual studies have already discovered a link between gender Dysphoria, stigma, rejection and discrimination with mental health problems such anxiety, depression and suicidal thoughts. But there is not accumulated and comprehensive meta-analysis study to analyze the direct link between gender Dysphoria, stigma, rejection and discrimination with mental health problems like anxiety and depression in transgender individuals. Additionally, these individuals' studies were differentiated with their sample size, methods of study, locations, and samples characteristics as well and this variability creates an inconsistency, doubtful strengths. So, clear understanding of magnitude effect of whole studies is still not available.

Meta-analysis particularly helps to understand the exact relations, because it collects huge data from several studies to predict better and reliable conclusion of relationships between gender Dysphoria stigma, rejection and discrimination with mental health problems like anxiety and depression in transgender individuals. In meta-analysis, the conclusion is drawn from pooling the results of studies and it provides a vivid figure of overall effect size whether gender Dysphoria and external factors (stigma, rejection and discrimination) contributed to developing a mental health problem like anxiety and depression in transgender individuals. Further, statistical figures in meta-analysis (funnel plots, bubble plot, caterpillar plot) help to understand the relationships and also it evaluates the constant findings reported in various studies.

Purpose of Meta-Analysis:

The basic purpose of this meta-analysis was to collect the existing research literature that could help to better understand the gender Dysphoria, stigma, rejection and discrimination and its linkage with mental health problems like anxiety and depression in transgender individuals. Because, individual studies on this have provided strong connections between gender Dysphoria and external factors with transgender's mental health problems. Individual studies are dealt with different method of study, sample size and sample characteristics that could make the difficulty to predict the conclusion accurately and this meta-analysis provides comprehensive and qualitative detailed picture of existing research that contributes

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for clear understanding the role of gender Dysphoria, stigma, rejection and discrimination in the mental health of transgender individuals.

Objective of the study:

This meta-analysis aims to:

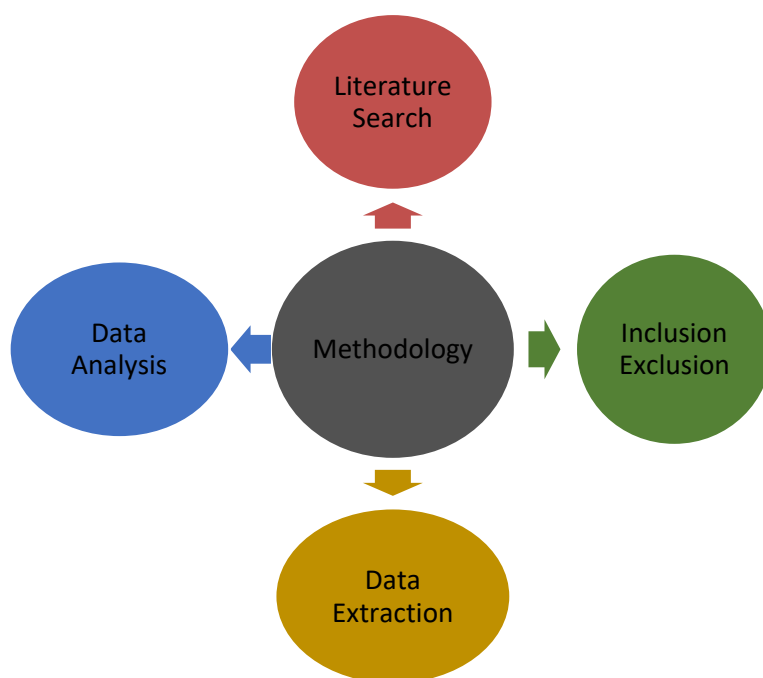
1. Systematically review and synthesize existing research on the association between gender dysphoria, stigma, rejection, and discrimination and mental health outcomes in transgender individuals.
2. Quantitatively assess the strength and direction of the relationships between these factors and specific mental health outcomes, such as anxiety, depression, suicidality.
3. Examine important moderating factors that may influence the strength of these associations, such as age, socioeconomic status, social support, and access to healthcare.

METHODOLOGY

The present meta-analysis aims to combine the relationship between gender Dysphoria, rejection, stigma and discrimination with the different mental health problems like anxiety and depression in transgender individuals. The Meta-analysis was done with using “literature search, inclusion / exclusion criteria, data extraction and analysis process.

The following figure indicates a step maintained in this methodology.

Figure: 3.1: Steps followed in methodology



1. Literature Search: To do this meta-analysis, the appropriate and extensive literature search studies was done within various research articles database. Because, database provides a access in peer reviewed articles and research studies that are related to the topic gender Dysphoria, stigma, rejection and discrimination and its linkage with mental health problems in transgender individuals. For the inclusion of relevant studies, the following database were used in meta-analysis. Google Scholar, PubMed, PsycINFO, Mendeley,

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CINAHL, JSTOR. The above database was selected their huge availability of psychological and medical literature as well as keeping focus on mental health and transgender studies.

i) Search keywords: In the present literature searching, used single keywords, combined keywords, and phrases related to gender Dysphoria, stigma, rejection, discrimination and mental health outcomes. The following keywords were used to find out relevant studies.

Gender Dysphoria, Transgender, Transgender mental Health, Mental Health, Anxiety, Depression, Stigma in Transgender, Rejection of Transgender, Discrimination of transgender, mental health outcomes in transgender individuals.

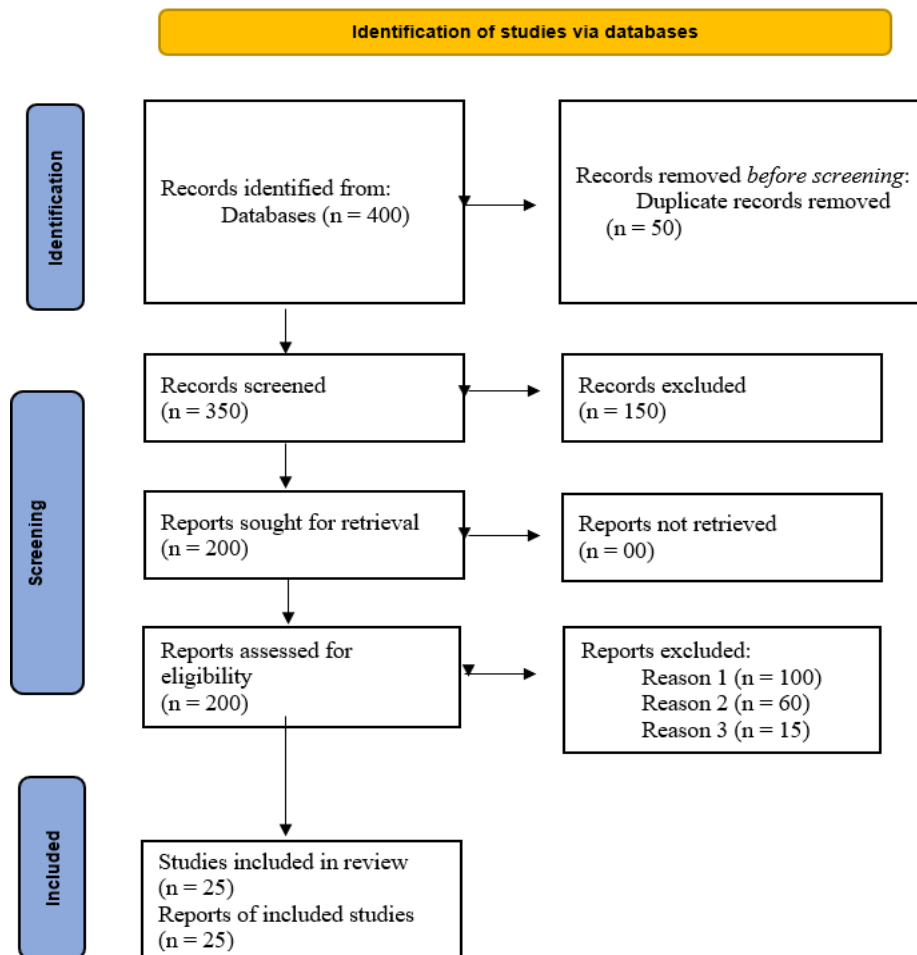
These keywords were used separately and combination of words to collect more and more relevant studies on this topic.

ii) Time Bonding: For this meta-analysis, only those studies which were published between 2010 to 2024, studies within the range of 14 years only to focus on more recent and widely recognized articles in the above-mentioned database.

2. Inclusion and Exclusion Criteria:

The study selection process is outlined in accordance with the PRISMA guidelines (see Figure 3.2). A total of 400 studies were identified through database searches in which total 375 studies were excluded after screening for eligibility criteria.

Figure 3.2: PRISMA Flow chart



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A) Inclusion: In this meta-analysis, only those studies were included which were fulfilled following criteria satisfactorily.

- **Specific Population:** Involved studies those samples were transgender individuals, Individuals with gender Dysphoria. Transgender individuals and stigma, rejection and discrimination.
- **Mental Health Problems:** Considered those studies which were examining the mental health outcomes like anxiety, depression and suicidal thoughts.
- **Study Design:** Involved only peer reviewed quantitative studies with cross sectional, longitudinal, randomized controlled trails, observational studies.
- **Language:** Involved those studies which were published only in English language.
- **Accessibility:** In this meta-analysis, involved those studies which were available publically and had provided with full text articles access. Because, meta-analysis could not be performed without getting the full text articles.
- **Sample Size:** In this meta-analysis, involved studies which had a minimum 50 participants in their individual studies. Because that could reflect a good representation sample of transgender population.

B) Exclusion:

- **Unrelated Population:** Excluded those studies which were not related to our study specific population like Transgender individuals, gender Dysphoria, Transgender individuals and stigma, rejection and discrimination.
- **Unrelated mental health results:** Excluded those studies which were examined unrelated mental health outcomes or results rather than anxiety and depression, suicidal thoughts, like any physical health related problems such as any diseases – Hypertension, Diabetes, Cancer.
- **Qualitative Studies:** Excluded those studies which were a qualitative research, because, meta-analysis considers only quantitative studies to analyze the mean, SD, SE.
- **Insufficient Data:** Excluded those studies which were found with insufficient statistical data such as lacking of mean value, SD, effect size etc.

3. Data Extraction:

The data from chosen studies were extracted with using following variables.

- **Study Characteristics:** Here considered Author, year of publication, country of study, sample size, study design.
- **Sample Details:** Age. Gender identity.
- **Mental Health outcomes:** Considered only anxiety, depression, suicidal thoughts, and Psychological distress.
- **Effect Size:** The statistical relationship between gender Dysphoria, stigma, rejection and discrimination and mental health problems in transgender individuals. (Cohen's, Correlation coefficient).
- **Moderating variables:** Considered the factors that influence the strength of the relationship between GD, stigma, rejection and discrimination with mental health outcomes, such as social supports, gender accepting cares etc.

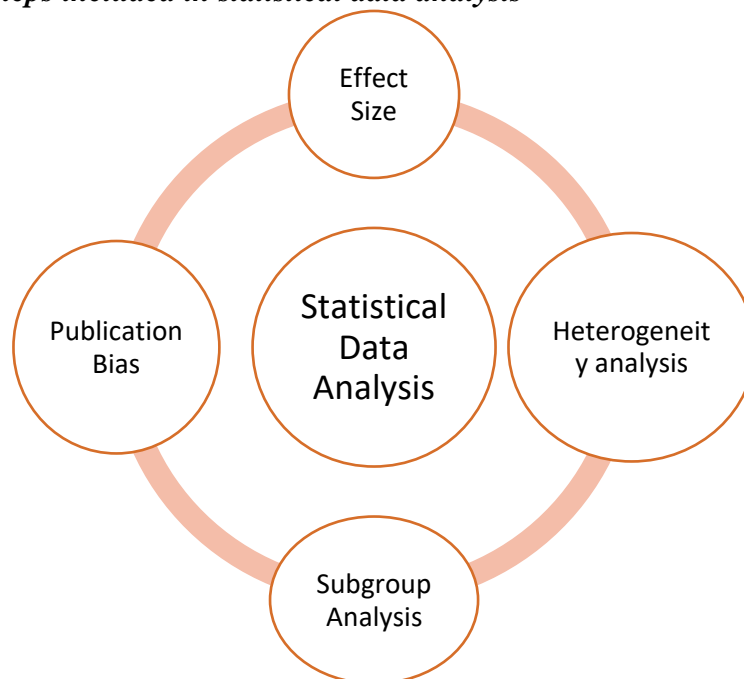
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4. Statistical Data Analysis:

In the present meta-analysis, data was analyzed with including following steps.

1. Detailed overview of studies
2. Effect size calculation
3. Subgroup analysis
4. Heterogeneity
5. Publication bias evaluation.

Figure: 3.2: steps included in statistical data analysis



1. Detailed overview of studies: In the beginning, collected all the required details from each study which were included in meta-analysis. First considered the Sample size that should be different in selected studies and selected such studies in which the total number to participants not less than 50 participants. Because this different size sample is very important to determine the accuracy of effect size. Later, the demographic factor like participants age, gender identity is also kept in mind and selected those studies only which participants included only transgender individuals as samples.

After that assessed the studies in which gender dysphoria, stigma, rejection and discrimination were included that were used self-report questionnaires and interviews. Ultimately, measured mental health outcomes within different studies such as anxiety, depression and suicidal thoughts, but selected only those studies which were used standardized test to measure the mental health such as Beck Depression Inventory (BDI), Generalized Anxiety Disorder – 7 (GAD-7). Because, these assessment tools are helpful to measure the mental health problems in transgender individuals.

2. Calculation of effect Size:

In the present meta-analysis, the first purpose was to estimate the overall effect size of the relationship between gender dysphoria, stigma, rejection and discrimination with mental health problems in transgender individuals. In this process, measured pooled effect size in the relation of gender dysphoria stigma, rejection and discrimination with mental health problems in transgender individuals. Here employed the calculation of Cohen's d to perform the group comparison. Also, the accuracy of effect size was fixed through calculating the

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95% confidence intervals of each effect size to verify the statistical significance of the results.

3. Subgroup Analysis:

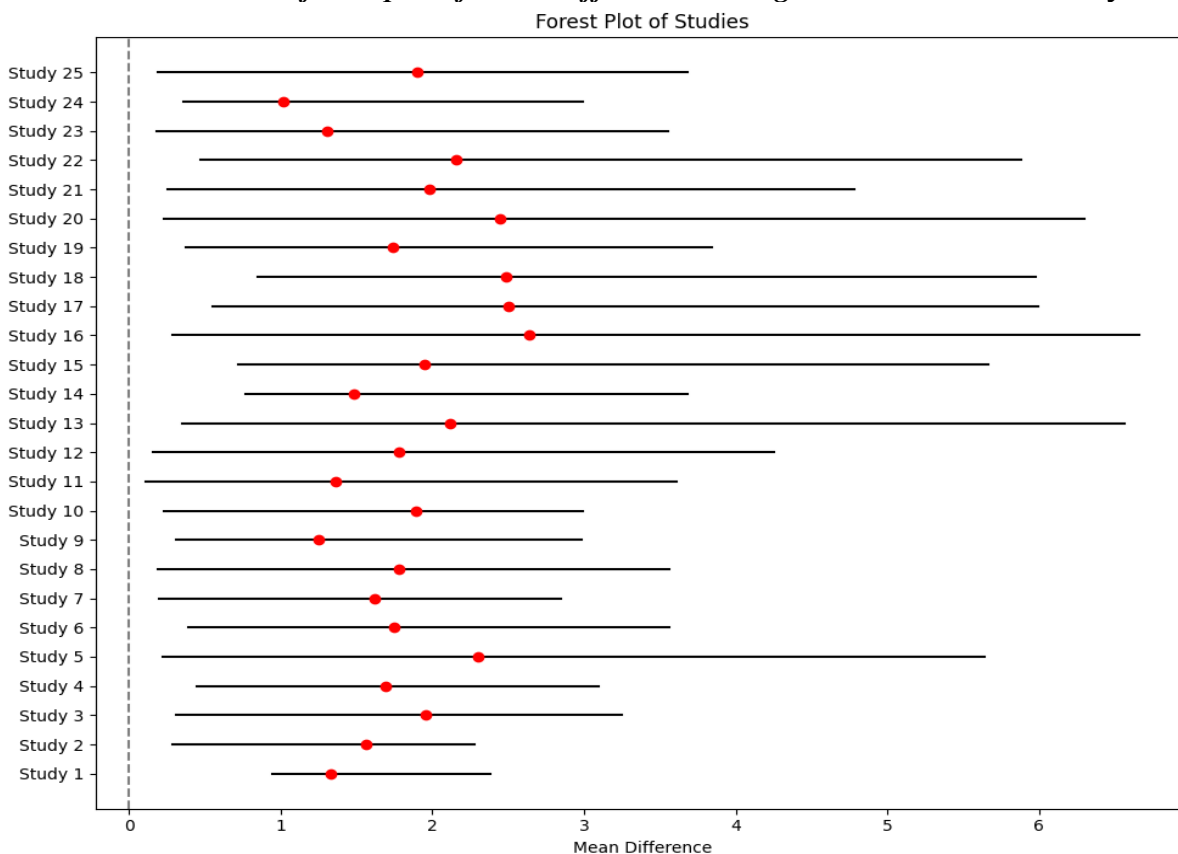
The subgroups analysis was done to examine whether particular factors moderating the association between gender Dysphoria, stigma, rejection, discrimination and mental health of transgender individuals. Initially, type of mental health outcomes like anxiety, depression and suicidal thoughts were assessed within adolescent, adult, TG Male and TG female transgender individuals. Because all these mental health outcomes can be varied within the different age groups and different category (Like TG male and TG female) of transgender individuals. Accordingly, within all the 25 studies, calculated the total percentage (%) of transgender individuals with their categories who were found in different mental health challenges like anxiety, depression and suicidal thoughts. Also, extracted the individuals who were not suffered by any severe mental health challenges.

4. Publication Bias:

Ultimately, the funnel plot visualization was prepared with help of different sample sizes and effect sizes among the 25 individual studies included in meta-analysis. In the present meta-analysis, all the 25 studies with both small and large sample sizes were found distributed symmetrically around the pooled effect size.

RESULTS ANALYSIS

Table: 4.1: Indicated a forest plot of mean difference among 25 studies in Meta-analysis



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Table: 4.2: Depicted the overall effect size of 25 studies included in meta-analysis.
Overall Effect Size:

Pooled Effect Size	Lower Confidence Interval	Upper Confidence Interval	Standard Error (SE)
1.84	1.58	2.04	0.0388

Table: 4.3: Indicates the overall Heterogeneity among 25 studies included in meta-analysis.

Heterogeneity:

Overall Weighted Effect Size	Q Statistic	Degrees of Freedom
1.84	Q = 9.64	25-1=24

The formula for I^2 is:

$$I^2 = \frac{Q - df}{Q} \times 100$$

If $Q < df$, then $I^2 = 0$.

Degrees of Freedom:

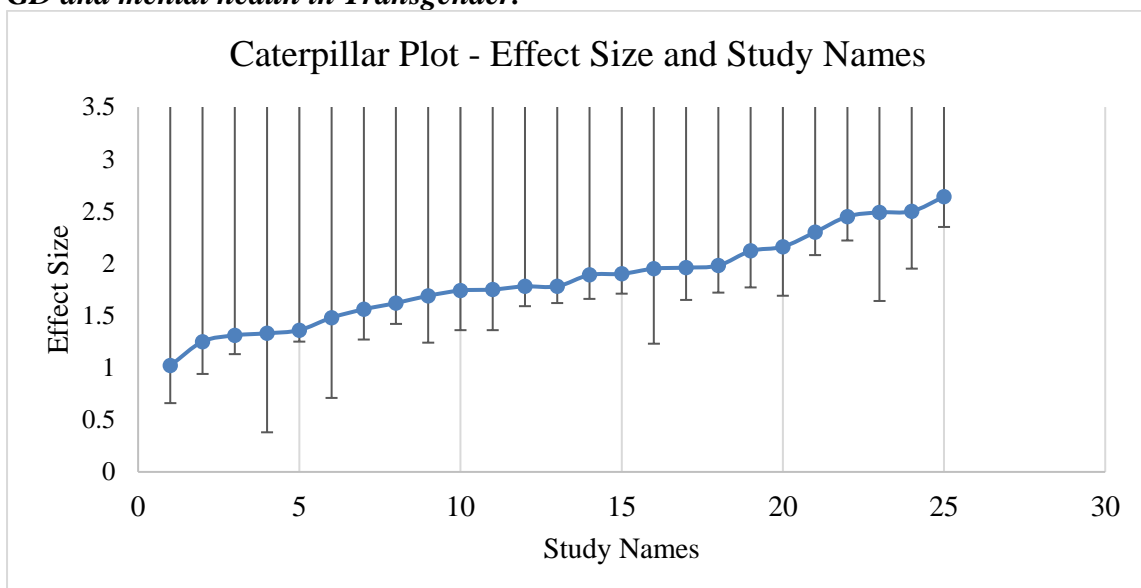
$$df = 25 - 1 = 24$$

I^2 :

$$I^2 = \frac{Q - df}{Q} \times 100 = \frac{9.64 - 24}{9.64} \times 100 = 0$$

Q Statistic	Degrees of Freedom	I^2 Statistic
Q = 9.64	25-1=24	0%

Figure 4.1: Caterpillar Plot – Indicates the effect size within different studies related to GD and mental health in Transgender.



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Figure: 4.2: Funnel Plot- Indicates a standard error and effect size of GD and mental health in Transgender.

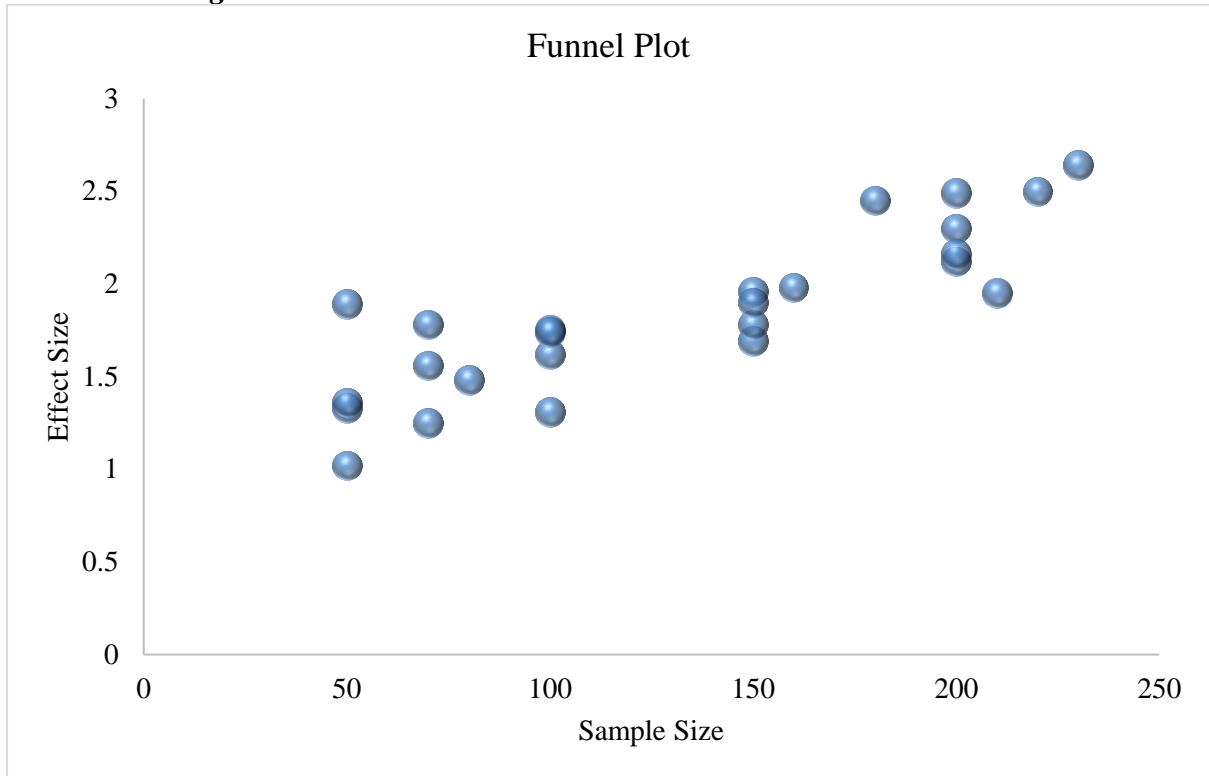
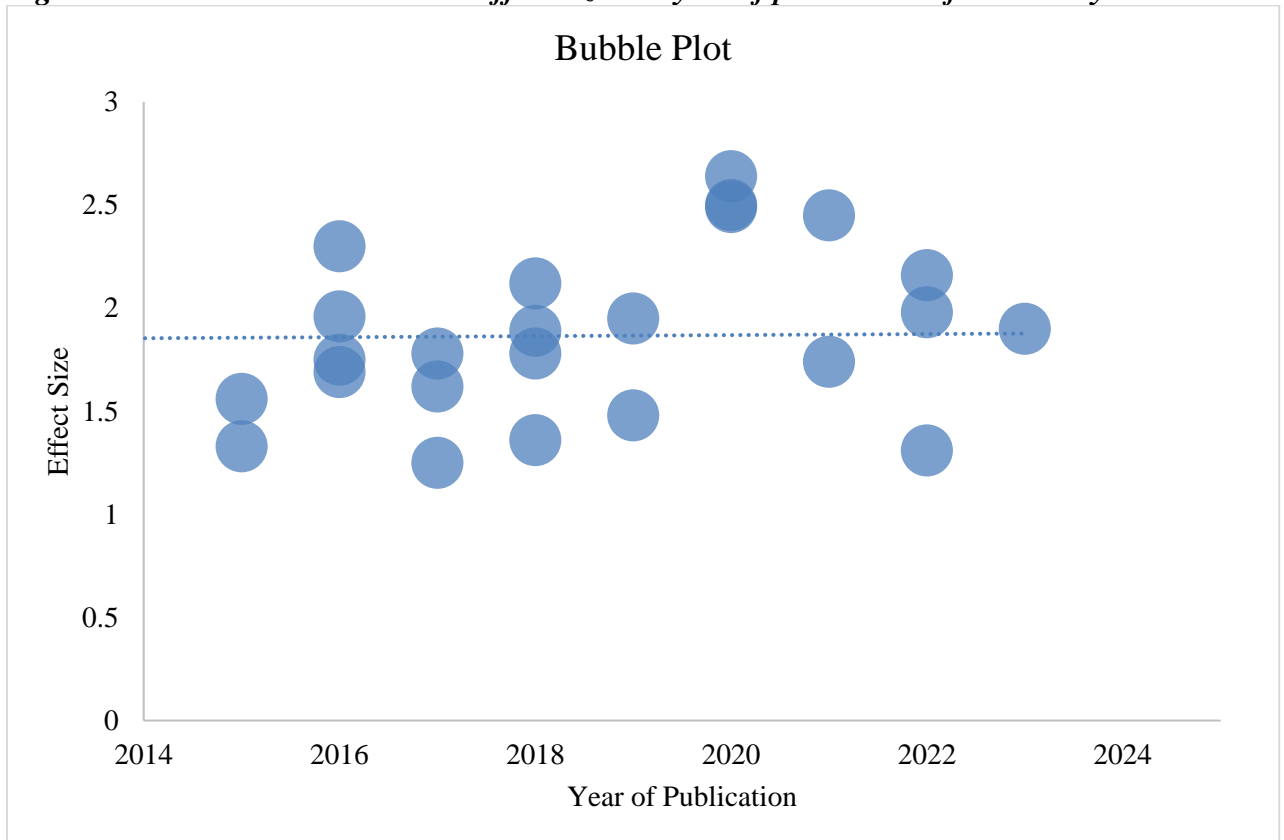


Figure 4.3: Bubble Plot – Indicates effect size and year of publication of each study.



DISCUSSION

Overall Effect Size:

- 1. Magnitude of the Effect:** The pooled effect size 1.84 suggesting a **moderate to large effect**. Because this effect size (1.84) value commonly described as a medium to large effect. It meant that, on average, the comparative effect size between 25 studies is indicating quite substantial.
- 2. Statistical Significance:** The lower and upper confidence interval for the pooled effect size was estimated between 1.58 to 2.04 that found much greater than zero. As a result, this range of confidence interval (Lower CI 1.58 to Upper CI 2.04) indicating that the effect is statistically significant. Therefore, this value suggests a consistent, reliable effect within all the 25 studies included in meta-analysis.
- 3. standard error:** In the present meta-analysis, the standard was found very small 0.0388 demonstrates the precision of the estimate. Also, it is highlighting the consistency of results across all the 25 studies in meta-analysis. Ultimately, these findings underlined the profound impact of stigma, rejection, and discrimination on the mental health of transgender individuals.
- 4. Variability:** In this menta analysis, the confidence interval was detected as lower CI 1.58 to Upper CI 2.04 that is relatively very small. This calculated value of confidence interval suggests that the estimates are quite precise and there is a low degree of variability in the effect sizes within all the 25 studies.

Heterogeneity

- 1. Q Statistic: 9.64** The Q statistic measures the total variability observed across studies in both random sampling error and real differences between studies. A low Q-value as we found $Q = 9.64$ which is relative to its degrees of freedom (24) and this value indicates the variability among the effect sizes among 25 studies is minimal. It meant that the $Q = 9.64$ highlights that the studies are relatively consistent with one another.
- 2. Degrees of Freedom (df): 24** Again, the degrees of freedom represent the number of studies minus one ($df = k - 1$, where $k = 25$, $df = 25 - 1 = 24$). This value is used as a reference to assess whether the observed Q-value is significant. In this meta-analysis, the Q-value 9.64 is much smaller than the degrees of freedom ($df = 24$). So, this estimated Q - value suggests that there is no substantial heterogeneity among the studies.
- 3. I² Statistic: 0%** Ultimately, the I² statistic is estimated $I^2 = 0\%$. However, if the Q - value is less than df, then the I² statistic is considered as 0%. The I² statistic quantifies the percentage of variation across studies due to real heterogeneity rather than chance. However, $Q - df = 9.64 - 24 = -14.36$. Since Q is less than df and I² is set to 0%. Because, negative values are not possible for this statistic. As a result, an I² value of 0% indicates that all observed variability is due to random sampling error and there is no meaningful heterogeneity among the included 25 studies in the meta-analysis.

CONCLUSION

Importantly, the results in the meta-analysis provided a strong and evidence-based understanding of how gender dysphoria, stigma, rejection, and discrimination impact the mental health of transgender individuals. The analysis will go beyond simply summarizing individual studies by quantitatively synthesizing their findings to provide a more comprehensive and reliable picture of the overall effect.

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Similarly, the outcomes in meta-analysis discovered a precise and clear understanding of the relationships between the factors and specific mental health outcomes. By examining heterogeneity, the analysis will determine whether the observed effects are consistent across all the different studies. Also, if there are significant variations that need to be explored further. The low heterogeneity observed in this analysis suggests that the findings are likely to be strong and obvious.

Significance of present Meta-Analysis

The lack of significant heterogeneity ($I^2 = 0\%$) represents the consistency in the findings. It means that the effect sizes reported across the 25 studies are consistent. This supports the validity of the pooled overall effect size. Also, the consistent findings strengthen this meta-analysis conclusion that gender dysphoria, stigma, rejection, and discrimination play a significant role in the mental health (e.g., anxiety, depression, and suicidal thoughts) of transgender individuals. Ultimately, heterogeneity is minimal and that is the strong strength of evidence. Since the pooled estimate (Overall Effect Size = 1.84) can be confidently considered as a reliable measure of the relationship in the studies. This meta-analysis helps the clinicians and researchers for a better and qualitative understanding of whole psychological impact like gender Dysphoria, stigma, rejection and discrimination on transgender individual's mental health. Finally, this meta-analysis will help the researchers and clinicians to provide them better help.

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Conflict of Interest

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