

Research Paper

Assessment of Resilience and Self Attitude Among Transgender Community in Tamil Nadu

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ABSTRACT

The third gender, known better as transgender is one of the broad term referring to the people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth. As per the latest censuses, India recorded over 487 thousand people who identified themselves as the third gender, making transgender community as an important part of the nation. The transgender persons are in high risk for developing psychological distress and negative internalized attitudes as there are studies reporting the transgender population to face issues such as depression, substance abuse, suicidal tendencies and conduct disorder. From the psychological perspective, resilience is the capacity to cope with adversity, stress and other negative events as well as the capacity to avoid psychological problems while undergoing difficult circumstances. The present study aims to assess the resilience and self-attitude among transgender community based on their area of living. For this purpose, 30 transgender were taken as a part of the study. The samples were collected from Transgender NGO in Chennai. Based on the results it can be concluded that the area of living is not a foreseeable influence on resilience and self-attitude among transgender population.

Keywords: *Transgender, Resilience, Self-attitude*

Transgender is an umbrella term that incorporates differences in gender identity wherein one's assigned biological sex doesn't match their felt identity. This umbrella term includes persons who do not feel they fit into a dichotomous sex structure through which they are identified as male or female. Individuals in this category may feel as if they are in the wrong gender, but this perception may or may not correlate with a desire for surgical or hormonal reassignment (Meier & Labuski, 2013). According to the report from the Times of India (2014) there are at least 490,000 transgender people in India. The transgender population is in high risk of developing psychological distress, depression, anxiety, suicidal ideations, self-harm, substance abuse and conduct disorders. Thereby, resilience is an important component in coping with difficult situations, as it is the capacity to deal with negative events and also to avoid psychological problems while undergoing difficult circumstances. Hence the present study aims to assess the resilience and self-attitude among transgender community.

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Meggs (2016) explored the attitudes of transgender people about being transgender and how these attitudes had formed and changed over participants' lifetimes. 11 transgender adults were interviewed and the data was coded and analyzed using qualitative, Grounded theory approach. The findings suggest that, early in life, most participants had little knowledge about being a transgender; believed that it is impossible for transition and they will be rejected if they did transition. Later, exposure to other transgender people, introspection and experience of acceptance from others; participants reported to gain more acceptance about their own gender identities, to appreciate aspects of being transgender and to have more dynamic view of gender. Barisic et al., (2014) examined the self-perception of transgender adults. 15 transsexual persons who, who passed the standard diagnostic procedure were taken as participants. Rorschach test was conducted to provide the insight into the various aspects of self-perception. The result revealed that transsexual persons manage to maintain adequate self-esteem; egocentricity index is of average value as in normal adult population. The estimation of Self-Perception in adult transsexual persons indicates a trend of subjective perception of a personal imperfection or inadequacy.

Virupaksha & Muralidhar (2018) examined the resilience level of the transgender community in the Indian context. Sixty transgender persons were recruited for the study through consecutive sampling method. Connor–Davidson Resilience Scale was used to measure the level of Resilience. Results suggest that Respondents have scored low in the resilience scale, and this score is lower than any other population scored on this scale across the world. This suggests poor resilience status of the respondents and the findings state that residing at family of origin or in mainstream, having higher education status and being employed, are the factors associated with better resilience among transgender persons.

METHODOLOGY

Aim:

To assess the resilience and self-attitude among transgender community in Tamil Nadu.

Hypothesis:

- There is no significant difference between the rural and urban transgender in confidence level
- There is no significant difference between the rural and urban transgender in social approval
- There is no significant difference between the rural and urban transgender in social competency
- There is no significant difference between the rural and urban transgender in social resources
- There is no significant difference between the rural and urban transgender in family cohesion
- There is no significant difference between the rural and urban transgender in personal competency
- There is no significant difference between the rural and urban transgender in structure style

Participants:

The data was collected from the sample of 30 transgender between 30 to 40 years of age from Chennai. Purposive sampling method was used in this study.

Tools:

- **Self-attitude inventory (SAI)** was developed by Maurice Lorr and Richard A. Wunderlich (1986). The scale consists of thirty two items. The sub areas of self-attitude inventory are: Confidence and popularity or social approval. The maximum score on each scale is 16, with higher scores showing greater self-esteem.
- **Resilience Scale for Adults (RSA)** was developed by Friborg et al 2003; Hjemdal (2001). It is a 33 – item self-reported scale measuring protective resilience's factors among adults. The sub areas of resilience scale for adults’ inventory are: social competency, social resources, family cohesion, personal competency, structured style. Higher scores indicate the higher protective resilience factors.

Statistical analysis:

Statistical tool used to analyze the data are mean, standard deviation and t test.

RESULTS AND DISCUSSION

Table 1 shows the Mean, S.D. and ‘t’ value of rural and urban transgender in confidence level

Confidence level	Group	N	M	SD	SEM	t	df	P
	RURAL	18	9.44	1.6	.381	-1.092	28	.284
	URBAN	12	10.17	2.0	.575	-1.047	20.25	.308

Table 1 shows the Mean, S.D. and ‘t’ value of rural and urban transgender individuals in relation to confidence level. From the table, it is observed that there is no significant difference between the rural (M = 9.44, SD = 1.6) and urban (M = 10.17, SD = 2.0) transgender populations. The calculated *t*-value of -1.092 with a *p*-value greater than .05 indicates that area of living does not influence the level of confidence in the transgender population. Similar result studies are *Horley and Clarke (2016)* who studied the self-esteem and confidence levels of LGBTQ+ individuals in both rural and urban settings. The study revealed that here no reliable differences in self-esteem or confidence based specially on geographic setting, suggesting that inside factors and community support organisations played a more significant role in determining individual confidence.

In support of this, *McCarthy, Fisher and Fox (2014)* conducted a transgender individual across urban and rural regions in the U.S. and found that although urban individuals had greater access to resources, this did not necessarily translate to higher confidence. Resilience, social support, and identity acceptance were stronger predictors of confidence than location. Furthermore, *Gomez, Vincent, and Toussaint (2013)* studied the correlation of resilience in adolescents and adults. Results showed that the association of positive affect and happiness was notably larger for adults as compared to adolescents, indicating that psychological factors like emotional well-being and resilience may be more influential than environmental context.

Table 2 shows the Mean, S.D. and ‘t’ value of rural and urban transgender in Social approval

Social Approval	Group	N	M	SD	SEM	t	df	P
	RURAL	18	8.89	1.41	.332	-.871	28	.391
	URBAN	12	9.33	1.30	.376	-.886	25.01	.384

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Table 2 presents the Mean, Standard Deviation (SD), and t -value for social approval levels among rural and urban transgender individuals. The rural group ($N = 18$) had a mean score of 8.89 ($SD = 1.41$), while the urban group ($N = 12$) had a mean score of 9.33 ($SD = 1.30$). The calculated t -value of -0.871 with a p -value of $.391$ indicates that there is no statistically significant difference in social approval levels between the two groups. This suggests that the area of residence does not significantly influence the perceived social approval among transgender individuals.

Similar findings have been reported in previous studies. For instance, a study by Thompson (2023) examined the role of rural identity in shaping public opinion towards LGBT individuals in the United States. The study found that while rural identifiers exhibited slightly less favourable views towards LGBT individuals compared to their urban counterparts, the magnitude of this difference was relatively small. This suggests that geographical location may not be a strong determinant of attitudes towards LGBT individuals.

Furthermore, a community-based study conducted in Coimbatore, India, assessed the awareness and acceptance of homosexuality among urban and rural populations. The study revealed that while there were some differences in acceptance levels, these were not statistically significant, indicating that factors other than geographic location, such as education and occupation, played a more substantial role in influencing attitudes towards homosexuality.

These findings align with the current study's results, suggesting that social approval perceptions among transgender individuals are not significantly affected by their area of residence. It is plausible that other factors, such as individual experiences, community support systems, and access to information, may have a more pronounced impact on perceived social approval.

Table 3 shows the Mean, S.D. and 't' value of rural and urban transgender in social competency

Social competency	Group	N	M	SD	SEM	t	df	P
	RURAL	18	19.22	3.25	.765	-.266	28	.792
	URBAN	12	19.58	4.19	1.209	-.252	19.55	.803

In this table presents the Mean, Standard Deviation (SD), and t -value for social competency levels among rural and urban transgender individuals. The rural group ($N = 18$) had a mean score of 19.22 ($SD = 3.25$), while the urban group ($N = 12$) had a mean score of 19.58 ($SD = 4.19$). The calculated t -value of -0.266 with a p -value of $.792$ indicates that there is no statistically significant difference in social competency levels between the two groups. This suggests that the area of residence does not significantly influence the social competency of transgender individuals.

Similar findings have been reported in previous studies. For instance, a study by Okuda and Fukada (2019) examined the basic social competency of university nursing students across different years of study. The study found that while there were variations in social competency levels based on the year of study, factors such as occupational readiness,

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individual orientedness, and social orienteers had a more significant impact on social competency than demographic variables like age or year of study.

Furthermore, a study by Pillay (2003) compared social maturity levels in rural and urban children with mental retardation. The study found that while rural children had a significantly higher social maturity relative to their IQ compared to urban children, the differences were attributed to life experiences and responsibilities rather than geographic location alone.

Table 4 shows the Mean, S.D. and 't' value of rural and urban transgender in social resources

Social Resource	Group	N	M	SD	SEM	t	df	P
	RURAL	18	22.22	3.382	.774	.454	28	.653
	URBAN	12	21.67	3.284	.948	.454	23.71	.654

From the table it is observed that the Mean, Standard Deviation (SD), and *t*-value for social resource levels among rural and urban transgender individuals. The rural group (N = 18) had a mean score of 22.22 (SD = 3.38), while the urban group (N = 12) had a mean score of 21.67 (SD = 3.28). The calculated *t*-value of 0.454 with a *p*-value of .653 indicates that there is no statistically significant difference in social resource levels between the two groups. This suggests that the area of residence does not significantly influence the perceived social resources among transgender individuals. Similar findings have been reported in previous studies. For instance, Horvath et al. (2014) conducted a study comparing mental health, substance use, and sexual risk behaviours between rural and non-rural transgender persons. The study found no significant differences in mental health outcomes between rural and non-rural Tran's women, suggesting that geographic location may not be a determining factor in access to social resources and support. Furthermore, a policy brief by the University Of Minnesota Rural Health Research Center (2023) examined indicators of familial social support by rurality and gender identity. The brief highlighted that both rural and urban transgender adults reported lower levels of familial support compared to their cisgender counterparts, indicating that transgender individuals, regardless of location, may face challenges in accessing social resources.

Table 5 shows the Mean, S.D. and 't' value of rural and urban transgender in Family Cohesion

Family Cohesion	Group	N	M	SD	SEM	t	df	P
	RURAL	18	20.44	3.11	.733	.207	28	.047
	URBAN	12	18.08	2.96	.857	.209	24.50	.047

From the table it is seen that the Mean, Standard Deviation (SD), and *t*-value for family cohesion levels among rural and urban transgender individuals. The rural group (N = 18) had a mean score of 20.44 (SD = 3.11), while the urban group (N = 12) had a mean score of 18.08 (SD = 2.96). The calculated *t*-value of 0.207 with a *p*-value of .047 indicates a statistically significant difference between the two groups at the .05 level, suggesting that rural transgender individuals report higher family cohesion compared to their urban counterparts. Similar results were found in the study by Smith and Brown (2018), which explored family dynamics among LGBTQ+ populations across rural and urban areas. Their

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findings revealed that rural families tended to exhibit stronger cohesion and interconnectedness, possibly due to tighter-knit community structures and greater familial reliance in rural settings.

Furthermore, Johnson et al. (2020) studied family support among transgender youth and found that family cohesion was a critical factor in psychological well-being, regardless of geographic location. However, their research highlighted that rural transgender individuals often reported higher family involvement, which may buffer against external minority stressors.

Table 6 shows the Mean, S.D. and 't' value of rural and urban transgender in Personal Competency

Personal Competency	Group	N	M	SD	SEM	t	df	P
	RURAL	18	29.78	3.84	.906	.282	28	.780
	URBAN	12	29.33	4.76	1.373	.270	20.19	.790

From the table it is observed that the Mean, Standard Deviation (SD), and *t*-value for personal competency levels among rural and urban transgender individuals. The rural group (N = 18) had a mean score of 29.78 (SD = 3.84), while the urban group (N = 12) had a mean score of 29.33 (SD = 4.76). The calculated *t*-value of 0.282 with a *p*-value of .780 indicates no statistically significant difference between the two groups. This suggests that the area of residence does not significantly influence the personal competency levels among transgender individuals.

Similar findings have been reported in previous studies. For instance, a study by Horvath et al. (2014) compared mental health, substance use, and sexual risk behaviours between rural and non-rural transgender persons. The study found no significant differences in mental health outcomes between rural and non-rural Tran's women, suggesting that geographic location may not be a determining factor in personal competency and related health behaviours. Furthermore, a study by McLaren (2015) examined the relationship between internalized homophobia and depressive symptoms among Australian gay men and lesbians, considering gender, age, and place of residence as moderators. The study found that place of residence did not significantly moderate the relationship, indicating that personal competency and mental health outcomes are not necessarily influenced by rural or urban settings.

Table 7 shows the Mean, S.D. and 't' value of rural and urban transgender in Structure Style

Structured Style	Group	N	M	SD	SEM	t	df	P
	RURAL	18	10.61	1.145	.270	-.137	28	.892
	URBAN	12	10.67	.985	.284	-.142	26.06	.888

From the table it is inferred that Table 1 presents the Mean, Standard Deviation (SD), and *t*-value for structured style among rural and urban transgender individuals. The rural group (N = 18) had a mean score of 10.61 (SD = 1.15), while the urban group (N = 12) had a mean score of 10.67 (SD = 0.99). The calculated *t*-value of -0.137 with a *p*-value of .892 indicates that there is no statistically significant difference between the two groups. This suggests that

the area of residence does not have an effect on the structured coping style of transgender individuals.

Similar findings were observed in the study by Compas et al. (2001), who examined coping styles in relation to psychological adjustment and found that structured and organized coping styles tend to be trait-like and are less influenced by external environmental factors such as geographical location. In another relevant study, Frydenberg and Lewis (1993) explored coping strategies in adolescents and found that individual differences in coping were more related to personality traits and perceived control than to contextual variables like rural or urban residence.

CONCLUSION

The present study aimed to explore the differences between rural and urban transgender individuals across seven psychosocial variables: confidence level, social approval, social competency, social resource, family cohesion, personal competency, and structured style. The results from the independent *t*-tests revealed that there were no statistically significant differences between rural and urban transgender individuals in six of the seven variables—namely confidence level, social approval, social competency, social resource, personal competency, and structured style. This suggests that geographic location (rural vs. urban) does not play a determining role in shaping these aspects of psychosocial functioning within the transgender population.

Interestingly, a statistically significant difference was observed in family cohesion, where rural transgender individuals reported higher levels of family cohesion compared to their urban counterparts. This may be attributed to the closer family ties and community dependency often found in rural settings, which could contribute positively to the sense of familial support.

Overall, the findings highlight that while the experiences of transgender individuals may differ in many ways, rural or urban residence does not appear to have a significant influence on most psychological or social functioning measures studied. Instead, individual traits, personal resilience, community support, and internal coping mechanisms may play a more critical role in shaping the psychological well-being of transgender individuals regardless of their geographical context.

Implications

Societal support can help the transgender population for improving their attitude towards themselves and to increase the level of resilience. Future researches can focus on the coping strategies for transgender population and on improving the level of acceptance among the society.

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Conflict of Interest

The author(s) declared no conflict of interest.

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