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IMPACT OF MINORITY STRESS ON THE MENTAL HEALTH AND COPING BEHAVIOUR OF TRANSGENDER PERSONS

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ABSTRACT

Transgender persons go through lot of issues related to mental health as they have to face lot of psychosocial problems in the society. When they prevail in society there are various aspects they carry including lot of emotions, financial crisis. A race of emotions always exist in their innate personality as lot of aspects touch them. These domains include processing speed, reasoning, memory, and executive skills. Many factors, including but not limited to, genetics, general health and medical diseases like cardiovascular disease, biological processes like inflammation, neurobiological changes, food, and lifestyle, all contribute to our knowledge of individual variability in normal cognitive ageing. Hence, the main issues cited by these respondents' included loneliness, physical abuse, economic reliance, attributes and behaviour of family members, a lack of social support, disrespect in the family, and food issues. The study also showed that the ageing process and ailment invariably result in decreased physical activity.At last, the elder abuse was mostly determined by characteristics, financial dependence, social relationships, and behaviours. The moment we become conscious of our cognitive abilities declining, we experience a direct blow to our sense of reason. Constructing the multivariate formula for successful cognitive ageing is an intriguing topic from a scientific perspective. If there are signs of alleviation and prevention, our care systems and economy will be better able to deal with the growing burden of cognitive ageing as a result of

demographic shifts. Therefore, given the current situation, it is necessary to deeply assess the elder's well-being by paying particular attention to their economic, financial, health, housing, behaviour, attributes and emotional requirements. Moreover there are lot of elements that should be considered before discussing domains of the personality differences of a group.

Keywords: Emotions, cognition, discrimination, physical factors, psychological issues

1. INTRODUCTION TO THE STUDY

Transgender individuals constitute a diverse and vibrant community whose experiences and identities transcend conventional gender norms. Yet, their journey towards self-realization and societal acceptance is often fraught with unique challenges. There are various social problems related to gender aspects as well as key roles but problems related to transgender persons cannot be ignored. A key concept that has emerged in understanding the mental health disparities within this community is "minority stress." Minority stress refers to the chronic and unique stressors faced by individuals belonging to marginalized groups, with a profound impact on their mental well-being. In the context of transgender individuals, these stressors encompass a wide spectrum of social, cultural, and personal factors. This study seeks to delve into the intricate relationship between minority stress and the mental health of transgender persons, shedding light on the multifaceted nature of this issue.

The transgender community confronts discrimination and stigma at various levels of society. From workplace discrimination to limited access to healthcare, these experiences contribute to feelings of rejection, isolation, and mental distress. Additionally, many transgender individuals grapple with the intense emotional turmoil known as gender dysphoria, stemming from the incongruence between their gender identity and assigned sex at birth. This distress, when left unaddressed, can lead to profound mental health challenges, including depression, anxiety, and suicidal ideation.

Transgender individuals are also at heightened risk of experiencing violence and harassment. Physical and verbal attacks, coupled with sexual harassment and assault, are all too common occurrences, often resulting in trauma-related disorders such as PTSD and depression. Moreover, the internalization of negative societal attitudes about their gender identity can lead to self-criticism and low self-esteem, further exacerbating mental health issues.

Transgender individuals constitute a diverse and resilient community that has long faced a unique set of challenges and disparities. As a population, they are marked by their gender identities, which do not align with their sex assigned at birth, making them vulnerable to societal discrimination and prejudice. The transgender experience is profoundly influenced by the concept of minority stress, a term introduced by Meyer (2003) to describe the

chronic stressors and adversities faced by individuals from stigmatized minority groups due to their marginalized status. For transgender persons, these stressors are manifold, stemming from societal norms, institutional discrimination, and interpersonal bias. As such, the experiences of transgender individuals in the face of minority stress offer a compelling lens through which to examine the complex interplay between societal factors, mental health outcomes, and coping strategies.

Prevalence and Disparities

Transgender individuals represent a diverse spectrum of gender identities, including but not limited to transgender men, transgender women, non-binary, and genderqueer individuals. A significant body of research demonstrates the prevalence of mental health disparities within this community. A study by Grant et al. (2011) found that transgender individuals were nearly twelve times more likely to have attempted suicide compared to the general population. Furthermore, depression, anxiety, and substance use disorders are reported at elevated rates among transgender individuals (Bockting et al., 2013; Testa et al., 2017). These disparities in mental health outcomes are directly related to the minority stress model, which posits that the chronic stressors faced by marginalized groups contribute to adverse health outcomes (Meyer, 2003).

The Role of Minority Stress

Central to understanding the mental health disparities among transgender individuals is the concept of minority stress. Minority stress encompasses both distal stressors, such as discrimination and victimization, and proximal stressors, including internalized stigma and expectations of rejection (Hendricks & Testa, 2012). Transgender individuals are often subjected to overt discrimination in areas such as employment, healthcare, and housing, which can lead to chronic stress and emotional distress (James et al., 2016; Lombardi et al., 2002). Additionally, the process of coming out as transgender and living authentically can expose individuals to stigma and rejection from family members, friends, and social networks, contributing to heightened levels of minority stress (Bockting et al., 2013; Puckett et al., 2015).

Coping Mechanisms and Resilience

While minority stress is associated with adverse mental health outcomes, it is essential to recognize the resilience and coping strategies that transgender individuals employ to navigate these stressors. Some seek social support within LGBTQ+ communities, forming connections with others who share similar experiences (Hendricks & Testa, 2012). Others engage in activism and advocacy, striving to change societal attitudes and policies that perpetuate discrimination (Budge et al., 2013). Gender-affirming healthcare, including hormone therapy and gender-affirming surgeries, can also serve as critical coping mechanisms by aligning one's physical appearance with their gender identity (Murad et al., 2010).

Correlation between Cognition and Other Parameters.

Some mental skills, such linguistic ability, some math abilities, and general knowledge, drop relatively little with age, whereas others deteriorate beginning in middle life or earlier. Components of the latter can be found in one's capacity for remembering, planning ahead, thinking quickly, and logically. These so-called "fluid" cognitive skills are crucial for doing routine tasks, maintaining one's own autonomy, and enjoying a rich and rewarding existence. When one part of the fluid mind begins to deteriorate, the others usually follow suit and so has the age-associated reduction in several other elements of cognitive performance . To better the lives of the elderly, we must first understand the variables that contribute to, and the mechanisms behind, individual disparities in age-related cognitive decline. Here, we discuss the role of general medicine, genetics, blood vessels, physiology, food, and lifestyle in age-related cognitive decline. Because of the vast number of persons affected, this issue is of more significance than dementias. The National Institutes of Health (NIH) in the United States has stressed the significance of research into "normal" and "successful" cognitive ageing. It's important to note right off the bat that people's varying levels of cognitive decline in old age are a reflection of both their starting points and the pace at which they've changed. There are several factors that may influence one's level of cognitive capacity as they age, but none of them have been found to have an impact magnitude comparable to that of intelligence tests given in childhood. Childhood intelligence accounts for at least half of the variation in cognitive capacity in old life among those who do not get dementia, even in those who are 80 years old.

Effects of physical ailment factors on cognitive ageing

It may be argued that dementing disorders like Alzheimer's represent the extreme end of age-related cognitive decline because of the central role that age plays in their development. However, the dementias typically differ qualitatively in the pattern of decline across the various cognitive capacities, in addition to the quantitative differences in the degree of cognitive loss. Dementias such as Alzheimer's and frontotemporal lobar degeneration are defined by specific memory and cognitive symptoms. Dementia also causes reductions in a person's ability to carry out day-to-day tasks, as well as changes in behaviour and other elements of mental state. However, in very old age, when dementia is quite common, it might be difficult to tell normal ageing from abnormal ageing. In fact, the existence of subcategories like mild/minimal cognitive impairment, which lies between healthy cognitive ageing and dementia, is evidence that this problem has been acknowledged. Because the neuropathological alterations of Alzheimer's disease are so pervasive in the brains of the elderly, it can be difficult to tell normal cognitive ageing from from abnormal cognitive ageing. According to this view, a large proportion of decline may be attributed to fundamental biological processes that worsen with age. To determine the mechanisms involved, studies exploring the connection between physical and cognitive ageing have focused on measuring biomarkers of these processes. In addition, it has been found that those with lower early life IQ, including childhood IQ, are more likely to experience many illness conditions known to impair cognition adversely as they age . It is possible that the illness state is serving as a marker of reduced childhood IQ, which might account for the observed relationship between the condition and diminished cognitive function in old age. For instance, while controlling for socioeconomic status, tobacco use, and other variables, a lower IQ in childhood is still related with higher blood

pressure in middle life. Although there is evidence linking hypertension to memory loss in older adults, the majority of research neglect to account for the impact of a person's IQ in childhood on their ability to recall information years later. In light of this, it is helpful to think about cognitive decline with age from a life span perspective. It's possible that the apparent impact of a disease state on elderly cognitive function is really due to the influence of early-life cognition on the chance of having the disease.

Ailment and drugs are the two main factors that influence the behaviours of both older people and young people. The majority of elderly people had headaches, backaches, fevers, coughs, insomnia at night, diabetes, and allergies as a result of ageing. These conditions are directly correlated with eating habits, alcohol intake, and smoking behaviour. Other risk factors include consuming betel nuts, poor dental and oral hygiene, and using immunosuppressive drugs. In joint families' old people are more secure, protected, and able to live with dignity, it was discovered that elderly persons frequently experience abuse from their own offspring because of the behavioural change. Unexpectedly, the elderly who experience abuse reside with relatives, and they choose not to disclose the abuse in order to protect the family's reputation. It is also noted that the majority of the abuse came from the most dependable of sources, with the son being the top abuser and the daughter-in-law coming in second. The most alarming revelation is that they are verbally abused every day due to the alcoholism culture in the family

2. REVIEW OF LITERATURE

Meyer et al (2014) described three processes underlying this phenomenon for Lesbian, Gay, Bisexual and Transsexual Individuals (LGBT). In this paradigm, the life events (e.g. discrimination or acts of violence) taking place as a result of belonging to a sexual minority represent the more distal phase of this complex sequence. These events are distinct and objective events in the individual's life and constitute the first process described by Meyer. The second process stems from the subjective phase of anticipation and expectation of negative interactions and experiences. This continuous state of vigilance, in turn, leads TG individuals to conceal their gender identity in an attempt to prevent accusations or attacks related to their gender minority status. The third process is the internalization of negative attitudes and prejudice expressed by society, leading to a perceived discomfort with one's own sexual identity. The latter process has been defined as "internalized transphobia." Internalized transphobia has been found to be correlated with increased psychopathology in TG individuals, including mood disorders, substance use disorders, suicidal ideation and behaviors.

Poteat et al., (2015)The systematic issue of societal stigma, prejudice, and discrimination perpetuates chronic environmental stress for TG individuals, which has been found to correlate with worsened health outcomes.

Carmel and Erickson-Schroth in (2016) has shown that disproportionate rates of discrimination, harassment, sexual assault and violence experienced by transgender people and gender non conformity group have negative mental health outcome, was explained by Minority Stress Model. Additionally, research demonstrated an increased risk of substance abuse, self-injury, depression, and suicidal attempts in transgender people. Account to posttraumatic stress disorder, anxiety disorder, bipolar disorder, psychotic disorder, eating disorder, body dysmorphic disorder, and autism spectrum disorder are less conclusively in studies.

Oswalt and Lederer, (2017) have found in their research work that transgender students have approximately twice the risk for most mental health conditions compared to the female students who are cisgender. Schizophrenia is a notable exception, where transgender students have seven times the risk when compared to cisgender. Regression analyses and significant findings have shown that being a non-heterosexual is a big predictor for concern of mental health. Anxiety (11.6% reported the condition overall, with 33.4% of transgender-identified reported the condition), depression (10.4% overall, 34.3% transgender-identified students), panic attack (5.3% overall, 16.5% transgender-identified students) are the three high frequencies of mental health concerns.

Berli et al, (2018) Many transgender people go for transition when they are not satisfied with their assigned sex and their gender identity. For transition they opt for either surgery or hormones replacement therapy. "Gender reassignment surgery" is also called gender affirmation surgery by both medical professionals and transgender

individuals usually references transgender genital surgery, Genital surgery usually does on transgender individual who is above 18 and who has been treated with hormones. Transgender people for surgery are reviewed by a medical team that considers mental health and physical health in determining the best treatment strategy, possibly including surgery, for each individual.

Thorne, et al., (2018)Being a minority group in society transgender people face a lot of issues in different areas in society that lead them to mental health issues. There are several studies have been done on transgender people and found they face anxiety, depression and other mental health issues. Research on mental health among transgender stated that the prevalence of psychiatric disorders among transgender people have identified elevated rates of psychopathology. The research identifies 38 cross-sectional and longitudinal studies describing that the levels of psychopathology and psychiatric disorders in transgender people attending attendanceservices are higher than in the is population. Depression and anxiety are found on the main axis1. Schizophrenia and bipolar disorder are rare in other psychiatric disorder. Evidence regarding gender differences conflict: studies found higher psychopathology in transgender women, while other studies found there is no differences between gender groups. Overall, this research paper shows that transgender people attending transgender health care services apparently have higher risk of psychiatric comorbidity, and therefore confirms that this population is vulnerable to the mental health issues.

Strauss et al., (2020) Transgender and gender-diverse youth experience a high degree of discrimination, such as bullying and peer rejection. Consequently, approximately one out of four transgender or gender-diverse youth experience a high degree of anxiety and symptoms of major depressive disorder, with one out of two of these youth making attempts to complete suicide.

Pathak et al(2021)Sex and gender are two different continuums where sex is all about biological structure and function, while gender can refer to a social role of a male or female. In the same society there are a third gender who see themselves as a different gender regardless the sex they are assigned at birth. Transgender is all about gender identity. Since they are out of the social acceptance, so they are discriminated in society and other places which make them feel they are no one and nowhere. These feelings of dissatisfaction with their gender identity, no recognition in society and discrimination lead them to serious emotional distress. Despite of all many transgender people overcome these distresses by adopting the positive coping strategies. In this review paper, I will shed the light on the mental health issues are facing by transgender people and their resilience to cope with their issues.

3. RATIONALE OF THE STUDY

Despite the growing recognition of minority stress as a critical factor affecting the mental health of transgender individuals, there remains a need for a comprehensive understanding of its multifaceted impact and the coping mechanisms employed. This study aims to address this gap by exploring the specific stressors faced by transgender individuals, assessing their mental health outcomes, and examining the coping strategies they employ. By shedding light on the experiences and resilience of transgender individuals in the face of minority stress, this research seeks to contribute to a more inclusive and informed dialogue on mental health disparities and to inform interventions and policies aimed at reducing these disparities within the transgender community. Actually not only some groups including women, children go through varios issues but also groups like transgender issues should be considered and discussed.

RESEARCH QUESTIONS

1. What are the levels of minority stress experienced by transgender individuals?
2. What are the mental health outcomes, including depression and anxiety levels, among the transgender participants?
3. How do transgender individuals perceive their coping self-efficacy in dealing with minority stress?
4. What coping strategies are commonly employed by transgender individuals to manage minority stress?
5. Is there a significant difference in minority stress levels between male transgender and female transgender individuals in the sample?
6. Do male and female transgender individuals differ in their reported mental health outcomes, as measured by depression and anxiety scores?
7. Is there a significant difference in coping self-efficacy between male and female transgender individuals?
8. How do coping strategies employed by male and female transgender individuals differ in response to minority stress?

4. RESEARCH METHODOLOGY

4.1 RESEARCH PROBLEM:

The present research aims to impact of minority stress on the mental health and coping behavior of transgender persons.

4.2 OBJECTIVES & HYPOTHESES

1. To study significant difference in minority stress levels between male transgender and female transgender individuals.

2. To study significant difference in mental health of the male transgender and female transgender individuals.
3. To study significant difference in coping behaviour of the male transgender and female transgender individuals.
4. To study significant relationship between minority stress and mental health of transgender individuals.
5. To study significant relationship between minority stress and coping behaviour of transgender individuals.

HYPOTHESES

1. There is a significant difference in minority stress levels between male transgender and female transgender individuals.
2. There is a significant difference in mental health of the male transgender and female transgender individuals.
3. There is a significant difference in coping behaviour of the male transgender and female transgender individuals.
4. There is a significant relationship between minority stress and mental health of transgender individuals.
5. There is a significant relationship between minority stress and coping behaviour of transgender individuals.

4.3OPERATIONAL DEFINITION

Stress:

Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is your body's response to anything that requires attention or action. Everyone experiences stress to some degree. The way you respond to stress, however, makes a big difference to your overall well-being.

Mental Health:

Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.

Coping behavior

Coping is defined as the thoughts and behaviors mobilized to manage internal and external stressful situations. In humans, coping behavior is an action taken to soothe oneself during or after a stressful or threatening situation. Some human behaviors with physiological functions also serve as coping behaviors, for example, comfort sucking in infants and comfort eating in adults.

Transgender

A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex.

4.4SAMPLE:50 transgender persons will be selected from Kapurthala, Punjab. Among 50 transgender persons, 25 will be male transgenders and 25 will be female transgenders conduct structured interviews alongside the scales to gather qualitative data. Interviews can provide deeper insights into the experiences of participants related to minority stress and coping strategies.

SIMPLE RANDOM SAMPLING

Random sampling is a part of the sampling technique in which each sample has an equal probability of being chosen. A Sample chosen randomly is meant to be an unbiased representation of total population.

Data collection Purposive sampling technique will be used for data collection. This study will be carried out among 50 transgender persons. In 50 transgender persons, 25 will be male transgenders and 25 will be female transgendersselected fromKapurthala, Punjab. All the possible efforts are made to make them feel at ease and respond to the scales with full concentration. Before the administration of the interviews, an introduction will be given to the respondents

4.5 RESEARCH DESIGN:

Research design is the back born of each design and it provide the direction of research. The present study utilized the co-relational research design for hypotheses verification.

4.6 TOOLS

1.Demographic Information:

2.Coping Self-Efficacy Scale (CSES) by Chesney et al (2006)

3.Mental Health Check list by Pramod Kumar (1992)

4.Sexual Minority Stress Scale (SMSS) by Goldblum et al. (2011)

1. Demographic Information:

Collect demographic information, including age, gender identity, educational background, and socioeconomic status. This information will help in understanding the diversity.

2.Coping Self Efficacy Scale Scoringby Chesney et al (2006)

The Coping Self-Efficacy Scale (CSES) provides a measure of a person's perceived ability to cope effectively with life challenges, as well as a way to assess changes in CSE over time in intervention research.

The Coping Self-Efficacy Scale (CSES) is a 26-item measure of perceived self-efficacy for coping with challenges and threats. The scale items were developed by several of the authors (Margaret Chesney, Susan Folkman, and Jonelle Taylor, 2006) by creating sample items based upon stress and coping theory and the Ways of Coping Questionnaire, with consultation from Dr. Albert Bandura of Stanford University. Respondents are asked, “When

things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:" They are then asked to rate on an 11-point scale the extent to which they believe they could perform behaviors important to adaptive coping. Anchor points on the scale are 0 ('cannot do at all'), 5 ('moderately certain can do') and 10 ('certain can do'). An overall CSES score is created by summing the item ratings (α = .95; scale mean = 137.4, *SD* = 45.6). Our standard scoring rule with summated rating scale scores is that respondents must answer at least 80% of the scale items. For respondents missing an item or items, we estimate an individual's score for the missing item(s) by adding in their mean for the items that they answered for each item that they skipped, resulting in a "corrected sum".

VALIDITY AND RELIABILITY

Exploratory (EFA) and confirmatory factor analyses (CFA) revealed a 13-item reduced form of the CSE scale with three factors: Use problem-focused coping (6 items, α = .91), stop unpleasant emotions and thoughts (4 items, α = .91), and get support from friends and family (3 items, α = .80). Internal consistency and test–retest reliability are strong for all three factors. Concurrent validity analyses showed these factors assess self-efficacy for different types of coping. Predictive validity analyses showed that revisualized change scores in using problem- and emotion-focused coping skills were predictive of reduced psychological distress and increased psychological well-being over time**.**

3.Mental Health Check list by Pramod Kumar (1992)

Mental Health Check list by Pramod Kumar (1992) was used to study the mental health of the person. Mental health check –list measures pre-illness mental conditions of the person. The check- list consisted of 11 items, six mental and five somatic.

Reliability

The spilt-half reliability, correlating the odd-even items (applying the Spearman-Brown Formula for doubling the test length), has been found to be 0.70 (N=30) with an index of reliability of 0.83. The test-retest reliability has also been studied. It has been found to be 0.65 (N=30) with an index of reliability of 0.81.

Validity

The face validity of the mental health check -list appears to be fairly high as items were prepared by asking teachers of psychology to list all such symptoms which, according to them, showed low mental health. The content validity was adequately assured as only those symptoms which showed 100 percent agreement amongst the judges regarding their relevance to the study of mental health were selected. Of these, only those items which give a fairly high discrimination value, i.e. 0.30 or above, following item-analysis were finally included in the checklist.

Scoring

Mental health check –list consists of 11 items 6 mental and 5 somatic, presented in a 4- point rating format. A numerical value of 1, 2 ,3 and 4 is assigned to the 4-reponse categories , i.e. for 'Rarely', 'At times', 'Often' and 'Always', respectively. The total score varies from 11 to 44, showing the highest to the lowest mental health status of the person.

4.Sexual Minority Stress Scale (SMSS) by Goldblum et al. (2011)

Sexual Minority Stress Scale (SMSS). It is a 58-item self-report questionnaire developed by Goldblum et al. (unpublished manuscript), which was adapted and validated by Iniewicz et al. (2017. It assesses the minority stress levels of LGB individuals, which includes five subscales that measure proximal stressors: Internalized Homophobia (IH), Expectations of Rejection (ExR), Concealment (Clm), Satisfaction with Outness (SO), and Sexual Minority Negative Events (SMNE). The Satisfaction with Outness is further divided into (1) levels of disclosure of the person's sexual orientation to others (SOa) and (2) degree of satisfaction with the disclosure (SOb). The SMNE has three categories: events related to the examined person, events that the person had witnessed or heard about, and items about infectious diseases. Meyer's Sexual Minority Stress Model was the basis of all other subscales except for the SO subscale. The answers are given on a checklist and in 4 to 6-point Likert-type formats depending on the subscale. Sample items are, for IH, "Have you tried to stop being attracted to persons of the same sex?" (ranging from1 Often to 4 Never); for ExR, "Most employees will not hire a person like you" (1 Strongly Agree, 2 Somewhat Agree, 3 Somewhat Disagree, 4 Strongly Disagree), for Clm, "I have concealed my sexual orientation by telling someone that I was straight or denying that I was LGB" (1 Not at all, 2 A little bit, 3 Somewhat, 4 Very much, 5 All the time), for SOa, "Are you out to your family about your sexual and gender identity?" (Yes or No), for SOb, "How satisfied are you with your level of outness to your family?" (ranging from 1 Very Dissatisfied to 6 Extremely Satisfied), and for SMNE (one for each category; checklist format), "I was treated unfairly by peers and siblings," "I heard negative statements about LGB or gender nonconforming people," and "I have been diagnosed with HIV or other chronic sexually transmitted diseases." In the SMSS, there is no total score, and each subscale is scored separately. The range of each subscale's overall score differs: IH total score ranges from 10 to 40, ExR total score ranges from 6 to 24, Clm total score ranges from 6 to 30, SO total score ranges from 5 to 30, and SMNE total score ranges from 0 to 69. These total subscale scores are computed by adding the items of each subscale with question 10 of Internalized Homophobia reversely scored ($1 = 4,\ 2 = 3,\ 3 = 2,\ 4 = 1$). Scoring high on a subscale means the stress level is high. The minimal values that indicate sexual minority stress on each subscale are $IH \geq 3$, $ExR \geq 3$, $Clm \geq 3$, $SO \geq 4$, SMNE, and any item endorsed. In the present study, the SMSS had Cronbach's alpha reliabilities ranging from 0.73 to 0.90: IH ($\alpha = 0.84$), ExR ($\alpha = 0.85$), Clm ($\alpha = 0.83$), SO ($\alpha = 0.73$), SMNE ($\alpha = 0.90$). The scale has not yet been validated in the Philippines**.**

VARIABLES OF THE STUDY

Independent Variable: Minority Stress

Dependent Variable: Mental Health and Coping Behavior of Transgender Person

Minority Stress of the transgender person depends upon his/her Mental Health and Coping Behavior.

4.7 DATA ANALYSIS

In this proposed study, various statistical tool and techniques will be used according to the requirement of the study.

- **Graphical presentation:** Bar diagrams will be drawn.
- **Descriptive statistics:**Descriptive statistics will be used to summarize demographic characteristics of the participants.

The primary data which will be collected will be sorted, classified, edited, tabulated in a proper format and analyzed by utilizing appropriate statistical tools. The researcher will use Windows Excel Spreadsheet for recording and classification of samples. Statistical Packages for Social Sciences (SPSS) Ver. 22, a computer-aided software package of statistical tools for deploying different basic and advanced statistical tools in the research will also be used for the data analysis.

The following statistical tools will be used for analyzing the data procured from the respondents selected for the study.

- **Simple Percentage Analysis**: Simple percentage analysis is one of the basic statistical tools which is widely used in the analysis and interpretation of the main data. It deals with the number of respondents' response to a particular question in percentage arrived at the total. Simple percentages will be used in the study to analyze the factors like demographic and other details of the respondents.
- **t-Test**: Independent t-tests or ANOVA will be performed to compare the minority stress, coping behavior and mental health in scores between the transgender male and transgender female.
- **Correlation:** In the present study, a Pearson product-moment correlation coefficient will be used to impact of minority stress on the mental health and coping behavior of transgender persons.

REFERENCES

- Berli, J. U., Knudson, G., Fraser, L., Tangpricha, V., Ettner, R., Ettner, F. M., ... & Schechter, L. (2018). What surgeons need to know about gender confirmation surgery when providing care for transgender individuals: a review. *JAMA surgery*, *152*(4), 394-400.
- 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.
- 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.
- Carmel, T. C., & Erickson-Schroth, L. (2016). Mental health and the transgender population. *Journal of psychosocial nursing and mental health services*, *54*(12), 44-48.
- Grant, J. M., Mottet, L. A., & Tanis, J. (2011). National Transgender Discrimination Survey Report on health and health care. National LGBTQ Task Force.
- 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.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. National LGBTQ Task Force.
- 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.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697.
- Miller, W. M., Miller, W. C., Barrington, C., Weir, S. S., Chen, S. Y., Emch, M. E., ... & Paz-Bailey, G. (2014). Sex work, discrimination, drug use and violence: a pattern for HIV risk among transgender sex workers compared to MSM sex workers and other MSM in Guatemala. *Global public health*, *15*(2), 262-274.
- Murad, M. H., Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology, 72*(2), 214–231.
- Oswalt, S. B., & Lederer, A. M. (2017). Beyond depression and suicide: The mental health of transgender college students. *Social Sciences*, *6*(1), 20-30.
- Pathak, S. K., Sharma, V., & Ola, M. (2021). Mental health and resilience among transgender: a review. *International Journal of Indian Psychology*, *8*(1),25-35.
- Poteat, V. P., Scheer, J. R., &Mereish, E. H. (2015). Factors affecting academic achievement among sexual minority and gender-variant youth. *Advances in child development and behavior*, *47*(2), 261-300.

- Puckett, J. A., Cleary, P., Rossman, K., Newcomb, M. E., Mustanski, B., & Siconolfi, D. E. (2015). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexual Research and Social Policy Journal of NSRC*, *12*(3), 168–178.
- Strauss, P., Cook, A., Winter, S., Watson, V., Toussaint, D. W., & Lin, A. (2020). Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: Findings from Trans Pathways. *Psychological medicine*, *50*(5), 808-817.
- 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*, *4*(2), 178–192.
- Thorne, N., Witcomb, G. L., Nieder, T., Nixon, E., Yip, A., &Arcelus, J. (2018). A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and non-binary. *International Journal of Transgenderism*, *20*(2-3), 241-250.

The Coping Self-Efficacy Scale (CSES)

Use problem-focused coping
Break an upsetting problem down into smaller parts
Sort out what can be changed, and what cannot be changed
Make a plan of action and follow it when confronted with a problem
Leave options open when things get stressful
Think about one part of the problem at a time
Find solutions to your most difficult problems
Resist the impulse to act hastily when under pressurize
Try other solutions to your problems if your first solutions don'*t* work
Talk positively to yourself
Stand your ground and fight for what you want
See things from other person's point of view during a heated argument
Develop new hobbies or recreations
Stop unpleasant emotions and thoughts
Make unpleasant thoughts go away
Take your mind off unpleasant thoughts
Stop yourself from being upset by unpleasant thoughts
Keep from feeling sad
Keep from getting down in the dumps
Look for something good in a negative situation
Keep yourself from feeling lonely
Visualize a pleasant activity or place
Pray or meditate
Get support from friends and family
Get friends to help you with the things you need
Get emotional support from friends and family
Make new friends
Do something positive for yourself when you are feeling discouraged

MENTAL HEALTH CHECK-LIST (MHC)

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Instructions:

Below are given a list of conditions-both mental and physical. You are requested to read them carefully and put a tick (✓) mark at an appropriate place against each of them showing your agreement or disagreement. Since all this information happens to be of personal nature, it is assured that your replies would be kept confidential and used only for research purpose. However, if you desire to know your result, you may contact me personally.

Thanks.

Personal Data:

Name_____Age_____

Sex_____Education_____Income_____

Occupation_____Marital status_____

Score:

Section	A	B	Total
Score :			

(2)

SECTION-A

2. Do you suffer from?	Always (4)	Often (3)	At times (2)	Rarely (1)
Anxiety & Tension	.....	.....	.....	.....
Restlessness	.....	.....	.....	.....
Nervousness	.....	.....	.....	.....
Loneliness	.....	.....	.....	.....
Hopelessness	.....	.....	.....	.....
Anger	.....	.....	.....	.....
Score				

SECTION-B

1. Do you also suffer from?	Always (4)	Often (3)	At times (2)	Rarely (1)
Headache	.....	.....	.....	.....
Tiredness	.....	.....	.....	.....
Disturbed sleep	.....	.....	.....	.....
Indigestion	.....	.....	.....	.....
Acidity	.....	.....	.....	.....
Score				

Sexual Minority Stress Scale (SMSS)

Minority Stressors	Not at all (1)	A little bit (2)	Somewhat (3)	Very much (4)	All the time (5)
Internalized Homophobia					
Expectations of Rejection					
Satisfaction with Outness					
Concealment					
Sexual Minority Negative Events					