

p-ISSN: 2521-2982

e-ISSN: 2707-4587

GLOBAL  
**Political**  
REVIEW *empowering humanity*



# GPR

**GLOBAL POLITICAL REVIEW**  
**HEC-RECOGNIZED CATEGORY-Y**

**VOL. X, ISSUE IV, FALL (DECEMBER-2025)**

**DOI (Journal): 10.31703/gpr**

**DOI (Volume): 10.31703/gpr/.2025(X)**

**DOI (Issue): 10.31703/gpr.2025(X.IV)**

Double-blind Peer-review Research Journal

[www.gprjournal.com](http://www.gprjournal.com)

© Global Political Review

  
**Humanity Publications**  
*sharing research*

Article Title

Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals

Abstract

This qualitative research paper analyzed how the social stigma has affected the mental health of the transgender population in Punjab, Pakistan, and how the effects of the social stigma can be mitigated through coping. Based on Minority Stress Theory and Transgender Stigma Framework, semi-structured interviews were carried out in-depth with 11 transgender people (khwaja sira) in urban parts of Punjab. Thematic analysis has found that the experiences or feelings of familial rejection, social harassment, and institutional discrimination were widespread. The effects of this stigma were depression, anxiety, low self-esteem, and suicidal thoughts. There were also the internalized stigma and unremitting fear of being excluded. Despite these problems, good community ties, peer support, the guru-chela system, and achieved celebrity as major resilience processes. The results show the necessity of urgency in stigma reduction programs, inclusive healthcare services.

**Keywords:** Social Stigma, Mental Health, Transgender, Minority Stress, Community Resilience

Authors:

**Shahzad Khaver Mushtaq:** Assistant Professor, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.

**Asma Yunus :** (Corresponding Author)  
Assistant Professor, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.  
(Email: [asmayounus@gmail.com](mailto:asmayounus@gmail.com))

**Suleeman Hussain:** Visiting Lecturer, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.

Pages: 76-86

DOI:10.31703/gpr.2025(X-IV).08

DOI link: [https://dx.doi.org/10.31703/gpr.2025\(X-IV\).08](https://dx.doi.org/10.31703/gpr.2025(X-IV).08)

Article link: <https://gprjournal.com/article/between-family-rejection-and-community-resilience-a-qualitative-study-of-stigma-and-mental-health-among-transgender-individuals>

Full-text Link: <https://gprjournal.com/article/between-family-rejection-and-community-resilience-a-qualitative-study-of-stigma-and-mental-health-among-transgender-individuals>

PDF link: <https://www.gprjournal.com/jadmin/Auther/31rv1olA2.pdf>

Global Political Review

p-ISSN: [2521-2982](https://doi.org/10.31703/gpr) e-ISSN: [2707-4587](https://doi.org/10.31703/gpr)

DOI (journal): [10.31703/gpr](https://doi.org/10.31703/gpr)

Volume: X (2025)

DOI (volume): [10.31703/gpr.2025\(X\)](https://doi.org/10.31703/gpr.2025(X))

Issue: IV Fall (December-2025)

DOI(Issue): [10.31703/gpr.2025\(X-IV\)](https://doi.org/10.31703/gpr.2025(X-IV))

Home Page

[www.gprjournal.com](http://www.gprjournal.com)

Volume: X (2025)

<https://www.gprjournal.com/Current-issue>

Issue: IV-Fall (December-2025)

<https://www.gprjournal.com/issue/10/4/2025>

Scope

<https://www.gprjournal.com/about-us/scope>

Submission

<https://humaglobe.com/index.php/gpr/submissions>



Visit Us



### Citing this Article

<b>o8</b>	<b>Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals</b>		
<b>Authors</b>	Shahzad Khaver Mushtaq Asma Yunus Suleeman Hussain	<b>DOI</b>	10.31703/gpr.2025(X-IV).o8
		<b>Pages</b>	76-86
		<b>Year</b>	2025
		<b>Volume</b>	X
		<b>Issue</b>	IV

### Referencing & Citing Styles

<b>APA</b>	Mushtaq, S. K., Yunus, A., & Hussain, S. (2025). Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals. <i>Global Political Review</i> , X(IV), 76-86. <a href="https://doi.org/10.31703/gpr.2025(X-IV).o8">https://doi.org/10.31703/gpr.2025(X-IV).o8</a>
<b>CHICAGO</b>	Mushtaq, Shahzad Khaver, Asma Yunus, and Suleeman Hussain. 2025. "Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals." <i>Global Political Review</i> X (IV):76-86. doi: 10.31703/gpr.2025(X-IV).o8.
<b>HARVARD</b>	MUSHTAQ, S. K., YUNUS, A. & HUSSAIN, S. 2025. Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals. <i>Global Political Review</i> , X, 76-86.
<b>MHRA</b>	Mushtaq, Shahzad Khaver, Asma Yunus, and Suleeman Hussain. 2025. 'Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals', <i>Global Political Review</i> , X: 76-86.
<b>MLA</b>	Mushtaq, Shahzad Khaver, Asma Yunus, and Suleeman Hussain. "Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals." <i>Global Political Review</i> X.IV (2025): 76-86. Print.
<b>OXFORD</b>	Mushtaq, Shahzad Khaver, Yunus, Asma, and Hussain, Suleeman (2025), 'Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals', <i>Global Political Review</i> , X (IV), 76-86.
<b>TURABIAN</b>	Mushtaq, Shahzad Khaver, Asma Yunus, and Suleeman Hussain. "Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals." <i>Global Political Review</i> X, no. IV (2025): 76-86. <a href="https://dx.doi.org/10.31703/gpr.2025(X-IV).o8">https://dx.doi.org/10.31703/gpr.2025(X-IV).o8</a> .



# Global Political Review

[www.gprjournal.com](http://www.gprjournal.com)

DOI: <http://dx.doi.org/10.31703/gpr>



Volume: X (2025)

URL: [https://doi.org/10.31703/gpr.2025\(X-IV\).o8](https://doi.org/10.31703/gpr.2025(X-IV).o8)

Issue: IV-Fall (December-2025)



Cite Us



## Title

### Between Family Rejection and Community Resilience: A Qualitative Study of Stigma and Mental Health among Transgender Individuals

#### Authors:

**Shahzad Khaver Mushtaq:** Assistant Professor, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.

**Asma Yunus :** (Corresponding Author)

Assistant Professor, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.

(Email: [asmayounus@gmail.com](mailto:asmayounus@gmail.com))

**Suleeman Hussain:** Visiting Lecturer, Department of Sociology and Criminology, University of Sargodha, Sargodha, Punjab, Pakistan.

#### Contents

- [Introduction](#)
- [Objectives of the Study](#)
- [Literature Review](#)
- [Theoretical Framework](#)
- [Minority Stress Theory](#)
- [Transgender Stigma Framework](#)
- [Strength and Safeguarding Factors](#)
- [Methodology](#)
- [Results](#)
- [Discussion](#)
- [Conclusion](#)
- [RecommendationsReferences](#)

#### Abstract

*This qualitative research paper analyzed how the social stigma has affected the mental health of the transgender population in Punjab, Pakistan, and how the effects of the social stigma can be mitigated through coping. Based on Minority Stress Theory and Transgender Stigma Framework, semi-structured interviews were carried out in-depth with 11 transgender people (khwaja sira) in urban parts of Punjab. Thematic analysis has found that the experiences or feelings of familial rejection, social harassment, and institutional discrimination were widespread. The effects of this stigma were depression, anxiety, low self-esteem, and suicidal thoughts. There were also the internalized stigma and unremitting fear of being excluded. Despite these problems, good community ties, peer support, the guru-chela system, and achieved celebrity as major resilience processes. The results show the necessity of urgency in stigma reduction programs, inclusive healthcare services.*

#### Keywords:

[Social Stigma](#), [Mental Health](#), [Transgender](#), [Minority Stress](#), [Community Resilience](#)

#### Introduction

Transgender people face a disproportional rate of stigma, discrimination, and social exclusion all over the world, which has a great impact on their mental health and wellbeing. Social stigma, which is a negative attitude, prejudice, and discriminatory behavior, targeting a person due to their gender identity, works on various levels, such as

interpersonal, institutional, and structural (Hughto et al., 2015). As depicted by minority stress theory, the role of continuous exposure to stigma-related stressors is that it leads to poor mental health outcomes in gender minorities due to the exposure to rejection, victimization, and internalized transphobia (Hatzenbuehler & Pachankis, 2016). Studies always indicate that rates of depression,



anxiety, psychological distress, and suicidality are higher among transgender people than they are among the general population (Mustanski et al., 2010; Valentine & Shipherd, 2018). The differences are not natural to the concept of transgender but are mostly defined by stigma and discrimination in society (Valdiserri et al., 2019).

The empirical data suggest that adverse mental health outcomes are closely linked to the experiences of enacted stigma, including harassment, violence, and discrimination in healthcare (Yang et al., 2015; Kosenko et al., 2013). Nondiscriminatory healthcare systems and minimal legal safeguards are examples of structural barriers that also increase psychological distress (Roberts & Fantz, 2014; Seelman et al., 2017). Research indicated that stigma is a cause of internalized transphobia, low self-esteem, and hopelessness, contributing to susceptibility to depression and suicidal ideation (Bockting, 2013; Scandurra et al., 2018). Drabish & Theeke (2022) performed a systematic review that validated that negative mental health outcomes are always associated with discrimination and bias among transgender people. On the same note, Puckett et al. (2020) discovered that gender minority stress chronicity is a significant predictor of depression and anxiety symptoms.

Despite those difficulties, even the studies identify the existence of resilience and protective factors among transgender communities. Peer support and community participation as well as social connectedness, have been indicated to counteract the undesirable impacts of discrimination on mental health (Austin & Goodman, 2017; Johnson & Rogers, 2020). Social support plays a buffering role, especially in minimizing suicidality and psychological distress (Trujillo et al., 2017; Valente et al., 2020). The frameworks of minority stress highlight the fact that stigma is a risk factor, but the resilience mechanisms (affirming relationships and community solidarity) can reduce the adverse psychological effects of stigma (Scandurra et al., 2017).

In the South Asian environment, transgender people, who are commonly known as khwaja sira in Pakistan, are placed in an ambiguous socio-cultural place. They are still heavily marginalized, disregarded in family, excluded economically, and socially (Suleman, 2023; Winter et al., 2016). There is

a high level of stigma against transgender individuals in Pakistan, especially in Punjab, which starts in family settings and spreads to other areas in society, workplaces, and health facilities. This systemic marginalization aids in mental health vulnerability, and the lack of qualitative studies has delved into the lived experiences of these marginalization's in the Pakistani context in depth. Although the literature on the topic is recorded globally (Bockting et al., 2013; McCann & Sharek, 2016), there is still a necessity of context-specific studies, which would consider the mechanism of stigma in the local cultural, religious, and social frameworks.

In light of these vacuums, the current research paper aims to discuss how social stigma has a psychological impact on the mental health of the transgender community in Punjab, and what are the coping mechanisms and community support systems that mediate the influence of stigmatization. The proposed study will enhance the voices of transgender persons by following a qualitative phenomenological approach, giving culturally-oriented recommendations on the influence of stigma in mental health outcomes and resilience in the socio-cultural context of Punjab, Pakistan.

## Objectives of the Study

To explore the psychological effects of social stigma on the psychological well-being of the transgender population in Punjab.

To find out coping mechanisms and community-based support systems that shield against the consequences of stigma on mental health.

## Literature Review

The idea of social stigma has been commonly identified as one of the main causes of mental health disparities among transgender people. Stigma manifests itself in a variety of ways, such as enacted stigma (open-ended discrimination and violence), anticipated stigma (the anticipation of rejection), and internalized stigma (self-directed negativity), and all of them are factors of psychological distress (Hughto et al., 2015). The minority stress theory can be effectively used to explain why prolonged exposure to stigma-related stressors produces poor mental health conditions in gender minorities

(Hatzenbuehler & Pachankis, 2016). Instead of being a natural part of transgender identity, the occurrence of elevated levels of depression, anxiety, and suicidality is, in large part, caused by unremitting social marginalization and structural inequality (Valdiserri et al., 2019).

A significant amount of literature has been published that demonstrates the relationship between stigma and unfavorable mental health outcomes in transgender people. Bockting (2013) highlighted that stigma interferes with the proper formation of identity and makes one prone to depression and low self-esteem. The empirical results of the study by Bockting et al. (2013) also proved that the occurrence of discrimination is highly linked to psychological distress; however, the effect can be weakened by resilience factors. On the same note, the study by Yang et al. (2015) also determined that stigmatization had a significant connection with the depressive symptoms among transgender women. Valentine and Shipherd (2018) reached a systematic review conclusion that transgender and gender non-conforming people are reliable predictors of mental health issues due to social stressors, such as victimization and rejection. The same study, conducted by Drabish and Theeke (2022), also proved that the effect of prejudice, bias, and discrimination has severe consequences, both in mental and physical health.

Stigmatizing the forms of stigma is especially detrimental when they are family rejection and social exclusion. According to Mustanski et al. (2010), transgender youth who had experienced discrimination had high levels of psychological distress and suicidality. Kidd et al. (2011) emphasized the way in which various sources of stigma, such as family, community, and healthcare systems, add to the burden of mental health. Transgender people in healthcare tend to report discriminatory practices, the incompetence of the providers, and the possibility of being mistreated, which further leads to the delay of care and psychological distress (Kosenko et al., 2013; Roberts & Fantz, 2014; Seelman et al., 2017). These forms of structural barriers support the sense of marginality and intensify the vulnerability to mental health (Moagi, et al., 2021).

It has also been found that internalized transphobia is an important mediator between stigma and mental health outcomes. Scandurra et al. (2018) utilized the psychological mediation model

and discovered that the factor of internalized stigma was a strong predictor of depression and poor well-being. Similar to Puckett et al. (2020), it was shown that discrimination coping can exacerbate anxiety and depression symptoms in the case of stigma internalization. Such results highlight the pernicious impact of gender minority on emotional regulation and self-concept.

Although risks have been reported, there are also protective factors that promote resilience, as reported in the literature. Community connection and social support have always been related to better mental health outcomes in transgender people (Austin & Goodman, 2017). Johnson and Rogers (2020) have discovered that a community-driven intervention and social support enhance psychological wellness and a sense of belonging. Trujillo et al. (2017) also showed that social support mediates the relationship between discrimination and suicidality, whereas Valente et al. (2020) highlighted the importance of resilience in reducing the adverse impacts of stigma. The article by Scandurra et al. (2017) also contributes to the idea that the mechanisms of resilience have the potential to balance the minority stress and achieve mental health stability.

Transgender communities in the South Asian context have their own socio-cultural processes that are determined by tradition, religion, and social hierarchy. Despite the fact that it is historically recognized, modern realities are characterized by marginalization and economic exclusion (Winter et al., 2016). Suleman (2023) also pointed to the predominant role of social stigma in shaping the mental health of transgender people in South Asia and emphasized that depression and psychological distress rates were high because of the rejection of family members and discrimination against society. Nonetheless, empirical studies in Pakistan are not many, especially qualitative studies, which examine the lived experience of selected provinces in the country, like Punjab.

All in all, the literature confirms the close relationship between social stigma and poor mental health conditions of transgender people across the world. It highlights the role of resilience, peer networks, and supportive communities in mitigating these effects. A gap in the context-specific qualitative research that explores the dynamics of these dynamics in their particular

manifestation in Punjab, Pakistan, however, exists. The current paper aims to fill this gap by understanding the psychological effects of social stigma and determining culturally embedded coping mechanisms and support systems in the transgender community.

## **Theoretical Framework**

The proposed study is based on the Minority Stress Theory and the Transgender Stigma Framework, which may be collectively applied to interpret the psychological effects of social stigma on the transgender population in Punjab, Pakistan.

### **Minority Stress Theory**

Minority Stress Theory assumes that there are some stresses that are unique and chronic and are linked to the stigmatized identities of people in socially marginalized groups that lead to negative mental health outcomes (Hatzenbuehler & Pachankis, 2016). Such causes of stress can be classified as distal (external) and proximal (internal). Examples of distal stressors are overt discrimination, harassment, violence, and institutional exclusion, whereas the proximal stressors are internalized stigma, identity concealment, and anticipation of rejection. With time, constant exposure to these stressors leads to susceptibility to depression, anxiety, psychological distress, and suicidality (Mustanski et al., 2010; Valentine & Shepherd, 2018).

Gender-based discrimination and the strictness of the social norms imposing binary expectations of gender heighten the level of minority stress in the context of transgender people (Bockting, 2013). The studies show that mental health disparities are directly related to the experiences of enacted stigma (Yang et al., 2015). In Punjab, where family acceptance is driven by traditional and religious values, and social acceptance is emphasized by religious norms, transgender people can be under the pressure of rejection by family, being harassed by the community, and being unable to fit into the structures. The Minority Stress Theory, therefore, offers a background elucidation of the way through which social stigma is converted into mental distress to this community.

### **Transgender Stigma Framework**

In addition to Minority Stress Theory, the Transgender Stigma Framework provides the conceptualization of stigma, which is working at various levels: structural, interpersonal, and individual (Hughto et al., 2015). Discriminatory laws, restricted jobs, and healthcare access barriers are all parts of structural stigma (Roberts & Fantz, 2014; Seelman et al., 2017). Interpersonal stigma is present in everyday life, including ridicule, rejection, and violence. Individual-level stigma is internalized transphobia and self-stigmatization, which has a harmful impact on self-esteem and emotional health (Scandurra et al., 2018).

The Pakistani context is especially pertinent to this framework, as transgender people usually face marginalization on the systemic level, even though recent legislation has made this group recognized. According to Suleman (2023), the stigma in South Asia is ingrained in culture and family systems to a large extent, which greatly influences what happens in mental health. The model assists in clarifying the interaction of several layers of stigma to a cumulative psychological damage.

### **Strength and Safeguarding Factors**

Although both frameworks focus on risk, they also consider protective factors in mitigating mental health outcomes. Community involvement, social support, and peer connectedness have been reported to counteract the disadvantages of discrimination (Austin & Goodman, 2017; Trujillo et al., 2017). Bockting et al. (2013) and Valente et al. (2020) note that resilience is a dynamic process that allows transgender people to stay psychologically well even in the face of adversity. In Punjab, informal support systems like the system of guru-chelas are culturally constructed so that they can decrease the isolation and increase a sense of belonging.

Based on these theoretical points of view, this paper conceptualizes social stigma as a multi-layered stressor when it comes to affecting mental health outcomes both via external discrimination and internalized stigma. Meanwhile, coping skills and community based support systems are regarded as the resiliency that cushions the detrimental impacts of minority stress. Using these frameworks to the lived experience of transgender persons in Punjab, the research aims not only to gain insight

into the psychological effect of the stigma but also culturally specific mechanisms of resilience that facilitate mental health.

**Methodology**

The research design used in this study was a qualitative research design to understand the psychological effect of social stigma on the mental health of the transgender community in Punjab, Pakistan, and to find out coping mechanisms and support systems in the community that mitigate such effects. A phenomenological methodology was chosen to reflect the living experiences of participants in the socio-cultural context of the minority stress theory (Hatzenbuehler & Pachankis, 2016) and the stigma models (Hughto, et al., 2015). The 11 transgender individuals (khwaja sira) that were sampled were recruited through community networks and local advocacy groups in the urban areas of Punjab by purposive sampling. The participants were interviewed using in-depth semi-structured interviews in Urdu and Punjabi, where the interviewees were free to narrate about their experiences in discrimination, internalized stigma, psychological distress (depression, anxiety, and suicidal ideation), and sources of resilience (peer support, guru-chela, and community solidarity). The

audio-taped interviews were transcribed verbatim with the consent of the interviewee, and where necessary, translated into English. The thematic analysis served as the method of analyzing the data, as well as the six-step framework of Braun and Clarke, to determine recurring themes concerning the stigma mechanisms, mental health outcomes and protective factors, which is aligned with previous research on the topic of stigma and resilience in transgender populations (Bockting et al., 2013; Puckett et al., 2020; Valente et al., 2020). Strict adherence of ethical issues was maintained, such as informed consent, confidentiality, use of pseudonyms, and sensitivity of the emotional well-being of the participants in the process of discussing the experiences that might be distressing.

**Results**

**Demographic Profile of Respondents**

There were a total of 11 transgender people (khwaja sira) in the urban regions of Punjab in Pakistan who were involved in the study. The sample consisted of people aged between 19 and 42 years and of different educational and occupational backgrounds. The majority of the reported experiences of family rejection and marginalization in the economy.

**Table 1**

*Demographic Characteristics of Participants (N = 11)*

Participant Code	Age	Gender Identity	Education Level	Living Arrangement
P1	22	Transgender Woman	Primary	With community (Guru)
P2	35	Transgender Woman	Secondary	With community
P3	28	Transgender Man	Primary	Rented house with peers
P4	40	Transgender Woman	No formal education	With community
P5	19	Transgender Man	Secondary	With Guru
P6	31	Transgender Woman	Primary	Independent
P7	24	Transgender Woman	Primary	With community
P8	42	Transgender Woman	No formal education	With community
P9	27	Transgender Woman	Primary	With peers
P10	33	Transgender Man	Middle	With community
P11	29	Transgender Woman	No formal education	Independent

**Theme 1: Experiences of Social Stigma and Discrimination**

Participants described persistent stigma in family, public, workplace, and healthcare settings. Family rejection was often the first and most painful form of stigma.

**Table 2**

*Theme 1: Experiences of Social Stigma*

Subtheme	Participant Quotes
Family Rejection	<p>“My father said I was a disgrace and forced me to leave home.” (P5)</p> <p>“They told me I was no longer their son.” (P2)</p> <p>“My brothers beat me because I behaved differently.” (P7)</p> <p>“My family cut all contact after I joined the community.” (P1)</p> <p>“I still miss my mother, but she cannot accept me.” (P9)</p>
Public Harassment	<p>“People laugh at us on the streets.” (P3)</p> <p>“Shopkeepers refuse to serve me.” (P10)</p> <p>“Children throw stones and call us names.” (P8)</p> <p>“We are treated like entertainment, not human beings.” (P4)</p> <p>“In buses, people avoid sitting next to me.” (P6)</p>

**Theme 2: Psychological Impact of Stigma**

Participants reported significant mental health challenges, including depression, anxiety, loneliness, low self-esteem, and suicidal thoughts.

**Table 3**

*Theme 2: Psychological Impact of Stigma*

Subtheme	Participant Quotes
Depression & Hopelessness	<p>“Sometimes I feel my life has no value.” (P2)</p> <p>“I cry alone at night thinking about my family.” (P5)</p> <p>“There are days I don’t want to leave my room.” (P11)</p> <p>“I feel empty inside.” (P7)</p> <p>“Society makes us feel useless.” (P8)</p>
Anxiety & Fear	<p>“I am always scared someone will insult me.” (P3)</p> <p>“I avoid crowded places.” (P1)</p> <p>“Going to hospitals gives me anxiety.” (P10)</p> <p>“I feel nervous speaking in public.” (P9)</p> <p>“Public harassment makes me fearful.” (P4)</p>
Suicidal Ideation & Low Self-Worth	<p>“I once thought of ending my life.” (P6)</p> <p>“Sometimes death feels easier.” (P2)</p> <p>“I hate myself for being different.” (P5)</p> <p>“Society’s words stay in my head.” (P11)</p> <p>“I feel I don’t deserve respect.” (P7)</p>

**Theme 3: Coping Strategies and Community Support Systems**

Despite stigma, participants identified resilience mechanisms including peer support, guru–chela relationships, spirituality, and activism.

**Table 4****Theme 3: Coping Strategies and Support Systems**

Subtheme	Participant Quotes
<b>Community &amp; Guru Support</b>	<i>"My guru is like my mother now." (P1)</i>
	<i>"The community is my real family." (P4)</i>
	<i>"We support each other in difficult times." (P8)</i>
	<i>"Without my peers, I would feel alone." (P3)</i>
<b>Social Connectedness</b>	<i>"We share our pain and laugh together." (P7)</i>
	<i>"Being with my friends gives me strength." (P9)</i>
	<i>"NGOs give us hope." (P6)</i>
	<i>"Workshops help me feel confident." (P11)</i>
	<i>"Talking to others like me reduces stress." (P10)</i>
<b>Spiritual &amp; Personal Resilience</b>	<i>"Community meetings make me feel heard." (P2)</i>
	<i>"I believe Allah made me this way." (P5)</i>
	<i>"Prayer gives me peace." (P8)</i>
	<i>"I focus on improving my skills." (P3)</i>
	<i>"I want to prove society wrong." (P11)</i>
	<i>"Education gives me confidence." (P6)</i>

The results demonstrate that transgender members of the Punjab population face overwhelming social stigma at both family and non-family and in the context of the community and institutions. This stigma has a great effect on their mental health, which leads to depression, anxiety, and suicidal thoughts. Nevertheless, a solid community attachment, peer support, religious beliefs and involvement in advocacy organizations are protective factors that counteract psychological distress and contribute to resilience.

**Discussion**

The current research investigated how social stigma affects the mental health of transgender individuals in Punjab and discussed the coping mechanisms and social supports that mitigate the consequences of social stigma. The results are quite consistent with Minority Stress Theory, stating that a prolonged habit of exposure to stress induced by stigmatization leads to poor mental health among disadvantaged groups (Hatzenbuehler & Pachankis, 2016). The respondents of this research indicated that they had continued to experience family rejection, harassment in public, and institutional discrimination, which confirms that stigma works at

both interpersonal and structural levels as theorized by the Transgender Stigma Framework (Hughto et al., 2015).

One of the most painful and constructive experiences that was described by the participants was family rejection. The given finding is in line with the earlier studies, which revealed that family-based stigma is a major contributor to depression-prone vulnerability, psychological distress, and suicidality (Mustanski et al., 2010; Kidd et al., 2011). The rejection of a family member in the Pakistani context may have exaggerated emotional effects, as family structure is an important part of identity and social belonging. Suleman (2023) has also emphasized the fact that familial exclusion is a significant cause of mental health issues in transgender people in South Asia. The results illustrate how social isolation and economic disenfranchisement are usually a result of preceding rejection, thus further aggravating psychological distress.

Healthcare and social institution harassment and discrimination to the populace added to the sense of exclusion among participants, further. These results also resonate with previous research indicating that the implemented stigma, such as

ridicule, service denial, and mistreatment in healthcare facilities, are highly correlated with anxiety and depressive symptoms (Yang et al., 2015; Kosenko et al., 2013). There are also structural barriers, including restricted access to inclusive healthcare and access to jobs, which have been discovered to contribute to stress and mental health disparities (Roberts & Fantz, 2014; Seelman et al., 2017). The fear and avoidance responses of the participants in the area, as well as anxiety, can be taken as a representation of the anticipated stigma of minorities as discussed in literature about minority stress (Valentine & Shipherd, 2018).

In line with the previous empirical evidence, the research study found that there were high rates of depression, hopelessness, and suicidal thoughts among the respondents. These observations are consistent with the available international data that show that rates of psychological distress are high among transgender people (Bockting et al., 2013; Drabish & Theeke, 2022). The absorption of the social rejection, expressed in low self-worth and self-blame statements, aligns with the research that has detected internalized transphobia as a strong intermediate between stigma and depression (Scandurra et al., 2018; Puckett et al., 2020). In such a way, the results support the theoretical statement that stigma is not only an outside phenomenon but also internalized, influencing the emotional regulation and self-concept.

Despite these major threats, the study also established resilient mechanisms in the transgender community in Punjab. Sources of emotional and practical support were found to be the community solidarity, peer networks, and the guru-chela system. These results can be linked to the studies that have shown that social connectedness and peer support can alleviate the adverse outcomes of discrimination (Austin & Goodman, 2017; Johnson & Rogers, 2020). Trujillo et al. (2017) discovered that the relationship between discrimination and suicidality is diminished through social support, which is also observed in the experiences of participants, who said they were able to find strength in their communities. Moreover, resilience has been theorized as a dynamic process that allows transgender people to be psychologically well even in the presence of adversity (Valente et al., 2020; Scandurra et al., 2017). The existing results build on this knowledge by pointing out culturally particular

variants of resilience inherent in the socio-cultural environment in Punjab.

Spirituality and personal development, too, came out as significant coping strategies. According to participants, faith and self-improvement provided inner strength, implying that religion based on cultural beliefs can be a defense mechanism. Although most of the literature on the topic provides a Western background, the findings can be used to better localize the concept of resilience in South Asia, as Winter et al. (2016) state that one has to see transgender experiences in the broader socio-cultural contexts.

In general, the results of the research prove the main thesis developed in the literature: social stigma is an influential factor in mental health inequalities among transgender people (Valdiserri et al., 2019; McCann & Sharek, 2016). The stigma of Punjab occurs at the family, public, and institutional levels, and this results in the cumulative psychological damage, which is in tune with the minority stress processes. Simultaneously, the existence of good communal ties and support systems based on culture proves the fact that resilience is able to alleviate the adverse psychological effects of discrimination. The current findings, placed in the context of existing theoretical frameworks, can add to the existing body of literature on transgender mental health and present the pressing necessity to reduce stigmatization, introduce the idea of inclusivity, and ensure that mental health intervention services are delivered within the community in Pakistan.

## Conclusion

This paper has analyzed psychological effects of social stigma on the psychological wellbeing of transgender individuals in Punjab, Pakistan, and discussed how individuals can cope with it and community support networks mitigate its effects. The results indicate that transgender individuals are exposed to stigma, which is both pervasive and multi-layered, which commences in family life and subsequently spreads into social places, employment, and the medical facility. In line with the Minority Stress Theory (Hatzenbuehler & Pachankis, 2016) and the Transgender Stigma Framework (Hughto et al., 2015), such intersecting types of discrimination are associated with major mental health problems, such as depression,

anxiety, low self-esteem, and suicidal thoughts. The investigation supports the available data that mental health inequalities in transgender people are not a primary characteristic of gender identity but rather a result of marginalization by the society and structural disparity (Valdiserri et al., 2019).

The family rejection appeared to be one of the most crucial aspects of psychological distress, defining the significance of culturally-based interventions involving families and communities. The additional effects of emotional vulnerability were related to public harassment, healthcare discrimination, and economic exclusion, which resonated with the prior findings on the outcomes of stigma in mental health (Bockting et al., 2013; Drabish & Theeke, 2022). Negative attitudes of the society were internalized in the form of self-doubt and hopelessness, which were narrated by the participants of the study, confirming earlier research that sees internalized transphobia as an intermediary between stigma and depression (Scandurra et al., 2018; Puckett et al., 2020).

Meanwhile, the research established high resilience processes among the transgender community in Punjab. As protective mechanisms, peer networks, guru-chela system, social connectedness, as well as spirituality, helped to create the sense of belonging, emotional strength, and coping capacity. The results are consistent with the existing studies that highlight the buffering capacity of the social support network and the community in reducing the psychological impact of discrimination (Austin & Goodman, 2017; Trujillo et al., 2017; Valente et al., 2020). The availability of culturally embedded support systems proves that even with a systematic lack of acceptance, transgender people actively develop resistance and group unity.

To sum up, the paper presents context-specific qualitative data to the literature on the topic of

transgender mental health, shedding light on the mechanisms of stigma in the socio-cultural realm of Punjab. It highlights the necessity of stigma-reduction programs, inclusion services, and mental health support services as well as the policies supporting social acceptance and economic inclusion. The psychological well-being of the transgender population in Pakistan can be improved by addressing structural and interpersonal discrimination to enhance the community-based resilience mechanisms.

### Recommendations

In accordance with the results of this paper, it is suggested that the implementation of multi-level interventions could help to reduce stigma and enhance the mental health of the transgender population in Punjab, Pakistan. On the structural level, policymakers can make more efforts to enforce the current legal safeguards and provide transgender people with inclusive healthcare, education, and employment opportunities. Gender-sensitivity training should be offered to healthcare professionals to minimize discriminatory practices and enhance access to affirming mental health services. Peer support programs, counseling services, and skill-development programs should be extended to the community-based organizations and NGOs to make them more resilient and economically empowered. It is also necessary to deal with the negative stereotypes and introduce social acceptance through family awareness programs and educational campaigns to the population. Also, providing culturally competent mental health care to the transgender communities can be integrated into the network of transgender communities, such as the guru-chela system, to ensure that there are no gaps in formal care, and protective support networks are also reinforced. These efforts combined can help reduce stigma, enhance the psychological well-being of transgender individuals, and increase social inclusion of transgender people in Punjab.

## References

- Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of homosexuality*, 64(6), 825-841. <https://doi.org/10.1080/00918369.2016.1236587>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Bockting, W. (2013). The impact of stigma on transgender identity development and mental health. In *Gender dysphoria and disorders of sex development: Progress in care and knowledge* (pp. 319-330). Boston, MA: Springer US.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- 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.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Drabish, K., & Theeke, L. A. (2022). Health impact of stigma, discrimination, prejudice, and bias experienced by transgender people: a systematic review of quantitative studies. *Issues in mental health nursing*, 43(2), 111-118. <https://doi.org/10.1080/01612840.2021.1961330>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. *Pediatric Clinics*, 63(6), 985-997.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Hughto, J. M. W., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social science & medicine*, 147, 222-231. <https://doi.org/10.1016/j.socscimed.2015.11.010>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Johnson, A. H., & Rogers, B. A. (2020). "We're the normal ones here": community involvement, peer support, and transgender mental health. *Sociological Inquiry*, 90(2), 271-292.
- Kidd, S. A., Veltman, A., Gately, C., Chan, K. J., & Cohen, J. N. (2011). Lesbian, gay, and transgender persons with severe mental illness: Negotiating wellness in the context of multiple sources of stigma. *American Journal of Psychiatric Rehabilitation*, 14(1), 13-39.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Kosenko, K., Rintamaki, L., Raney, S., & Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. *Medical care*, 51(9), 819-822.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- McCann, E., & Sharek, D. (2016). Mental health needs of people who identify as transgender: A review of the literature. *Archives of psychiatric nursing*, 30(2), 280-285. <https://doi.org/10.1016/j.apnu.2015.07.003>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Moagi, M. M. ., van Der Wath, A. E. ., Jiyane, P. M. ., & Rikhotso, R. S. . (2021). Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. *Health SA Gesondheid*, 26(1). Retrieved from <https://www.ajol.info/index.php/hsa/article/view/215927>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American journal of public health*, 100(12), 2426-2432.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Puckett, J. A., Maroney, M. R., Wadsworth, L. P., Mustanski, B., & Newcomb, M. E. (2020). Coping with discrimination: The insidious effects of gender minority stigma on depression and anxiety in transgender individuals. *Journal of clinical psychology*, 76(1), 176-194. <https://doi.org/10.1002/jclp.22865>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)

- Roberts, T. K., & Fantz, C. R. (2014). Barriers to quality health care for the transgender population. *Clinical biochemistry*, 47(10-11), 983-987.  
<https://doi.org/10.1016/j.clinbiochem.2014.02.009>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues*, 73(3), 563-585.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Scandurra, C., Bochicchio, V., Amodeo, A. L., Esposito, C., Valerio, P., Maldonato, N. M., ... & Vitelli, R. (2018). Internalized transphobia, resilience, and mental health: Applying the psychological mediation framework to Italian transgender individuals. *International journal of environmental research and public health*, 15(3), 508.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Seelman, K. L., Colón-Díaz, M. J., LeCroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender noninclusive healthcare and delaying care because of fear: connections to general health and mental health among transgender adults. *Transgender health*, 2(1), 17-28.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Suleman, D. (2023). Navigating shadows: the impact of social stigma on the mental health of the transgender community in South Asia. *Migration Letters*.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Trujillo, M. A., Perrin, P. B., Sutter, M., Tabaac, A., & Benotsch, E. G. (2017). The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample. *International Journal of Transgenderism*, 18(1), 39-52.  
<https://doi.org/10.1080/15532739.2016.1247405>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Valdiserri, R. O., Holtgrave, D. R., Poteat, T. C., & Beyrer, C. (2019). Unraveling health disparities among sexual and gender minorities: A commentary on the persistent impact of stigma. *Journal of homosexuality*, 66(5), 571-589.  
<https://doi.org/10.1080/00918369.2017.1422944>  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Valente, P. K., Schrimshaw, E. W., Dolezal, C., LeBlanc, A. J., Singh, A. A., & Bockting, W. O. (2020). Stigmatization, resilience, and mental health among a diverse community sample of transgender and gender nonbinary individuals in the US. *Archives of sexual behavior*, 49(7), 2649-2660.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical psychology review*, 66, 24-38.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: health at the margins of society. *The Lancet*, 388(10042), 390-400.  
[Google Scholar](#) [Worldcat](#) [Fulltext](#)
- Yang, M. F., Manning, D., van den Berg, J. J., & Operario, D. (2015). Stigmatization and mental health in a diverse sample of transgender women. *LGBT health*, 2(4), 306-312.  
<https://doi.org/10.1089/lgbt.2014.0106>