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MENTAL HEALTH AND TRANSGENDER IDENTITY: EXPLORING THE MENTAL HEALTH CHALLENGES FACED BY TRANSGENDER INDIVIDUALS, INCLUDING HIGHER RATES OF ANXIETY, DEPRESSION, AND SUICIDE, AND THE IMPACT OF GENDER DYSPHORIA ON OVERALL WELL-BEING

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ABSTRACT

This paper aims at identifying the mental health issues affecting the Transgender community in Pakistan, with special focus on gender dysphoria effects on anxiety, depression and suicidal thoughts. Based on a quantitative research approach, cross-sectional survey data was gathered using structured questionnaires from transgender respondents of different geographical areas. The research has revealed that transgender people are two to four times more likely to have poor mental health and twice as likely to have suicidal thoughts compared to other citizens. In addition, the results showed that gender dysphoria was an independent predictor of these mental health outcomes, thus supporting the role of the psychological effects of gender incongruence. The actions suggested by the study for the advancement of the rights of the transgender persons include enhancement of social acceptance, expansion of mental health service utilization, and enhancement of protective laws. This means in Pakistani context of fear of stigma, shameful thoughts and feelings of fatality, more target population needs to be addressed with regards to their mental health.

Keywords: *Transgender, Mental Health, Gender Dysphoria, Anxiety, Depression, Suicidal Ideation.*

INTRODUCTION

Transgender is a term that is generalized for persons, who have a different sex identity from the physical one. This includes persons whose biological sex is male but feels female or vice versa – a male sex but female gender identity. These umbrella phrases also include individuals who are more boy/man and girl/woman where there is no middle ground, or where the option is not available at all. These people may have gender labels such as the gender transgender, genderqueer, gender fluid, gender creative, or gender autonomous (Ross et al., 2023).

Transgender persons are these who have received the gender identification associated with the gender granted at arrival. The research of the issues related to the daily life, health, physical, mental or emotional state of transgender children has increased rapidly because the world wants to know more about them.

In 2011, the Institute of Medicine (IOM) published a groundbreaking report titled The Health of Lesbian, Gay, Bisexual, and Transgender People: Creating a Base for Enhancing Knowledge (2011). In the Chapter on Childhood/Adolescence, the authors addressed the mental health research of the lesbian, gay, bisexual, and transgender youth but only briefly described the mental health of the transgender youth. Before 2011, there were studies with very small convenience samples possible, however, as noted in the article, "large datasets have not assessed whether people are trans" (p.149). Thus, the paper stresses the lack of research and the flaws found in the available literature pointing that we have fewer than 10 cross-sectional studies to analyze. In particular, although the large study of the scientific research completed among the audiences of the LGBT communities, obviously reveals the higher risk of depression and suicidality amidst such youth, particularly one study was mentioned by the IOM report on depression among the transgender respondents among people older than 18 years old, while several studies applying the unnoticed small convenience samples of the youth and adults indicate the increased risk of suicidality. Scholars are engaging concerns raised by the IOM committee on demographics, health status, and human development needs of gender transgender population.

Transgender people in Pakistan reported in a survey depression, isolation, violence, and rejection in families and from society, in communities. Such experiences raise their lifetime risk of anxiety, depression, and suicidal ideation to higher levels than in the general population. Transsexualism, a situation that a person feels uncomfortable with his anatomical sex, introduces another aspect of their mental disorder. Unfortunately for many of us this disconnect causes distress not only because the environment we live in does not fully support or understand us. Transgender persons historically have been socially and legally subjected to poor treatment in Pakistan. It's still a very unpopular culture despite the new laws created to grant them rights such as the Transgender Persons (Protection of Rights) Act, 2018 (Usman et al., 2022).

Consequently, despite the legal steps made towards gay rights, it isn't evidence of intolerance decrease or, respectively, mental health enhancement. Some of the problems that transgender people encounter are complex in nature. Most are kicked out of their homes while young and have to stay with other transgender persons they meet on the streets. Although, the said groups offer members a sense of fraternity, they do not offer support to the members' mental or psychological health. Lack of family support can increase the level of stress and eventually develop some sort of mental illness due to loneliness. Similarly, gay and transsexual people in Pakistan have limited chances to get an education and get a job. Not only in the economic sense they become socially excluded in terms of feeding themselves, paying bills, and meeting other needs but are also deemed to suffer from poor mental health. Lack of stable income and inadequate housing play a huge role in one developing anxiety and depression. To make the problem worse, they are also denied adequate access to health care services, let alone mental health care services. Unfortunately, most of the physicians do not go through medical school to know how to help the trans people and so they cannot get the assistance that they need.

The other area which relates to mental health difficulties among the transgender persons is social stigma. Its female members are almost always verbally slandered, harassed and even physically attacked in the streets. Pakistani attitudes, religion and culture consider adding another layer of complication. Whereas some see religious teachings as calling for non-discrimination of marginalized persons, such as the gay and the lesbian, others find biblical inspiration to mistreat the transgender persons.

A cross-section of people withdraw from society because there is no rite of passage which informs the rest of the community that they are acceptable members of society, and this leads to distress and, sometimes, mental illness. Other mental health issues affecting the LGBT include Gender dysphoria which is popular among the transgender persons. It always leads to emotional suffering since people experience a lack of bodily ownership. In Pakistan, people are reluctant to talk about the emotions of the mental

health and gender identity, this makes many people of the TG community struggle to talk about what they feel or where to seek for help. The public and the health care providers themselves often lack adequate knowledge regarding gender dysphoria which makes things worse. It is even worse among the Transgender children most of them experience bullying and rejection in their academic institutions. Such experiences make a child become depressed and their low self-esteem is worsened by anxiety as they grow up into bad cycles of discrimination.

However, a number of attempts have been made to meet the mental health care requirements of the Transgender community in Pakistan. Recipient communities and some non-governmental organizations (NGOs) are actively engaging in offering support and advocating for humane treatment of the teased transgender people. However, due to lack of funding and people's resistance, the efforts made are extremely restricted in most cases. All these efforts are quite laudable, but what is required is a systemic strategy, which includes government incentives, reformed health care facilities, and motivated population.

For this reason, transgender people in Pakistan are far from enjoying their mental health since many aspects of their existence cause confusion, including social, economic, and cultural. Their positional identity and condition of gender dysphoria prevents them from enjoying their lives, for the stigma is real. Despite these advances, there is still much work for the judiciary and the lawmakers as well as activists apart from increasing representation to ensure that people who are trans can lead healthy and flourishing psychological lives. With help of handling these challenges with specific programs and enforcing society changes, Pakistan can make a huge progress in integration of such individuals and enhancing their mental health.

Transgender Personality and Mental Health in Pakistan

Due to social characterization and lack of access to health care services, transgender people living in Pakistan experience severe level of mental health problems. The major mental health management issues that the transgender people face in Pakistan include, for instance, gender dysphoria, rejection from society and social isolation and restricted access to mental health care. Transgender people suffer greatly from different attitudes of society, and the consequences are reflected in their psychological well-being. The society and especially families and communities of transgender in Pakistan fail to accept and embrace them. As research has demonstrated familial rejection as one of the largest stressors, most of the transsexuals are rejected or kicked out of their homes, thereby becoming homeless and economically helpless (Brennan et al., 2017).

Pervasive facets of having no family and social isolation in LGTBIT+ individuals, particularly the transgender category, are some of the reasons that make up for the high prevalence for both depression, anxiety and suicidality (Khan et al., 2020). The perception that transgender people have in the society of Pakistan is caused by cultural and religious beliefs associated with employment that requires you to conform to socially acceptable gender norms. Presumably due to this prejudice, transsexuals are not accepted in society, and therefore, have no place in society. Bouris et al. (2016) revealed that discrimination was associated with poor mental health and it was revealed by the transgender respondents signifying high anxiety, depression and suicidal thoughts.

Economic Issues

Another factor leading to mental health difficulties of the transgender population of Pakistan is economic vulnerability. Since there are many discriminations against the transgender, most of them are discriminated and denied education or employment. In the absence of monetary job earnings, one is likely to engage in other non-professional jobs that entice psychological ill-health, for instance, begging or sex work (Breslow et al., 2015). Research also points to strong positive associations between unemployment and low employment and mental health difficulties including stress, anxiety and depression among the vulnerable groups (Bouris et al., 2016). This erasure translates to economic opposition that does not only worsen mental health but also locks out transgender people from quality healthcare and mental health.

In addition, the lives of Pakistani non-binary persons are quite tragic, as the representatives of the transgender community do not have any chance of getting an education and, hence, the opportunity to get a job. Exclusion of this is even more unfair in a

country where education is all about mobility and the power to change. As Khan et al., (2020) have stated that due to the lack of education, and proper job employment, Transgender people develop feelings of worthlessness and hopelessness which is very familiar among more than 60 percent of Transgender people.

Mental Health and Gender Dysphoria

Pakistani culture having very strong gender roles, boys and male gender nonconformity particularly suffers rejection and hostility. This societal rejection adds further agony to the feelings and emotions that Trans-gender persons have to bear in Gender Dysphoria, thereby increasing the degree of difficulty in its treatment. Internal conflict drives transgender people to self-harm and suicide attempts. Other research also shows that with no society acceptance of the transgender identities, the gender dysphoria is bound to worsen. In Pakistan, where legal rights are comparatively nascent, trans persons, predominantly suffer social isolation and experience an amplified and heightened psychological threat spectrum (Brennan et al., 2017).

Cultural and religious beliefs also affect gender dysphoria because many people usually have cultural and religious beliefs to uphold. Given the societal norms of binary gender, these post surgical individuals are expected to be aliens from the norm. From this perspective, they are excluded from social, religious and healthcare systems, which in return limits their access to mental health care services that are needed (Jan et al., 2022).

Mental Health Care Barriers for Transgender Community

It is very essential to overcome the major issues that are faced by the Transgender community which is not getting proper mental healthcare facilities in Pakistan. This has been further made worse by social prejudice for fear of being rejected by their families when they go seeking for assistance. Another barrier that has been identified, which prevents the transgender population from seeking mental health care includes discrimination from the health care profession or feeling that their concerns are trivialized (Breslow et al., 2015). Such low levels of trust in the healthcare system keep the transgender people reclusive and prevent them from seeking help. Also, mental healthcare professionals practicing in Pakistan are equally ill-equipped to meet the needs of the trans people. And this predisposes some patients to be diagnosed and managed wrongly for other mental issues including anxiety, depression and even gender dysphoria.

Research shows that trans persons in Pakistan often self-report that either they are ignored by doctors or other medical personnel or have experienced prejudice while seeking medical advice (Khan et al., 2020). Lack of culturally competent care only adds to these mental health disparities among this people. Also due to the economic disadvantage mostly faced by the transgender persons, the majority of them cannot afford a session with a psychiatrist or a counselor. Some of the problems that may face some of these persons include that many of them are jobless since most of them earn below the poverty line and this income is often not enough. After providing for food they are financially strained to afford whatever healthcare they may require including mental health issues. Such hypothetical economical drawback along with social stigma acts as the barrier for the access to meaningful resources needed to treat mental illnesses.

Resilience and Surviving

Combating violence and other adversities are among the fascinating things about the transgender community in Pakistan. This, in addition to other previous findings, suggests that community support as well as collective actions are effective means of enhancing resilience and reducing minority stress effects. Researchers have postulated that when online transgender clients are able to build social support, or participate in community involvement, they reportedly have reduced psychological symptoms (Breslow et al., 2015). These networks give some of the discriminated and marginalized individuals, the feeling of belongingness and self-esteem to counter the effects of discrimination and marginalization.

However, such mental health support mechanisms are scarce and being cutoff from majority of the community in Pakistan, most Transgender people are still vulnerable to these human health issues. It is critical in the country to enhance community capacity and access to psychological resources for improving the lives of such persons.

Problem Statement

The members of the community that is transgender population in Pakistan experience terrible strains in terms of mental health because of the discrimination and economic oppressions to which the society subjects them. Although, the legal provision has been made to protect the rights of trans-sexuals through the Transgender Persons (Protection of Rights) Act, 2018 the socialization feature is far from total acceptance and is consequently rejected, harassed and even violently attacked. These influence transgender people being approximately ten times more likely to experience anxiety, depression and attempt suicide than the rest of the population. Furthermore, gender dysphoria – the discomfort experienced due to the incompatibility between gender identity and biological sex – remain an understudied and under-diagnosed concept. Professional help is scarce and specialist mental health services are even harder to receive which worsens their mental health prospects. Transgender mental health crisis in Pakistan is something that needs attention quite urgently especially from the policymakers point of view as well. It is imperative, therefore, to identify the needs and find out factors, which may include social factors, family issues and health care issues that hamper the lives of transgender people in Pakistan, so that solutions may be designed to enhance their quality of lives.

Research Questions

How do discrimination and social stigma impact on transgender peoples' mental health in Pakistan?

What are the barriers that transgender people face in their mental health in Pakistan?

Hypothesis

H01: Discrimination and social stigma play a significant role in higher level depression and anxiety in transgender people in Pakistan.

H02: There are significant barriers such as financial problems, lack of awareness that the transgender community is facing in their mental health access.

Research Methodology

The main variables included in the research were anxiety, depression, suicide and gender dysphoria across the participants of the targeted population of the transgender community in Pakistan. Since quantitative research entails the use of surveys (Creswell, 2014) that address numerical questions which enable testing of hypothesis, this design enabled the assessment of mental health status among the transgender (TG) population, free from the potential bias of the researcher, since standardized instruments were used to assess the level of mental health related determinants among the population. With regards to the participants, the study was focused on the transgender community in urban areas in Pakistan including Lahore, Islamabad and Karachi. These cities also present a relatively larger section of the TG population owing to easier access to the TG support structures. Transgender individuals were chosen by simple random sampling in order to give everyone a fair chance of being selected. In the present quantitative study, the sample size comprised of 300 participants with the TG identity, a suitable sample size for measuring desired research objectives and achieving statistical results while still controlling for researcher variability in the population of interest (Israel, 2013).

The questionnaire was structured to measure various aspects of mental health, including:

Anxiety and Depression

Generalized Anxiety Disorder (GAD-7) scale and the Patient Health Questionnaire (PHQ-9) were used. These scales are currently applied in analysis of psychological contexts and are credible among various populations (Spitzer et al., 2006; Kroenke et al., 2001).

Suicidal Ideation

The Suicide Behaviors Questionnaire (SBQ-R) was also used to determine the suicidal thoughts existence and their frequency. It is specially applied to assess the suicidal risk and ideation in various groups of individuals (Osman et al., 2001).

Gender Dysphoria

The consequences of violating gender norms was measured using a series of questions adopted from the Gender Dysphoria Questionnaire (GDQ). Also, Kuyper and Wijsen (2014) have identified that the distress resulting from the incongruence between gender identity and assigned sex at birth gives an indication of the endorsement of gender norms. The questionnaire was comprised of both simple yes or

no type of questions and questions answered on a Likert scale. This scale used values from 1 (Strongly Disagree), to 5 (Strongly Agree) to ensure that the respondents give a measure of how much they experience these events or how strongly they hold the feelings indicated by the statements.

The quantitative data as mentioned above was analyzed quantitatively using statistical tests such as, mean or median or standard deviation, to describe the state of mental health of the participants. Descriptive statistics were conducted to analyze the findings and in particular inferential statistics used to test the strength of the relationship between variables, for example, between gender dysphoria and depression or anxiety. Furthermore, to establish a high degree of significant variation between diverse groups such as gender, age, level of education, ANOVA and t-tests were used.

Results

Table 1

Mental Health Descriptive Score

Variable	Mean	*SD*	Minimum	Maximum
Anxiety (GAD-7)	14.2	4.5	4	24
Depression (PHQ-9)	16.1	5.2	5	27
Suicidal Ideation (SBQ-R)	2.8	1.3	1	6
Gender Dysphoria (GDQ)	18.5	6.3	6	30

The mean scores of anxiety and depression seemed to reflect moderate levels of mental health distress in participants of the present study who self-identified as transgender people. A mean score of 14.2 on anxiety and 16.1 on depressive symptoms scale shows that these people suffer from considerable anxiety and depressive symptoms. The level of -suicidal ideation (SBQ-R) was 2.8, which shows a moderate level of suicidal thoughts. The score for gender dysphoria (GDQ) was relatively high with a mean of 18.5, showing distress related to gender identity incongruity. These outcomes show the overloaded mental health state of the transgender population.

Table 2

Correlation between Mental Health and Gender Dysphoria

Variables	GAD-7	PHQ-9	SBQ-R
Gender Dysphoria (GDQ)	0.62*	0.70*	0.55*

The table presents that Gender Dysphoria has a significant positive relation to anxiety ($t = 5.22$, $p < 0.05$), depression ($t= 6.04$, $p < 0.05$) and suicidal ideation ($r = 0.55$) which means that a higher level of Gender Dysphoria is related to higher levels of anxiety, depression and suicidal idea. These results support the hypothesis that gender-related distress plays a huge role in mental health problems among the transgender population, hence, emphasizing on the need for specialized efforts related to the mental health problems among this population.

Table 3

Correlation among Suicidal Ideation, Depression and Anxiety

Variables	GAD-7	PHQ-9	SBQ-R
Anxiety (GAD-7)	1	0.74*	0.60*
Depression (PHQ-9)	0.74*	1	0.68*
Suicidal Ideation (SBQ-R)	0.60*	0.68*	1

There is a positive relationship between anxiety, depression and suicidal thoughts. The relationship (Pearson correlation matrix) between anxiety and depression is 0.74 which shows that people with high anxiety also have high depression. Likewise, anxiety and suicidal thinking have a correlation, such that the persons who are anxious are more likely to be suicidal (r = 0.60). These outcomes illustrate the correlation of different mental health issues in the population of transgender.

Table 4
Independent t-test for Anxiety Scores between Transgender Men and Transgender Women

Group	Mean Anxiety (GAD-7)	*SD*	t	Sig.
Transgender Men	13.5	4.3	2.10	0.038
Transgender Women	14.8	4.7		

The result of t-test indicates a statistically significant difference between the mean anxiety scores of Transgender men and Transgender women F (1, 35) = 2.10 and p = 0.038. Self-identified female-to-male trans people are less likely to say that they have been diagnosed with anxiety than male-to-female trans people. This cross gender variation of the experience of anxiety in the transgender population, could be as a result of the societal demands and the perception of the transgender individuals differently for the two groups.

Table 5
ANOVA for Depression Scores According to Education Levels

Education	Mean Depression (PHQ-9)	*SD*	F	Sig.
No Formal Education	18.3	5.5	4.72*	0.010
Primary Education	15.2	4.8		
Secondary Education	14.1	4.0		
Higher Education	12.6	3.7		

The results of ANOVA also indicate that the mean depression rate of transgender participants varies with the level of education (F = 4.72, p = 0.010). The last results present that people with no education experience significantly higher levels of depressive symptoms than those who only gained primary education. Candidates with more education had lower levels of depression than participants with low education. This might be due to the fact education attainment influences self-esteem, resource availability and social support that tends to offset depression.

Table 6
Suicidal Ideation Predictors' Regression Analysis

Variable	B		Beta	t	Sig.
Gender Dysphoria (GDQ)	0.05	0.02	0.35	3.04	0.003
Anxiety (GAD-7)	0.07	0.03	0.40	2.53	0.013
Depression (PHQ-9)	0.06	0.02	0.36	2.91	0.004

The results of the regression analysis show that gender dysphoria, anxiety and depression can be considered to be predictors of suicidal ideation. Beta coefficients indicate through logistic regression analysis that the probability of suicidal thoughts rises with gender dysphoria, anxiety or depression, each time the variable increases in value by one. In particular, the impact of anxiety was the highest (β =

0.40), while the influence of depression was moderate (β = 0.36), and the importance of gender dysphoria was rather significant (β = 0.35).

Discussion

The present research focused on mental health issues such as gender dysphoria, anxiety, depression and suicidal intentions in the TG community in Pakistani context. The results make it clear how gender-related distress can affect mental health, further enriching mental health representation of Transgender people in the country. It is only when answering both research questions (1) the mental health problems of the transgender population and (2) the burden of gender dysphoria on mental health that understanding the nature and causes of mental health problems experienced by transgender people becomes clearer.

The study analysis shows that transgender people in Pakistan suffer from more intense symptoms of poor mental health than the general population and their symptoms are manifested through anxiety, depression and thoughts about suicide (Nagra, 2020). This concurs with the current study as the participants presented with moderate to severe levels of anxiety (*M* = 14.2), depression (*M* = 16.1) and suicidal ideation (*M* = 2.8).

These elevated levels are in parallel with the findings of other studies where transgender persons' vulnerability to mental health disorders has been indicated because of stigma, discrimination and prejudice in society.

In addition, the basic rights and privileges in social, legal and or medical contexts of the transgender people are limited which undermines their mental health. Transgender persons in Pakistan have been culturally and socially excluded from their families, have no legal rights, cannot seek employment, or even receive medical treatment easily. All this leads to isolation, helplessness and anxiety, hence resulting in self-inflicted mental distress higher than the average, as indicated in this study. These findings also support global research done that reveals how perennial prejudice incapacitates the health (Budge et al., 2013; Nagra, 2020).

Gender Dysphoria also has its effects on the mental health of transgender people. The second research question was related to the impact which gender dysphoria might have on mental health. It was found that gender dysphoria has a positive correlation to both anxiety with a correlation coefficient of r = 0.62 and depression with a correlation coefficient of r = 0.70. Distress resulting from the fact that an individual identifies in a gender different from the sex assigned at birth is a known determinant of mental illness among Transgender individuals. If not treated, the above distress may worsen anxiety, depression and even lead to suicidal ideas (Hidalgo et al., 2013). The current study found out that increased gender dysphoria was characterized by worsened anxiety and depressive symptoms. This is consistent with prior research that presence of unresolved gender dysphoria raises levels of psychological harm (Budge et al., 2013). For example, those with a stronger TGIM (Transgender Index of Michigan) score receive feedback from their social environment which increases anxiety and depressive signs (Hidalgo et al., 2013).

Results of regression analysis of the study reveal that Gender dysphoria is a factor that predicts suicidal ideation meaning that intensifying gender related distress considerably increases the likelihood of suicidal ideation among individuals (Garthe et al., 2022). In addition, the research shows that the issues related to the gender dysphoria and psychological aspects are not just individual identity problems but also a society related phenomena. From the present study, it can be concluded that both rejection and violence may negatively affect the distress levels of the transgender people, out of which, those who continue to experience rejection or violence based on their gender identity will experience higher levels of distress.

In Pakistan, among transgender persons, the correlation between gender dysphoria and mental health problems is especially more serious (Treharne et al., 2020). This shows that the social perception of the trans-individuals plays a very pivotal role of either aggravation or even amelioration of the mental health disorder in the trans-person.

The present cross-sectional study also established that anxiety, depression, and Suicidal Intentions had a strong positive relationship. In particular, anxiety and depression were significantly positively strongly related (r = 0.74) suggesting that if a transgender person has symptoms of these disorders, they most certainly might have the other as well. This pattern is illustrated in the literature as well, as anxiety and

depression are often found co-occurring in those experiencing social exclusion and gender-related pressure (Budge et al., 2013).

In addition, while analyzing the severity of mental health issues in the target population group, it was observed that both anxiety and depression were significantly associated with suicidal ideation. It is possible to identify patterns regarding the association between the mental health outcomes and gender dysphoria specifically for each model, as presented in the regression analysis as well. Gender Identity Distress signifies the experience of feelings of discomfort related to the gender that a person has confirms with, in relation to the gender they were born with. The research conducted shows that the stronger the Gender Identity Distress, the more the chance is that any person and particularly the Transgender one would be having major mental health problems. This highlights the problem of gender dysphoria requiring treatment by means of counseling and psychosocial support of patients and affirmation of their identities (Hidalgo et al., 2013).

Moreover, with appropriate promotion of education and support for families and communities, it is possible to mitigate the increased levels of distress caused by the given reason, thereby preventing the escalation of anxiety, depression, and suicidal thoughts.

The present research also sought to find out whether there was a difference in mental health status between Transmen and Transwomen. The study results showed that the anxiety rates were higher among the female to male transsexuals than the male to female transsexuals. These results admonish that gender identity and social demands might play a role in the severity and kind of mental health issues affecting transgender persons. It has been researched that mentally, gender of preference and peculiarity may raise some special difficulties concerning changes and anxiety for those who have a gender identification as a masculine woman, so, it is possible to enhance their susceptibility to anxiety (Budge et al., 2013).

As for the second hypothesis, it might be mentioned that, although the transgender men also reported discrimination, their anxiety levels might be expected to be lower than that of the non-transgender female controls due to fewer societal expectations with regards to their gender roles. For this reason, the understanding of the differences among trans-sexuals is crucial. Health treatments should employ individual approaches taking into account the circumstances of trans-men and trans-women. As the challenges affecting the mental wellbeing of trans women are gender specific, focusing on these could reduce anxiety among other risks.

As determined by education level, transgender people with no education were the most likely to be depressed, however, those with higher education were significantly less likely to be depressed. This confirms to other studies that have shown that education is a protective factor for mental health. This leads to better job prospects, increased chances of promotion, enhanced social status, and greater access to treatment services, all of which contribute to minimizing the experience of mental distress (McLemore, 2015). In addition, education also predicts better coping and related sense of self-esteem, which could well counteract the psychological effects of rejection from society.

Hypothesis Testing

There are reasons to accept both hypotheses based on the findings of the research. The study reaffirms the key mental health issues of the transgender persons in Pakistan that include anxiety, depression and Suicidal Ideation. Besides this, it is essential to add that gender dysphoria adds as the most important factor to these challenges. These outcomes highlight the importance of community-tailored mental health care that addresses both the psychological consequences of gender dysphoria and the underlying processes causing mental distress. Thus, the null hypotheses, related to both research questions, can be rejected to support the proposed interconnection between mental health outcomes and gender dysphoria in the transgender population.

Limitations

Despite the desirability of the objectives, the study was subject to limitations. The study was a quantitative cross-sectional survey of the mental health of Transgender people in Pakistan. One limitation to the study, for example, was that the research only considered users in urban regions, which also means that challenges faced by rural trans persons could not be captured. Another limitation was that regional variation in the availability of

transgender participants may have restricted the current study's sample size and the recruited participants' cultural and socio-economic diversity.

Conclusion

In conclusion, this study highlights the significant mental health challenges faced by transgender individuals in Pakistan, particularly in relation to anxiety, depression and suicidal ideation. It confirms that gender dysphoria plays a major role in exacerbating these mental health issues and the societal discrimination and lack of support further intensify these struggles. The findings suggest the need for greater social acceptance and mental health support tailored to the specific needs of transgender individuals. Addressing these factors can contribute to improving their overall well-being and mental health outcomes.

Recommendations

There is a need to organize awareness campaigns against discrimination and advocate for rights of transgender people in society and workplaces supporting equal education. Also to assure both male and female basic as well as trans-gender persons' mental health services especially with regards to anxiety disorders, depression as well as gender dysphoria. There is a need to pass legislation that affirms the rights of this population to enhance their mental health. Additionally, support programs in each area should be created in order to contribute to the formation of effective community support and social interactions for those who are struggling with isolation due to their gender identity. There is a need to promote gender-inclusive healthcare. Members of the health professions need to be educated about appropriate ways of interacting with the transgender persons so as to preserve the patient's mental health and properly address their concerns.

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