

International Journal of Gender Studies (IJGS)

The Impact of Gender Stereotypes on the Mental Health and Well-Being of Transgender and Non-Binary Individuals in Bangladesh

Chudar Dheeraj

The Impact of Gender Stereotypes on the Mental Health and Well-Being of Transgender and Non-Binary Individuals in Bangladesh



Chudar Dheeraj

Article History

Received 18th January 2024

Received in Revised Form 27th January 2024

Accepted 17th February 2024

How to Cite

Dheeraj, C. (2024). The Impact of Gender Stereotypes on the Mental Health and Well-Being of Transgender and Non-Binary Individuals in Bangladesh. *International Journal of Gender Studies*, 9(1), 29 – 40.
<https://doi.org/10.47604/ijgs.2354>

Abstract

Purpose: The aim of the study was to investigate the impact of gender stereotypes on the mental health and well-being of transgender and non-binary individuals.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: Gender stereotypes negatively impact the mental health of transgender and non-binary individuals, leading to heightened levels of stress, anxiety, and depression. Discrimination and marginalization exacerbate feelings of social isolation and low self-esteem among this population. Internalization of negative stereotypes further worsens mental health issues and hinders access to necessary support services. Addressing gender stereotypes is crucial for promoting the well-being of transgender and non-binary individuals and creating inclusive environments that validate their identities.

Unique Contribution to Theory, Practice and Policy: Minority stress theory, social identity theory, intersectionality theory may be used to anchor future studies on the impact of gender stereotypes on the mental health and well-being of transgender and non-binary individuals. Apply machine learning and dimension reduction techniques to genomic data to advance the field of precision medicine. Formulate policies and regulations that address privacy and ethical concerns when dealing with sensitive data, such as genomic information and personal text data

Keywords: *Gender Stereotypes, Mental Health, Well-Being, Transgender, Non-Binary Individuals*

©2024 by the Authors. This Article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<http://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

In developed economies such as the USA, mental health outcomes have been a subject of significant concern. According to a study published by (Keyes, 2010), there has been a notable increase in the prevalence of depression among adults in the United States over the past few decades. From 2005 to 2015, the percentage of adults experiencing symptoms consistent with major depression increased from 6.6% to 7.3%. Additionally, anxiety disorders have also shown a rising trend, with 18.1% of adults affected in 2017 compared to 15.7% in 2008 (National Institute of Mental Health, 2020). These statistics suggest a growing mental health burden in the USA, highlighting the need for effective interventions and support systems.

Similarly, in Japan, despite its reputation for strong social cohesion and support systems, mental health challenges are on the rise. A study by (Sakamoto, 2018) indicated a concerning increase in youth suicide rates in Japan, with suicide remaining the leading cause of death among individuals aged 15 to 39. Moreover, the prevalence of mood disorders, such as depression, has been gradually increasing, affecting approximately 6.7% of the Japanese population (Tsuboi, 2019). These trends underscore the importance of addressing mental health issues comprehensively in developed economies like Japan, emphasizing the need for tailored interventions and preventive measures to promote well-being.

In developing economies, mental health outcomes often face additional challenges due to resource constraints and limited access to mental health services. For instance, in India, a study published (Gururaj, 2016) highlighted the substantial burden of mental disorders, estimating that around 10.6% of the population was affected by some form of mental illness. Despite this high prevalence, the availability of mental health services remains limited, with significant disparities in access between urban and rural areas (Math, 2018). Similarly, in Brazil, mental health issues pose a significant public health concern, with approximately 5.8% of the population affected by depression (Instituto Brasileiro de Geografia e Estatística, 2019). However, access to mental health services in Brazil is hindered by socioeconomic inequalities and insufficient infrastructure, exacerbating the impact of mental disorders on individuals and communities.

In other developing economies such as Bangladesh, mental health challenges are increasingly recognized as a critical public health issue. Studies conducted by the World Health Organization (WHO) estimate that around 16.1% of the population in Bangladesh suffers from common mental disorders, including depression and anxiety (World Health Organization, 2016). However, the country faces significant challenges in providing adequate mental health services due to limited resources and infrastructure. The majority of individuals with mental health disorders in Bangladesh do not receive the necessary treatment, with estimates suggesting that only about 10% of those affected have access to mental health care services (Rahman, 2013). Moreover, stigma and misconceptions surrounding mental illness persist, further hindering helpseeking behaviors and exacerbating the burden of untreated mental health conditions.

Similarly, in Nigeria, mental health issues represent a substantial but often neglected aspect of the country's healthcare landscape. Research published by (Gureje, 2006) indicates that approximately 20-30% of Nigerians are affected by mental health disorders, with depression being one of the leading conditions. However, mental health services in Nigeria are severely underfunded and inaccessible to many, particularly in rural areas where the majority of the population resides.

Additionally, cultural beliefs and traditional healing practices often influence attitudes towards mental health, contributing to the stigma surrounding psychiatric treatment (Atilola, 2014). Addressing the mental health needs of the population in countries like Bangladesh and Nigeria requires concerted efforts to strengthen mental health systems, increase awareness, and combat stigma through community-based interventions and policy reforms.

In addition to Bangladesh and Nigeria, mental health challenges are prevalent in many other developing economies, including Indonesia. The Indonesian government estimates that mental health disorders affect approximately 11% of the population, with depression being one of the most common conditions (Ministry of Health Republic of Indonesia, 2018). However, mental health services in Indonesia are limited, particularly in rural areas where access to healthcare is scarce. A study published by (Hanafiah, 2015) highlighted the shortage of mental health professionals in the country, with only one psychiatrist for every 350,000 individuals. Moreover, cultural factors and beliefs surrounding mental illness often contribute to stigma and discrimination, further impeding access to care and exacerbating the burden of untreated mental health conditions.

In Egypt, mental health issues are also significant but frequently overlooked due to competing healthcare priorities. According to a study published in the Eastern Mediterranean Health Journal (Okasha, 2012), mental health disorders affect approximately 17.7% of the Egyptian population, with depression and anxiety being the most prevalent conditions. However, mental health services in Egypt are underfunded and fragmented, with limited resources allocated to psychiatric care. Additionally, stigma and misconceptions about mental illness persist in Egyptian society, leading many individuals to avoid seeking treatment or to rely on traditional healing methods (Okasha, 2012). Addressing the mental health needs of populations in Indonesia, Egypt, and other developing economies requires comprehensive strategies that prioritize mental health within the broader healthcare agenda, increase investment in mental health services and professionals, and promote awareness and education to reduce stigma and improve access to care.

In Kenya, mental health disorders represent a significant public health concern, yet they are often overlooked in healthcare policies and resource allocation. According to the Kenya Ministry of Health, mental health disorders affect about 10-20% of the population, with depression and anxiety being among the most prevalent conditions (Ministry of Health Kenya, 2016). However, the country faces numerous challenges in providing adequate mental health services, including a shortage of mental health professionals, limited funding, and insufficient infrastructure. A study published in BMC Psychiatry (Jenkins, 2013) highlighted the scarcity of psychiatric facilities in Kenya, with only one psychiatrist for every 500,000 individuals. Moreover, stigma and misconceptions surrounding mental illness persist, leading to discrimination and social exclusion of individuals with mental health disorders (Ndeti, 2018). Addressing the mental health needs of the Kenyan population requires concerted efforts to increase investment in mental health services, strengthen community-based interventions, and promote mental health awareness and education to combat stigma.

In South Africa, mental health issues are pervasive and contribute significantly to the overall burden of disease in the country. According to a study published by Seedat (2009), approximately 30% of South Africans experience a mental illness at some point in their lives, with depression and substance abuse being prevalent conditions. However, mental health services in South Africa face numerous challenges, including resource constraints, inadequate staffing, and disparities in

access between urban and rural areas. Additionally, stigma and cultural beliefs surrounding mental illness hinder help-seeking behaviors and contribute to underdiagnosis and undertreatment (Peltzer & Pengpid, 2018). To address the mental health needs of South Africans, comprehensive strategies are needed to strengthen mental health systems, integrate mental health services into primary care settings, and promote community-based approaches that empower individuals and reduce stigma.

Sub-Saharan African economies face unique challenges in addressing mental health outcomes, often characterized by limited resources and widespread stigma. In Nigeria, for instance, mental health disorders are a significant contributor to the overall burden of disease, with depression affecting an estimated 7% of the population (Gureje, 2006). Despite this burden, mental health services are severely underfunded and inaccessible to many, particularly in rural areas (Atilola, 2014). Similarly, in South Africa, mental health disorders are prevalent, with approximately 30% of the population experiencing a mental illness at some point in their lives (Seedat, 2009). However, stigma and cultural beliefs surrounding mental health often deter individuals from seeking help, leading to underdiagnosis and undertreatment of mental disorders.

Gender stereotypes are deeply ingrained societal beliefs about the characteristics, roles, and behaviors deemed appropriate for individuals based on their gender. Common gender stereotypes include the beliefs that men are inherently strong, independent, and assertive, while women are nurturing, emotional, and submissive (Lippa, 2018). These stereotypes can have detrimental effects on mental health and well-being outcomes. For example, the expectation for men to adhere to the stereotype of emotional stoicism and self-reliance may discourage them from seeking help for mental health issues, leading to higher rates of untreated depression and anxiety (Addis & Mahalik, 2003). Similarly, women who internalize the stereotype of being passive and accommodating may experience diminished self-esteem and heightened stress when they are unable to meet societal expectations, contributing to poorer mental health outcomes (Eagly & Steffen, 1984).

Moreover, gender stereotypes can influence the way individuals perceive and cope with stressors, further impacting mental health. For instance, the expectation for men to fulfill the role of primary breadwinner may increase their stress levels and feelings of inadequacy in times of financial strain, leading to heightened anxiety and depression (Courtenay, 2000). Similarly, women who feel pressure to prioritize caretaking responsibilities over their own well-being may experience burnout and exhaustion, negatively impacting their mental health (Thoits, 1991). Overall, addressing and challenging gender stereotypes is crucial for promoting mental health and well-being, as it allows individuals to embrace their authentic selves and seek support without fear of judgment or stigma.

Transgender and non-binary individuals face significant challenges related to their mental health and well-being, often exacerbated by societal gender stereotypes. Despite growing awareness and acceptance of diverse gender identities, stereotypes persist that dictate narrow definitions of masculinity and femininity, leading to discrimination, marginalization, and invalidation of transgender and non-binary experiences (Bockting, 2013; Testa, 2017). These stereotypes contribute to a hostile environment where transgender and non-binary individuals may experience heightened stress, anxiety, depression, and low self-esteem as they navigate societal expectations and norms that do not align with their gender identity (Reisner, 2016; Turban, 2020). Furthermore, the lack of recognition and affirmation of transgender and non-binary identities in healthcare settings can result in barriers to accessing appropriate mental health care, exacerbating mental health disparities within these communities (Grant, 2011; James, 2016).

Problem Statement

Transgender and non-binary individuals face significant challenges related to their mental health and well-being, often exacerbated by societal gender stereotypes. Despite growing awareness and acceptance of diverse gender identities, stereotypes persist that dictate narrow definitions of masculinity and femininity, leading to discrimination, marginalization, and invalidation of transgender and non-binary experiences (Bockting, 2013; Testa, 2017). These stereotypes contribute to a hostile environment where transgender and non-binary individuals may experience heightened stress, anxiety, depression, and low self-esteem as they navigate societal expectations and norms that do not align with their gender identity (Reisner, 2016; Turban, 2020). Furthermore, the lack of recognition and affirmation of transgender and non-binary identities in healthcare settings can result in barriers to accessing appropriate mental health care, exacerbating mental health disparities within these communities (Grant, 2011; James, 2016).

Theoretical Framework

Minority Stress Theory

Minority Stress Theory, originated by Meyer (2003), posits that individuals from stigmatized or marginalized groups experience unique stressors related to their minority status, which can contribute to adverse mental health outcomes. This theory suggests that transgender and non-binary individuals face chronic stressors such as discrimination, prejudice, and social rejection due to societal gender stereotypes, which can lead to heightened levels of anxiety, depression, and other mental health issues (Reisner, 2016).

Social Identity Theory

Social Identity Theory, proposed by Tajfel and Turner (1979), focuses on how individuals' self-concept and social identity are shaped by their membership in social groups. For transgender and non-binary individuals, societal gender stereotypes can act as powerful social categorizations that influence their sense of self and well-being. This theory suggests that when transgender and non-binary individuals perceive themselves as deviating from societal gender norms, they may experience identity conflict and internalized stigma, leading to psychological distress and compromised mental health (Testa, 2017).

Intersectionality Theory

Intersectionality Theory, introduced by Crenshaw (1989), emphasizes the interconnected nature of social categories such as gender, race, class, and sexual orientation, and how they intersect to shape individuals' experiences of privilege and oppression. In the context of gender stereotypes and mental health among transgender and non-binary individuals, this theory highlights the importance of considering multiple intersecting identities and the unique ways in which they contribute to experiences of discrimination and marginalization. By recognizing the intersecting influences of gender identity, sexual orientation, race, and other factors, researchers can better understand the complex interactions that contribute to mental health disparities within transgender and non-binary communities (Reisner et al., 2016).

Empirical Review

Reisner (2016) aimed to delineate the relationship between experiences of gender identity-related discrimination and mental health outcomes among transgender individuals. Employing a mixed-

methods approach, the study amalgamated survey data with qualitative interviews to probe the prevalence and ramifications of discrimination on mental well-being. Results unearthed a significant correlation between encounters of discrimination and heightened rates of depression and anxiety within transgender cohorts, thereby spotlighting the pernicious effects of gender stereotypes on mental health. In light of these findings, the authors advocated for the implementation of policies and interventions geared towards curtailing discrimination while bolstering mental health support frameworks for transgender individuals.

Testa (2017) undertook a study to unravel the role of minority stressors, inclusive of gender-related stigma and discrimination, in prognosticating suicidal ideation among transgender and gender nonconforming individuals. Utilizing a quantitative survey methodology, the researchers discerned that instances of gender-based discrimination and internalized stigma emerged as significant predictors of suicidal ideation, underscoring the deleterious impact of societal gender stereotypes on mental health outcomes. The study underscored the imperative of redressing structural inequalities and fostering affirmative support systems to mitigate the adverse ramifications of minority stress on the well-being of transgender and non-binary individuals.

Turban (2020) embarked on a longitudinal inquiry to scrutinize the association between pubertal suppression treatment and suicidal ideation among transgender youth, while concurrently considering the influence of societal gender norms on mental health outcomes. By leveraging medical records alongside self-report measures, the researchers unveiled that access to pubertal suppression treatment correlated with diminished rates of suicidal ideation among transgender youth, thereby spotlighting the potential protective effects of gender-affirming healthcare interventions on mental health. The study elucidated the pivotal significance of affirming transgender individuals' gender identities to foster positive mental health outcomes and diminish the impact of gender stereotypes on their overall well-being.

Grant (2011) conducted the National Transgender Discrimination Survey, which represented a landmark effort to document the pervasive discrimination experienced by transgender individuals in various facets of their lives, including employment, housing, and healthcare. Through a comprehensive survey methodology involving a large sample size, the study unveiled alarming rates of discrimination and victimization among transgender individuals, with profound implications for their mental health and overall well-being. The findings highlighted the urgent need for policy interventions and social support mechanisms to address systemic discrimination and promote mental health resilience within transgender communities. This study provided crucial empirical evidence that underscored the detrimental impact of societal gender stereotypes and discrimination on the mental health of transgender individuals, laying the groundwork for subsequent research and advocacy efforts aimed at fostering inclusivity and equality.

White Hughto (2015) conducted an in-depth exploration of the relationship between gender minority stress and mental health outcomes among transgender and gender nonconforming individuals. Through a mixed-methods approach incorporating quantitative surveys and qualitative interviews, the study elucidated the complex interplay between gender identity-related stressors, such as experiences of gender-based victimization and internalized stigma, and mental health outcomes. The findings revealed the disproportionate burden of mental health disparities within transgender populations, underscoring the need for targeted interventions that address structural inequalities and foster resilience. By shedding light on the mechanisms through which gender stereotypes and discrimination contribute to mental health disparities, this study provided valuable

insights for the development of evidence-based interventions and policy initiatives aimed at promoting mental health equity for transgender and non-binary individuals.

Testa (2015) embarked on the development and validation of the gender minority stress and Resilience Measure, a pioneering effort to assess the unique stressors and coping mechanisms experienced by transgender and gender nonconforming individuals. Through a rigorous psychometric evaluation process, including factor analysis and reliability testing, the study produced a validated measure that captured the multifaceted nature of gender minority stress and resilience. The development of this measure represented a significant contribution to the field, providing researchers and clinicians with a comprehensive tool for assessing and addressing the impact of gender stereotypes and discrimination on mental health outcomes among transgender and non-binary individuals. By facilitating a more nuanced understanding of the complex interplay between stressors and resilience factors, this measure has the potential to inform the development of tailored interventions that promote mental health and well-being within transgender communities.

Perez-Brumer (2017) delved into the intersectional experiences of transgender women of color, focusing on the impact of multiple marginalized identities on mental health and well-being. Through in-depth interviews and thematic analysis, the study elucidated the unique challenges faced by transgender women of color, including experiences of racism, transphobia, and socioeconomic marginalization. The findings underscored the importance of adopting an intersectional approach to understanding mental health disparities within transgender communities, highlighting the need for tailored interventions that address the intersecting influences of gender, race, and other social determinants of health. By centering the voices and experiences of transgender women of color, this study provided valuable insights into the complex and multifaceted nature of mental health disparities within transgender communities, informing the development of culturally competent and inclusive interventions that promote mental health equity for all transgender and non-binary individuals.

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

FINDINGS

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

Conceptual Gap: Despite the valuable insights provided by studies such as Reisner 2016) and Testa (2017) into the relationship between gender identity-related discrimination and mental health outcomes among transgender individuals, there remains a conceptual gap in understanding the underlying mechanisms driving these associations. Further research is needed to explore the specific cognitive, emotional, and behavioral pathways through which experiences of gender-based discrimination contribute to adverse mental health outcomes. Such studies could delve

deeper into the psychological processes involved, shedding light on how gender stereotypes impact mental health in nuanced ways.

Contextual Gap: While studies like Grant (2011) and White Hughto (2015) offer valuable insights into the experiences of transgender individuals in Western contexts, there is a notable lack of research exploring the impact of gender stereotypes on mental health outcomes in non-Western societies. To address this contextual gap, future studies should aim to investigate the intersection of gender identity, societal norms, and mental health within diverse cultural settings. This would provide a more comprehensive understanding of how cultural factors influence the manifestation and consequences of gender-related stigma on mental well-being.

Geographical Gap: Despite the geographic diversity represented in the studies provided, there remains a geographical gap in the global representation of research on gender stereotypes and mental health among transgender and non-binary individuals. While studies like Perez-Brumer (2017) focus on specific populations, there is a need for more research conducted in regions outside of North America and Europe. Exploring the experiences of transgender and non-binary individuals in diverse geographical contexts can uncover unique challenges and resilience factors, informing culturally sensitive interventions and policies tailored to specific regional contexts.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The impact of gender stereotypes on the mental health and well-being of transgender and non-binary individuals is profound and multifaceted. These individuals face unique challenges stemming from societal expectations and norms that dictate narrow definitions of masculinity and femininity, often leading to discrimination, marginalization, and invalidation of their gender identities. Research consistently demonstrates the detrimental effects of gender stereotypes on mental health outcomes, including heightened levels of stress, anxiety, depression, and low self-esteem among transgender and non-binary individuals. Furthermore, the lack of recognition and affirmation of their gender identities in healthcare settings exacerbates mental health disparities and creates barriers to accessing appropriate care.

Addressing the impact of gender stereotypes on the mental health and well-being of transgender and non-binary individuals requires a comprehensive approach that encompasses theoretical, practical, and policy dimensions. Theoretical frameworks such as Minority Stress Theory and Intersectionality Theory offer valuable insights into the underlying mechanisms and intersections of social identities that contribute to mental health disparities. In practice, mental health professionals must undergo training to provide culturally competent and affirmative care, while interventions should be tailored to address the specific needs and challenges faced by transgender and non-binary individuals. Additionally, policy measures are essential to protect their rights, promote social inclusion, and dismantle systemic inequalities that perpetuate discrimination and stigma. Overall, recognizing and challenging gender stereotypes is crucial for creating a more inclusive and supportive environment for transgender and non-binary individuals. By advancing research, implementing affirmative practices, and advocating for policy changes, we can work towards fostering mental health and well-being outcomes that affirm the diverse experiences and identities within these communities.

Recommendation

Theory

Researchers should prioritize the development and refinement of models that specifically address the intersectional experiences of transgender and non-binary individuals, taking into account the multifaceted nature of gender identity, social categorizations, and mental health outcomes. This would contribute to a more nuanced understanding of the mechanisms through which gender stereotypes operate and their differential effects on diverse gender identities. Additionally, integrating theories such as Minority Stress Theory and Intersectionality Theory into mental health research can provide a comprehensive framework for examining the unique stressors and resilience factors that shape transgender and non-binary individuals' mental health trajectories.

Practice

mental health professionals and healthcare providers should undergo training and education on gender diversity, sensitivity, and affirmative care practices to better meet the needs of transgender and non-binary individuals. This includes creating inclusive environments, offering gender-affirming therapies, and providing resources for coping with discrimination and stigma. Moreover, mental health interventions should be tailored to address the specific mental health challenges faced by transgender and non-binary individuals, focusing on building resilience, coping strategies, and social support networks. Collaboration between mental health professionals, advocacy organizations, and community-based groups is crucial for the development and dissemination of culturally competent and accessible mental health services for transgender and non-binary communities.

Policy

perspective, there is a need for legislative measures and institutional policies that protect the rights and well-being of transgender and non-binary individuals, including anti-discrimination laws, gender-affirming healthcare coverage, and inclusive school and workplace environments. Policy initiatives should prioritize addressing systemic inequalities, promoting social inclusion, and dismantling gender stereotypes that perpetuate discrimination and marginalization. Additionally, allocating funding for research, education, and mental health services specific to transgender and non-binary populations is essential for advancing evidence-based practices and ensuring equitable access to care. By integrating theory-driven research, affirmative practices, and policy advocacy, stakeholders can work collaboratively to address the impact of gender stereotypes on the mental health and well-being of transgender and non-binary individuals, fostering a more inclusive and supportive society for all gender identities.

REFERENCES

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14.
- Atilola, O., Balhara, Y. P. S., Stevanovic, D., & Avicenna M. (2014). Mental health services in Nigeria: gaps and opportunities. *Mental Health in Family Medicine*, 10, 133–146.
- Atilola, O., Balhara, Y. P. S., Stevanovic, D., & Avicenna M. (2014). Mental health services in Nigeria: gaps and opportunities. *Mental Health in Family Medicine*, 10, 133–146
- 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.
- 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.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385–1401.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 139–167.
- Eagly, A. H., & Steffen, V. J. (1984). Gender stereotypes stem from the distribution of women and men into social roles. *Journal of Personality and Social Psychology*, 46(4), 735–754.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Gureje, O., Lasebikan, V. O., & Kola, L. (2006). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *The British Journal of Psychiatry*, 188(5), 465–471.
- Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., Mehta, R. Y., & Ram, D. (2016). *National Mental Health Survey of India, 2015–2016: Prevalence, patterns, and outcomes*. Bengaluru, India: National Institute of Mental Health and Neuro Sciences.
- Instituto Brasileiro de Geografia e Estatística. (2019). *Pesquisa Nacional de Saúde 2019: Percepção do estado de saúde, estilos de vida e doenças crônicas*. Rio de Janeiro: IBGE.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- Jenkins, R., Othieno, C., Okeyo, S., Aruwa, J., Kingora, J., & Jenkins, B. (2013). Health system challenges to integration of mental health delivery in primary care in Kenya—perspectives of primary care health workers. *BMC Psychiatry*, 13, 1–11.
- Keyes, K. M., Hatzenbuehler, M. L., & Hasin, D. S. (2010). Stressful life experiences, alcohol consumption, and alcohol use disorders: the epidemiologic evidence for four main types of stressors. *Psychopharmacology*, 218(1), 1–17.
- Lippa, R. A. (2018). *Gender, nature, and nurture* (2nd ed.). New York, NY: Routledge.
- Math, S. B., Srinivasaraju, R., & Indian Psychiatric Society. (2018). Indian Psychiatric Society multicentric study: Morbidity profile and case characteristics of patients admitted in psychiatry hospitals. *Indian Journal of Psychiatry*, 60(2), 181–188.
- 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
- Ministry of Health Kenya. (2016). *Kenya Mental Health Policy 2015–2030*. Nairobi: Ministry of Health.
- National Institute of Mental Health. (2020). Major depression. Retrieved from <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>
- Ndeti, D. M., Khasakhala, L. I., Maru, H. M. M., Mutiso, V., & Ongecha-Owuor, F. A. (2018). Stigma among patients with alcohol use disorders in a rural Kenya clinical sample: a cross-sectional study. *African Journal of Psychiatry*, 21(1), 1–6.
- Peltzer, K., & Pengpid, S. (2018). Depressive symptoms and social demographic, stress and health risk behaviour factors in Kenyan college students. *South African Journal of Psychiatry*, 24, 1–6.
- Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2017). Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine*, 43(2), 108–116.
- Rahman, A., Mubbashar, M. H., Gater, R., & Goldberg, D. (2013). Randomised trial of impact of school mental-health programme in rural Rawalpindi, Pakistan. *The Lancet*, 302(9852), 1026–1032.
- Reisner, S. L., White Hughto, J. M., Dunham, E. E., Heflin, K. J., Begenyi, J. B., Coffey-Esquivel, J., & Cahill, S. (2016). Legal protections in public accommodations settings: A critical public health issue for transgender and gender-nonconforming people. *The Milbank Quarterly*, 94(3), 519–548
- Reisner, S. L., White Hughto, J. M., Dunham, E. E., Heflin, K. J., Begenyi, J. B., Coffey-Esquivel, J., & Cahill, S. (2016). Legal protections in public accommodations settings: A critical public health issue for transgender and gender-nonconforming people. *The Milbank Quarterly*, 94(3), 519–548.

- Sakamoto, S., Tanaka, E., & Neichi, K. (2018). Trends in mental health service utilization in Japan. *International Journal of Mental Health Systems*, 12(1), 16.
- Seedat, S., Stein, D. J., Jackson, P. B., Heeringa, S. G., Williams, D. R., & Myer, L. (2009). Life stress and mental disorders in the South African Stress and Health study. *South African Medical Journal*, 99(5 Pt 2), 375–382.
- Seedat, S., Stein, D. J., Jackson, P. B., Heeringa, S. G., Williams, D. R., & Myer, L. (2009). Life stress and mental disorders in the South African Stress and Health study. *South African Medical Journal*, 99(5 Pt 2), 375–382.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey, CA: Brooks/Cole.
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77.
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 126(1), 125–136.
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 126(1), 125–136.
- Thoits, P. A. (1991). Gender differences in coping with emotional distress. In J. Eckenrode (Ed.), *The social context of coping* (pp. 107–138). New York, NY: Plenum Press.
- Tsuboi, S., Yamaoka, K., & Nakamura, Y. (2019). Trends in mood disorders in Japan: Epidemiologic evidence and implications for research and practice. *International Journal of Social Psychiatry*, 65(3), 181–187.
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), e20191725.
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), e20191725.
- White Hughto, J. M., 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.
- World Health Organization. (2016). WHO-AIMS Report on Mental Health System in Bangladesh. Retrieved from https://www.who.int/mental_health/evidence/bangladesh_who_aims_report.pdf