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A study on perceived parenting style among transgender

Abstract

Background: The present study aims to explore the perceived parenting style among the transgender. **Methods:** It was a cross-sectional comparative study. Purposive sampling was used for the transgender group and group-matched non-transgender were included in the non-transgender comparative group. A sample of 62 individuals (30 transgender consisting of 22 male to female or MTF transgender and eight female to male or FTM transgender, and 32 non-transgender consisting of 24 males and eight females), male and females, between the age range of 18-40 years, and minimum educational qualification till class eight were selected after a basic interview and screening. They were assessed using the Parental Authority Questionnaire and t-test analysis was computed to analyse the obtained data. **Results:** Authoritative parenting style was found to be significantly lower for both the parents of the participants in the transgender group. On the contrary, authoritarian parenting was found to be significantly higher for both the parents in the transgender group. **Conclusions:** The study indicated that among the transgender group, both the parents fail to provide safe and nurturing emotional climate which has been found to be contributory to healthy development and respectful of an individual. Hence, the findings highlight the need that interventions should also focus on family acceptance as it acts as protective factor and promote their well-being.

Keywords: Gender Dysphoria. Gender Identity. LGBT. Authoritarianism.

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Introduction

Transgender is an applied and much used term to signify individuals who disregard inflexible, binary gender framework, and who express or present disintegration and/or weakening of culturally prevalent stereotypical gender roles. Transgender people may live in the gender role 'opposite' to their biological sex as full- or part-time.[1]

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),[2] gender identity is a category of social identity and refers to an individual's identification as female, male, or sometimes, some category beyond female or male. Gender dysphoria in general refers to an individual's emotional or cognitive dissatisfaction with the assigned gender. Individuals with gender dysphoria show a marked incongruence between the biological gender (which is by birth, referred to as natal gender) and their expressed and/or experienced gender. This discrepancy is the core component of the diagnosis of gender identity disorder (GID). Evidence of distress about this incongruence must be present. Experienced gender may include alternative gender identities that may be beyond the binary stereotypes. Consequently, "the distress is simply not limited to a desire to be of the other gender, but may include a desire to be of an alternative gender, provided that it differs from the individual's assigned gender."[2] "Transgender refers to the broad spectrum of individuals who transiently or persistently identify themselves with a gender different from their natal gender."[2] According to the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10),[3] GID or transsexualism is a "desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of one's own anatomic sex and a wish to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex." For the diagnosis to be made, the transsexual identity should be present continuously for at least two years and the identity must not be a secondary symptom due to another mental disorder, like schizophrenia or related to any genetic or sex chromosomal abnormality. Though there are different prevalence data for different countries, however, worldwide lifetime prevalence for male to female transgender (MTF) was estimated to be 1:12,900 to 1:35,000, while the same for female to male transgender (FTM) was found to be 1:33,000 to 1:100,000,[4,5] but in various countries higher rates have been reported.[6]

In the middle to end of 20th century, various aetiological theories regarding development of GID was formulated. Many psychologists stated that GID develops in the pre-oedipal phase. They reported that dysfunctional family constellation was associated with GID in boys and girls. They theorised emotionally unavailable mother,[7] extreme maternal closeness,[8,9] a severely disturbed emotionally distant or physically absent non-supportive father,[7-9] and insecure attachment to be contributory to the genesis of the

disorder.[10] It was thought that such parental characteristics would not provide the child with sufficient possibilities to identify with the same sex parent and/or strengthen their cross-gender behaviour. However, no strong empirical support was found in subsequent studies testing these hypotheses.[11-13]

However, research studies conducted to study association between parental influences and development of GID indicated that fathers of transsexuals were perceived to be hostile and rejecting,[14,15] less dominant,[14,16] less caring, less available, emotionally distant,[11,17] and their paternal parental ratings were found to be high with respect to early maladaptive schemas (EMS) like avoidant and failure. Whereas mothers were perceived as being more controlling and simultaneously less caring and affective,[17] and their maternal parental ratings were found to be high with respect to EMS like mistrust/abuse, defectiveness, shame, failure, insufficient self-control, subjugation, and unrelenting standards, and low with respect to emotional deprivation EMS.

Moreover, many studies have also shown that parenting affects young person's well-being including risk for mental and physical health problems, and self-esteem. Several research studies have indicated that Lesbian Gay Bisexual and Transgender (LGBT) young adults who are highly rejected by their families are more likely to use illegal drugs, to attempt suicide, and report high levels of depression,[18] have much poorer health, have lower self-esteem, feel more hopeless and isolated, and are much less likely to protect themselves from human immunodeficiency virus (HIV) or sexually transmitted diseases, which puts them at more risk for getting infected.[19] Furthermore, parental support was significantly found to be associated with higher life satisfaction, lower perceived burden of being transgender, and protective against depression in transgender adolescents.[15] It was also found to be associated with consistent condom use in transgender female youth.[20]

In the light of above findings, the present study aimed to explore perceived parenting style among transgender. Parenting style is defined as child rearing practices and interactive behaviours which have been developed and implemented by parents. Baumrind[21] proposed three styles of parenting, namely authoritative, authoritarian, and permissive. Authoritative parents are high on warmth and firm control, wherein the parents set clear limits while catering to child's individual needs, engage in age appropriate gradual autonomy granting, and use adaptive control techniques like democratic decision making and reasoning; authoritarian parents are high on control and restrictiveness, and low on warmth and autonomy granting, herein the parents tend to use coercive behaviour controls like yelling, hitting, criticising, and tend to impose their expectations on children without taking in consideration their perspective; permissive parents are high on warmth and low on control, they use little behaviour control and tend to be overindulgent.[22] Research studies have indicated that parenting style exerts profound impact on the development of the individual, but there has been dearth of studies investigating child rearing practices in transgender population worldwide as well as in India. However, there has been few Asian studies conducted in India, Pakistan, and Bangladesh which indicated that the transgender youth face rejection, discrimination, and even abuse in their families.[6,23-25] The authors realised that it is very essential to study perceived parenting style as they profoundly affect and shape development of an individual, and family support acts as buffer against psychological distress and also provides motivation to engage in health enhancing behaviours and avoid health impairing behaviours.[19] Moreover, there are lack of studies in this area, specifically in collective societies like India; hence, it was thought that such a study would provide useful insights and information which can be used while formulating treatment and intervention plans.

Materials and methods

Study design

It was a cross-sectional comparative study. It was carried out at Department of Clinical Psychology, Institute of Psychiatry, Kolkata after obtaining permission from Research Committee of the Institute. The study also obtained approval of Institutional Ethics Committee of IPGME&R, Kolkata.

Sampling

Purposive sampling was used for the transgender group and group-matched non-transgender were included in the non-transgender comparative group.

Participants

Sixty two individuals between the age range of 18-40 years with minimum educational qualification of class eight participated in the study, wherein 30 participants (22 MTF and eight FTM transgender) were in the transgender group and 32 participants in the non-transgender comparative group (24 males and eight females). Among the transgender group, those who had scored below three in Gender Identity/ Gender Dysphoria Questionnaire for Adolescents and Adults or GIDYQ-AA[26] (indicating significant gender dysphoria) with no history of sex reassignment surgery (SRS), and among the non-transgender comparative group, individuals with the score above three on GIDYQ-AA and with a score of two or less on General Health Questionnaire-12[27] with no history of sexually transmitted diseases were included in the study. The transgender group had mean age of 25.7±6.47 years and mean education 12±1.91 standard, whereas for the non-transgender comparative group mean age was 25.09±6.39 years and mean education was 15th standard or third year of graduation±1.79.

Moreover, participation was voluntary without any incentives. Participants for the transgender group were taken from two transgender support groups working in Kolkata. In each of these support groups, on average 50 to 70 transgender people visit for regular meeting and interaction. Subjects were approached on the basis of their first contact with the researchers. Non-transgender group was selected using snowball technique from community living inside Kolkata metro city. All the participants gave written informed consent to participate in the study and to use their data for research purposes.

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Measures and their description

Socio-demographic and clinical datasheet

This was specially prepared for this work with a view to elicit the following information- name, age, sex, address, contact number, education, marital status, occupation, and religion.

General health questionnaire-12 or GHQ12

It is a measure of current mental health. It focuses on the lack of ability to carry out normal day to day functions and also assesses if there is any distressing experiences. Each item is rated on a four-point scale. Various studies have reported that the test has internal consistency reliabilities (alphas) of 0.66-0.94, and test-retest reliabilities of 0.24-0.81. In the present study, it was used as a screening tool for the non-transgender comparative group, where only those individuals who scored two or less than two were included in the sample.[27]

The gender identity/gender dysphoria questionnaire for adolescents and adults or GIDYQ-AA

It is having 27 items pertaining to gender identity and related dysphoria. It was designed to capture multiple indicators of gender identity and gender dysphoria including subjective, social, somatic, and socio-legal parameters. The GIDYQ-AA has parallel versions for males and females. Each item is rated on a five-point response scale ranging from one (never) to five (always) based on a time frame of the past 12 months with some reverse scoring items. The Cronbach alpha for the scale score was found to be 0.97.[26] In the present study, it was used as a screening tool for the transgender group and non-transgender comparative group, where only those individuals who scored below three were included in the transgender group and those who obtained score above three were included in the non-transgender comparative group.

Parenting Authority questionnaire or PAQ

This test assesses retrospective appraisals of parenting style. The PAQ consists of 30 statements that reflect Baumrind's permissive, authoritarian, and authoritative parental authority prototypes.[21] This is a self-administering screening test. Each statement on the PAQ is rated independently for the mother and father for a total of 60 responses on a five-point scale. The participants are instructed to rate the items on a five-point scale (one="strongly disagree" to five="strongly agree") based on how well it applied to their relationship with their parental figure during the years that they were living at home. Buri [28] reported Cronbach's coefficient alpha values that ranged from 0.74 (permissive father) to 0.87 (authoritarian father). In the present study, the PAQ was used to identify the perceived parenting style in the participants.

Statistical analysis

The following statistical analysis was done using Statistical Package for Social Sciences version 15 (SPSS-15):[29] frequencies, percentages, and Cochran's and Mantel-Haenszel values were computed for the discrete variables like gender, marital status, occupation. The mean, standard deviation (SD) were computed for continuous socio-demographic variables like age and education (in years). The mean, SD, and t-values were calculated for all the subscales of PAQ.

Results

This section would be dealing with the results found after having computed various statistics. It will be divided into two sections mentioned as follows:

Socio-demographic variables

Chi-square analysis revealed no significant difference between the two groups with respect to gender, marital status, and religion.

However, in the domain of occupation, significant difference was observed between the two groups, wherein, 50% of the participants in the transgender group were students, 20% were unemployed, and 30% were employed while in the non-transgender comparative group, the figures were 34.4%, 9.4%, and 56.2% respectively. It was observed that many participants reported dropping out from school or college owing to harassment and are continuing their course from distance education. Unemployment rate was found to be high for the transgender group than non-transgender comparative group.

PAQ variables

t-test analysis indicates that the two groups were similar in their distribution of scores with respect to permissive parenting for both parents. However, the two groups differed significantly in their distributions with respect to authoritarian and authoritative parenting for both the parents. The mean of the transgender group was found to be significantly higher than that of the non-transgender comparative group with respect to authoritarian parenting style for both the parents. Furthermore, the mean of the transgender group was found to be significantly lower than that of the non-transgender comparative group with respect to authoritative parenting style for both the parents (Table 1).

Discussion

The present study examined perceived parenting style among transgender. The results indicated significant difference between the distributions of the two groups with respect to authoritarian parenting style for both the parents. The transgender group scored significantly higher score on the authoritarian parenting subscale for both the parents, indicating they perceived their parents as more directive and valuing unquestioning obedience. They also felt more in comparison to the non-transgender comparative group that their relationship with their parents characterised parental detachment, lack of parental warmth, and use of punitive measures of control by their parents. Various studies have found authoritarian parenting to be associated with reactive forms of coping, such as emotional outbursts, sulking, withdrawing, or aggression in their offspring,[30,31] increasing a children's cognitive vulnerability to depression by providing negative feedback about negative events,[32] weak

Table 1: Mean, standard deviation (SD), t-test values, and homogeneity of variances for permissive, authoritarian, and authoritative parenting across both groups, for father and mother

Variable	Mean±SD		t-test value	Homogeneity of variance
	Study group	Non-transgender comparative group		
Father-permissive	26.73±7.28	29.71±5.21	–1.87	Present
Mother-permissive	28.37±6.37	30.09±5.36	–1.158	Present
Father-authoritarian	31.7±8.57	25.97±6.89	2.91*	Present
Mother-authoritarian	33.2±8.09	27.44±8.10	2.801*	Present
Father-authoritative	29.5±8.28	34.16±5.55	–2.617**	Present
Mother-authoritative	30.97±8.15	35.19±5.24	–2.409**	Not assumed

df=60, *p<0.01, **p<0.05

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social skills, low self-esteem, aggressiveness,[33] tendency to engage in self-concealment and substance abuse.[34]

In addition, the findings also indicated significant difference between distribution of the two groups with regard to authoritative parenting style in case of both the parents, with transgender group having significantly lower score on this subscale for both the parents, suggesting that their relationship with their parents characterised less warmth, reason, flexibility, and verbal give-and-take. Authoritative parenting has been found to be associated with better psychosocial adjustment,[28] more resilience,[35] obtained better academic performance,[36,37] better use of adaptive strategies,[38] increased self-regulation,[39] and less behavioural problems and drug use.[40-42]

With regard to paternal parenting behaviour, this finding is consistent with and similar to findings reported by Simon *et al.* [17] and Green,[11] indicating that fathers of transsexuals were perceived to be hostile and rejecting, less dominant, less caring, less available and reliable with regard to support, critical, contemptuous.

With respect to maternal parenting behaviour, this finding is consistent with and similar to findings reported by Simon *et al*.,[17] indicating transsexuals characterised their mother as less caring, less affectionate, and more controlling during their childhood than the non-transgender comparative group.

With regard to paternal parenting behaviour, this finding is consistent with and similar to findings reported by Simon *et al*.[17] and Green,[11] indicating that fathers of transgender were perceived to be hostile, rejecting, less supportive, less caring, emotionally distant, and more critical.

With respect to maternal parenting behaviour, this finding is consistent with and similar to findings reported by Simon *et al*.,[17] indicating that transgender characterised their mother as less caring, less affectionate, and more controlling during their childhood than the non-transgender comparative group.

It could be reasoned that these results are consistent with views which asserts that one of the important factors in the development of cross-gender behaviour is inability of the same sex parents to serve as a role model and in this context the present study also supplements the finding by indicating that both parents are viewed in the same way.

However, as Simon *et al*.[17] suggested one may conceptualise parental behaviours like increased level of control, demonstrating less warmth, care, and more criticism as expression of discouragement and/or apprehension/agitation regarding gender atypical behaviours.

Hence, it raises a question whether more authoritarian and less authoritative parenting style contributes to the genesis of gender dysphoria or such a parenting style is reaction to developing gender dysphoria in the child. Whatever the case may be, it clearly indicates that parents fail to provide their children a supportive environment in which the child can feel safe, secure, and accepted. They tend to express rejection and disapproval towards the child.

Ryan and Rees[19] stated that when parents and family members value their children, it helps children to learn to care and value themselves. When extended family and family friends value them, it has a positive impact on their self-esteem. They furthermore studied impact of family rejection on LGBT children and found that families in which parents and other family members accept their children, show warmth, affection, care, and respect towards them and their LGBT identity, friends, and people, and do not allow anti-gay or anti-cross-gender sentiments to be expressed at home are more likely to lead happier lives as family acceptance and validation act as buffer against isolation and negative reactions of other people. They furthermore stated that many parents get critical and punitive towards their LGBT children, they express disapproval and discouragement regarding their cross-gender behaviour and/or sexual preference, prevent their children from socialising with other LGBT people, try to change their child's identity, allow expression of negative comments regarding LGBT people. They often think that by engaging in such behaviours they are benefiting their child by prescribing do's and don'ts of the social world but they fail to realise that in this process they are getting distant from their children as these behaviours make them feel unloved, ashamed, and rejected by their parents and family members, and affect their well-being immensely.

Hence, this work highlights the need that interventions should also focus on family acceptance as it acts as protective factor, promote well-being, and provides safe and nurturing emotional climate which contribute to healthy development and respectfulness of an individual. Because as parents will

love, accept, care, protect them, and stand up for their rights of a congenial and respectful life as a human being, they will also learn to behave in a similar way with themselves and others, thereby contributing to the development of better sensitive and caring society.

The study is not without limitations like small sample size; data from the two transgender support groups may not reflect patterns of those transgender who live in village or towns. Furthermore, perspective of the parents on the same would have provided more conclusive findings. Moreover, interviewing some transgender on the area might have been helpful to have an in depth understanding.

Conclusion

The present study has been an attempt to explore perceived parenting style among the transgender who are living in and around Kolkata. By means of the obtained findings, it can be concluded that authoritative parenting style was found to be significantly lower for both the parents of the participants in the transgender group as compared to the non-transgender comparative group. On the contrary, authoritarian parenting style was found to be significantly higher for both the parents in the transgender group than the non-transgender comparative group (as measured on the PAQ).

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