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## **Gender Identity Disorder and Self-Stigma among University Students in Selangor**

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### **Abstract**

Gender identity (GI) is the cognitive, perception and perspective of a person on his/her own sexual matters. Along with another psychiatric self-stigmatization (SS), caused low self-esteem, anxiety, and depression, suicidal ideation, tendencies among youth. A cross-sectional study conducted among university students to identify the prevalence of gender identity and its impact on gender self-stigma. The prevalence of GI and SS was relatively low and was associated. Creating appropriate intervention, both at the social education level and other levels was necessary to develop skills and to continue promoting awareness and learning about gender and transgender issues.

**Keywords:** Gender identity, gender dysphoria, self-stigma, university students

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### **1.0 Introduction**

The concept of gender identity, defined as one's innate sense of belonging to a particular gender, is acknowledged in academic literature (Byne et al., 2018). Societal norms often dictate a binary gender identity, categorizing individuals as either female or male, imposing expectations for conformity (Cooper K et al., 2020). Gender dysphoria (GD), formerly known as gender identity disorder, refers to the distress or discomfort experienced by individuals whose gender identity conflicts with their assigned sex at birth or associated physical characteristics. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), outlines criteria for diagnosing GD, requiring individuals to endure at least six months of significant distress or functional impairment resulting from the incongruence between their expressed gender and biological sex (Davy & Toze, 2018; Byne et al., 2018). The transition from gender identity disorder to gender dysphoria in the DSM-5 reflects an evolving understanding of the experiences of individuals with non-conforming gender identities in the field of mental health (Davy & Toze, 2018).

Stigma refers to a social process of devaluing a group of people based on an attribute labelled as unfavourable. The role of gender and both self-stigma and public stigma were found to be associated with one's decision to seek psychological help in

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predicting attitudes toward psychological help-seeking (Poteat et al., 2018). Self-stigma and public stigma encompass the same three elements: stereotype, prejudice, and discrimination; thus, it is essential to distinguish them (Dubreucq et al., 2020).

Individuals with gender identity disorder face prolonged physical and mental distress regarding their gender incongruity (American Psychiatric Association, 2020). These stressors may emanate from either the individual's self-consciousness or external influences, including society, religion and culture, friends, and family members, which may cause them to have internal self-stigmatization (internalized homophobia) and low body satisfaction with themselves, emotionally and physically. This body dissatisfaction causes them to be unable to function in their occupation or societal role. In this sexual minority individual, internalized homophobia is a prevalent and harmful phenomenon. The refusal to seek medical help exposes this minority individual to the risks of prevalent and harmful phenomena, including suicidal tendencies and depression (Timmins et al., 2020).

In addition, due to the mismatch between assigned birth sex and gender identity, these considerable challenges are either physiological, social, or psychological, which in turn can hurt their quality of life, the risk of sexual transmission diseases, and substance use disorders; at the same time, 80% of them ended up in the sex trade (Draman S. et al., 2018).

In the last decade, there has been a rapid increase in the number of young people with gender dysphoria (GD youth) presenting to health services; however, this number is likely higher because many of them are reluctant to seek healthcare and treatment. This minority gender group requires unique healthcare assistance that contradicts their physical presentation (Day et al., 2019)

Thus, this study was conducted to identify the prevalence of GD and gender self-stigma among university students in Selangor in the interest of ensuring that this issue can be highlighted to help young people identify gender incongruence during their identity crisis phase and be a baseline to construct gender dysphoria and mental health intervention programs.

## 2.0 Literature Review

Gender dysphoria has been a topic of increasing awareness in recent years. This awareness is good news for transgender and gender dysphoric people, who have long been misunderstood and mistreated. Transgender and gender-nonconforming people might experience gender dysphoria at some point in their lives.

Individuals, especially youth with gender identity disorder, are faced with prolonged physical and mental distress regarding their gender incongruences, causing confusion, depression, anxiety, and suicidal ideation or attempts. The study reported that between 21.7% and 47.8% of 16–25-year-old gender identity participants were struggling with a mental health condition, compared to 18.8% in the general population. A cross-sectional study found that high levels of internalized transphobia (a proximal stressor) were associated with higher depression and anxiety in American trans and gender diverse young people. This experience includes both proximal stressors (which take place on a personal or individual level, such as internalized stigma); distal stressors which occur on a societal level, such as discrimination (Chodzen et al., 2019).

However, studies on gender minorities are limited, and at the same time, many transgender people, including youths, struggle with psychosocial issues. Evidence on the appropriate management of youth with gender incongruence and dysphoria is inconclusive and has significant knowledge gaps. In addition, the link between the stigma and health outcomes in transgender populations has largely remained unexplored. However, a previous study found an association between this stigma and the odds of lifetime suicide events in transgender individuals and lower odds of self-directed violence and mood disorders in transgender individuals living in states (Falck & Brånström, 2023).

Based on the above, there is an urgent need to understand and address the welfare and health of young people with GD. The results of this study may inform the development of interventions that address minority stress and psychological well-being among GD individuals.

## 3.0 Methodology

This study has a cross-sectional aim to identify the prevalence of gender identity among university students and its impact on gender self-stigma. The data was collected among 327 undergraduates studying at a public university in Malaysia from July to November 2022. The respondents were selected conveniently and met the selection criteria.

The self-administered questionnaires used in this study were adapted from the previous research, which consisted of three sections. The first section, which comprised 14 questions, was the respondents' characteristics. The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIGDQ-AA) questionnaire consists of 27 items divided into four dimensions, namely the subjective ( $n = 3$  items), social ( $n = 9$  items), somatic ( $n = 3$  items), and sociolegal ( $n = 2$  items) parameters (Singh et al, 2010). Each item was rated on a 5-point response scale, with the past 12 months as the time frame. The response options were Always (coded as 1), Often (2), Sometimes (3), Rarely (4), or Never (5). A scale score of less than 3 indicates the presence of gender incongruence (gender identity and expression), while a scale score of more than 3 indicates the absence of gender ambivalence.

The last section, the Gender Identity Self-Stigma (GIS), was based on the original 9-item Revised Internalized Homophobia Scale (IHP-R) (Timmins, 2017). The final scale consisted of eight items rated on a 5-point Likert scale ranging from "strongly disagree, mildly disagree, neutral, mildly agree, to agree strongly.". The highest score is 40, while the lowest score is 8. Scores are calculated by computing the mean of all items. Higher scores indicate higher levels of gender identity self-stigma and internalized homophobia.

The reliability of Cronbach's alpha was 0.89, indicating that each questionnaire's internal consistency was good.

The commencement of the data collection process occurred after obtaining ethical approval from the institutional organization (FERC/FSK/MR/2022/0144). The data was gathered at the student center, where students were approached and invited to participate

in the study. The questionnaire utilized for data collection was administered through a Google Form, and interested students were provided with a link to respond to the questionnaire. Explanation about the study and informed consent was stated in the google form before the research questions.

All data was entered and analyzed using SPSS version 26.0. The significance level was less than 0.05 for the inferential statistic.

## 4.0 Result

### 4.1 Characteristics of the respondents

The mean age of the respondents was 22 years old, and most were 18 to 23 years old. Most of them were female and male students, were studying for bachelor's degrees, and were resident students. As for the family background, most of their parents still lived together; 2 to 5 people were living in the family, and half of them had a financially disadvantaged background. Most of them who studied at mixed-gender schools had no experience studying in boarding schools and claimed that their religious practice was moderate (Table 4.1.1).

Table 4.1.1 The characteristics of the respondents (n: 327)

No.	Variables	Frequency (n)	Percentage (%)
A1.	Age (Mean: 22.2, SD: 4.66)		
A2.	Gender		
	Male	67	20.5
	Female	260	79.5
A3.	Race		
	Malay	291	89.0
	Others	36	11.0
A4.	Religion		
	Islam	302	92.4
	Christian	18	5.5
	Others	7	2.1
A5.	Religious Practice		
	Strict	99	30.3
	Moderate	195	59.6
	Lenient	25	7.6
	None / Not religious	8	2.4
A6.	Current study		
	Foundation	1	0.3
	Diploma	52	15.9
	Degree	274	83.8
A7.	University / college residency		
	Resident	268	82.0
	Non-resident	59	18.0
A8.	Family income		
	Less than RM 1,000/month	52	15.9
	RM 1,001 to RM 3,000/month	111	33.9
	RM 3,001 to RM 5,000/month	69	21.1
	RM 5,000/month and above	95	29.1
A9.	Family relationship		
	Parents living together	260	79.5
	Parents divorced	43	13.1
	Parent(s) deceased	24	7.3
A10.	Number of siblings		
	Only child	10	3.1
	Less than 2 or twin	27	8.3
	More than 2, less than 5	200	61.2
	More than 5, less than 7	56	17.1
	More than 7, less than 10	29	8.9
	More than 10	5	1.5

Table 4.1.1 The characteristics of the respondents (cont')

No.	Variables	Frequency (n)	Percentage (%)
A11.	Position in the family		
	Only child	10	3.1
	Among the eldest siblings	103	31.5
	Among the middle siblings	108	33.0
	Among the youngest siblings	106	32.4
A12.	Hometown		
	Urban	119	36.4
	Suburban	134	41.0
	Rural	74	22.6
A13.	Type of primary and secondary schools		
	All-boys school	6	1.8

	All-girls school	19	5.8
	Mixed gender school	301	92.0
	Home-schooled	1	0.3
A14.	Have you experienced studying in boarding school?		
	Yes	96	29.4
	No	231	70.6

This current study revealed that more than half of the respondents had known people with gender incongruence, and 8.9% of them had family members with gender incongruence. About 32.4% of them claimed that they had experienced being bullied or involved in sexual harassment, in which most of the perpetrators were among their friends and other adults (Table 4.1.2).

Table 4.1.2 The history and experiences of the respondents on gender identity (n: 327)

No.	Variables	Frequency (n)	Percentage (%)
15.	Previous experiences with gender incongruent person (male individual with female characteristics / female individual with male characteristics)		
	Yes, I have known people with gender incongruence	188	57.5
	No, I have never known people with gender incongruence	49	15.0
	Maybe, I have an acquaintance with possible gender incongruence	57	17.4
	I do not know / I cannot remember	33	10.1
16.	Do you have any family members with gender incongruent person (male individual with female characteristics / female individual with male characteristics)?		
	Yes	29	8.9
	No	279	85.3
	Maybe	19	5.8
17.	Ever experienced being bullied or involved in a sexual harassment?		
	Yes, I have	106	32.4
	No, I haven't	221	67.6
18.	If you have experienced being bullied/ harassed sexually, who was the perpetrator? Answer "No / None" if you never experienced them.		
	Parents	2	0.6
	Siblings / Cousins	5	1.5
	Friends / Schoolmates	61	18.7
	Other adults	41	12.5
	No / None	218	66.7

#### 4.2 Prevalence of Gender Identity

This current study revealed that the mean score of gender identity was 4.35 (SD: 0.90), which indicates the absence of gender ambivalence as the scale score was above 3 (Table 4.2.1). However, 3.67% of the respondents had a GIDYQ-AA scaled score less than 3.0, which indicated the presence of gender incongruence (gender identity and gender expression).

Table 4.2.1: Descriptive statistics of gender identity by items

Questions	Mean (SD)	Questions	Mean (SD)
B1 Satisfied being your gender	4.40 (1.18)	B15 Have friends or relatives, treated you as the opposite gender	4.69 (0.76)
B2 Felt uncertain about your gender	4.57 (0.95)	B16 Wish or desire to be the opposite gender	4.62 (0.85)
B3 Pressured by others to be your gender	4.57 (0.96)	B17 Dressed and acted as the opposite gender	4.53 (0.93)
B4 Have to work at being your gender	4.40 (1.09)	B18 At parties or at other social gatherings, have you presented yourself as the opposite gender	4.83 (0.62)
B5 Felt that you were not a real man/woman	4.61 (0.91)	B19 At work or at school, have you presented yourself as the opposite gender	4.84 (0.60)
B6 Would be better for you to live as the opposite gender	4.34 (1.14)	B20 Disliked your body because it is your sex	4.75 (0.71)
B7 Dreams in which you were your opposite gender	4.71 (0.75)	B21 Wished to have hormone treatment to change your body into the opposite gender	4.80 (0.70)
B8 Unhappy about being your gender	4.61 (0.80)	B22 Wished to have an operation to change your body into the opposite gender	4.83 (0.59)

Table 4.2.1: Descriptive statistics of gender identity by items (cont')

Questions	Mean (SD)	Questions	Mean (SD)
B9 Uncertain about yourself, at times feeling more like the other gender and at times feeling more like your gender	4.67 (0.77)	B23 Effort to change your legal sex	4.90 (0.48)
B10 Felt more like the opposite gender than your gender	4.70 (0.74)	B24 Thought of yourself as a hermaphrodite or an intersex	4.82 (0.63)
B11 Felt that you did not have anything in common with either men or women	4.57 (0.90)	B25 Thought of yourself as a transgendered person	4.87 (0.56)
B12 Bothered by seeing yourself identified as your gender	4.83 (0.65)	B26 Thought of yourself as a woman	2.63 (1.87)

B13	Felt comfortable when using your gender restrooms in public places	3.32 (1.84)	B27	Thought of yourself as a man	1.74 (1.42)
B14	Have strangers treated you as the opposite gender	4.69 (0.82)			
<b>Total</b>					<b>4.35 (0.90)</b>

The mean for the subjective dimension was 4.08 (SD: 0.53), indicating that gender identity was minimally seen among these university students. Most students answered 'rarely' or 'never' regarding subjective gender identity. The mean score for the social dimension was 4.49 (SD: 0.58); respondents claimed they had never or rarely experienced a gender identity crisis within their social circle. The somatic dimensions mean score was 4.80 (SD: 0.61); indicating that respondents do not show gender incongruence regarding their physical appearance. Lastly, the mean score for the sociolegal dimension was 4.87 (SD: 0.52), indicating that respondents rarely or never had issues regarding gender incongruence in their sociolegal circle (Table 4.2.2).

Table 4.2.2: Descriptive statistics of gender identity by dimensions

		Subjective Dimension	Social Dimension	Somatic Dimension	Sociolegal Dimension
N	Valid	327	327	327	327
	Missing	0	0	0	0
Mean		4.08	4.49	4.80	4.87
Std. Deviation		0.53	0.58	0.61	0.52
Minimum		1.54	1.44	1.00	1.00
Maximum		5.00	5.00	5.00	5.00

#### 4.3 Prevalence of Gender Self-Stigma

The total mean of gender self-esteem was 1.86 (SD 0.98), indicating 'disagreeing' that most respondents tend towards mildly disagree, indicating self-esteem or internalized that they had gender identity self-stigma or internalized homophobia. Most of them tend to have neutral feelings about the gender they do in general; they try to feel more like the sex they were assigned at birth and wish that they could identify more closely with the sex they were assigned at birth (Table 4.3)

Table 4.3: Prevalence of Gender Self-Stigma

Question	Mean (SD)
C1 I have tried to stop feeling like the gender I do in general.	2.20 (1.45)
C2 If someone offered me the chance to change my gender identity, I would accept the chance.	1.53 (1.12)
C3 I wish I were not of my gender identity.	1.60 (1.16)
C4 I feel that my gender identity is a personal shortcoming for me.	1.90 (1.30)
C5 I would like to get professional help in order to change my gender identity from what it is to something else.	1.50 (1.12)
C6 I have tried to feel more like the sex I was assigned at birth.	2.33 (1.59)
C7 I feel alienated from myself because of my gender identity.	1.63 (1.18)
C8 I wish that I could identify more closely with the sex I was assigned at birth.	2.20 (1.49)
<b>Total</b>	<b>1.86 (0.98)</b>

#### 4.4 Association Between Gender Identity and Self-Stigma

The data set showed that most of the items in question are significant with a p-value of 0.001 (x2: 2629.86), indicating that gender identity does come with self-stigma for those individuals with prominent gender identity (Table 4.4)

Table 4.4 Association between gender identity and gender self-stigma

Chi Square Test of Independence		x <sup>2</sup>	p-value
Mean of Gender Identity and Mean of Gender Self Stigma		2629.86	0.001

### 5.0 Discussion

This study was conducted to get a picture of the prevalence of GD and self-stigma among university students, the existence of self-stigma, and the relationship between these two variables, that is the indirect pathways through gender identity circumstances and stigmatism. These findings justify the importance of identifying the effects of gender congruence on a person's mental health (van den Brink et al., 2020).

Although this study revealed an absence of gender ambivalence among the respondents, the mean score was more than 3; however, there was 3.67%, indicating the existence of gender identity. Thus, this study is in line with the study carried out by Noordin and Abdullah (2022) since they also found low gender identity in specific populations in Malaysia; that was supported by previous studies internationally, which indicated that the prevalence of gender identity was relatively low (Galupo & Pulice-Farrow, 2020). However, both studies were conducted among respondents who had a history of gender confusion, either by their direct appearance or by having been referred to and assessed by the Gender Identity Service. They have likely begun to accept this new identity, whereas, according to the latest study, the absence of gender ambivalence may be due to cultural sensitivity, which is unacceptable and against the law (Barmania & Aljunid, 2017).

Hunter et al. (2021) contradicted this study, which found that 88.7% of the respondents had gender identity. These differences might be due to the criteria of the respondents of this study, who were among the trans and gender-diverse respondents and from

both sexes assigned at birth, representing most of the female participants.

The subjective dimension was the lowest among the four dimensions that were studied. This dimension accurately reflects the respondent's experience of dysphoria. This current study found that the respondents had neutral feelings about their gender, which was in line with a study by Galupo and Pulice-Farrow (2020). Nearly half of the respondents felt neutral or hostile toward the scales, which calls into question how well the questionnaire aligned with a broad range of transgender individuals' experiences of gender dysphoria.

The present study found that the evidence of self-stigma among the respondents was low, which contradicted a study by Reyes et al. (2016) that found high scores on self-stigma and a study by Wang et al. (2020) conducted among Taiwanese sexual minority women that reported that the respondents had higher internalized homophobia levels. The contradiction might be due to the sample size of the studies. The recent study was conducted among the general population of university students, while both previous studies were conducted among respondents with gender disorders. However, attention should be taken considering that most of the respondents tend to have neutral feelings about the gender they do in general; they had tried to feel more like the sex they were assigned at birth and wished that they could identify more closely with the sex they were assigned at birth.

This current study revealed that gender identity is associated with self-stigma for those individuals with a prominent gender identity. This was supported by McLemore (2018), who claimed that the experiences of being misgendered, as well as feelings of being stigmatized, are positively associated with psychological distress in the transgender population. In addition, this group often faces social discrimination and increased stigmatization towards them due to a lack of awareness and misunderstanding.

## 6.0 Conclusion & Recommendations

The implications of our study suggest that among university students in Selangor, Malaysia, the prevalence of gender identity and self-stigma is relatively low. However, the statistically significant presence of internalized homophobia among individuals with gender identity issues indicates a need for further exploration and targeted interventions.

Despite the cultural taboo surrounding these topics in our country, the findings underscore the importance of acknowledging and addressing these issues. The identified correlation emphasizes the need for targeted interventions at various levels, including social education, to equip individuals with the skills necessary to navigate and understand gender and transgender matters.

The scarcity of research and available literature on gender identity within our demographic further emphasizes the challenging nature of the subject. Cultural values and societal norms contribute to the reluctance of individuals to openly discuss their experiences with gender identity, hindering the collection of comprehensive information. Given these challenges, it is crucial to advocate for and conduct further research to delve into this phenomenon specifically within our cultural context.

Recommendations for future studies are essential to deepen our understanding and develop effective strategies to enhance the quality of life for individuals experiencing gender dysphoria. Despite the complexity and cultural sensitivity surrounding this subject, it is imperative to recognize the rights of individuals with gender dysphoria and provide them with the necessary treatment and support. By doing so, we can contribute to a more inclusive and supportive society for all individuals, irrespective of their gender identity.

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## Paper Contribution to Related Field of Study

Fatimah Sham and Anwar Bin Hamzah carried out the research. Fatimah Sham supervised the research progress, designed the research, conceptualized the central research idea, and write the article. Salmi Razali and Nandang Jamiat anchored the review, edited the final manuscript, and approved.

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