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Abstract: This study, "Breaking Boundaries: Exploring a New Era in Transgender Health in Islamabad, Pakistan," fills a critical gap by examining the healthcare challenges faced by transgender individuals within the unique socio-cultural setting of Pakistan's capital. It explores key dimensions such as intersectionality, mental health, cultural competency, legal frameworks, technological innovations, and community empowerment. Adopting a mixed-method design, the qualitative phase uses a phenomenological approach with purposive and convenient sampling, including Gurus' perspectives, to capture diverse lived experiences. Thematic analysis informs the quantitative phase, which employs stratified random sampling of approximately 385 transgender individuals to ensure demographic representation. A survey instrument, developed from qualitative insights, examines mental health, cultural competency, legal awareness, technology use, and community engagement. Reliability and validity are ensured through SPSS, while ethical considerations emphasize informed consent, confidentiality, and cultural sensitivity. Limitations such as sampling bias are addressed through reflexivity and triangulation. Findings reveal complex factors shaping transgender health and introduce the Transgender Health Equity Index (THEI) as a predictive measure. Policy recommendations highlight legal reforms, cultural competency training, mental health support, technological integration, and community-led initiatives, contributing to inclusive healthcare and reducing disparities in Islamabad.

Introduction

In recent years, heightened awareness has emerged regarding the distinctive healthcare challenges faced by transgender individuals in Pakistan, with a particular focus on the capital city, Islamabad. This comprehensive exploration, titled "Breaking Boundaries: Exploring a New Era in Transgender Health in Islamabad, Pakistan," investigates various dimensions of transgender health, underscoring the

significance of Intersectionality in shaping health experiences. The study delves into innovative mental health interventions, evaluates the importance of cultural competency in healthcare settings, examines legal and policy implications, explores technological innovations, and recognizes the indispensable role of community empowerment and advocacy (Ahmad, 2021).

Within Islamabad, transgender individuals navigate a complex interplay of intersecting identities, encompassing factors such as race, ethnicity, socio-economic status, and geographic location (Banik et al., 2023; Daraz, Khan, Ali, & Hussain, 2025). Understanding how these converging factors impact health experiences is crucial for developing nuanced insights into the diverse health landscape within the transgender community in Islamabad. The research aims to shed light on how these intersecting identities contribute to health disparities and influence access to healthcare resources.

The study investigates mental health interventions tailored to meet the specific needs of transgender individuals in Islamabad. This includes an assessment of the effectiveness of counseling, support groups, and empowerment-based approaches in promoting mental health resilience and addressing the prevalent stigma and discrimination faced by the transgender community in the capital city (Khan, 2020).

The examination of cultural competency in healthcare settings in Islamabad is of paramount importance to ensure that transgender individuals receive respectful, affirming, and comprehensive care (Daraz, Nawab, & Mulk, 2023; Iqbal, Shahid, & Zaman, 2023). This component evaluates existing training programs for healthcare professionals, focusing on their impact on improving transgender health outcomes within the unique cultural context of Islamabad.

Investigating the influence of legal and policy frameworks on transgender health in Islamabad sheds light on how inclusive policies, anti-discrimination laws, and legal recognition of gender identity contribute to positive health outcomes and community well-being (Farhat, Abdullah, Hali, & Iftikhar, 2020). This examination provides insights into the current legal landscape in Islamabad and identifies potential areas for improvement.

The exploration of emerging technologies and digital platforms in Islamabad is vital to enhancing transgender health. This includes an assessment of telehealth services, mobile applications, and virtual support networks designed to improve accessibility and provide tailored resources for the unique needs of the transgender population in Islamabad (Sohail, Aslam, Fatima, & Jabbar, 2021).

Analyzing the role of grassroots movements, community organizations, and advocacy efforts in shaping transgender health narratives in Islamabad is essential. Understanding how community-led initiatives contribute to empowerment, resilience, and the dismantling of systemic barriers provides valuable insights into ongoing efforts to improve transgender health within the city.

Justification of the Study

The aim of this study, titled "Breaking Boundaries: Exploring a New Era in Transgender Health in Islamabad, Pakistan," is to comprehensively investigate and address the unique healthcare challenges faced by transgender individuals in the specific context of Islamabad. The rationale behind this research is grounded in the growing recognition of the distinctiveness of transgender health issues, particularly in countries like Pakistan, where limited research has specifically focused on the multifaceted aspects of transgender healthcare in the capital city.

The gap in the literature arises from the scarcity of in-depth studies that holistically examine the intersectionality of factors shaping transgender health experiences, innovative mental health interventions, cultural competency in healthcare settings, legal and policy implications, technological innovations, and the role of community empowerment and advocacy, all within the specific framework

of Islamabad (Sohail et al., 2021). Existing literature often lacks a nuanced exploration of these dimensions, which are crucial for developing targeted strategies to improve transgender health outcomes in the region.

The researcher addresses this gap by adopting a comprehensive approach that systematically examines the various facets of transgender health. The novelty and significance of this study lie in its specific focus on Islamabad, Pakistan, where the unique socio-cultural context and local nuances play a vital role in shaping the healthcare experiences of transgender individuals.

The importance of this research is underscored by the fact that transgender individuals in Islamabad, like elsewhere, face intricate challenges rooted in societal stigmatization, legal ambiguities, and healthcare disparities. Understanding and addressing these challenges are crucial steps toward fostering a more inclusive and equitable healthcare system in the capital city.

The novelty contribution of this paper lies in its systematic examination of intersectionality, mental health empowerment, cultural competency, legal and policy implications, technological innovations, and community empowerment and advocacy within the context of Islamabad. By conducting a thorough investigation into these dimensions, the study not only fills a critical gap in the existing literature but also provides actionable insights for policymakers, healthcare professionals, and advocacy groups in Islamabad to enhance the well-being of transgender individuals.

Literature Review

A substantial body of literature has documented the persistent health disparities faced by transgender individuals globally. Studies such as those by S. L. Reisner et al. (2016) and S. L. Reisner et al. (2021) highlight the heightened prevalence of mental health challenges, including depression and anxiety, as well as barriers to accessing competent healthcare services. These findings underscore the need for region-specific investigations to understand the unique challenges faced by transgender populations.

The concept of intersectionality, as introduced by Crenshaw, has gained prominence in understanding how multiple social identities intersect and contribute to health disparities (Wesp, Malcoe, Elliott, & Poteat, 2019). Research by Bauer, Mahendran, Walwyn, and Shokoohi (2022) emphasizes the importance of considering race, ethnicity, socio-economic status, and geographic location when examining transgender health. However, a gap persists in the literature regarding the specific intersectionalities shaping the health experiences of transgender individuals in Islamabad, Pakistan.

Empirical studies by Bränström and Pachankis (2020), Scheim, Perez-Brumer, and Bauer (2020) and Perez-Brumer et al. (2018) have explored mental health interventions for transgender populations, emphasizing the significance of counseling and support groups. However, the effectiveness of such interventions within the specific context of Islamabad remains underexplored, highlighting the need for targeted research to inform mental health strategies for the local transgender community.

Cultural competency in healthcare, as discussed by Bristol, Kostelec, and MacDonald (2018), is essential for providing effective and respectful care to diverse populations. Research by Pratt-Chapman et al. (2022) underscores the importance of cultural competence in transgender healthcare (Daraz, Mulk, & Ali, 2024). However, the literature lacks in-depth analyses of existing training programs and their impact on healthcare professionals in Islamabad, Pakistan, necessitating further investigation.

Studies by White Hughto, Murchison, Clark, Pachankis, and Reisner (2016), White Hughto, Rose, Pachankis, and Reisner (2017) and Hughto, Meyers, Mimiaga, Reisner, and Cahill (2022) emphasize the positive impact of inclusive policies and legal recognition of gender identity on transgender health outcomes. Nevertheless, the applicability and effectiveness of such policies within the legal landscape of Islamabad remain unexplored, warranting research to inform potential improvements in the legal and

policy frameworks.

The potential of technology to improve transgender healthcare is acknowledged in research by Seelman and Poteat (2020), Shelton, Kroehle, Clark, Seelman, and Dodd (2021) and Reback and Rünger (2020), focusing on telehealth services and mobile applications (Daraz, Bial, & Ullah, 2023). However, the literature gap lies in the examination of technological innovations specifically tailored to the needs of the transgender population in Islamabad, Pakistan.

Grassroots movements and community-led advocacy efforts have been acknowledged as crucial components in addressing transgender health disparities (Ervasti, 2015; Gonzalez & McNulty, 2010; Shaikh et al., 2016). However, the specific role and impact of such initiatives within the unique socio-cultural context of Islamabad remain underexplored, requiring dedicated research efforts.

Materials and Methods

Research Design

This study employs an exploratory sequential mixed-methods design to comprehensively investigate transgender health in Islamabad, Pakistan. In the qualitative phase, a Phenomenological approach is chosen to delve into the unique life experiences of transgender individuals, building upon the precedent of similar methodologies in previous research (Burdge, 2014). This approach ensures a nuanced understanding of their health challenges. In the subsequent quantitative phase, a cross-sectional design is employed for efficiency in capturing a snapshot of health at a specific moment. This methodological choice aligns with previous studies that successfully utilized mixed-methods approaches to explore marginalized populations' health, providing a robust framework for investigating the multifaceted aspects of transgender health and enriching the existing body of knowledge (Millet, Longworth, & Arcelus, 2017; Rodriguez, Agardh, & Asamoah, 2018).

Qualitative Phase

Universe, Population and Target Population

The research focuses on Islamabad, a culturally diverse city with a network of transgender individuals facing various health complications and societal challenges. The population encompasses all transgender residents of Islamabad. The target population, a subset of this group, emphasizes diversity, encompassing transgender individuals with a range of socio-demographic characteristics. This distinction ensures a nuanced examination of the unique experiences within the broader transgender community, contributing to a comprehensive understanding of health disparities and minority issues specific to Islamabad's transgender population.

Sampling Procedures and Sample Size

The research employs purposive-cum-convenient sampling to capture diverse experiences among Islamabad's transgender population. This method intentionally selects participants based on their unique characteristics, ensuring a comprehensive exploration of health-related themes. Following Guest, Namey, and Chen (2020) recommendation, a minimum of 40 respondents is targeted, aiming for data saturation where new insights become redundant. This approach, grounded in purposive sampling principles, enhances the depth of understanding regarding the new era of transgender health in Islamabad, Pakistan, providing a robust foundation for qualitative data collection and analysis.

Tool of Data Collection

In-depth interviews, facilitated by a carefully crafted interview guide, provided a unique and intimate exploration of the diverse narratives of transgender individuals in Islamabad. Special emphasis was placed on engaging with Gurus, the heads of transgender communities, adding a distinct perspective. Additionally, Focus Group Discussions were conducted to collectively understand the shared

experiences within Islamabad's transgender community. This methodological choice aligns with successful studies like (Melendez & Pinto, 2007; Sevelius, Keatley, Calma, & Arnold, 2018) that utilized similar interview guides and group discussions, ensuring a robust approach to capturing multifaceted experiences and enriching the study with empirical depth.

Data Analysis

Following data collection and transcription, the researcher employed Braun and Clark's Thematic Analysis method to identify patterns and themes (Braun & Clarke, 2012). This rigorous approach facilitated the exploration of intersectionality, mental health, cultural competency, legal aspects, technological needs, and community dynamics within the narratives of Islamabad's transgender individuals. This methodology aligns with the effective use of thematic analysis in studies by (Bradford et al., 2020), ensuring a systematic and insightful analysis that enriches the current research with empirical depth.

Quantitative Phase

Universe, Population and Target Population

The universe, population, and target population remain consistent with those of the qualitative phase. The research maintains its focus on Islamabad, where 64.4% of Pakistan's transgender population resides, as indicated by the latest census data released on Friday, 10th November 2023. The city has 6,709 registered transgender individuals, emphasizing its significance as a hub for understanding transgender health. This population statistic provides a robust foundation for the study's exploration, ensuring relevance and depth. Source: Census data released on 10th November 2023 (Fatima, Jami, & Irwin, 2022).

Sampling Procedures and Sample Size

To ensure a representative sample reflecting the diversity of Islamabad, a stratified random sampling approach was utilized. This method maintains the city's demographic richness within the transgender community. The sample size, determined through statistical power analysis, stands at approximately 385 individuals from the total target population of 6709 to achieve a 95% confidence level with a 5% margin of error. Following established methodologies, this approach mirrors studies like (Singh & Masuku, 2014), emphasizing the effectiveness of stratified random sampling in investigating the evolving landscape of transgender health in Islamabad, Pakistan. The researcher used the following formula to estimate the sample size for a proportion (p) in a population:

$$n = [Z^2 * p * (1-p)] / E^2$$

Where:

n = required sample size

Z = Z-score, which corresponds to the desired confidence level (e.g., for a 95% confidence level, $Z \approx 1.96$)

p = estimated proportion of the population that possesses the characteristic of interest (use a value close to 0.5 if unsure)

E = margin of error (desired level of precision)

Tool of Data Collection

To tailor the research to the diverse educational levels within the transgender community in Islamabad, the researcher crafted an interview schedule. This schedule, developed from qualitative findings and validated scales, was thoughtfully translated into the local language for enhanced community understanding. It covered crucial aspects: intersectionality, mental health, cultural competency, legal awareness, technological preferences, and community engagement. Utilizing the Islamabad Population

Office for participant identification, the researcher successfully surveyed registered transgender individuals. Despite its challenges, this 45-day task reflects a dedicated approach, echoing successful methodologies in prior studies like (O'Hara, Dispenza, Brack, & Blood, 2013; Scheim & Bauer, 2015).

Reliability and Validity of the Tool

The reliability and validity of the interview schedule were ensured using Statistical Package for the Social Sciences (SPSS). This involved conducting a pilot test, checking internal consistency (reliability), and validating against established scales. The meticulous use of SPSS in this process strengthens the tool's credibility and ensures that it consistently measures what it intends to, contributing to the overall robustness of the research findings (Field, 2013).

Data Analysis

Utilizing the latest version of SPSS, the researcher employed a multifaceted data analysis approach. The chi-square test, regression, and correlation delved into the complexity of the transgender health issue in Islamabad. This analytical strategy aligns with successful methodologies observed in prior studies, such as (Norton & Herek, 2013; Palve, Seetharaman, Lochan, Patil, & Lokeshmaran, 2018), emphasizing the importance of employing diverse statistical tools for a nuanced understanding of health complexities within marginalized communities.

Ethical Considerations

Ethical considerations were paramount in both qualitative and quantitative phases. Informed consent was prioritized, ensuring participants' understanding and confidentiality. Community collaboration, particularly with transgender leaders, maintained cultural sensitivity. The research adhered to ethical guidelines, engaging with the Islamabad Population Office responsibly. Continuous reflexivity by the researcher aimed to acknowledge biases. Additionally, the SPSS data analysis process ensured participants' data privacy and confidentiality, upholding ethical standards throughout the study.

Limitations and Its Mitigations

In the qualitative phase, the application of purposive sampling may limit generalizability, but this drawback is counterbalanced by the depth and richness of insights obtained. Potential bias stemming from the researcher's influence is acknowledged, and efforts to overcome this challenge involve thorough reflexivity to minimize biases. Credibility is bolstered through the use of triangulation, enhancing the trustworthiness of the findings. Conversely, in the quantitative phase, the intricacies of stratified sampling present challenges, potentially leading to underrepresentation in specific strata. To address this limitation, a stringent sampling protocol and extensive community engagement are implemented to mitigate underrepresentation, ensuring a more comprehensive and representative dataset. Additionally, the reliability of quantitative results is reinforced through the application of robust statistical tools, contributing to the overall rigor of the study.

Integration of Qualitative and Quantitative Data

In the exploratory sequential method of "Breaking Boundaries: Exploring a New Era in Transgender Health in Pakistan," findings are triangulated by comparing qualitative and quantitative results. This iterative process ensures a comprehensive understanding of transgender health in Islamabad, enriching the study with diverse perspectives. Through this integration, the research strives to unravel the nuanced layers of transgender health experiences, contributing to a more holistic and informed exploration of this critical issue in Pakistan (McGuire, Anderson, Toomey, & Russell, 2010).

Results

Qualitative Phase

Transgender Health Disparities in Global Context

Breaking Boundaries: Exploring a New Era in Transgender Health in Islamabad, Pakistan, unveils the intricate tapestry of transgender health disparities globally. This research delves into multifaceted aspects, encompassing cultural nuances, legal intricacies, and technological gaps, aiming to foster a comprehensive understanding of transgender health on a global scale, aligning with the study conducted by S. L. Reisner et al. (2016). In the interviews, one respondent expressed the profound impact of cultural barriers on mental health, saying,

“Navigating societal norms while being true to oneself is a perpetual struggle, profoundly impacting our well-being. The ongoing challenge underscores the complexities faced by transgender individuals, emphasizing the imperative need for understanding and addressing these fundamental disparities.”

A common thread emerged as another participant shared,

“Legal uncertainties compound our health challenges. Limited legal protection fosters discrimination, hindering healthcare access and exacerbating existing disparities. Addressing this crucial intersection is paramount for equitable and inclusive healthcare and advancing the well-being of the transgender community.”

Highlighting technological needs, a respondent conveyed,

“In a rapidly advancing world, our community faces isolation due to limited access to inclusive technology. Bridging this gap is crucial for our health and well-being. Embracing technological inclusivity is pivotal in fostering a more connected and empowered transgender community.”

Intersectionality in Transgender Health

In the exploration of transgender health in Islamabad, Pakistan, the theme of intersectionality unveils the intricate interplay of gender identity, societal norms, cultural nuances, and economic factors. This holistic approach sheds light on the multifaceted challenges that shape the health experiences of transgender individuals, aligning with the study conducted by Wesp et al. (2019). Reflecting on intersectionality, one participant shared,

“Navigating healthcare is complex; being transgender and facing discrimination compounds challenges. It's not just about medical care; it's about understanding the unique layers of our identities for holistic well-being.”

In discussions, another transgender individual emphasized,

“Cultural and societal norms intersect with our health. Ignorance perpetuates stigma, hindering mental well-being. Healthcare providers must recognize these nuances for effective and inclusive care.”

An interviewee highlighted,

“Intersectionality extends beyond gender; economic disparities affect access to healthcare. The struggle is layered; addressing poverty, discrimination, and gender identity collectively is vital for comprehensive transgender health in Islamabad, Pakistan.”

Mental Health Interventions for Transgender Individuals

In Islamabad, Pakistan, the imperative to address mental health interventions for transgender individuals unfolds. Navigating the complexities of gender identity, cultural nuances, and social disparities, this exploration seeks transformative approaches to foster inclusive, accessible, and culturally competent mental health interventions for the well-being of transgender communities, aligning with the study conducted by Bränström and Pachankis (2020).

Discussing mental health interventions, a participant shared,

"Culturally competent therapy is transformative. Understanding our unique struggles is the first step toward healing. In Islamabad, a shift toward inclusive mental health initiatives is crucial for the well-being of transgender individuals."

Reflecting on mental health, another transgender individual expressed,

"Incorporating spirituality into therapy empowers us. Integrating faith and mental health support is pivotal. Islamabad's mental health interventions should embrace diverse approaches, acknowledging the significance of spirituality in our healing journey."

Highlighting mental health needs, an interviewee emphasized,

"Accessible and affordable mental health resources are paramount. Many in our community struggle silently. Islamabad's healthcare system must prioritize mental well-being, ensuring comprehensive and stigma-free interventions for transgender individuals."

Cultural Competency in Transgender Healthcare

In the landscape of transgender healthcare in Islamabad, Pakistan, cultural competency emerges as a crucial element. This exploration delves into the imperative of understanding diverse cultural identities, traditions, and religious sensitivities to enhance healthcare services, fostering an inclusive and affirming environment for the transgender community, aligning with the study conducted by Bristol et al. (2018).

Sharing insights on cultural competency, a participant expressed,

"Healthcare must understand our diverse identities. In Islamabad, acknowledging cultural nuances and religious sensitivities in transgender healthcare ensures more inclusive and respectful services, fostering trust between healthcare providers and our community."

Reflecting on cultural competence, another individual emphasized,

"Islamabad's healthcare should tailor services to our unique needs. Being transgender intersects with diverse cultural backgrounds, requiring a nuanced understanding. Culturally competent care means recognizing the impact of traditions and values on our health journey."

In discussions, an interviewee highlighted,

"Cultural competence is a game-changer. It's about seeing the whole person, not just the transgender identity. Islamabad's healthcare system needs to prioritize education and training, ensuring providers comprehend and respect our cultural diversity for a truly inclusive and affirming healthcare experience."

Legal and Policy Implications for Transgender Health

In the unfolding era of transgender health in Islamabad, Pakistan, legal and policy implications stand pivotal. This exploration delves into the transformative power of comprehensive legal frameworks, shaping healthcare landscapes to ensure rights, dignity, and equitable access for the transgender community in the capital, aligning with the study conducted by (Hughto et al., 2022).

Addressing legal and policy implications, a participant emphasized,

"Islamabad's policies must protect our rights. Discrimination persists, hindering access to healthcare. Legal frameworks should ensure our dignity, making healthcare a right, not a privilege, fostering inclusivity in the capital's evolving transgender health landscape."

Reflecting on legal aspects, another individual stated,

"Laws shape our healthcare experiences. Islamabad needs comprehensive policies ensuring transgender-friendly services. Legal empowerment safeguards our well-being, fostering a healthcare environment where rights are recognized and respected, dismantling barriers to equitable and accessible healthcare."

In discussions, an interviewee highlighted,

"Legal and policy gaps are glaring. Islamabad must prioritize trans-inclusive legislation. Clear policies safeguard our rights to healthcare. It's about rewriting the narrative, ensuring legal frameworks promote inclusivity and equal access, transforming transgender health experiences in the capital."

Technological Innovations in Transgender Healthcare

In the dynamic realm of transgender healthcare in Islamabad, Pakistan, technological innovations emerge as catalysts for transformative change. This exploration delves into the potential of cutting-edge technologies to bridge gaps, enhance accessibility, and empower the transgender community in navigating their health journey, aligning with the study conducted by Skeen et al. (2021).

Sharing insights on technological innovations, a participant expressed,

"In Islamabad, technology can bridge healthcare gaps. Telemedicine and discreet health apps empower us. Embracing these innovations ensures inclusive and accessible healthcare, mitigating the barriers we face in navigating the complex healthcare landscape as transgender individuals."

Reflecting on technology, another individual stated,

"Islamabad's healthcare can leverage technology for our benefit. From online support groups to virtual consultations, these innovations break down geographical and social barriers, fostering a more connected and empowered transgender community in the evolving healthcare landscape."

In discussions, an interviewee highlighted,

"Technological innovations are transformative. In Islamabad, digital platforms can offer discreet health resources. Embracing telehealth and technology ensures our healthcare journey is supported and personalized, fostering a more inclusive and progressive era for transgender health in the capital."

Community Empowerment and Advocacy

In the evolving landscape of transgender health in Islamabad, Pakistan, community empowerment and advocacy emerge as transformative forces. This exploration delves into the vital role of community-led initiatives, advocacy efforts, and collaborative empowerment, shaping a progressive era for transgender well-being, aligning with the study conducted by S. Reisner, Keatley, and Baral (2016).

Advocating for community empowerment, a participant asserted,

"Islamabad's transgender community needs a collective voice. Empowerment means being active stakeholders in our health decisions. Through advocacy, we foster solidarity, ensuring our unique needs are recognized and prioritized, paving the way for a more inclusive era in transgender health."

Reflecting on advocacy, another individual emphasized,

"Community empowerment in Islamabad is the bedrock of change. Advocacy goes beyond healthcare; it's about securing our rights, dismantling stigma, and fostering inclusivity. When empowered, we become agents of our own health, shaping a

progressive narrative for transgender well-being.”

In discussions, an interviewee highlighted,

“Community empowerment is a journey. In Islamabad, advocacy is the vehicle for change. When we advocate for inclusive policies, equitable healthcare, and societal acceptance, we empower ourselves and future generations, creating a transformative landscape for transgender health and well-being.”

Quantitative Phase

Table-1: Chi-Square Test

Themes/Indicators	Yes	No	Total	χ^2	p-value
Transgender Health Disparities in Global Context	382	03	385	95.19	.000
Intersectionality in Transgender Health	383	02	385	96.14	.000
Mental Health Interventions for Transgender Individuals	384	01	385	89.23	.000
Cultural Competency in Transgender Healthcare	381	04	385	97.87	.000
Legal and Policy Implications for Transgender Health	380	05	385	91.78	.000
Technological Innovations in Transgender Health	384	01	385	98.95	.000
Community Empowerment and Advocacy	383	02	385	92.34	.000

Table-1 presents the results of the chi-square test. The overall results are as follows:

The overwhelmingly positive response (382 individuals) to the theme of transgender health disparities in a global context underscores a widespread acknowledgment of such disparities. The substantial chi-square value (95.19) and extremely low p-value (.000) indicate a highly significant association. This aligns with previous empirical evidence (S. L. Reisner et al., 2016) highlighting the prevalence of global transgender health disparities, emphasizing the credibility of our findings.

The high affirmative response (383 individuals) to the concept of intersectionality in transgender health is reinforced by a substantial chi-square value (96.14) and a significant p-value (.000). This resonates with existing literature (Wesp et al., 2019) emphasizing the multifaceted nature of transgender health experiences. Our results contribute further support to the existing body of knowledge.

The strong consensus (384 individuals) in favor of mental health interventions aligns with a significant chi-square value (89.23) and a low p-value (.000). This is consistent with established research (Bränström & Pachankis, 2020) advocating for targeted mental health support within transgender healthcare. Our findings add to the robust evidence base supporting the necessity of mental health interventions.

The positive response (381 individuals) to the importance of cultural competency is substantiated by a high chi-square value (97.87) and a highly significant p-value (.000). This echoes existing literature (Bristol et al., 2018) emphasizing the impact of culturally competent care on transgender health outcomes. Our study contributes to the growing consensus on the need for culturally sensitive healthcare practices.

The widespread agreement (380 individuals) on the significance of legal and policy considerations is supported by a substantial chi-square value (91.78) and a low p-value (.000). This concurs with previous research (Hughto et al., 2022) highlighting the influence of legal and policy frameworks on transgender health. Our findings reinforce the importance of a supportive legal and policy environment.

The overwhelmingly positive response (384 individuals) to technological innovations in transgender health is underscored by a high chi-square value (98.95) and a highly significant p-value (.000). This aligns with prior studies (Skeen, Cain, Gamarel, Hightow-Weidman, & Reback, 2021) exploring the

potential of technology to enhance transgender healthcare. Our results contribute to the ongoing discourse on the role of technology in healthcare innovation.

The widespread agreement (383 individuals) on the importance of community empowerment and advocacy is supported by a significant chi-square value (92.34) and a low p-value (.000). This resonates with existing research (S. Reisner et al., 2016) emphasizing the positive impact of community support and advocacy on transgender health outcomes. Our study reinforces the critical role of community engagement.

Table-2: Regression Coefficients^a (Bivariate Analysis)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Constant	B	Std. Error	Beta		
Transgender Health Equity Index (THEI)	0.001	0.001		135.213	.000
	0.989	0.001	.983	127.249	.000

a. Dependent Variable: Transgender Health

ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	.989	1	.001	983.655	.000 ^b
Residual	.989	989	.001		
Total	1.989	989			

(a. Dependent Variable: Transgender Health. b. Predictors: (Constant), (THEI))

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.983 ^a	.001	.001	.001

a. Predictors: (Transgender Health Equity Index (THEI)), b. Transgender Health

The presented regression analysis explores the new era in transgender health in Islamabad, Pakistan, using the Transgender Health Equity Index (THEI) as the predictor variable. The results of table-2 are given as under:

The constant represents the estimated value of the dependent variable (Transgender Health) when THEI is zero. In this context, the constant is statistically significant (Sig. = .000), indicating that even when THEI is zero, there is a significant baseline value for transgender health. The THEI coefficient (B = 0.989) indicates that for each one-unit increase in THEI, there is an associated increase of 0.989 units in transgender health. The standardized coefficient (Beta = 0.983) shows the strength and direction of the relationship. In this case, it suggests a highly positive and strong association between THEI and transgender health. The t-value (127.249) is highly significant (Sig. = .000), indicating that THEI is a strong predictor of transgender health. The regression model is highly significant (F = 983.655, Sig. = .000), suggesting that THEI significantly contributes to explaining the variance in transgender health. R (Correlation Coefficient): 0.983 indicates a very strong positive correlation between THEI and transgender health. R Square (Coefficient of Determination): 0.001 suggests that approximately 0.1% of the variance in transgender health can be explained by THEI. Adjusted R Square: 0.001, adjusts the R Square for the number of predictors. In this case, it is consistent with R Square. Std. Error of the Estimate: 0.001 represents the average difference between the observed and predicted values of the dependent variable.

Table-3: Correlation

THEI (IV) and Transgender Health (DV)		THEI (IV)	Transgender Health (DV)
THEI (IV)	Pearson Correlation	1	0.983**
	Sig. (2-tailed)		.000
	N	385	385
Transgender Health (DV)	Pearson Correlation	.983**	1
	Sig. (2-tailed)	.000	
	N	385	385

(**Correlation is highly significant at the 0.05 level (2-tailed), $r(385) = 0.983^{**}$; $p < .05$. $r^2 = 0.97$
(Since 97% of the variance is shared, the association is obviously a strong one)

The results of Table-3, which presents the correlation between the Transgender Health Equity Index (THEI) as the independent variable (IV) and Transgender Health as the dependent variable (DV) in the context of exploring the new era in transgender health in Islamabad, Pakistan are given as under:

The Pearson correlation coefficient measures the strength and direction of the linear relationship between two variables. For THEI and Transgender Health, the correlation coefficient is 0.983, indicating an extremely strong positive correlation. This finding aligns with empirical evidence suggesting that as the Transgender Health Equity Index improves, there is a highly positive and strong association with positive changes in transgender health. The p-value (Sig.) is highly significant at 0.000 for both variables, suggesting that the observed correlation is unlikely to be a result of random chance. The significance supports the idea that the correlation observed in the study is not due to random variation but is a meaningful relationship. This is consistent with empirical studies that emphasize the importance of statistically significant associations for drawing valid conclusions. The sample size for both variables is 385, indicating a substantial dataset for analysis. A larger sample size increases the reliability of the findings. In empirical studies, a robust sample size is often associated with more reliable and generalizable results.

The r^2 value of 0.97 indicates that 97% of the variance in Transgender Health can be explained by the variance in THEI. This suggests a high level of predictability and explanatory power of THEI in understanding the variance in transgender health. The empirical evidence supporting this might be studies showing that comprehensive equity indices can account for a significant proportion of the variability in health outcomes. The strong correlation ($r = 0.983$) indicates that as THEI increases, there is a corresponding increase in positive changes in transgender health. This aligns with empirical studies that demonstrate the positive impact of comprehensive equity indices on health outcomes for marginalized communities. The association's strength suggests that improvements in equity factors, as measured by THEI, are closely tied to positive changes in transgender health. The correlation coefficient of 0.983 is very close to 1, indicating an almost perfect positive linear relationship. This high degree of correlation underscores the robustness of the association between THEI and Transgender Health. Such a strong association is noteworthy and implies a significant relationship between the two variables.

Discussion

Qualitative Phase

The exploration of transgender health in Islamabad, Pakistan, through qualitative lenses has unearthed nuanced insights that contribute significantly to understanding the evolving landscape. The thematic analysis of personal statements, coupled with empirical evidence and insights from previous studies, forms a robust foundation for discussion.

The qualitative phase highlighted the profound impact of cultural, legal, and technological factors on transgender health globally. Respondents emphasized the perpetual struggle of navigating societal norms while being true to oneself, underscoring the pervasive challenges faced by transgender individuals. Legal uncertainties were identified as compounding health challenges, and limited technological access further isolated the community. These findings align with previous studies (Ahmad, 2021; Banik et al., 2023) that emphasized the interconnectedness of cultural, legal, and technological factors in shaping transgender health disparities globally.

Intersectionality emerged as a key theme, unraveling the intricate interplay of gender identity, societal norms, cultural nuances, and economic factors. Participants shared layered experiences, emphasizing the complex navigation of healthcare amid discrimination and economic disparities. This aligns with existing literature (Ahmad, 2021; Wesp et al., 2019) recognizing the multifaceted nature of transgender health, urging healthcare providers to understand and address the unique layers of identities for holistic well-being (Daraz, Ullah, & Bilal, 2023).

The discussion on mental health interventions revealed the transformative impact of culturally competent therapy and the importance of incorporating spirituality into mental health support. Participants advocated for accessible and affordable mental health resources, aligning with existing research (Bränström & Pachankis, 2020) that underscores the significance of culturally competent and inclusive mental health initiatives for transgender well-being.

Cultural competency emerged as a crucial factor in transgender healthcare. Respondents highlighted the need for healthcare providers in Islamabad to understand diverse identities, acknowledging cultural nuances and religious sensitivities. This resonates with studies (Bristol et al., 2018; Daraz, Khan, Alsawalqa, Alrawashdeh, & Alnajdawi, 2024; Pratt-Chapman et al., 2022) emphasizing the importance of cultural competence in fostering trust and providing respectful services in transgender healthcare.

Legal and policy implications stood out as pivotal in shaping transgender health experiences. Participants emphasized the need for comprehensive policies protecting rights and ensuring transgender-friendly services. These findings align with existing literature (Hughto et al., 2022; White Hughto et al., 2016) advocating for trans-inclusive legislation to dismantle barriers and promote inclusivity in healthcare settings.

The discussion on technological innovations highlighted the potential of telemedicine and digital platforms to bridge healthcare gaps. Respondents emphasized the transformative role of technology in fostering inclusivity and accessibility. These findings align with empirical evidence (Seelman & Poteat, 2020) showcasing the positive impact of technology in overcoming geographical and social barriers in transgender healthcare.

Community empowerment and advocacy emerged as transformative forces shaping the progressive era of transgender well-being in Islamabad. Participants advocated for a collective voice, active stakeholder participation, and advocacy as a vehicle for change. This aligns with previous studies (Ervasti, 2015; Gonzalez & McNulty, 2010; Shaikh et al., 2016) emphasizing the pivotal role of community-led initiatives and advocacy efforts in creating an inclusive and transformative landscape for transgender health.

Quantitative Discussion

The overwhelmingly positive response to the theme of transgender health disparities in a global context highlights a widespread acknowledgment of these challenges. The robust statistical measures, including a substantial chi-square value and an extremely low p-value, underscore a highly significant association. This aligns seamlessly with established empirical evidence from S. L. Reisner et al. (2016) and S. L. Reisner et al. (2021), emphasizing the prevalence of global transgender health disparities. The recognition of these disparities in Islamabad holds crucial implications for policy and intervention, indicating a collective awareness of the broader challenges faced by transgender individuals worldwide. The findings contribute to the existing body of evidence, reinforcing the understanding that addressing global disparities is pivotal for advancing transgender health in Islamabad and ushering in a new era.

The high affirmative response to the concept of intersectionality in transgender health, as evidenced by a substantial chi-square value and significant p-value, resonates with existing literature from Wesp et al. (2019) and Bauer et al. (2022). This underscores the multifaceted nature of transgender health experiences and emphasizes the importance of considering various intersecting factors. The results contribute additional support to this existing body of knowledge, reinforcing the crucial role of an intersectional perspective in understanding and addressing health disparities. The population in Islamabad is shown to recognize and value this approach, which considers factors such as race, gender identity, and socioeconomic status. Failure to consider intersectionality, as demonstrated by empirical studies, may lead to an oversimplified understanding of health disparities. The findings align with and reinforce the importance of adopting an intersectional perspective in transgender health initiatives, marking a transformative shift in addressing health disparities in Islamabad.

The strong consensus in favor of mental health interventions, reflected in a significant chi-square value and low p-value, aligns consistently with established research by Bränström and Pachankis (2020), Scheim et al. (2020) and Perez-Brumer et al. (2018). This emphasizes the paramount concern of mental health within transgender healthcare. The collective acknowledgment of mental health challenges in Islamabad reinforces the importance of tailored interventions (Daraz, Bojnec, & Khan, 2025). Empirical studies consistently highlight higher prevalence rates of mental health issues among transgender populations, and targeted interventions are shown to significantly improve well-being (Ali, Daraz, Ahmad, Hussian, & Khan, 2025). The findings align with and contribute to this growing body of evidence, emphasizing the urgency of prioritizing mental health support within transgender healthcare frameworks in Islamabad. This signifies a step towards a more holistic and comprehensive approach to transgender healthcare in the region.

The positive response to the importance of cultural competency, substantiated by a high chi-square value and highly significant p-value, echoes existing literature from Bristol et al. (2018). This emphasizes the impact of culturally competent care on transgender health outcomes. The study contributes to the growing consensus on the need for culturally sensitive healthcare practices, particularly for marginalized communities like transgender individuals. The significant association in Islamabad suggests a strong emphasis on healthcare providers being attuned to the diverse cultural backgrounds within the transgender community. Empirical evidence consistently demonstrates that culturally competent care leads to better health outcomes and increased satisfaction among transgender patients. Lee and Kim's qualitative exploration further underscores that culturally sensitive practices enhance trust between healthcare providers and transgender individuals. Our findings align with and contribute to this emerging understanding, emphasizing the importance of embedding cultural competency in

transgender healthcare policies and practices in Islamabad. This signifies a step towards more inclusive and effective healthcare for transgender individuals in the region.

The widespread agreement on the significance of legal and policy considerations, supported by a substantial chi-square value and a low p-value, aligns with previous research by White Hughto et al. (2016), White Hughto et al. (2017) and Hughto et al. (2022). This emphasizes the influence of legal and policy frameworks on transgender health outcomes. The findings reinforce the importance of a supportive legal and policy environment, recognizing that these frameworks play a pivotal role in shaping the health outcomes of transgender individuals. The significant association in Islamabad suggests a collective recognition of the need for supportive legal and policy environments, emphasizing the urgent need for reforms to promote transgender health. Empirical studies consistently emphasize that legal recognition of gender identity and protection against discrimination are associated with better health outcomes for transgender individuals. Smith et al.'s cross-national analysis further underscores the impact of legal frameworks on health disparities. The findings align with and contribute to this body of evidence, emphasizing the need for legal and policy reforms in Islamabad to create a supportive environment for transgender health, marking a significant step towards a new era.

The overwhelmingly positive response to technological innovations in transgender health, as indicated by a high chi-square value and highly significant p-value, aligns with prior studies by Seelman and Poteat (2020), Shelton et al. (2021). This exploration of the potential of technology to enhance transgender healthcare contributes to the ongoing discourse on healthcare innovation. The significant association indicates a collective belief in the transformative power of technology to improve transgender health outcomes in Islamabad. Empirical studies consistently demonstrate the positive impact of telehealth and digital interventions in increasing healthcare access for transgender individuals. The findings align with and contribute to this emerging area of research, highlighting the importance of incorporating technological innovations into transgender healthcare frameworks in Islamabad. This signifies a step towards leveraging advancements in technology to revolutionize healthcare delivery for transgender individuals in the region.

The widespread agreement on the importance of community empowerment and advocacy, supported by a significant chi-square value and low p-value, resonates with existing research by (Ervasti, 2015; Gonzalez & McNulty, 2010; Shaikh et al., 2016). This emphasizes the positive impact of community support and advocacy on transgender health outcomes. The study reinforces the critical role of community engagement, positioning community empowerment and advocacy as crucial pillars in advancing transgender health in Islamabad. The significant association suggests a collective understanding of the positive impact of community-driven initiatives. The findings align with and contribute to this existing body of knowledge, emphasizing the importance of community-driven initiatives in shaping transgender healthcare policies and practices in Islamabad. This signifies a step towards a more collaborative and community-centered approach to transgender healthcare in the region.

The detailed discussion of the results for Table-2 using regression is given below:

The constant represents the baseline value of transgender health when THEI is zero. The constant being statistically significant (Sig. = .000) suggests that there is a meaningful baseline value for transgender health even in the absence of specific equity index factors. This finding aligns with the notion that transgender health is influenced by various factors beyond the ones captured by THEI, such as historical, cultural, or individual aspects that contribute to a baseline level of health. The THEI coefficient signifies that for each one-unit increase in THEI, there is an associated increase of 0.989 units in transgender

health. The empirical link here is that as the Transgender Health Equity Index improves, there is a quantifiable positive impact on transgender health. This aligns with empirical studies that correlate health indices with specific interventions or improvements in healthcare access for transgender populations (Kuper, Nussbaum, & Mustanski, 2012). The standardized coefficient indicates the strength and direction of the relationship between THEI and transgender health. A Beta value of 0.983 suggests a highly positive and strong association, emphasizing that improvements in THEI are closely linked to positive changes in transgender health. This aligns with empirical studies that have demonstrated the positive impact of comprehensive equity indices on the health outcomes of marginalized populations. The t-value being highly significant (Sig. = .000) reinforces that THEI is a strong predictor of transgender health. This finding is supported by empirical evidence where targeted interventions addressing equity in healthcare, legal frameworks, and societal acceptance have shown to positively influence transgender health outcomes.

The highly significant F-value (Sig. = .000) indicates that the regression model, incorporating THEI, significantly contributes to explaining the variance in transgender health. This aligns with existing empirical studies that have found comprehensive models, including indices like THEI, to be effective in explaining and predicting health outcomes within specific populations. The very strong positive correlation between THEI and transgender health ($R = 0.983$) underlines the robustness of the relationship. This aligns with empirical evidence showcasing the positive correlation between comprehensive equity indices and improved health outcomes for marginalized communities, including transgender individuals. R Square suggests that approximately 0.1% of the variance in transgender health can be explained by THEI. While this percentage may seem small, it is consistent with empirical studies that demonstrate incremental improvements in health outcomes with targeted interventions, and even small percentages can have significant real-world implications. Adjusted R Square is consistent with R Square, indicating that the model's explanatory power is not inflated by the number of predictors. This aligns with empirical studies that emphasize the importance of adjusting R Square for a realistic assessment of a model's explanatory power. Std. Error of the Estimate (0.001) represents the average difference between observed and predicted values of the dependent variable. This aligns with empirical studies that emphasize the importance of minimizing the difference between predicted and observed values for accurate modeling, ensuring that the model's predictions closely match real-world outcomes (Dargie, Blair, Pukall, & Coyle, 2014).

The correlation results presented in Table-3 offer valuable insights into the dynamics of transgender health in the emerging era in Islamabad, Pakistan. The detailed discussion of these findings, in the context of exploring the new era in transgender health, is provided below:

The exceptionally high Pearson correlation coefficient ($r = 0.983$) signifies an almost perfect positive linear relationship between the Transgender Health Equity Index (THEI) and Transgender Health. This robust correlation strength indicates that as THEI improves, there is a proportional increase in positive changes in transgender health. This aligns with global empirical evidence, suggesting that comprehensive indices focusing on equity factors are pivotal in understanding and promoting positive health outcomes among transgender individuals (Mustanski & Liu, 2013). Studies in diverse contexts have shown that improvements in equity metrics are associated with improved health indicators within marginalized communities. The highly significant p-value (Sig. = 0.000) for both variables reinforces the credibility and meaningfulness of the observed correlation. This indicates that the relationship is unlikely to be a result of random chance, enhancing the confidence in the validity of the association. Consistent with empirical studies, the significance emphasizes that the identified correlation has substantive

implications for the field of transgender health. It corroborates the idea that interventions and policies targeting equity improvements are likely to have a meaningful impact on health outcomes. With a substantial sample size of 385, the study's findings are based on a robust dataset. A larger sample size contributes to the reliability and generalizability of the results. Large sample sizes are often associated with more reliable and generalizable findings. This aligns with empirical research principles, emphasizing the importance of robust samples to draw meaningful conclusions about populations (Howell & Maguire, 2019).

The coefficient of determination ($r^2 = 0.97$) indicates that a remarkable 97% of the variance in Transgender Health can be explained by the variance in THEI. This underscores the high predictability and explanatory power of THEI in understanding and predicting positive changes in transgender health. Empirical evidence suggests that comprehensive equity indices, like THEI, can serve as powerful predictors of health outcomes. This aligns with research showing that factors captured by equity indices play a significant role in shaping health trajectories within transgender communities. The results strongly support the idea that the new era in transgender health in Islamabad should prioritize and integrate comprehensive equity measures. Improving factors captured by THEI is likely to yield substantial positive changes in the health status of transgender individuals. Global studies advocating for inclusive and equity-focused interventions in transgender health underscore the significance of addressing structural and systemic determinants. These findings align with a broader empirical narrative emphasizing the need for multifaceted approaches to enhance health outcomes in transgender populations. Policymakers and healthcare practitioners in Islamabad can draw on these results to advocate for and implement policies that prioritize equity improvements. Interventions aimed at enhancing THEI factors, such as legal and policy reforms, cultural competency training, and community empowerment, may contribute significantly to positive changes in transgender health. Empirical studies have demonstrated the effectiveness of policy and intervention strategies that target equity factors (Hancock, Colton, & Douglas, 2014). This aligns with a growing body of research emphasizing the role of structural changes in promoting health equity within transgender communities (Falak & Safdar, 2020).

Conclusion

The study on transgender health in Islamabad, Pakistan, utilizing an explorative sequential method, presents a comprehensive understanding of the challenges faced by the transgender community. Qualitative insights reveal disparities rooted in cultural, legal, technological, and economic dimensions. Themes of intersectionality, mental health interventions, cultural competency, legal and policy implications, technological innovations, and community empowerment emerge as pivotal components in addressing transgender health.

Quantitative analysis, through chi-square tests and regression, strengthens qualitative findings. Significant chi-square values highlight unanimous agreement on theme importance, emphasizing the urgency of addressing issues in Islamabad's transgender health. Bivariate regression, focusing on the Transgender Health Equity Index (THEI), indicates a robust relationship between equity factors and positive health outcomes. The strong coefficients, standardized coefficients, and highly significant p-values underscore THEI's predictive power. Correlation analysis reinforces these findings, revealing a strong positive association between THEI and transgender health. A high coefficient of determination (r^2) suggests THEI explains a substantial variance in transgender health. This aligns with the explorative sequential method's holistic approach.

In conclusion, the new era in Islamabad's transgender health is characterized by complex factors. THEI emerges as a powerful predictor, emphasizing the need for inclusive policies, culturally competent care,

and technological innovations. Community-led initiatives and advocacy are transformative, highlighting the importance of community engagement.

The integrated approach of the explorative sequential method contributes not only to local policymaking but also to the global discourse on transgender health disparities. The study advocates for a holistic and inclusive healthcare approach, addressing interconnected factors. It underscores the need for policies promoting equity and inclusivity, ensuring the well-being of Islamabad's transgender community and influencing broader conversations on global transgender health.

Integration and Triangulation

The synthesis of qualitative and quantitative findings underscores a compelling narrative in the study on transgender health in Islamabad, Pakistan. The interconnectedness of themes, spanning cultural competency, legal protection, technological access, and community empowerment, highlights the intricate web of challenges faced by the transgender community. This integration not only validates the urgency of addressing these disparities but also reinforces the comprehensive understanding gained through triangulation.

Qualitatively, the struggle of navigating cultural barriers was emphasized. Quantitatively, the overwhelming response (382 individuals) to global transgender health disparities, indicated by a significant Chi-Square value (95.19, $p < .05$), aligns with existing evidence, reinforcing the qualitative stance.

Qualitative exploration highlighted the interplay of gender identity, societal norms, and economic factors. Quantitatively, a high affirmative response (383 individuals) to intersectionality, backed by a significant Chi-Square value (96.14, $p < .05$), echoes literature, solidifying the multifaceted nature of transgender health experiences.

Qualitative emphasis on culturally competent therapy and spirituality in interventions aligns with the quantitative consensus (384 individuals) and a significant Chi-Square value (89.23, $p < .05$). This triangulation underscores the necessity of tailored mental health support in transgender healthcare.

Qualitatively, participants stressed the importance of understanding diverse identities. Quantitatively, the positive response (381 individuals) and a highly significant Chi-Square value (97.87, $p < .05$) resonate with existing literature, emphasizing the need for culturally sensitive healthcare practices.

Legal and policy gaps identified qualitatively are supported quantitatively by widespread agreement (380 individuals) and a substantial Chi-Square value (91.78, $p < .05$). This triangulation reinforces the pivotal role of supportive legal and policy environments.

Qualitatively, the potential of technology was emphasized. Quantitatively, an overwhelmingly positive response (384 individuals) and a highly significant Chi-Square value (98.95, $p < .05$) align with prior studies, highlighting the transformative role of technology in transgender healthcare.

Qualitatively, advocacy and community empowerment were recognized as vehicles for change. Quantitatively, widespread agreement (383 individuals) and a significant Chi-Square value (92.34, $p < .05$) resonate with existing research, reinforcing the critical role of community engagement in shaping transgender health outcomes.

In conclusion, the integrated approach ensures that qualitative richness is substantiated by statistical robustness, contributing to a nuanced understanding of the evolving era in transgender health in Islamabad, Pakistan. The consistency and alignment across methods enhance the credibility of the study, presenting a comprehensive and validated perspective on transgender health.

Policy Implications

The study on transgender health in Islamabad, Pakistan, underscores crucial policy recommendations to

address the complex challenges faced by the transgender community in the capital. Firstly, there is a pressing need for legal and policy reforms, emphasizing comprehensive frameworks to safeguard the rights and dignity of transgender individuals. The study calls for trans-inclusive legislation, positioning healthcare as an inherent right and fostering clear policies for transgender-friendly services.

Cultural competency within healthcare is identified as a pivotal policy focus. Policymakers are urged to invest in training programs for healthcare providers to enhance their understanding of diverse cultural identities, traditions, and religious sensitivities. This cultural competency training aims to create a more inclusive and affirming healthcare environment in Islamabad.

Mental health support is highlighted as a critical aspect, with a recommendation for policymakers to allocate resources for accessible and affordable mental health services. Culturally competent therapy and inclusive mental health initiatives are underscored as transformative for the well-being of transgender individuals.

The integration of technological innovations into transgender healthcare is deemed essential. Policymakers are encouraged to embrace telemedicine and discreet health apps to bridge gaps, enhance accessibility, and empower the community, mitigating the isolation faced due to limited healthcare access.

Community empowerment and advocacy emerge as transformative forces in policy recommendations. Policymakers are advised to recognize the vital role of community-led initiatives and involve the transgender community in decision-making processes related to healthcare. This collaborative approach fosters a sense of shared responsibility and ownership in shaping a progressive era for transgender well-being.

The Transgender Health Equity Index (THEI) is positioned as a valuable tool for assessing and monitoring progress. Policymakers are urged to consider integrating equity indices into policymaking and resource allocation, with regular updates to ensure relevance to the evolving landscape of transgender health in Islamabad.

In summary, the policy recommendations advocate for a comprehensive, inclusive, and collaborative approach to transgender health in Islamabad. Legal reforms, cultural competency, mental health support, technological innovations, community empowerment, and equity indices are highlighted as key pillars for effective policymaking and positive change in the region.

Limitations and Gap for the Future Research

The study on transgender health in Islamabad, Pakistan, provides valuable insights, but it is important to acknowledge its limitations and identify avenues for future research. The qualitative nature of the study, relying on interviews, poses a limitation as subjective experiences may not fully capture the breadth of transgender health issues. Future research could benefit from a mixed-methods approach, incorporating quantitative data for a more comprehensive understanding. The study's sample size and demographic representation may limit generalizability, emphasizing the need for larger and more diverse samples to capture the full spectrum of transgender experiences.

The focus on healthcare-related aspects and the concentration on Islamabad represent further limitations. Future research should explore the intersectionality of transgender identity with various social determinants, including education and employment, and extend studies to other regions within Pakistan for a broader understanding. Additionally, the reliance on self-reported data introduces the possibility of social desirability bias, warranting the need for more objective measures in future studies. Future research should address gaps by conducting longitudinal studies to track changes in transgender health over time, evaluating the long-term impact of interventions and training programs. Exploration of

specific healthcare needs based on ethnic and cultural backgrounds within the transgender community in Islamabad is crucial.

Reference

- Ahmad, M. W. (2021). *The Invisible Human: A Reflective Autoethnography about the Lives of Pakistani Transgender People*: University of Toronto (Canada).
- Ali, F., Daraz, U., Ahmad, I., Hussian, Z., & Khan, A. (2025). Barriers to Inclusion: The Struggles of Women with Disabilities in Pakistan. *Journal of Media Horizons*, 6(1), 430-436.
- Banik, S., Khan, M. S. I., Jami, H., Sivasubramanian, M., Dhakal, M., & Wilson, E. (2023). Social Determinants of Sexual Health Among Sexual and Gender Diverse People in South Asia: Lessons Learned from India, Bangladesh, Nepal, and Pakistan. In *Transforming Unequal Gender Relations in India and Beyond: An Intersectional Perspective on Challenges and Opportunities* (pp. 327-352): Springer.
- Bauer, G. R., Mahendran, M., Walwyn, C., & Shokoohi, M. (2022). Latent variable and clustering methods in intersectionality research: systematic review of methods applications. *Social psychiatry and psychiatric epidemiology*, 1-17.
- Bradford, N. J., Rider, G. N., Catalpa, J. M., Morrow, Q. J., Berg, D. R., Spencer, K. G., & McGuire, J. K. (2020). Creating gender: A thematic analysis of genderqueer narratives. In *Non-binary and Genderqueer Genders* (pp. 37-50): Routledge.
- Bränström, R., & Pachankis, J. E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American journal of psychiatry*, 177(8), 727-734.
- Braun, V., & Clarke, V. (2012). *Thematic analysis*: American Psychological Association.
- Bristol, S., Kostelec, T., & MacDonald, R. (2018). Improving emergency health care workers' knowledge, competency, and attitudes toward lesbian, gay, bisexual, and transgender patients through interdisciplinary cultural competency training. *Journal of Emergency Nursing*, 44(6), 632-639.
- Burdge, B. J. (2014). Being true, whole, and strong: A phenomenology of transgenderism as a valued life experience. *Journal of Gay & Lesbian Social Services*, 26(3), 355-382.
- Daraz, U., Bial, M., & Ullah, R. (2023). Quantifying the impact of domestic violence on women's psycho-psychological health in District Lower Dir, Khyber Pakhtunkhwa. *Journal of Positive School Psychology*, 7(3), 382-393.
- Daraz, U., Bojnec, Š., & Khan, Y. (2025). Gender Role Reversal in Gig Economy Households: A Sociological Insight from Southeast Asia with Evidence from Pakistan. *Societies*, 15(10), 276.
- Daraz, U., Khan, M. A., Ali, F., & Hussain, Z. (2025). Harmony in Diversity: Exploring the Positive Impacts of Ethnic Diversity on Social Integration in Islamabad, Pakistan. *Journal of Asian Development Studies*, 14(1), 46-64.
- Daraz, U., Khan, Y., Alsawalqa, R. O., Alrawashdeh, M. N., & Alnajdawi, A. M. (2024). Impact of climate change on women mental health in rural hinterland of Pakistan. *Frontiers in psychiatry*, 15, 1450943.
- Daraz, U., Mulk, J., & Ali, I. (2024). Mindful Mastery: Empowering Women's Well-Being through the Transformative Power of Education in Malakand Division, Pakistan. *International Journal of Human and Society*, 4(1), 18-32.
- Daraz, U., Nawab, H., & Mulk, J. (2023). Illuminating the path: Unleashing the power of education for women's empowerment in health. *Journal of Positive School Psychology*, 7(6), 889-902.

- Daraz, U., Ullah, R., & Bilal, M. (2023). How Masculine Absurdity Produces Domestic Violence Against Women? An Ethnographic Study In Malakand, Khyber Pakhtunkhwa. *Journal of Positive School Psychology*, 7(4).
- Dargie, E., Blair, K. L., Pukall, C. F., & Coyle, S. M. (2014). Somewhere under the rainbow: Exploring the identities and experiences of trans persons. *The Canadian Journal of Human Sexuality*, 23(2), 60-74.
- Ervasti, K. (2015). Increasing advocacy, awareness and support for transgender individuals.
- Falak, S., & Safdar, F. (2020). Perceived discrimination, social support, and psychological distress in transgender individuals. *PsyCh journal*, 9(5), 682-690.
- Farhat, S. N., Abdullah, M. D., Hali, S. M., & Iftikhar, H. (2020). Transgender law in Pakistan: Some key issues. *Policy Perspectives*, 17(1), 7-33.
- Fatima, A., Jami, H., & Irwin, J. A. (2022). Barriers faced by trans men (female to male transgender persons) in gender transitioning in Pakistan. *Journal of Gay & Lesbian Mental Health*, 1-32.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*: sage.
- Gonzalez, M., & McNulty, J. (2010). Achieving competency with transgender youth: School counselors as collaborative advocates. *Journal of LGBT Issues in Counseling*, 4(3-4), 176-186.
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *Plos one*, 15(5), e0232076.
- Hancock, A., Colton, L., & Douglas, F. (2014). Intonation and gender perception: Applications for transgender speakers. *Journal of Voice*, 28(2), 203-209.
- Howell, J., & Maguire, R. (2019). Seeking help when transgender: Exploring the difference in mental and physical health seeking behaviors between transgender and cisgender individuals in Ireland. *International Journal of Transgenderism*, 20(4), 421-433.
- Hughto, J. M., Meyers, D. J., Mimiaga, M. J., Reisner, S. L., & Cahill, S. (2022). Uncertainty and confusion regarding transgender non-discrimination policies: implications for the mental health of transgender Americans. *Sexuality Research and Social Policy*, 19(3), 1069-1079.
- Iqbal, M., Shahid, F., & Zaman, N. (2023). Gender and Built Environment: Exploring Co-Design as a Tool to Empower the Marginalized. *Pakistan Journal of Gender Studies*, 23(2), 101-122.
- Khan, S. A. (2020). Transgender Community in Pakistan: From Marginalized "aliens/others" to Empowered "Citizens"? *Progressive Research Journal of Arts & Humanities (PRJAH)*, 2(2), 28-42.
- Kuper, L. E., Nussbaum, R., & Mustanski, B. (2012). Exploring the diversity of gender and sexual orientation identities in an online sample of transgender individuals. *Journal of sex research*, 49(2-3), 244-254.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of youth and adolescence*, 39, 1175-1188.
- Melendez, R. M., & Pinto, R. (2007). 'It's really a hard life': Love, gender and HIV risk among male-to-female transgender persons. *Culture, health & sexuality*, 9(3), 233-245.
- Millet, N., Longworth, J., & Arcelus, J. (2017). Prevalence of anxiety symptoms and disorders in the transgender population: A systematic review of the literature. *International Journal of Transgenderism*, 18(1), 27-38.
- Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of sexual behavior*, 42, 437-448.

- Norton, A. T., & Herek, G. M. (2013). Heterosexuals' attitudes toward transgender people: Findings from a national probability sample of US adults. *Sex roles*, 68, 738-753.
- O'Hara, C., Dispenza, F., Brack, G., & Blood, R. A. (2013). The preparedness of counselors in training to work with transgender clients: A mixed methods investigation. *Journal of LGBT Issues in Counseling*, 7(3), 236-256.
- Palve, S. B., Seetharaman, N., Lochan, T., Patil, R., & Lokeshmaran, A. (2018). Health issues among transgenders in urban Pondicherry. *Indian Journal of Community Health*, 30(4), 323-333.
- Perez-Brumer, A., Nunn, A., Hsiang, E., Oldenburg, C., Bender, M., Beauchamps, L., . . . McCarthy, S. (2018). "We don't treat your kind": Assessing HIV health needs holistically among transgender people in Jackson, Mississippi. *Plos one*, 13(11), e0202389.
- Pratt-Chapman, M. L., Eckstrand, K., Robinson, A., Beach, L. B., Kamen, C., Keuroghlian, A. S., . . . Bruner, D. (2022). Developing standards for cultural competency training for health care providers to care for lesbian, gay, bisexual, transgender, queer, intersex, and asexual persons: Consensus recommendations from a national panel. *LGBT health*, 9(5), 340-347.
- Reback, C. J., & Rünger, D. (2020). Technology use to facilitate health care among young adult transgender women living with HIV. *AIDS care*, 32(6), 785-792.
- Reisner, S., Keatley, J., & Baral, S. (2016). Transgender community voices: a participatory population perspective. *The Lancet*, 388(10042), 327-330.
- Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., . . . Baral, S. D. (2016). Global health burden and needs of transgender populations: a review. *The Lancet*, 388(10042), 412-436.
- Reisner, S. L., Silva-Santisteban, A., Salazar, X., Vilela, J., D'Amico, L., & Perez-Brumer, A. (2021). "Existimos": Health and social needs of transgender men in Lima, Peru. *Plos one*, 16(8), e0254494.
- Rodriguez, A., Agardh, A., & Asamoah, B. O. (2018). Self-reported discrimination in health-care settings based on recognizability as transgender: a cross-sectional study among transgender US citizens. *Archives of sexual behavior*, 47, 973-985.
- Scheim, A. I., & Bauer, G. R. (2015). Sex and gender diversity among transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *The Journal of Sex Research*, 52(1), 1-14.
- Scheim, A. I., Perez-Brumer, A. G., & Bauer, G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*, 5(4), e196-e203.
- Seelman, K. L., & Poteat, T. (2020). Strategies used by transmasculine and non-binary adults assigned female at birth to resist transgender stigma in healthcare. *International Journal of Transgender Health*, 21(3), 350-365.
- Sevelius, J. M., Keatley, J., Calma, N., & Arnold, E. (2018). 'I am not a man': Trans-specific barriers and facilitators to PrEP acceptability among transgender women. In *Rethinking MSM, Trans* and other Categories in HIV Prevention* (pp. 242-257): Routledge.
- Shaikh, S., Mburu, G., Arumugam, V., Mattipalli, N., Aher, A., Mehta, S., & Robertson, J. (2016). Empowering communities and strengthening systems to improve transgender health: outcomes from the Pehchan programme in India. *Journal of the International AIDS Society*, 19, 20809.
- Shelton, J., Kroehle, K., Clark, E. K., Seelman, K., & Dodd, S. (2021). Digital technologies and the violent surveillance of nonbinary gender. *Journal of gender-based violence*, 5(3), 517-529.

- Singh, A. S., & Masuku, M. B. (2014). Sampling techniques & determination of sample size in applied statistics research: An overview. *International Journal of economics, commerce and management*, 2(11), 1-22.
- Skeen, S. J., Cain, D., Gamarel, K. E., Hightow-Weidman, L., & Reback, C. J. (2021). mHealth for transgender and gender-expansive youth: harnessing gender-affirmative cross-disciplinary innovations to advance HIV prevention and care interventions. *Mhealth*, 7.
- Sohail, M. U., Aslam, O., Fatima, K., & Jabbar, A. (2021). Social Injustices with Trans-genders: A Pivotal Path of Development. *Ilkogretim Online*, 20(3).
- Wesp, L. M., Malcoe, L. H., Elliott, A., & Poteat, T. (2019). Intersectionality research for transgender health justice: a theory-driven conceptual framework for structural analysis of transgender health inequities. *Transgender health*, 4(1), 287-296.
- White Hughto, J. M., Murchison, G. R., Clark, K., Pachankis, J. E., & Reisner, S. L. (2016). Geographic and individual differences in healthcare access for US transgender adults: a multilevel analysis. *LGBT health*, 3(6), 424-433.
- White Hughto, J. M., Rose, A. J., Pachankis, J. E., & Reisner, S. L. (2017). Barriers to gender transition-related healthcare: Identifying underserved transgender adults in Massachusetts. *Transgender health*, 2(1), 107-118.