Perceived Loneliness, Social Acceptance, and Their Relationship among Transgender Individuals in Mumbai

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Abstract

Transgender individuals frequently experience social exclusion, stigma, and discrimination, which place them at elevated risk for loneliness and poor psychosocial well-being. The present study examined levels of perceived loneliness and perceived social acceptance and investigated the relationship between these constructs among transgender adults residing in Mumbai. A quantitative, cross-sectional correlational design was employed. Sixty participants (34 trans women and 26 trans men), aged 18–30 years, were recruited through community-based organizations using purposive sampling. Data were collected using the UCLA Loneliness Scale (Version 3) and the Perceived Acceptance Scale. Descriptive statistics, chi-square tests, independent samples t-tests, one-sample t-tests, and Pearson correlation analyses were performed.

Results indicated high levels of perceived loneliness (M = 50.93, SD = 10.33) and moderate levels of perceived social acceptance (M = 138.97, SD = 33.15). One-sample t-tests revealed that both loneliness and social acceptance scores differed significantly from the scale midpoints (p < .001). No significant gender differences were observed in loneliness or social acceptance between trans men and trans women. A statistically significant moderate-to-strong negative correlation was found between perceived loneliness and social acceptance (r = −0.568, p < .001), indicating that higher loneliness was associated with lower social acceptance Acceptance from friends and mothers showed stronger protective associations than acceptance from fathers.

The findings highlight perceived social acceptance as a crucial protective factor for the psychological well-being of transgender individuals. Interventions that strengthen family support, peer relationships, and community inclusion may play an essential role in reducing loneliness and improving mental health outcomes in this population.

Keywords: Perceived loneliness, social acceptance, transgender individuals.

Introduction:

The term *transgender* refers to individuals whose gender identity differs from the sex assigned to them at birth. Gender identity is a deeply internal and personal sense of self that may or may not align with biological sex characteristics (American Psychological Association [APA], 2023). Transgender is an umbrella term that includes diverse identities, experiences, and expressions of gender

beyond the traditional binary framework. Within this population, *trans men* are individuals assigned female at birth who identify and live as men, whereas *trans women* are individuals assigned male at birth who identify and live as women (World Health Organization [WHO], 2019). Although their transition pathways may differ, both trans men and trans women frequently encounter stigma, discrimination, and social exclusion due to dominant cisnormative social structures. Social acceptance refers to the extent to which individuals feel respected, valued, and included within their family, peer networks, and broader society. For transgender individuals, perceived social acceptance plays a crucial protective role in psychological well-being (Brock et al., 1998). In contrast, the absence of acceptance often leads to rejection and marginalization, contributing to adverse mental health outcomes. Loneliness is defined as a subjective emotional experience arising from a perceived discrepancy between desired and actual social relationships (Russell, 1996). Empirical evidence highlights the strong relationship between loneliness and social acceptance among transgender populations. For instance, Hajek et al. (2023), in a large-scale quantitative study of transgender and gender-diverse individuals, found significantly higher levels of loneliness compared to the general population. Their findings indicated that low social acceptance, lack of stable social relationships, and societal exclusion were key predictors of loneliness. The study emphasized that loneliness among transgender individuals is largely socially produced rather than individually driven.

Methodology

Research Design

A quantitative, non-experimental, cross-sectional correlational research design was adopted to assess perceived loneliness and perceived social acceptance and to examine the relationship between these variables among transgender individuals residing in Mumbai.

Participants and Sampling

Sampling Method

Purposive sampling was used to recruit participants through community-based organizations and non-governmental organizations working with transgender populations in Mumbai.

Sample Size and Characteristics

The sample consisted of 60 transgender adults, including 34 trans women (56.7%) and 26 trans men (43.3%), aged between 18 and 30 years.

Inclusion Criteria

Participants were required to:

- self-identify as transgender,

- be between 18 and 30 years of age,

- have a minimum educational level of fifth grade, and

- provide informed consent.

Exclusion Criteria

Individuals with severe cognitive impairment or those unwilling to provide consent were excluded.

Measures

UCLA Loneliness Scale (Version 3)

The UCLA Loneliness Scale developed by Russell (1996) is a 20-item self-report measure assessing subjective feelings of loneliness and social isolation. Responses are rated on a 4-point Likert scale ranging from 1 (Never) to 4 (Often), with higher scores indicating greater loneliness.

Perceived Acceptance Scale (PAS)

The Perceived Acceptance Scale developed by Brock et al. (1998) measures individuals' subjective perceptions of being valued and accepted in their social relationships. Higher scores indicate greater perceived social acceptance.

Reliability and Validity of Instruments

The UCLA Loneliness Scale has demonstrated excellent internal consistency (Cronbach's α = .89–.94) and good test–retest reliability (r = .70–.90). Its construct and criterion validity have been well established across diverse cultural contexts.

The Perceived Acceptance Scale has shown strong internal consistency (Cronbach's α = .86–.92) and satisfactory construct validity, with positive associations reported with self-esteem and social support and negative associations with loneliness and depressive symptoms.

Data Collection Procedure

Participants were approached through collaborating NGOs and community organizations. After providing informed consent, they completed a questionnaire booklet consisting of a demographic information form, the UCLA Loneliness Scale, and the Perceived Acceptance Scale. Data were collected in both paper-based and digital formats. The average completion time was approximately 20–25 minutes.

Data Analysis

Data were analyzed using statistical software. Descriptive statistics (mean, standard deviation, range, skewness, and kurtosis) were computed for all major variables. One-sample t-tests were conducted to compare sample means with theoretical scale midpoints. Independent samples t-tests examined gender differences in loneliness and social acceptance. Chi-square tests were used to assess associations between gender and transition-related health variables. Pearson product–moment correlation analysis was performed to examine the relationship between perceived loneliness and perceived social acceptance. Internal consistency reliability was assessed using Cronbach's alpha.

Statistical significance was set at $p < .05$.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee prior to data collection. Participation was voluntary, and anonymity and confidentiality were strictly maintained. Participants were informed of their right to withdraw at any time without penalty. Psychological support and referral services were made available through collaborating organizations if required.

Results

Descriptive statistics were computed to see the demographic details of the sample. The sample comprised of 60 transgender individuals, including 34 transwomen (56.7%) and 26 transmen (43.3%). This demographic study includes a young cohort, with

58.3% of participants aged 27–30 years and 33.3% aged 23–26 years. Regarding educational attainment, 30% of the sample reported having graduated, and 31.7% reported completing 12th grade. The economic status of the participants exhibited significant variance; while a notable proportion of the cohort (33.3%) reported no personal income, while 66.7% of the sample had high income. From a health perspective, 25% of participants reported mental health issues, and 21.7% self-reported experiencing both mental health and physical co-morbidities. Additionally, 56.7% of respondents were receiving Hormone Replacement Therapy (HRT), and 30% had completed gender-affirming surgery. Across the entire sample, the mean total score on the University of California, Los Angeles Loneliness Scale (UCLA) was 50.93 (SD = 10.33), while the mean total score for social acceptance on the Perceived Acceptance Scale (PAS) was 138.97 (SD = 33.15).

Inferential statistics :

Table 1

Chi square test association between gender and HRT status

	Value	df	Asymptotic Significance (2-sided)	(2-Exact Sig. sided)	(2-Exact Sig. (1-sided)
Pearson Chi-Square	.020	1	.889		
Continuity Correction	.000	1	1.000		
Likelihood Ratio	.020	1	.888		
Fisher's Exact Test				1.000	.549
Linear-by-Linear Association	.019	1	.889		
N of Valid Cases	60				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.27.
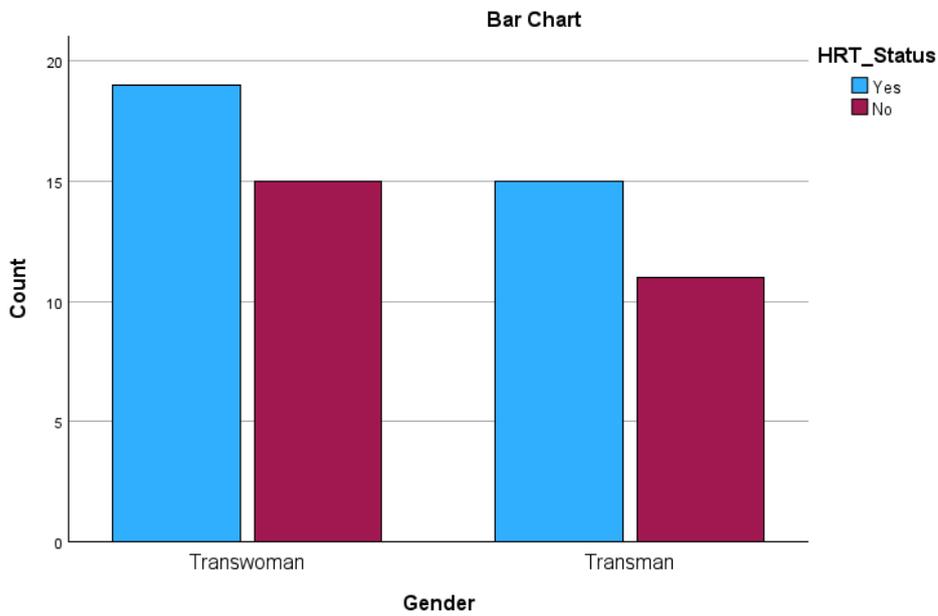
Image 1

Chi square on gender and HRT Status

Bar Chart

Table 2

Chi square association between gender and surgery status

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.564	1	.211		
Continuity Correction	.934	1	.334		
Likelihood Ratio	1.557	1	.212		
Fisher's Exact Test				.261	.167
Linear-by-Linear Association	1.538	1	.215		
N of Valid Cases	60				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.80.

Image 2
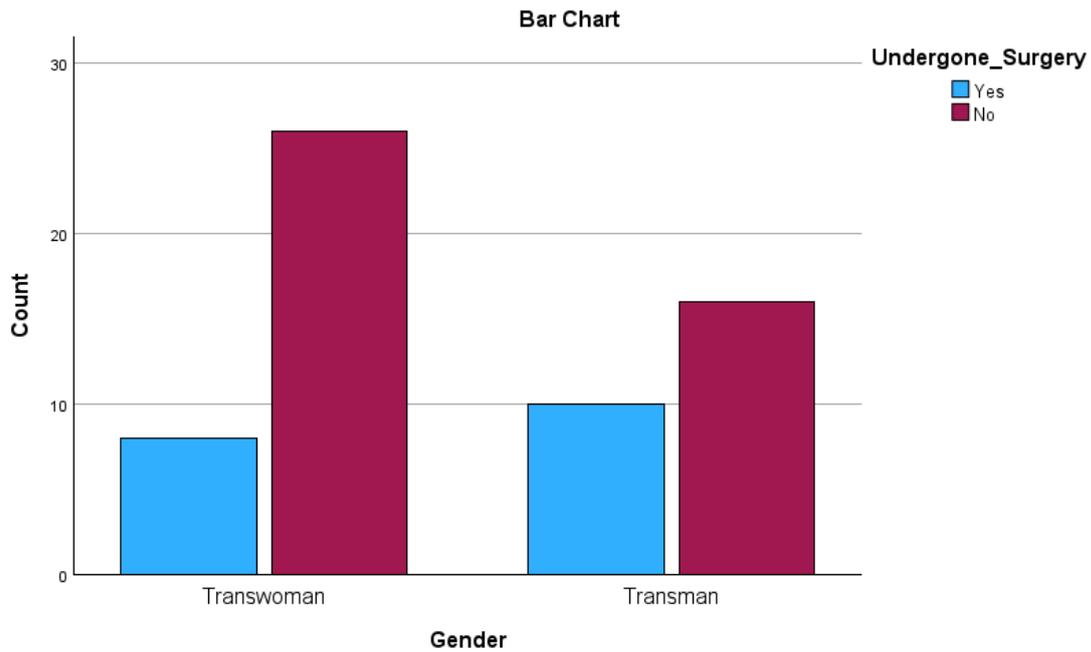
Chi square association between gender and surgery status

Table 3

Chi square association between gender and mental health issues

	Value	df	Asymptotic Significance (2-sided)	(2-Exact Sig. sided)	(2-Exact Sig. (1-sided)
Pearson Chi-Square	.814	1	.367		
Continuity Correction	.362	1	.547		
Likelihood Ratio	.829	1	.362		
Fisher's Exact Test				.548	.276

Linear-by-Linear Association	.801	1	.371
N of Valid Cases		60	

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.50.

Image 3

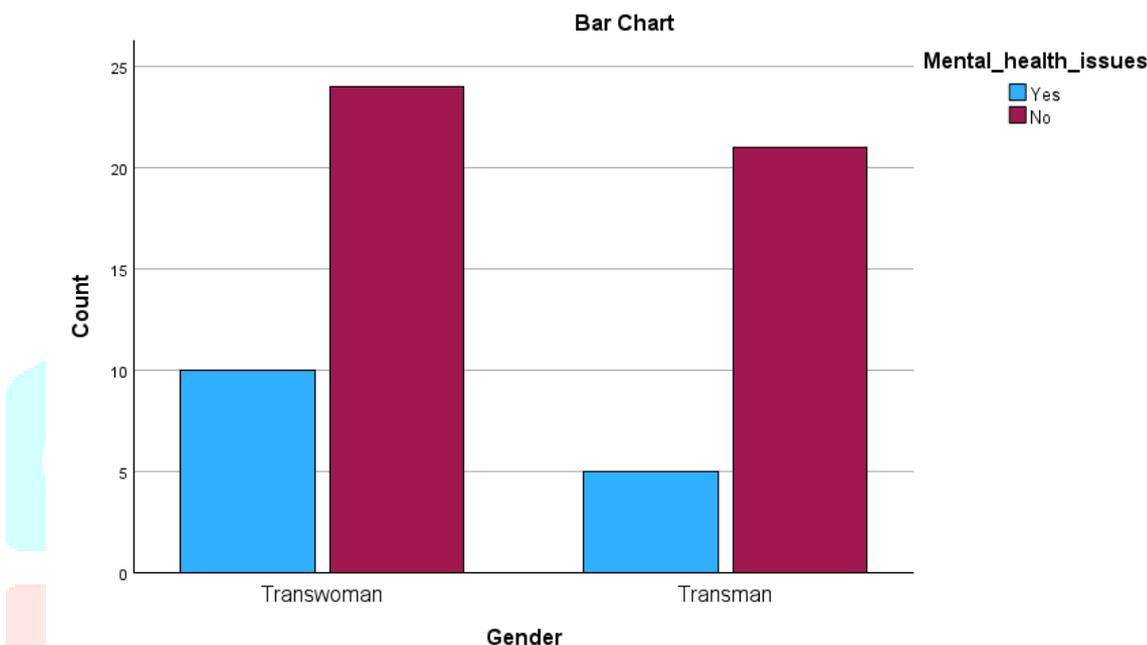*Chi square association between gender and mental health issues*

Inferential statistics were employed to examine how demographic factors relate to these measures. The Chi-square produced three different results of no significance when compared to the effect of gender on three different transition-related health issues: hormone therapy, surgery status, and mental health issues. In regard to hormone therapy, the Pearson chi-square was found to be .020, with 1 degree of freedom, and a p-value of 0.889; surgery status (which was whether the participants had had gender-affirming surgery) resulted in a Pearson chi-square value of 1.564, with 1 degree of freedom, and a p-value of 0.211; mental health issues were found to have a Pearson chi-square value of 0.814, 1 degree of freedom and a p-value of 0.367. The expected counts for all three analyses have been found to exceed five, ranging from 6.50 to 11.27. It has been determined that there are no statistically significant continuity corrections in this analysis.

Table 4

One-Sample Test Scale scores between two groups

			Test Value = 0				
			Significance			95% Confidence Interval of the Difference	
t	df		One-Sided p	Two-Sided p	Mean Difference	Lower	Upper

UCLA Score	38.175	59	<.001	<.001	50.933	48.26	53.60
PAS Score	32.466	59	<.001	<.001	138.967	130.40	147.53

To determine if the sample scores differed significantly from specified test values, one-sample t-tests were conducted. One-sample t-tests were conducted to compare average scores for each scale to the tested norms. The t-test results for the UCLA Loneliness Scale demonstrated a statistically significant deviation ($t_{(59)}$ = 38.175, p < .001), and produced an effect size of d = 4.928, demonstrating an extremely large effect size. The t-test results for the PAS (Perceived Acceptance Scale) confirm that the average score ($t_{(59)}$ = 32.466, p < .001) has a large effect size, d = 4.191. A breakdown of the PAS subscales provided a more detailed representation of social acceptability: the mother subscale yielded the highest mean (36.20), followed by the Friends subscale (35.42) and the general Family subscale (34.15), while the Father subscale reported the lowest mean (33.20). Therefore, transgender participants living in Mumbai had a very significant difference between their perceived levels of loneliness and the levels of social acceptance experienced by the majority of the population. This has serious implications for their overall mental health.

Table 5

Independent Samples T-Test between two groups

		t	df	Significance One-Sided p	Significance Two-Sided p	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower	95% Confidence Interval of the Difference Upper
UCLA Score	Equal variances assumed	-.696	58	.245	.489	-1.882	2.704	-7.296	3.531
	Equal variances not assumed	-.692	52.652	.246	.492	-1.882	2.721	-7.341	3.576
PAS Score	Equal variances assumed	-1.077	58	.143	.286	-9.290	8.626	-26.557	7.978
	Equal variances not assumed	-1.035	44.424	.153	.306	-9.290	8.975	-27.373	8.794

Comparative analyses between gender groups were performed using independent samples t-tests. For the UCLA scale, transwomen had a mean of 50.13 (SD = 10.17) while transmen had a mean of 52.00 (SD = 10.65). The resulting t-value of -0.696 ($t_{(58)}$ = -0.696, p = 0.489) indicated no significant difference in loneliness between the two groups. In the same manner, PAS score comparisons showed that transwomen averaged 134.94 (SD = 28.43) and transmen averaged 144.23 (SD = 38.42), with a t-value of -1.077 ($t_{(58)}$ = -1.077, p = 0.286), confirming no significant difference in social acceptance by gender.

Table 6

Pearson Correlations between University of California, Los Angeles, Loneliness Scale Scores and Perceived Acceptance Scale Scores

		UCLA_Score	PAS_Score
University of California, Los Angeles, Lonliness Scale_Score	Pearson Correlation	1	-.568
	Sig. (2-tailed)		<.001
	N	60	60
Perceived Acceptance Scale_Score	Pearson Correlation	-.568	1
	Sig. (2-tailed)	<.001	
	N	60	60

Correlation at 0.001(2-tailed)

A Pearson Correlation Analysis was done to examine the connection between perceived loneliness and perceived social acceptance among transgender individuals living in Mumbai. The analysis looked at the total scores of the UCLA Loneliness Scale and the total scores from the Perceived Acceptance Scale (PAS). The results showed a statistically significant negative relationship of -0.568 between these two variables with p-value greater than 0.001 ($r_{(58)}$ = -0.568, p < .001). Negative coefficients indicate an inverse relationship. This means that as perceived social acceptance goes up, perceived loneliness goes down significantly. On the other hand, as perceived social acceptance goes down, reports of higher loneliness go up. The strength of this correlation is considered moderate to strong. This means that perceived social acceptance is an important predictor of the emotional well-being of the sample.

Further analysis using the PAS subscales gave a clearer view of this relationship. The correlations between loneliness and the specific areas of acceptance, namely Friends, Family, Mother, and Father, were also examined. All areas showed a negative trend with loneliness, but the strength of the correlation differed across subscales. The correlation involving the Friends and Mother subscales showed a stronger link to lower loneliness scores compared to the Father subscale. This matches the earlier data, where the Mother subscale (M=36.20) and Friends subscale (M=35.42) reported higher mean acceptance than the Father subscale (M=33.20). These results confirm that the source of social acceptance greatly impacts the internal psychological experience of transgender individuals. Some support systems offer a stronger shield against isolation than others.

Discussion

The present study explored perceived loneliness and perceived social acceptance among transgender individuals residing in Mumbai and examined the relationship between these two psychological constructs. The findings clearly indicate that loneliness remains a prominent psychological concern within the transgender community, while experiences of social acceptance are uneven and context-dependent. These outcomes are consistent with the study's correlational design, which emphasizes understanding lived social experiences rather than causal explanations.

The results demonstrate that transgender individuals experience substantial feelings of loneliness, reinforcing the view that loneliness within this population is largely shaped by social exclusion, stigma, and limited validation from mainstream society. Prior research has consistently highlighted that transgender individuals face structural discrimination, rejection, and marginalization, which restrict meaningful social integration and increase emotional isolation (Hajek et al., 2023; Goldstein et al., 2023). The current

findings support this perspective by showing that loneliness is not merely an individual psychological state but a response to broader social conditions.

Perceived social acceptance emerged as a critical psychosocial factor influencing emotional well-being. While participants reported some degree of acceptance, this acceptance was not uniform across social domains. Familial acceptance appeared to vary, with certain family relationships offering greater emotional support than others. This pattern aligns with existing literature suggesting that partial or conditional acceptance within families can coexist with rejection, thereby creating complex emotional environments for transgender individuals (Chakrapani et al., 2024). Peer acceptance and friendships appeared to play a particularly protective role, underscoring the importance of chosen families and community-based support systems in mitigating feelings of isolation.

Importantly, the study found no meaningful differences between transmen and transwomen in levels of loneliness or perceived social acceptance. This suggests that, despite differences in gender identity and transition pathways, transgender individuals share common psychosocial challenges rooted in societal attitudes rather than gender-specific experiences. Similar findings have been reported in previous studies, which argue that stigma-related stressors affect transgender populations broadly, regardless of gender identity (Garro et al., 2022).

The most significant contribution of this study lies in the observed inverse relationship between perceived social acceptance and loneliness. Higher acceptance was associated with lower loneliness, highlighting social acceptance as a key protective factor for mental health. This finding aligns with minority stress theory, which posits that social affirmation and inclusion buffer the negative psychological effects of stigma and discrimination (Hajek et al., 2023). The results suggest that interventions focusing solely on individual coping skills may be insufficient unless accompanied by efforts to improve family acceptance, peer support, and societal inclusion.

Conclusion: this study underscores that loneliness among transgender individuals in Mumbai is deeply intertwined with their social environment. Enhancing social acceptance at familial, peer, and community levels is essential for improving psychological well-being. Mental health professionals, policymakers, and community organizations must prioritize inclusive practices, family sensitization programs, and community-based interventions to reduce social isolation. By addressing structural exclusion and fostering environments of acceptance, meaningful improvements in the mental health and quality of life of transgender individuals can be achieved.

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