



## Role of Religiosity in Psychological Well-Being and Subjective Happiness among Transgender Considering Social Support as a Moderator

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### Abstract

*Religiosity refers to people's tendencies to commit to religious beliefs and activities. Although abundant research has established a clear association between religion and psychological well-being, religion has both positive and negative implications depending on the way religion is used and inferred. However, inquiries into positive transgender development are specifically important, yet scarcely done, given the high rates of gender-based victimization and limited health resources. Moreover, transgender Muslims may encounter multiple forms of minority stress such as gender minority and ethnic minorities as well. Therefore, this research was designed to examine both bivariate and multivariate associations between Psychological Well-being, Subjective Happiness, and Social Support, and the possible positive role of religiosity for them. For this purpose, 100 transgender people were taken from different communities in Pakistan through snowball sampling. The Index of Religiosity (IR), Ryff's Scales of Psychological Well-being (RSPWB), Multidimensional Scale of Perceived Social Support (MSPSS), and Subjective Happiness Scale (SHS) were used to collect data. SPSS was used for data analysis. The mean age of participants was 27 years. The results revealed that Subjective Happiness and Psychological Well-being were correlated ( $p < .05$ ) among transgender. Furthermore, it was found that those who have more religious practices, tend to have better Psychological Well-being however Social Support was not found to have any impact on the relationship. As for Subjective Happiness, Religiosity was also found to be a significant predictor along with a significant moderating role of Social Support. This indicated that Religious practices can be used as a significant means to promote and better the well-being of the transgender community.*

**Keywords;** transgender, religiosity, psychological well-being, subjective happiness, social support.



## **Introduction**

Section 2(f) of the Transgender Persons (Protection of Rights) Act, 2018, Pakistan, defines "transgender person" as someone who is: (i) "Intersex" (khusra) with a "mixture of male and female genital features or congenital ambiguities"; or (ii) "eunuch assigned male at birth, but undergoes genital excision or castration"; or (iii) a "transgender man, transgender woman, Khawaja Sira or any person whose gender identity or gender expression differs from the social norms and cultural expectations based on the sex they were assigned at the time of their birth." In Pakistan, "Hijra" or "Khawaja Sara", as they are commonly referred to by the people, make up about 2% of the total population of this country. This means around 4 million people, which is a considerable number. Unfortunately, the attitude of society towards them is not very welcoming or appreciative, which makes them vulnerable to institutional discrimination (91.5%), physical attacks (77.8%), and drug abuse (37.6%). Social exclusion and stigmatization is the reason why they have to adopt begging and commercial sex work (39.2%) to earn bread and butter (Shah et al., 2018) which ultimately affect their mental wellbeing.

Mental well-being also known as psychological wellbeing or emotional well-being, refers to the overall state of an individual's mental health and the quality of their emotional and psychological functioning. It encompasses various aspects of a person's mental state, including their thoughts, feelings, attitudes, and behaviors. Psychological well-being is not merely the absence of mental illness; rather, it represents a positive and flourishing state of mind (Ryff, 1989). Psychological well-being is essential for an individual's overall health and functioning, as it influences various aspects of life, including physical health, work performance, and social interactions. It is a multidimensional concept and can be influenced by a combination of internal factors (e.g., personality traits, coping mechanisms) and external factors (e.g., social support, life events). (Ryff & Keyes, 1995). As much as for other genders, this is a matter of concern for transgender individuals as well. Research highlights that the transgender community is opposed by multiple psychological health-related consequences, majorly depression, anxiety, suicidal thoughts, and identity crisis. Studies have also shown that transgender individuals experience higher levels of depression and anxiety than the general population (Bouman et al., 2017; Witcomb et al., 2018). Also, it was reported that they are more prone to suicidal ideation and attempts than cisgender individuals (Trans Teens Face



Heightened Risk of Suicide Attempts, 2022). Additionally, transgender individuals face significant barriers in accessing healthcare, educational facilities, as well as work/earning opportunities, which result in higher levels of stress and anxiety (Alam, 2019; Younus et al., 2022). All these factors take a toll on the overall Psychological Well-being of this community.

### **Literature Review**

The cumulative impact of aforementioned factors not only causes harmful conditions e.g. depression and anxiety but also impact the presence of positive emotions like Subjective Happiness. According to Diener's (2000) definition, happiness is characterized by experiencing more positive affect and life satisfaction while having fewer negative emotions. Myers and Diener (1995) conducted a study focusing on happiness in an attempt to illuminate positive experiences. Happiness can be defined as a state of well-being, contentment, or the experience of enjoyable and fulfilling moments. In the field of psychology, the term "happiness" is often used interchangeably with "subjective well-being" (Lyubomirsky et al., 2005). In other words, subjective well-being is the outcome of happiness combined with other positive emotions. Diener (2000) suggests that pleasant emotions have a greater impact on an individual's subjective well-being compared to negative emotions and life satisfaction.

However, for the current study, Subjective Happiness and Psychological Well-being are taken separately, with the possible explanation that these are two very similar but different constructs that have received considerable attention in the domain of psychology. While Subjective Happiness refers to a positive state conformed by feelings and emotions of joy, happiness, and gratitude towards life, Psychological Well-being on the other hand is a wider, complex, and multifaceted construct that encompasses various sides and angles of an individual's functioning, including positive emotions, personal growth, betterment of relationships, and a purposeful and meaningful sense in life.

In Pakistan, another significant factor that contributes to the psychological condition of transgender people is the lack of social support. Due to social stigmatization and discrimination, transgender individuals often face social exclusion and lack access to supportive networks (Yousuf et al., 2021). This lack of support can result in loneliness, hopelessness, and helpless feelings, further exacerbating their mental health issues.

In such conditions, where the transgender population is prone to poor psychological Well-



being and low levels of Subjective Happiness, there up rises a dire need for a means that is beneficial for this community as well as provides, in the light of evidence, coping capabilities within ease of access. For this purpose religiosity is taken into consideration. The correlation between religiosity and both physical and mental health has been explored (Zimmer et al., 2016). Religiosity refers to the significance of religion in an individual's life (Huber & Huber, 2012). According to Dew et al. (2008), there is a strong association between religiosity and mental health outcomes such as substance abuse, anxiety, suicide, and delinquency. Kaliampos and Roussi (2015) suggest that understanding religion positively impacts challenging circumstances. Research by Hamidah and Gamal (2019) indicates a positive relationship between religiosity and psychological well-being, indicating that higher levels of religiosity are associated with greater psychological well-being. However, Weber & Pargament, (2014) argue that higher levels of religiosity in early adulthood are associated with increased levels of depression. A substantial body of research has established a clear link between religion and psychological well-being, with religion having both positive and negative implications depending on its application and interpretation. This heightens the possibility of the presence of this correlation among transgender.

Therefore, the current research was proposed to determine the impact of Religiosity on Psychological Well-being and Subjective Happiness along with, exploring the role of Social Support among Transgenders. The sub-objectives were to investigate the presence of collinearity between Psychological Well-being and Subjective Happiness; to examine the impact of Religiosity on Psychological Well-being; to examine the impact of Religiosity on Subjective Happiness; to examine the moderating role of Social Support on Religiosity and Psychological Well-being; to examine the moderating role of Social Support on Religiosity and Subjective Happiness.

## **Methodology**

### **Research Design and Population**

A quantitative type, research approach, and correlational research design were used for the study. The study was conducted on transgender communities living in Islamabad and Rawalpindi between March 2023 to June 2023.

### **Sample and Sampling Technique**



The participants of the present research consist of individuals that come under the definition of Transgender as per Pakistan Law. The contributors' age group fell between 20 to 40 years, who were selected through snowball sampling. Moreover, participants following any religion other than Islam were excluded.

### **Instruments**

The following instruments were used for data collection.

**Consent Form:** Written consent was taken from all the participants using the informed consent sheet regarding their participation in the research.

**Demographic Sheet:** A demographic questionnaire was used to collect basic socio-demographic details, such as age, religion, education level, and employment status.

**Index of Religiosity Urdu:** The Index of Religiosity (IR) was utilized to assess the level of religiosity among the participants. The development of this index was undertaken by Shagufta Aziz and Ghazala Rehman (1996) at the National Institute of Psychology, Quaid-e-Azam University, and Islamabad, Pakistan. The questionnaire consists of 27 items and provides a valid measure of religiosity specifically for Muslim individuals. The reported split-half reliability of the test is 0.80, and the KR-20 reliability coefficient is 0.83 (Aziz & Rehman, 1996).

**Ryff's Scales of Psychological Well-being Urdu:** The Ryff's Scale of Psychological Well-being (RSPWB) is a comprehensive questionnaire comprising 54 items. This instrument, developed by Ryff (1989), is rooted in theory and aims to assess six dimensions of psychological well-being: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy. Each dimension consists of nine items, with an equal distribution of positive and negative statements. Responses are recorded on a 6-point scale, ranging from strongly agree to strongly disagree.

The scale was translated into Urdu by Tahira Jibeen (2012). Cronbach's alpha is reported at 0.843 and standardized item alpha at 0.841, surpassing the original Ryff scales. However, the internal consistency coefficients of the subscales ranged from modest to low (ranging from 0.25 to 0.65). (Jibeen & Khalid, 2012)

**Subjective Happiness Scale Urdu:** The Subjective Happiness Scale (SHS), developed by Lyubomirsky and Lepper (1999), is a brief questionnaire consisting of four items designed to assess subjective happiness. Respondents rate their level of happiness using a seven-point Likert scale, with different response ranges provided for each item. Reported Cronbach's alpha



coefficients for the SHS range from 0.79 to 0.94, indicating good internal consistency (Lyubomirsky & Lepper, 1999).

**Multidimensional scale of perceived social support:** To assess perceived social support, the Urdu version of the Multidimensional Scale of Perceived Social Support (MSPSS) was utilized. It was developed by Tahira Jabeen and Rohi Khalid (2010). This scale consists of 12 items specifically designed to measure perceived social support from three sources: family, friends, and a significant other (Zimet et al., 1988). Respondents provide their ratings using a 5-point Likert scale, where 0 represents "strongly disagree" and 5 represents "strongly agree."

The Urdu-translated version of the MSPSS has scored its reliability with Cronbach's alpha coefficient to be .837, indicating good reliability. Additionally, the test-retest correlation coefficient was .656, indicating reasonable stability over time (Rizwan & Syed, 2010).

**Procedure:** The study was cross-sectional including participants from the transgender community. Every participant in the research study was provided with written consent, expressing their voluntary participation. Furthermore, before the study began, the participants were informed about the study's protocol and objectives, and they were given the freedom to withdraw from the study at any time. Moreover, the responses were analyzed using correlation, regression, and moderation analysis. Data were tabulated, and results were compiled in frequencies and percentages.

### Analysis

Statistical analysis was done based on information gathered from the sample of 100 Transgender people from different transgender communities located in Rawalpindi and Islamabad, Pakistan.

Table 1  
Socio-demographic characteristics of participants (n=100)

Characteristics	<i>N</i>	%	<i>M</i>	<i>SD</i>
<b>Age</b> 20-40	100	100%	27.82	4.098
<b>Qualification</b>			1.71	.880
Primary	53	53%		
Secondary	27	27%		
Higher Secondary	16	16%		
Graduate	4	4%		
<b>Employment status</b>			1.51	.502
Employed	49	49%		
Unemployed	51	51%		
<b>Religion</b>			1.00	.000
Islam	100	100%		
Other	0	0%		

Note *n*= frequency, *M*= Mean, *SD*= Standard Deviation



Table 1 shows that participants are aged between 20 and 40. The majority of them have received only primary education 53% (n=53) and almost half are employed 49% (n=49). All of them practice Islam as a religion (n=100)

Table 2  
Psychometric properties of the scales.

Scales	K	M	SD	Cronbach's $\alpha$
IR	27	63.3	8.52	.888
RSPW	54	212.55	56.58	.989
SHS	4	15.23	7.33	.953
MSPSS	12	50.52	16.472	.982

Note: IR= Index of Religiosity, RSPW= Ryff's Scales of Psychological Well-being, SHS= Subjective Happiness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, K= No of items. M= Mean, SD= Standard Deviation

Table 2 indicates the psychometric properties of the scales that are used in the study. Reliability determines that the result of the instrument is consistent. The reliability of the scale is determined by Cronbach's alpha ( $\alpha$ ) coefficient which is a widely used measure of reliability in quantitative research. The values obtained for the Index of Religiosity (IR), Ryff's Scales of Psychological Well-being (RSPW), Subjective Happiness Scale (SHS), and Multidimensional Scale of Perceived Social Support (MSPSS) are found to be .888, .989, .953 and .982 respectively. This indicates that all the scales used in the study are highly reliable ( $\alpha > .8$ )

Table 3  
Inter Correlation among dependent variables (N=100)

Variables	M	SD	1	2
Psychological Well-being	212.55	56.585	1	.482**
Subjective Happiness	15.23	7.335	-	1

Note. M= Mean, SD= Standard Deviation, \* $p < .05$ . \*\* $p < .01$

Table 3 depicts the findings of Pearson product-moment correlation which revealed inter-correlation among the two dependent variables of the study. Findings revealed that Psychological Well-being is significantly and positively correlated with Subjective Happiness ( $r = .482^{**}$ ).

Table 4  
Regression coefficients of the impact of Religiosity on Psychological Well-being

Variables	B	SE	t	p	95% CL	
					LL	UP
Constant	-16.303	35.946	-.454	.651	-87.637	55.030
IR	3.614	.563	6.423	.000	2.497	4.730

Note B= Unstandardized coefficient, SE= Standard Error, CL= Class Limit, LL=Lower Limit, UL= Upper Limit, p=significance level ( $p < .05$ ).



The results of the regression model indicate that the assumption of multicollinearity is assumed (VIF=1.00). The assumption of independence of residuals was also assumed as Durbin Watson is 1.797. Table 4 showed the impact scored by Religiosity on Psychological Well-being. The R<sup>2</sup> value of .296 showed that the predictor (Religiosity) explained 29% of variance\change in the outcome variable (Psychological Well-being) with F (1, 98) = 41.261, p<.000. Findings depicted that Religiosity positively predicted Psychological Well-being ( $\beta = .544$ , p<.000). Conclusively, regression analysis suggested that Religiosity is a positively significant predictor of Psychological Well-being.

Table 5  
 Regression coefficients of the impact of Religiosity on Subjective Happiness

Variables	B	SE	t	p	95% CL	
					LL	UP
Constant	.733	5.354	.137	.891	-9.892	11.357
IR	.229	.084	2.732	.007	.063	.395

Note B= Unstandardized coefficient, SE= Standard Error, CL= Class Limit, LL=Lower Limit, UL= Upper Limit, p=significance level (p<.05).

The results of the regression model indicate that the assumption of multicollinearity is assumed (VIF=1.00). The assumption of independence of residuals was also assumed as Durbin Watson is 1.434. Table 5 showed the impact of Religiosity on Subjective Happiness. The R<sup>2</sup> value of .071 showed that the predictor (Religiosity) explained 7.1% of the variance in the outcome variable (Subjective Happiness) with F (1, 98) = 7.464, p<.05. Findings depicted that Religiosity is a strong significant forecaster of Subjective Happiness ( $\beta = .266$ , p<.05). Conclusively, regression analysis suggested that Religiosity has a strong significant impact on Subjective Happiness.

Table 6

Moderation Analysis of Religiosity, Psychological Well-being, and Perceived Social Support

Predictors	DV		95% CI		
	$\Delta R^2$	$\beta$	SE	LL	UP
<b>Main effect</b>					
IR		.897	.519	-.134	1.929
MSPSS		2.565**	.229	2.11	3.01
<b>Interaction effect</b>					
IR X MSPSS	.000	.004	.027	-.058	.051
<b>Covariates</b>					
Age		.709	.815	-.910	2.327
Education		.019	3.743	-7.413	7.451
Employment status		-9.623	6.523	-22.476	3.330
R <sup>2</sup>	.706				
F	37.29				

Note  $\Delta R^2$  = Per Unit Change  $\beta$  = Standardized coefficient, SE= Standard Error, CL= Class Limit, LL=Lower Limit, UL= Upper Limit, p=significance level (p>.05).





As for Table 6, the results of the Moderation analysis are shown, which examined the degree of the moderating role of Perceived Social Support between Religiosity and Psychological Well-being. Moderation analysis accounted for the overall variance of 70.6% whereas the interaction of Religiosity and Perceived Social Support scored for a 0% change in variance. This depicted that the interaction effect of Religiosity and Perceived Social Support resulted to be insignificant ( $\beta=.004$ ,  $P > 0.05$ ). Thus, Perceived Social Support is insignificant as a moderator between Religiosity and Psychological Well-being.

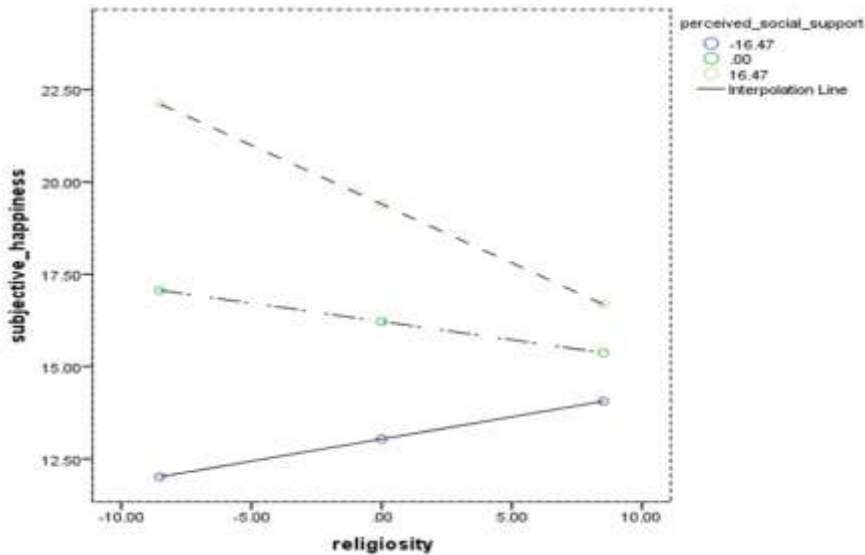
Table 7  
Moderation Analysis of Subjective Happiness, Religiosity, and Perceived Social Support

Predictors	MSPSS		95% CI		
	AR2	$\beta$	SE	LL	UP
<b>Main effect</b>					
IR		-.099	.107	-.312	.113
MSPSS		.193**	.047	.100	.287
<b>Interaction effect</b>					
IR X MSPSS	.044	-.013*	.006	-.025	-.002
<b>Covariates</b>					
Age		.004	.168	-.330	.338
Education		.572	.772	-.960	2.105
Employment status		-1.101	1.345	-3.772	1.570
R2	.257				
F	5.362				

Note AR<sup>2</sup> = Per Unit Change  $\beta$  = Standardized coefficient, SE= Standard Error, CL= Class Limit, LL=Lower Limit, UL= Upper Limit, p=significance level ( $p > .05$ ).

Table 7 also shows that the use of Moderation analysis was done to interrogate the moderating role of Perceived Social Support on the relationship between Religiosity and Subjective Happiness. Moderation analysis showed that overall variance accounted for 25.7%, whereas the interaction of Religiosity and Perceived Social Support accounted for a 4.4% change in variance. The main effect of Perceived Social Support was depicted to be significant ( $\beta=.193$ ,  $P < 0.05$ ). As for Religiosity, the main effect was found to be insignificant ( $\beta=-.099$ ,  $P > 0.05$ ). However, the interaction term for Religiosity and Perceived Social Support was also recorded as significant ( $\beta= -.013$ ,  $P < 0.05$ ). These results depicted that Perceived Social Support is a significantly negative moderator, between Religiosity and Subjective Happiness. This means that social support weakened and acted as a buffer between the relationship between Religiosity and Subjective Happiness.

Figure 1  
*Interaction plot of Religiosity, Perceived Social Support and Subjective Happiness*



The interaction plot of Religiosity, Perceived Social Support, and Subjective Happiness showed that the nature of the relationship between Religiosity and Subjective Happiness at a lower level of Perceived Social Support becomes positive. At moderate or average levels of Social Support, the relationship between Religiosity and Subjective Happiness becomes negative, however, at higher levels of social support, this interaction becomes more negative and significant.

### Discussion

The purpose of the current research was to interrogate the presence of a correlation between psychological well-being and subjective happiness and the impact of religiosity on the two factors among transgender. The study also indicated the moderating role cast by perceived social support between the relation of religiosity with psychological well-being and subjective happiness. Previous researches indicate that religiosity is a significant and positive factor for well-being as well as for subjective happiness (Dew et al., 2008; Huber & Huber, 2012; Zimet et al., 1988). However, there is a deficit in literature/ empirical evidence on how these factors account for the transgender population, specifically in Pakistan where transgender is a major outcast. To fill in this gap and support this community based on evidence 5 objectives were made.

The first objective was that there will be an insignificant collinearity between psychological well-being and subjective happiness among transgender. However (as shown in Table 3) The



Pearson Product Moment Correlational Analysis confirmed the presence of a highly significant and positive correlation between the two variables, among transgender. The literature, both, supports and conflicts with this finding. Here, the results are more aligned with the major body of literature. Ed Diener (2006) Hedonic well-being theory predicated that subjective happiness is the outcome of pursuing and experiencing pleasure while minimizing discomfort. According to this theory, individuals who have higher psychological well-being are more close to experiencing positive emotions, leading to greater subjective happiness.

Additionally, Diener and Ryan (2009) conducted a comprehensive narrative review of studies focusing on the association between psychological well-being and subjective happiness. Their findings supported a positive correlation between the two constructs, suggesting that individuals with higher psychological well-being are more likely to report greater subjective happiness. However, this finding counters few of the researchers that define these two constructs in different ways and expressions of different category emotions (Ruggeri et al., 2020).

The second objective of the study affirmed the presence of a significant positive impact of religiosity on psychological well-being among transgender. Simple linear regression analysis was used for the purpose and results revealed (as shown in Table 4) the impact of religiosity was highly significant and positive on psychological well-being. This finding affirms the growing mass of research which indicates the significant impact that religiosity radiates on psychological well-being (Diener et al., 1999; Emmons et al., 1998; Koenig et al., 2001; Levin & Chatters, 1998). This finding generalizes that the positive interrelations between religiosity and psychological well-being are also similar for the transgender population. Further supported by the theory of Integration Model of Religion and Mental Health. The Integration Model directs attention to the importance of the depth and consistency of religious involvement in influencing mental health outcomes. It suggests that the religious impact on psychological well-being depends on the degree to which individuals integrate their religious identity into their broader sense of self and how consistently they engage in religious practices.

The positive interconnection among religiosity and psychological well-being indicators such as life satisfaction, happiness, self-esteem, and optimism was also found in a meta-analysis by Hackney and Sanders (2003), which examined 147 studies and recorded the presence of a moderate positive correlation among religiosity and mental health outcomes.

The third objective of this study speculated that a significant positive impact of religiosity will be



found on subjective happiness among transgender. Results indicated (as shown in Table 5) the impact of religiosity to be highly significant and positive on subjective happiness. The finding is highly supported by major literature and empirical evidence. Hackney and Sanders (2003) conducted a meta-analysis, indicating a remarkable positive correlation between religiosity and mental health outcomes, including subjective happiness. Many other studies are also in line with this finding and show a major positive relationship between religiosity and subjective happiness. The finding is further explained with The Meaning and Purpose Theory, suggesting that religiosity plays a crucial role in fostering subjective happiness by providing individuals with a sense of meaning, purpose, coherence, positive emotions, and social support. The theory helps explain why religiosity is often associated with better conditions of psychological health and why religious individuals tend to report greater overall life satisfaction and happiness

The fourth objective was to investigate the perceived social support as a remarkable moderator between religiosity and psychological well-being among transgender. Moderation analysis was used to examine this and the results (as shown in table 6) accounted for perceived social support to have an insignificant moderating effect between religiosity and psychological well-being. This finding is more distorting, than being supportive, to the literature present on these factors. The possible explanation for this specific finding could be that the target population is already subjected to social discrimination, and as explained above religiosity and psychological well-being have strong significant relation which is unaffected with any other variable such as social support.

However several empirical studies are found to be aligning with this finding. For example, research conducted by Krause and Chatters (2005) among African Americans showed that social support as a moderator between religiosity and mental health outcomes was not significant. Some research findings have suggested that perceived social support may enhance the positive effects of religiosity on psychological well-being (Ellison et al., 2001). Conversely, other studies propose that the interrelation between religiosity and psychological well-being remains unaffected by social support. The additive model proposes that social support and religiosity independently contribute to psychological well-being (Ellison et al., 2001), supporting the notion that religiosity and social support are distinct sources of well-being. This could be one better explanation of the current finding.

In the study, the fifth objective was to test whether perceived social support will be a significant



moderating variable between religiosity and subjective happiness among transgender.

Moderation analysis was again used to test (as shown in Table 7) which exhibited the presence of a remarkable effect of perceived social support, as a moderator, on the relationship between religiosity and subjective happiness. However, the findings further revealed the negative impact on perceived social support, i.e. perceived social support acts as a buffer between religiosity and subjective happiness. Major literature and previous research, do support the significant moderating effect cast by social support, as a moderator, like, a study by Ellison and Levin (1998) found that social support significantly strengthened the positive association between religiosity and life satisfaction. Similarly, Lim and Putnam (2010) discovered that social support moderated the association between religious attendance and happiness, with those who attended religious services along with better availability of social support reporting the highest levels of subjective happiness. Moreover, a few recent studies also support the weakening effect of social support, explaining it as, one way in which perceived social support is itself a predictor of positive mental outcomes despite of absence of religious practices and beliefs (Długosz et al., 2022).

This indicates that when individuals have strong social support networks outside of religious contexts, the impact of religiosity on subjective happiness may be diminished. Hence, these findings highlight the importance of considering social support as a factor while exploring the relationship between religiosity and subjective happiness. However, further research is required to fully understand the complex interplay in-between religiosity, perceived social support, and subjective well-being. In addition, due to the relatively small population size of transgender individuals, recruiting a diverse and representative sample was challenging. This lead to limited generalizability of research findings, as they may not accurately reflect the experiences of all transgender individuals across different religious backgrounds, living conditions, past experiences, and personal tendencies. Also, longitudinal studies are required for an in-depth study of these variables among transgender, and qualitative research is also suggested to better understand the underlying mechanisms for these findings.

### **Conclusion and Recommendation**

Conclusively, this study aimed to find the relationship between religiosity, psychological well-being, and subjective happiness considering moderating role of perceived social support among



transgender. It was found that PWB and SH were both significantly and positively correlated. Religiosity was also found to have a significant impact on both psychological well-being and subjective happiness. Social support was found to be a significant moderator moreover a buffer between religiosity and subjective happiness. Lastly, for the relationship between religiosity and psychological well-being among transgender, social support was not found as a significant moderator. Thus, this study provides a piece of evidence that religiosity positively and significantly improves psychological well-being and subjective happiness among transgender, thus promoting religion as an intervention could help this gender minority when other mental health-related facilities are scarce. Secondly, on the government level and legal policy frameworks, this research suggests working on and providing more rights, to transgender, to openly practice their religion by providing them affirming religious spaces. Policies should also be made to have access to religious parties, this could give them a feeling of inclusiveness. Also, dialogues and educational initiatives should be taken that bridge the gap between religious communities and transgender individuals. It can facilitate constructive conversations, dispel misconceptions, and promote understanding, fostering greater acceptance and support within religious contexts.

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