

Developing a Grounded Theory Model of Effective Factors and Consequences of Gender-Affirming for Transgender People and Those with Undifferentiated Gender in Iran

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Abstract

Background: Transgender people and those who have an undifferentiated gender identity face various personal and social challenges due to their dissatisfaction with the gender role and the desire to behave differently from the gender role. Thus, focusing on this group of people is one of the issues in health and psychology. To this end, the present study aimed to explore more deeply the challenges and problems faced by this group of people.

Methods: This qualitative study was conducted based on the grounded theory proposed by Corbin and Strauss on 15 members of social networks and the Association of People with Gender Dissatisfaction. The participants were selected through purposive sampling from among those with undifferentiated gender identities from childhood to adulthood. The data were collected via individual in-depth interviews with the participants. The collected data were analyzed using the systematic grounded theory approach to extract related categories and codes and develop a conceptual model.

Results: The analysis of the data revealed 54 themes that were grouped into 9 subcategories and 5 main categories. Gender affirming was extracted as the core phenomenon. The causal factors included the feeling of living in another person's body and problems in social relationships. Contextual factors were divided into 4 subcategories including family challenges, positive and negative public reactions, peer relationship problems, and economic challenges. The intervening factors were school problems and the role of media. In addition, the consequences were the positive and negative experiences of life in another body. Finally, the extracted strategies were support and individual coping strategies.

Conclusion: Social factors and family and school play an important role in aggravating the problems of people with gender dissatisfaction. Focusing on empowering these people can help them adopt effective coping strategies. Besides, given the lack of recognition for people with gender dissatisfaction, raising public awareness of the challenges faced by these people is particularly important.

Keywords: Transgender, Undifferentiated gender, Satisfaction, Grounded theory, Qualitative research

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Introduction

Gender and gender-related factors have always affected human adaptation and health. Historically, part of sexual disorders was related to dissatisfaction with gender and gender dysphoria. The diagnostic label gender identity disorder was used until the release of the diagnostic manual Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The condition was renamed to remove the stigma associated with the term disorder. Thus, gender dysphoria is defined as the strong and permanent identification with the opposite gender if the goal is not to gain social advantages. People with gender dysphoria are constantly dissatisfied with their gender as a boy or girl, have a strong desire for the characteristics of the opposite gender role in real and imaginary games from childhood and choosing playmates, and are dissatisfied with experienced behaviors different from one's primary

gender and aversion to their sexual anatomy (1,2). There are some doubts about the role of replacing gender dysphoria with gender dissatisfaction in helping to reduce the problems faced by these people (3,4). Transgender and gender non-conforming people are exposed to a variety of health problems, including suicide, depression, social isolation, and substance abuse. For this reason, they are the focus of attention of psychologists, sociologists, psychiatrists, and health specialists (3-6). A qualitative study of 12 transgender people receiving health services at a specialized public clinic for transgender health in Mexico City reported gender non-congruity since childhood, the public reactions to gender non-congruity, and the effects of the diagnosis of this disorder on the lives of the people (7). A quasi-experimental study in Iran showed that gender-affirming surgery affected the mental health and happiness of transsexual people (8).



However, other longitudinal studies have suggested that some problems persist (9). Various studies in Iran have addressed sexual problems in the general population using systematic reviews. However, the diversity of studies and interventions, different orientations, and the lack of a focused orientation in these studies have been confirmed (10). A detailed focus on the problems of transgender people in studies conducted in Iran is rare. Moreover, a few studies have pointed to problems such as social isolation, depression, and the risk of suicide, and contrary to the expectations of transgender people, their social problems have not decreased even after surgery (11). Furthermore, the problems caused by gender orientation and its intensity in adolescence, the possibility of risky behaviors during this period (12), and parents' unawareness of how to deal with children's sexual issues (13) require a thorough understanding of problems faced by people with gender dissatisfaction.

A review of the literature shows that gender is not only a biological phenomenon but is affected by social, psychological, and family conditions, and social support plays a vital role in this regard (14,15). Studies conducted in Western countries have generally focused on the individual and social problems in people with gender dissatisfaction and the need to address the stigma associated with gender dysphoria. In addition, statistical findings fail to capture all aspects of gender dissatisfaction. Thus, there is a need for qualitative studies to explore the perceptions of people with gender dissatisfaction about individual and social issues (8). Given the complexity of gender dissatisfaction and its associations with biological, individual, and social issues, the positivist approach with its focus on objectivity at the expense of perceptions of affected people and the public fails to address the challenges encountered by these people. Besides, these challenges can be revealed more effectively with a focus on cultural and social contexts (11,15). A few studies have addressed these issues in Iran and they have mostly investigated the role of social support and family and social factors in the satisfaction of transgender people after gender-affirming surgery (16,17). Moreover, a majority of studies have focused on medical issues. Thus, given the need to identify factors, contexts, and consequences of gender dissatisfaction from the perspective of people with this problem, this study adopted the grounded theory approach proposed by Corbin and Strauss to develop a comprehensive model to account for causal, contextual, and intervening factors associated with gender dissatisfaction and also identify its consequences for affected people and the strategies that can be adopted by them.

Methods

This qualitative study was conducted based on the grounded theory approach proposed by Corbin and Strauss (18). The data were collected through semi-

structured in-depth interviews. Each interview lasted about 60 minutes. The participants were selected using purposive and theoretical sampling. The selection criteria were the desire for gender-affirming and having experiences related to gender identity or gender activity in a different or diverse role. Due to the difficulty of direct access to people who could meet the selection criteria, the participants were selected through snowball sampling. To this end, each participant was asked to introduce other eligible people whom they know through associations or social networks. The interviews with new participants continued until the collected data were saturated and no new information and themes emerged upon additional interviews. The inclusion criteria were the presence of gender-discordant experiences from childhood, the desire for gender-affirming in youth, and having reached puberty. The exclusion criterion was the unwillingness to continue the interview or the request to delete the interview. The data were saturated with interviews with 15 participants. In addition, 8 interviews were conducted in person, 4 interviews through the phone, and 3 interviews via Instagram. The findings were validated using the four criteria proposed by Lincoln et al (19). First, the participants were selected with maximum variation in terms of gender, age, and socioeconomic status to reflect the diversity of the participants' experiences. In the next step, the interviewer transcribed the recorded interviews and once again matched the text of the interviews with the participants' recorded voices. Then, the raw codes extracted in data analysis were shared with and reviewed by the participants and revised if necessary. In the next step, the extracted codes were re-evaluated by three experts in grounded theory. In the second and third steps, the main categories and subcategories were revised several times based on the extracted themes.

Results

As can be seen in [Table 1](#), a total of 15 participants attended the interviews. The results showed that 10 persons had gone through gender-affirming and 5 had not yet revealed their inner desire for gender-affirming. The analysis of the data revealed 54 themes that were grouped into 9 subcategories and 5 main categories.

Core phenomenon

Gender affirming as the most recurring theme in the participants' statements was extracted as the core phenomenon. First, the word "gender change" was chosen. However, the additional interviews with the participants showed that "gender affirming" was the most recurrent theme in their statements and it was highlighted by the participants more than other themes. During the review process, gender affirming was suggested to the participants instead of gender change as it reflects the conditions of people with gender dissatisfaction.

Table 1. The participants' demographic data

Participant code	Age	Procedure(s)	Education	Appearance
1	19	Hormone therapy	Diploma	Feminine
2	27	Unrevealed gender identity	Master's degree	Masculine
3	21	Hormone therapy	Diploma	Feminine
4	18	Unrevealed gender identity	Student	Feminine
5	47	Reassigned gender	Master's degree	Feminine
6	23	Hormone therapy	Bachelor's degree	Masculine
7	39	Hysterectomy	Bachelor's degree	Masculine
8	23	Consulting	Master's degree	Feminine
9	22	Hysterectomy	Bachelor's degree	Masculine
10	20	Consulting	Student	Masculine
11	19	Unrevealed gender identity	Diploma	Masculine
12	20	Consulting	Diploma	Masculine
13	20	Unrevealed gender identity	Diploma	Masculine
14	17	Unrevealed gender identity	Diploma	Feminine
15	15	Revealed gender identity	Student	Masculine

Causal factors

Causal factors were divided into two subcategories. The first subcategory was the *feeling of living in another person's body* which consisted of 6 themes including *the dissatisfaction with one's own body* (Participant 11: "I am sick of boyish hair"), *the tendency to play games with the opposite sex since childhood* (Participant 7: "I used to force my friends to play grown up with me"; Participant 15: "I always played boyish games with my cousins"), *act differently from others when watching movies with sexual content since adolescence* (Participant 8: "When my classmates watched porn at school, I wasn't triggered by the movie, but by the behavior of the classmates), *being sentimental like girls or on the contrary, the tendency to compete and be violent* (Participant 2: "I was very attached to my mother and I was kind and loving like her"), *the interest in using women's clothing and accessories or, conversely, men's clothes* (Participant 4: "I always took my mother's clothes and wore them at home"), and *increasing negative feeling and hatred towards one's masculine or feminine characteristics* (Participant 10: "Now I feel disgusted with my body").

The second subcategory related to the causal factors was *problems in social relationships* which consisted of 7 themes as follows: *Isolation and loneliness* (Participant 11: "You should bottle up your emotions and stay single until the end"), *feeling not understood by others* (Participant 6: "My family treated me badly, beat me, even imprisoned me in the room"), *disinterest in hanging out with other boys or girls since adolescence* (Participant 2: "I always liked to

be with my mom and spend time with other women, but when I got older I couldn't and I was only with women in family gatherings"), *rejection due to preferred appearance and clothing* (Participant 1: "Despite the interest in female clothing, I try to keep boyish appearance due to the traditional beliefs and fear of public rejection), *the problem of trans girls' military service* (Participant 13: "Obligatory military service for trans girls is like a hell, which caused even more stress"), *experiencing sexual harassment* (Participant 14: "Sometimes they would offer sex as a joke, but mostly school kids would offer me to have sex with them"), and *lack of supportive laws before gender-affirming surgery* (Participant 8: "The problem in Iran is that you don't have any rights until you get permission and perform the surgery).

Contextual factors

These factors were divided into 4 subcategories. The first subcategory was *family challenges*. These challenges are detailed as follows: *rejection by family and relatives* (Participant 1: "Because I know what my mother's reaction is, I never express my desires for gender-affirming"), *threat to death and physical punishment from family and relatives* (Participant 7: "They somehow threatened me that if I insisted on my request, they would definitely kill me"), *mental distress caused by feeling guilty for hurting the parents* (Participant 10: "My mom cries and screams and says if my dad dies, it's my fault"), and *lack of emotional support from family and ridicule from distant relatives* (Participant 11: "Two years ago, it was my cousin's wedding. My uncle asked me mockingly if my bangles were fragile").

The second subcategory was *positive and negative public reactions* which was divided into 8 themes: *Public ridicule in public places* (Participant 2: "My classmates make fun of me and my relatives talk with sarcasm to me"), *public intolerance* (Participant 11: "I don't think my rights will ever be respected because people disregard my gender identity"), *people's doubt about accepting social roles* (Participant 14: "Most of the people think of me as a useless person who can neither have a good job nor can start a good marital life"), *harassment by people* (Participant 14: "Their looks, their words, and their whispers affected my psyche"), *the role of celebrities in raising public awareness* (Participant 10: "Mr. Lorestani is very brave to do this and this is very valuable for the trans community"), *the lack of knowledge of psychologists and counselors and the positive role they can play* (Participant 12: "I went to a psychologist's office and he said you were influenced by Tataloo's — a controversial Iranian singer-songwriter and rapper — songs". Participant 10: "I am satisfied with my counseling sessions"), *doctors' taking advantage of gender reassignment surgeries for making money, and their helpful roles* (Participant 13: "Doctors are promoting gender-affirming surgery just for

financial purposes”), and *supportive and helpful behaviors* (Participant 5: “When I was studying at the school of law, we had a professor who provided me with references”).

The third subcategory related to the contextual factors addressed *peer relationship problems* subdivided into 3 themes: *Peer rejection* (Participant 4: “I don’t have any friends who are boys at school or in the neighborhood”), *unwanted sexual assaults by peers and threats to disclose gender identity* (Participant 1: “I accepted the guys’ proposal for a relationship because of my transgender tendencies and fear, and they expelled me from school. Most of the time I accepted their offer for a relationship because they threatened to expose my gender identity”), and *intolerance for non-traditional gender roles* (Participant 7: “Some time ago, I fell in love with a girl. I told her I was trans and she left me”).

The fourth subcategory related to contextual factors covered *economic challenges* that included 3 themes: *Concern about future career* (Participant 1: “I am unemployed and we make a living by alms given to my old mother”), *family financial problems to pay for gender reassignment* (Participant 9: “I just performed the hysterectomy, and it cost about 35 million Tomans”), and *employers’ refusal to hire trans people* (Participant 4: “I am trans, and no one will hire me”).

Intervening factors

The intervening factors were explained by *school problems* and *the role of media*. *School problems* were subdivided into 4 themes: *School staff’s unfamiliarity with sexual diversity and rainbow* (Participant 14: “My teacher said if he were my father, he would take me and throw me in the forest so that the forest animals would eat me and you would forget the feeling of being a girl”), *lack of professional school counselors* (Participant 7: “When we were students we did not dare to say anything about sexual issues for the fear of divine punishments and going to hell”), *harassment by classmates* (Participant 1: “Threats, physical and sexual harassment, rape, and finally dismissal from school were my experiences”), and *teachers’ blaming and punishment* (Participant 11: “But sometimes the teachers warned me that they would tell everything to my father). The other intervening factor was *The role of media* subdivided into two themes: *The role of television and people’s views* (Participant 5: “I lost my job because the society looked at me differently and people’s awareness through mass media about groups like us is close to zero”), and *getting help from new media* (Participants 12: “I searched in google about my problem and asked for help from a friend in Australia who introduced me to videos and sites that were very helpful”).

Strategies

The strategies identified in this study included support and individual coping strategies that covered 10 themes:

Attracting family support (Participant 6: “Attracting the family support is the most important thing we can do”), *getting help from informed people* (Participant 13: “I went to a psychologist who was fully aware of this issue, he gave me a letter, then I took that letter to a school for adults and they allowed me to take distance education courses”), *working in a hair salon for trans girls* (Participant 8: “I work in a hair salon now”), *consulting with a psychiatrist or psychologist* (Participant 6: “First, you should go to a psychiatrist who is approved by the department of forensic medicine”. Participant 12: “I think psychologists can play an effective role”), *taking a legal action* (Participant 6: “You take your documents to a judge and receive a verdict from the medical commission and then they give you a permit”), *trying to become financially independent* (Participant 5: “Since I had financial independence, I did not face many problems”), *avoiding people and engaging in online relationships* (Participant 12: “My decision to use the internet and social media was mostly due to my inner distress”), *migration* (Participant 7: “I came to another country with my life”. Participant 2: “We came to another city with my mother and sister from our village”), *not talking about your desires to everyone* (Participant 9: “My advice is that they should avoid exposing themselves physically as long as they are vulnerable”), and *silence and fretfulness* (Participant 15: “Depression, insomnia and not eating, and doing everything to die and not wake up”).

Consequences

The consequences were related to *negative and positive experiences of living in another person’s body* subdivided into 9 themes: *Non-emotional relationships with people of the opposite sex* (Participant 5: “Unfortunately, we are seen as sexual commodities”), *paying attention to the differences in the problems faced by trans boys and trans girls* (Participant 10: “I think trans women have tougher problems as people look at them with hatred or there is the risk of rape for trans men”), *accepting the risks and problems of gender-affirming surgery and hormone therapy as the only way out* (Participant 5: “In Iran, we have to do reassignment surgery to get identity papers to match our real gender”), *positive feeling from experiencing inner gender when gender affirming* (Participant 7: “I tell my friend that I am 2 years old now and I have just been born”), *gaining a different perception of the distinction between men and women* (Participant 5: “Gender is a fluid component derived from social construction and we cannot limit it to men and women”), *avoidance from male environments such as swimming pools for trans boys for fear of rape* (Participant 9: “You have to be very careful not to get hurt and it’s hard not to expose oneself. There are places where I think it is obligatory to protect one’s life even in the school environment, and especially in places where the risk is high”), *changing occupational and financial conditions* (Participant 8: “Now you can get

permission for gender reassignment by referring to a court and counselor, but there are still many cultural problems and you have to quit your job and future”), *suicide and depression* (Participant 13: “I have no choice but to commit suicide to solve my military service problem”), and *problems associated with gender reassignment surgery* (Participant 8: “Some people who underwent gender reassignment surgery say that they have always pain and infection or illness”). **Figure 1** shows the relationships between the factors in the developed model.

Discussion

The transsexual and gender-undifferentiated people in this study highlighted gender-affirming. Such people have similar experiences in different places in the world from Mexico City (7) to the United States and Iran, and they stated that as if they are living in another person’s body. They also stated that the only way out is to do things that they are prohibited from by their family and the public and even gender reassignment surgery is performed for this purpose (20,21). This desire for gender-affirming was caused by the causal factors of feeling like living in another person’s body and the problems in social relations. The public attitude toward transsexual and gender-undifferentiated people and focusing on the type of game, clothing, behavioral habits, and cultural sensitivities inside the country from a simple rural environment to an urban environment and the inner desire of these people to behave contrarily to their exposed gender make them try to reassign their gender and gain social acceptance and inner satisfaction. Perhaps the most important mental health challenge in these people is the conflict between public reaction and their inner desires. This tendency and feeling of conflict between the body and gender role tendencies have in turn led to problems

in social relationships with family members, friends, and other members of the community. These problems have been reported in many studies around the world (3,9,10).

The data in this study showed that the transsexual and gender-undifferentiated people used some strategies to overcome their challenges such as getting help from knowledgeable people, gaining family satisfaction, working in a hairdressing salon for trans girls, consulting with a psychiatrist and psychologist, taking legal actions, trying to become financially independent, avoiding people and engaging in online relationships, migration, not talking about their desires to everyone, and silence and fretfulness. These strategies can be divided into adaptive and non-adaptive strategies. Strategies such as consulting with a psychologist and doctor, getting help from others, and trying to get the family’s consent for gender-affirming were adaptive. Other strategies such as isolation and engaging in online relationships are non-adaptive. However, in Western countries, trans people may use drugs and alcohol to evade their challenges (6).

The findings of the present study concerning the role of contextual factors including the community, family, peers, and economic conditions were similar to the results reported in other studies (5). This study showed that the role of family satisfaction was particularly important. Families play an essential role in decisions taken by trans people in Iran as reported in other studies (16,17). In addition, the school environment, teachers, and school counselors play an intervening role in strategies adopted by trans people as confirmed in the literature (22). Generally, the unawareness of counselors and teachers of the challenges faced by trans children, especially trans boys is one of the basic problems in Iranian schools. Moreover, the problems faced by trans girls in the wider social environment and workplace lead to the adoption

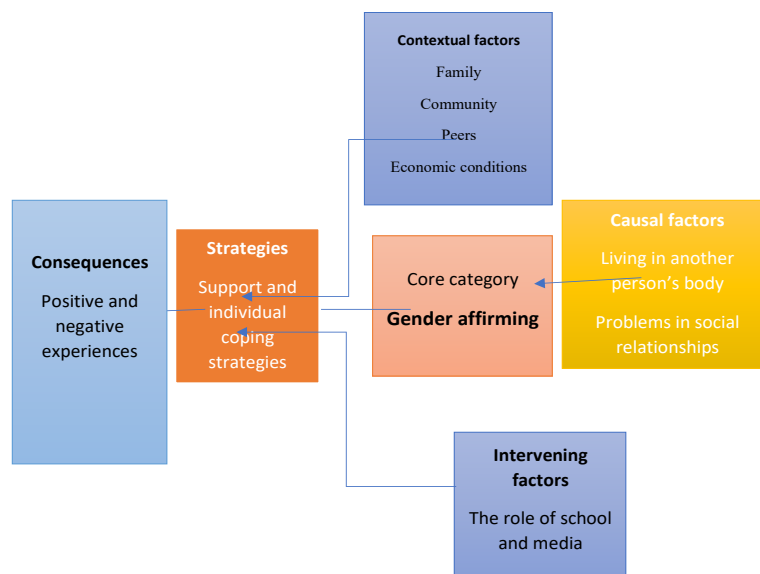


Figure 1. The relationships between the factors in the developed model

of strategies that are different from the strategies adopted by trans boys. The consequences of the adopted strategies were either positive such as the feeling of satisfaction and mental health (8,16), or negative such as despair, isolation, and desire to commit suicide (11,12). While the officials in other countries focus on improving sexual relations and the satisfaction of trans people (3), people with gender satisfaction in Iran try to gain social acceptance as an undifferentiated group, and this results in psychological consequences for affected people.

The lack of comprehensive studies and an unawareness of the characteristics of people with gender dissatisfactions were some problems that were highlighted by many participants in this study. Thus, future studies can explore these challenges in samples that are homogeneous in terms of age and examine possible age differences in males and females with gender dysphoria. Moreover, the welfare department needs to organize and hold training courses for counselors to raise the awareness of adolescents and young people and their parents and contribute to reducing social problems and challenges faced by these people.

Conclusion

Gender and gender-related roles are affected by various biological, psychological, and social factors. Thus, effective interactions should be organized and implemented based on changes occurring in people with gender-related problems. Furthermore, addressing the needs of people who have undifferentiated gender role orientations is effective in promoting their personal and social health. Given the key role of counseling for parents of adolescents with gender dysphoria, future studies should focus on identifying the characteristics of these people, explore the role of social factors in their challenges, and provide insight to raise public awareness. Since this study employed the grounded theory approach, its findings cannot be generalized to people in other countries and environments. Thus, similar studies need to be replicated to provide more reliable findings.

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Authors' Contribution

Conceptualization: Morteza Omidian.

Data curation: Hossein Sajadian.

Formal analysis: Morteza Omidian.

Funding acquisition: Morteza Omidian.

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Visualization: Morteza Omidian.

Writing—original draft: Morteza Omidian.

Competing Interests

The authors declared no conflict of interest in this study.

Ethical Approval

The protocol for this study was approved with the code of ethics EE/1400.2.24.58260/scu.ac.ir by the ethics committee of the Shahid Chamran University of Ahvaz. To comply with ethical protocols in research, the participants' data were kept confidential, and only a description of their demographic characteristics was presented with their consent.

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