



Indicators of Familial Social Support by Rurality and Gender Identity

Robert Libal, BBA

Carrie Henning-Smith, PhD, MPH, MSW

Mariana Tuttle, MPH

Gilbert Gonzales, PhD, MHA

Key Findings

- Compared to rural and urban cisgender adults, rural and urban transgender adults are less likely to agree that they get the familial support they need.
- Rural transgender adults are the least likely of any group to “strongly” or “very strongly” agree that they get the familial support they need (16.3% of rural transgender adults, compared with 30.4% of urban transgender adults, 61.4% of rural cisgender adults, and 59.3% of urban cisgender adults).

Purpose

Social and emotional support from family significantly contributes to positive health outcomes. Unfortunately, not everyone has equal access to family who provide social and emotional support. Understanding how familial social support differs for those with overlapping marginalized identities is especially important for advancing population health and health equity. This brief examines the differences in familial social support by rurality and gender identity.

Background and Policy Context

Ample research has linked social and emotional support, or the process by which someone feels, receives, or provides aid to another, to a range of mental and physical health outcomes.^{1,2} Feeling seen and cared for is linked to enhanced mental health, a clearer sense of meaning or purpose in life, and reduced burden of stress.³ Moreover, stronger social relationships can substantially reduce premature mortality.⁴ Access to social support varies from person to person, depending on a range of demographic characteristics and life circumstances. Rural residents face risks for, but also experience protective factors for, social well-being, or the ability to communicate with others and build meaningful relationships where you can freely be yourself.⁵ For example, rural residents report larger and stronger social networks than their urban counterparts.⁶ However, they also face risks for social isolation and loneliness like transportation barriers and limited access to broadband Internet.^{7,8}

In terms of gender identity, research has shown that, among transgender individuals (those whose current gender identity differs from the sex they were assigned at birth)⁹ and gender nonbinary individuals (those who do not identify their gender as man or woman),⁹ social support from family is associated with positive health and well-being.¹⁰ On the other hand, rejection and receiving no social support from family is associated with negative health and well-being.¹⁰ For example, results from the United States Transgender Survey (USTS) demonstrate that family rejection is strongly correlated with adverse

health and socioeconomic outcomes, including lower household incomes and higher levels of homelessness, HIV infection, serious psychological distress, and suicidal behavior.¹⁰ More than half (54%) of transgender people in the USTS who described their families as unsupportive had attempted suicide in their lifetime, in contrast to 37% of those with supportive families.¹⁰ (It is worth noting that, even among transgender people with supportive families, the rates of suicide attempts are startlingly high. Among the general U.S. public, 0.5% of adults attempt suicide annually.)¹¹

Beyond social support, rural residents and transgender and gender nonbinary individuals also experience poorer health outcomes in general, such as higher rates of chronic disease and mortality¹² – including from suicide.^{13,14} Improving social well-being is one critical step toward reducing these inequities, as it is an important determinant of health.⁴ Prior research examining social support by rurality and sexual orientation has shown that rural lesbian, gay, and bisexual (LGB) adults were substantially less likely to have their social and emotional needs met compared with their urban LGB and rural heterosexual counterparts.¹⁵ They also reported the greatest decrease in social and emotional support over the course of the COVID-19 pandemic. Understanding social support at this intersection is important, but sexual orientation and gender identity are distinct identities, and research examining social support by rurality and gender identity is lacking. This study seeks to address that gap, using nationally representative data on familial social support by rurality and gender identity.

Approach

Data for this study came from the 2016-2018 TransPop Study, which was developed by researchers at the Williams Institute at UCLA. All data were accessed through the Data Sharing for Demographic Research platform located at the Inter-University Consortium for Political and Social Research (ICPSR).¹⁶ The TransPop Study is the first random and national probability sample of transgender and comparative cisgender individuals aged 18 years and older in the United States. Administered by Gallup, the TransPop Study randomly screened and recruited individuals who identify as transgender using random digit dialing and address-based sampling methods. A comparison sample of cisgender participants were screened for gender identity using the same methodology, but recruitment timing was shorter given the relatively large size of the cisgender population.

The TransPop Study uses respondents' ZIP codes to

determine rurality based on the USDA Rural-Urban Commuting Area coding system, which are then classified as urban and rural. Gender identity was dichotomized by identifying (a) transgender participants as anyone who identified as transgender or reported discordant gender identities using a revised two-step method for ascertaining gender identity, and (b) cisgender participants reporting concordant gender identities using a revised two-step method.¹⁶ Finally, familial social support was measured using a single question asking respondents to rate their level of agreement for "I get emotional help and support I need from my family" where any level of disagreement was compared to any level of agreement. Family was not defined by the survey and therefore self-defined by survey respondents. This question was asked in tandem with "special person" and "friends," which allowed respondents to distinguish family from other important people in their lives. We ran analyses with and without "neutral" responses in order to see the full range of responses and to compare levels of agreement. Figure 1 shows the full range of response options, whereas Table 1 condenses any level of agreement and any level of disagreement.

Data analyses were conducted using the online Data Sharing for Demographic Research platform, which calculated both raw and weighted percentages and weighted-population counts for each variable combination and in Excel, which we used to calculate differences between each population group and produce the figure and table for this brief. Additionally, we used the online data tool to calculate z-scores to indicate which variable combinations were statistically larger or smaller than expected.

Results

Differences in familial social support by rurality and gender identity are presented in Figure 1, utilizing the full range of response options. Both rural and urban transgender individuals reported lower levels of familial social support, with approximately half disagreeing that they get the social support that they need from their families. Compared with rural cisgender respondents, rural transgender respondents were the least likely to say that they "very strongly" (7.0%) or "strongly" agree (9.3%) that they get the social support that they need from family members (vs. 32.3% and 29.1% of rural cisgender respondents).

Table 1 shows levels of agreement by rurality and gender identity combining all levels of agreement ("mildly", "strongly", and "very strongly"). Transgender respondents across all locations were 34 percentage points less likely to agree that they received the social support

they need compared to their cisgender peers (42.65 vs. 76.6%). Compared to their rural cisgender peers, rural transgender individuals were 2.3 times more likely to disagree (40% versus 17.5%) that they get the familial social support they need. Urban transgender individuals reported that they do not get the familial social support need at 3.2 times the prevalence of their cisgender

peers in urban communities (47% versus 15%).

Given the limited sample size of the survey, the calculated z-scores did not indicate there is a statistically significant difference between rural and urban transgender individuals or between rural transgender and cisgender individuals or urban transgender and cisgender individuals.

Figure 1. Levels of Familial Social Support by Rurality and Gender Identity

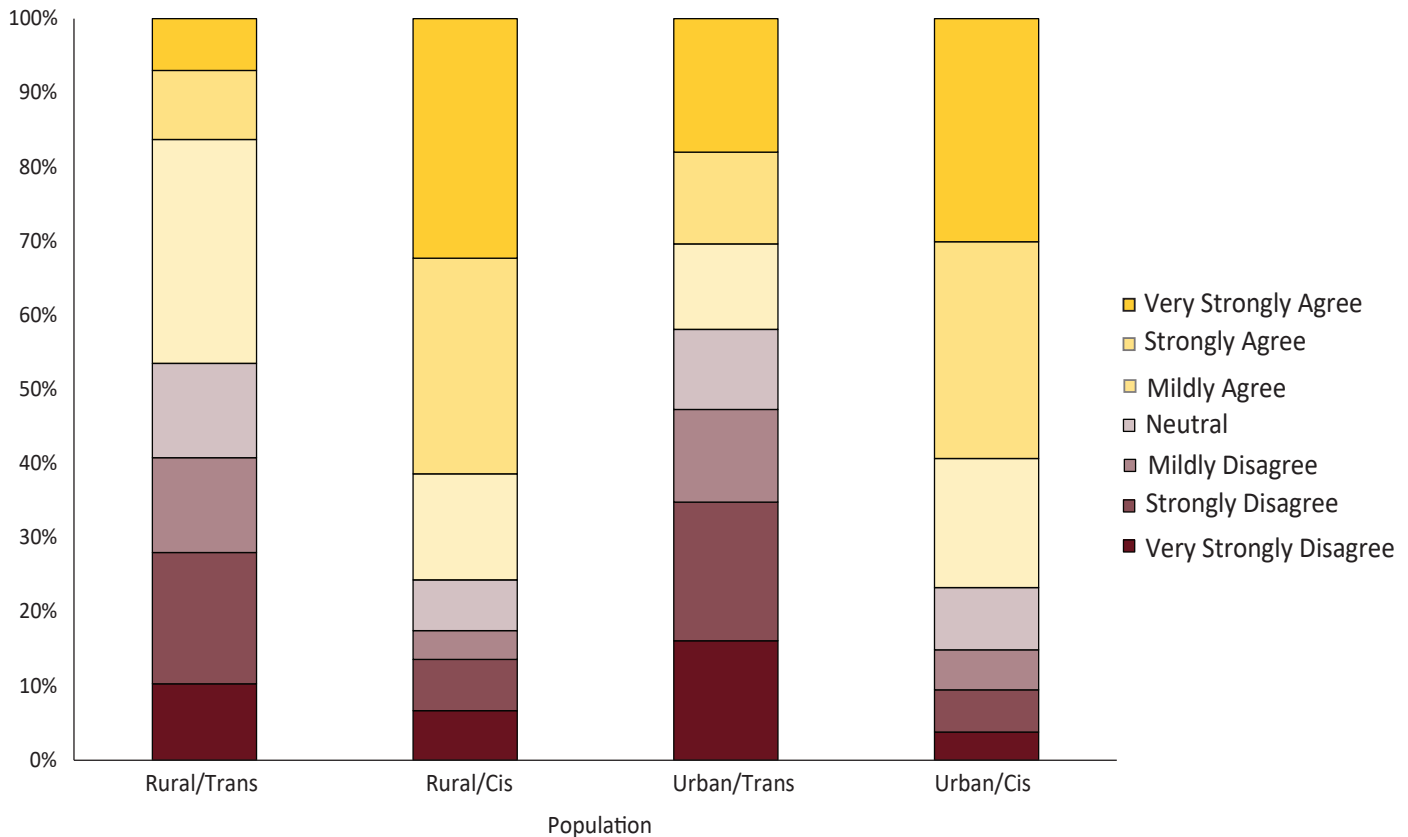


Table 1. Levels of Familial Social Support by Rurality and Gender Identity

	Any Level of Disagreement	Neutral	Any Level of Agreement
All Respondents			
Transgender	46.3%	11.1%	42.6%
Cisgender	15.4%	8.0%	76.6%
Rural Only			
Transgender	40.8%	12.7%	46.5%
Cisgender	17.5%	6.8%	75.7%
Urban Only			
Transgender	47.3%	10.8%	41.9%
Cisgender	14.9%	8.4%	76.7%

Total respondents weighted N is 1,339.5, total rural weighted N is 277.2, and total urban weighted N is 1,062.3.

Discussion and Implications

This study found that rural and urban cisgender individuals report similar levels of familial social support, and that both rural and urban cisgender individuals report higher levels of support than their transgender peers. In fact, 47% of rural transgender people and 40% of urban transgender people disagreed that they are emotionally supported by their families. These findings should raise concern about the well-being of transgender individuals in rural and urban areas alike, given the strong association between familial social support and other mental and physical health outcomes like suicidal ideation and chronic conditions.^{1,3,4,10,17} Further, even if rural populations receive similar levels of emotional and social support to their urban peers, it may be more difficult for rural transgender populations to access affinity groups and the social resources they need for better health and access to care. Finding social and emotional support outside of one's family may require transportation assistance or technological connectivity, both of which are harder to access in rural areas.^{7,8} Some rural transgender populations may need to travel long distances to access LGBTQ+ community centers, transgender affinity groups, or gender affirming health care providers and facilities.^{15,18,19} Better access to services supporting and affirming transgender populations may mitigate the worst impacts of lack of social and emotional support — such as loneliness, isolation, and suicidality.

Public health and community-based programs may help address the social and emotional needs of rural transgender populations. For instance, rural health care professionals should consider continuing medical education on transgender health and be sensitive to the health needs and language used by rural transgender populations. Misgendering (referring to someone with incorrect pronouns or other incorrect gendered identifiers), deadnaming (referring to someone with their name before their transition), and denying transgender patients correct pronouns may lead to worse provider-patient interactions and distrust.^{20–22} Meanwhile, regional LGBTQ+ community organizations in more rural settings are fundamental in expanding inclusive awareness and education on rural transgender health.^{18,19,23} As rural areas and small towns establish LGBTQ+ organizations and events, they should be intentional on welcoming transgender and gender diverse populations. Achieving health equity requires purposive actions of inclusiveness that ensure all members of the community are welcomed — including the LGBTQ+ community.

Limitations

An important consideration for these findings is that the results do not take into account the impact of the COVID-19 pandemic, as the data were collected prior to the pandemic in 2016 through 2018. Other studies have demonstrated that the pandemic placed outsized negative impacts on lesbian, gay, and bisexual adults, especially those in rural areas;¹⁵ there may be reasons to believe that this could be the case for transgender and gender nonbinary individuals, too. Further, the TransPop survey included individuals who identify as genderqueer, nonbinary, and gender nonconforming in the transgender population of this study. This is a limitation given that the experiences of genderqueer, nonbinary, and gender nonconforming individuals may not be the same as transgender individuals. In the future, disaggregating data to include all gender identities will be vital to better understand the experiences and health needs of each unique community. Additionally, data are self-reported and there may be potential for interpretation bias based on what social and emotional support means to individuals as well as differing definitions of family and different family structures and sizes. “Family” was left to respondent interpretation, and may have included the family that someone was born into and/or someone’s “chosen” family; that is, family formed outside of legal or biological relationships.²⁴ Finally, the rural LGBTQ+ population is diverse — regionally, racially, ethnically, socio-economically, etc. — but we were unable to explore diversity in rural transgender familial support in this brief, given the limited sample size. More efforts are needed to expand research and data collection that best supports the rural transgender population.

Conclusion

This is one of the first studies to examine social and emotional support among rural transgender adults in the United States. We found transgender adults in rural and urban communities were least likely to report that they received adequate familial social support, with the lowest levels of strongly/very strongly agreeing among rural transgender individuals. This is especially relevant in rural areas where familial support is even more important given the geographic space between individuals and limited resources available to support them. Improving social support for transgender Americans is essential to narrow well documented health disparities. Access to equitable health care, including gender affirming care, is one important step for improving popula-

tion health. However, addressing the social determinants of health – like familial social support – may help advance population health while addressing health equity for transgender and gender nonbinary populations in the United States.

References

1. Health risks - Social support - OECD Data. OECD. Accessed September 27, 2022. <http://data.oecd.org/healthrisk/social-support.htm>
2. Zamfira Parincu. Emotional Support: Definition, Examples, and Theories. The Berkeley Well-Being Institute. Accessed February 6, 2023. <https://www.berkeleywellbeing.com/emotional-support.html>
3. Umberson D, Montez JK. Social Relationships and Health: A Flashpoint for Health Policy. *J Health Soc Behav*. 2010;51(Suppl):S54-S66. doi:10.1177/0022146510383501
4. Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. *PLOS Med*. 2010;7(7):e1000316. doi:10.1371/journal.pmed.1000316
5. Ministry of Mental Health and Addictions. Social Wellbeing. Published January 12, 2023. Accessed February 6, 2023. <https://wellbeing.gov.bc.ca/wellbeing/social>
6. Henning-Smith C, Moscovice I, Kozhimannil K. Differences in Social Isolation and Its Relationship to Health by Rurality. *J Rural Health Off J Am Rural Health Assoc Natl Rural Health Care Assoc*. 2019;35(4):540-549. doi:10.1111/jrh.12344
7. Henning-Smith C, Ecklund A, Lahr M, Evenson A, Moscovice I, Kozhimannil K. *Key Informant Perspectives on Rural Social Isolation and Loneliness*. The University of Minnesota Rural Health Research Center. Accessed November 7, 2022. <https://rhrc.umn.edu/publication/key-informant-perspectives-on-rural-social-isolation-and-loneliness/>
8. Henning-Smith C. Meeting the Social Needs of Older Adults in Rural Areas. *JAMA Health Forum*. 2020;1(11):e201411. doi:10.1001/jamahealthforum.2020.1411
9. Terminology | DASH | CDC. Published December 23, 2022. Accessed March 14, 2023. <https://www.cdc.gov/healthyyouth/terminology/sexual-and-gender-identity-terms.htm>
10. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. *The Report of the 2015 U.S. Transgender Survey*. Published online 2016.
11. Suicide. National Institute of Mental Health (NIMH). Accessed November 7, 2022. <https://www.nimh.nih.gov/health/statistics/suicide>
12. Cross SH, Califf RM, Warraich HJ. Rural-Urban Disparity in Mortality in the US From 1999 to 2019. *JAMA*. 2021;325(22):2312-2314. doi:10.1001/jama.2021.5334
13. Rossen LM, Hedegaard H, Khan D, Warner M. County-Level Trends in Suicide Rates in the U.S., 2005–2015. *Am J Prev Med*. 2018;55(1):72-79. doi:10.1016/j.amepre.2018.03.020
14. Steelesmith DL, Fontanella CA, Campo JV, Bridge JA, Warren KL, Root ED. Contextual Factors Associated With County-Level Suicide Rates in the United States, 1999 to 2016. *JAMA Netw Open*. 2019;2(9):e1910936. doi:10.1001/jamanetworkopen.2019.10936
15. Henning-Smith C, Gonzales G, Tuttle M, and Sarkin C. *Social and Emotional Support during the COVID-19 Pandemic by Sexual Orientation and Rurality*. The University of Minnesota Rural Health Research Center. Accessed November 7, 2022. <https://rhrc.umn.edu/publication/social-and-emotional-support-during-the-covid-19-pandemic-by-sexual-orientation-and-rurality/>
16. Meyer, Ilan H. TransPop, United States, 2016-2018. Published online June 23, 2021. <https://doi.org/10.3886/ICPSR37938.v1>
17. Henning-Smith C, Sarkin C, Tuttle M, and Gonzales G. *Anxiety, Depression, and Access to Mental Health Care by Sexual Orientation and Rurality*. The University of Minnesota Rural Health Research Center. Accessed November 8, 2022. <https://rhrc.umn.edu/publication/anxiety-depression-and-access-to-mental-health-care-by-sexual-orientation-and-rurality/>
18. Tuttle M, Libal R, Pick M, and Henning-Smith C. *Rural Community Organizations Building Inclusive Environments for LGBTQ+ Residents*. The University of Minnesota Rural Health Research Center. Published June 28, 2022. Accessed November 15, 2022. <https://rhrc.umn.edu/publication/rural-community-organizations-building-inclusive-environments-for-lgbtq-residents/>
19. Tuttle MS, Pick M, Libal R, and Henning-Smith C. *Improving Access to LGBTQIA+-Friendly Care in Rural Areas*. The University of Minnesota Rural Health Research Center. Published June 28, 2022. Accessed November 15, 2022. <https://rhrc.umn.edu/publication/improving-access-to-lgbtqia-friendly-care-in-rural-areas/>
20. Imborek KL, Nisly NL, Hesseltine MJ, et al. Preferred Names, Preferred Pronouns, and Gender Identity in the Electronic Medical Record and Laboratory Information System: Is Pathology Ready? *J Pathol Inform*. 2017;8:42. doi:10.4103/jpi.jpi_52_17
21. Best Practices for Transgender and Gender Diverse Care. Accessed November 15, 2022. <http://accelerate.uofuhealth.utah.edu/equity/best-practices-for-transgender-and-gender-diverse-care>
22. Susan Mari. Earning Patients' Trust by Respecting Pronouns. EM Resident. Published December 12, 2021. Accessed November 15, 2022. <http://www.emra.org/emresident/article/patient-pronouns/>
23. Tuttle MS, Pick M, Libal R, and Henning-Smith C. *Small-Town Pride Celebrations Supporting Social Connectedness & Well-Being for LGBTQ+ Rural Residents*. The University of Minnesota Rural Health Research Center. Published June 28, 2022. Accessed November 15, 2022. <https://rhrc.umn.edu/publication/small-town-pride-celebrations-supporting-social-connectedness-well-being-for-lgbtq-rural-residents/>
24. Jackson Levin N, Kattari SK, Piellusch EK, Watson E. "We Just Take Care of Each Other": Navigating 'Chosen Family' in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults. *Int J Environ Res Public Health*. 2020;17(19):7346. doi:10.3390/ijerph17197346



Suggested Citation

Libal R, Henning-Smith C, Tuttle M, and Gonzales G. Indicators of Familial Social Support by Rurality and Gender Identity. *UMN Rural Health Research Center Policy Brief*. March 2023. <https://rhrc.umn.edu/publication/indicators-of-familial-and-social-support-by-rurality-and-gender-identity>



**Rural Health Research
& Policy Centers**

Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

For more information, contact Carrie Henning-Smith (henn0329@umn.edu)

University of Minnesota Rural Health Research Center
Division of Health Policy and Management, School of Public Health,
2221 University Avenue SE, #350 Minneapolis, MN, 55414