Health Aspects of Male to Female Transsexuals: An Empirical Study

S. Nanjundaswamy, Research Scholar, Department of Anthropology, University of Mysore, Manasagangotri, Mysore, Karnataka, India. e-mail: ndongri1975@gmail.com

M. R. Gangadhar, Professor, Department of Anthropology, University of Mysore, Manasagangotri, Mysore, Karnataka, India. e-mail: gangadharmr@gmail.com

ISSN: 2455-1503

Introduction

The transsexuals are by and large socially and economically marginalized sections of society in India and other developing nations. They are subjected to series of discriminatory tendencies. Most of them are known to be HIV positive which positive poses multiple health threats. They are also deprived of appropriate STD treatment facilities due to absence of social concern. They are denied of medical insurance and healthcare facilities in modern society. Consequently, high rates of addiction, depression, anxiety and suicide among male to female transsexuals attest to the psychological burden of discrimination, isolation and victimization. The present study was carried out in the state of Karnataka to examine the health issues of male to female transsexuals.

The transsexuals are subjected to multi-faceted health hazards on account of poverty, unemployment, discriminatory tendencies of family, civil society and healthcare institutions and lack of pro-active government measures. Scholars have examined the health issues of transgender community across the world. Prominent studies concerning the health issues of transgender community include- Benjamin (1966), Rekers and Lovaas (1974), Asscheman and Gooren (1992), Tsoi (1993), Slabbekoorn et.al. (2001), Hembree et.al. (2001), Kenagy (2002), Asscheman and Eklund (2002), Gupta (2004), Pisani et.al. (2004), Robson (2004), Chukwuemeka et.al. (2005), Operario et.al. (2008), Koon (2008), Gupta, Richie and Murarka (2009), Chandrashekar et.al. (2010), Calderera and Pfafflin (2011), Pimenoff and Pfäfflin (2011), Steensma and Cohen-kettenis (2011), Sahastrabuddhe et.al. (2012) and Vu et.al. (2012).

Objectives of the Study

To assess the health status of the male to female transsexuals in Karnataka state.

To analyze the health problems of male to female transsexuals in Karnataka state; and

To suggest appropriate measures for the health progress of male to female transsexuals in Karnataka state.

Materials and Methods

The present study was carried in Bangalore and Mysore cities in Karnataka State. The study is based on the sample of 300 (Bangalore: 253; Mysore: 47) male to female transsexuals. The study was planned and

conducted in three stages. In the first stage, a pilot study was conducted in order to examine the feasibility and appropriateness of the tools and procedures of the study. In the second stage, interview schedules were developed and perfected in order to collect authentic primary data from the male to female transsexuals in accordance with the objectives and research questions of the study. In the third stage, appropriate scientific statistical analysis procedures were followed to ensure systematic data analysis and interpretation. Overall, the present study approached the problem through a systematic survey method.

ISSN: 2455-1503

Results and Discussion

Health of Transsexuals

A majority of the respondents (85.33%) have stated that they suffered from the absence of right to health on par with men and women in modern society. The current experience and situation of transsexual people is characterized by stigma and exclusion. The transsexuals face significant barriers to health care because of historic bias and discrimination against them. Transgender people have become widely recognized as one such group that faces significant barriers to equal, consistent and high-quality health care. Transsexuals also experience the instances of humiliation, degradation, outright refusals to healthcare, and other constraints. Treatment in relation to gender reassignment and associated treatment paths is key to the quality of life of transsexual people. In other countries more extensive examples of policy development around transsexual/transgender health care were identified, often with greater involvement of the client group. Health access issues identified by transsexual people have included the importance of a range of services along what has been described as the service path, including psychiatric assessment, hormonal therapy and surgical interventions.

Healthcare Professionals for Transsexuals

A majority of the respondents (85.00%) have stated that they suffered from the ill treatment by the health care personnel. Modern healthcare institutions have recognized that transsexuals face significant barriers to health care because of historic bias and discrimination against them. Transsexuals have identified certain problems such as refusal of healthcare providers to touch them, use of harsh and abusive language, physically rough behavior, blaming them for poor health status and so on. Studies have reported that the healthcare professionals such as hospital staff- including physicians, nurses, allied health professionals, admitting and registration personnel and security personnel ill-treat the transsexuals.

Basic Health Facilities for Transsexuals

A majority of the respondents (79.00%) have stated that they suffered from the deprivation of basic health facilities. Transgender individuals face harassment, discrimination, and rejection within our society. Lack of awareness, knowledge, and sensitivity in health care communities eventually leads to inadequate access to, underutilization of, and disparities within the health care system for this population. Although the care for these patients is often managed by a specialty team, obstetrician—gynecologists should be prepared to assist or refer transgender individuals with routine treatment and screening as well as hormonal and surgical therapies. Human rights actives have opposed discrimination on the basis of gender identity and urged public and private health insurance plans to cover the treatment of gender identity disorder.

ISSN: 2455-1503

Sexually Transmitted Diseases of Transsexuals

A majority of the respondents (92.83%) have stated that they suffered from the sexually transmitted diseases. It is important to avoid making assumptions about sexual orientation and sexual behavior based on gender identity because there is great diversity in orientation and behavior in transsexuals. Transgender communities in the modern society are among the groups at highest risk for HIV infection. A review of studies of HIV infection in countries with data available for transgender people estimated that HIV prevalence for transgender women was nearly 50 times as high as for other adults of reproductive age. It is also true that little is known about HIV risk and sexual health needs among transgender men. Studies have reported that healthcare provider insensitivity to transgender identity or sexuality is a barrier for HIV-infected transgender people seeking health care.

Substance Use among Transsexuals

A majority of the respondents (82.00%) have stated that they suffered from the substance use including drug and liquor. Transsexuals are deprived of basic education and healthcare facilities. They also suffer from unemployment, economic insecurity, health hazards and other problems in modern society. Transgender health is one of the important issues in modern society. There is disproportionately high rate of substance use by transgender people, which is a significant impediment to the health of this group. Studies have reported that about 20-30 percent of transgender people abuse substances across the globe. The stress that comes from daily battles with discrimination and stigma is a principle driver of these higher rates of substance use, as transgender people turn to tobacco, alcohol, and other substances as a way to cope with these challenges. Besides this, absence of culturally competent health care services also fuels high substance-use rates among transgender people.

Physical Health Disorders of Transsexuals

A majority of the respondents (75.33%) have stated that they suffered from physical health disorders. The physical health of transsexuals differs from the general population, due to the impact of sexual orientation and gender identity discrimination. The transsexuals also experience physical health problems due to series of discrimination against them by the civil society. The differences of sex and gender within this community also lead to physical health problems. The sexual orientation and gender identity discrimination impact directly on the physical health of this community. The absence of healthcare facilities and under-utilization of primary health care services also pose serious physical health problems to the transsexuals who have their own distinctive social and cultural practices. A number of factors along with the more immediate effects of discrimination are risk factors for a range of physical health problems of transsexuals. Investigations on physical health issues among transgender people are extremely limited. Experience reveals that transgender people are an underserved community in need of empathic, ethical and clinically competent care.

ISSN: 2455-1503

Mental Health Disorders of Transsexuals

A majority of the respondents (79.67%) have stated that they suffered from mental health disorders. The determinants of mental health include a range of biological, psychosocial and environmental factors such as income level, employment, poverty, education and social connectedness. Stressful life events are strongly associated with the onset of mental health problems and mental disorders; such events include experiences of discrimination and abuse. The impact of mental illness on the overall health and productivity of the transsexuals is immense. Mental illness arises when the mental functioning associated with any one or all these cognitive, emotional and social abilities is impaired or compromised. Repeated rejection, hostility and feelings of shame can undermine an individual's sense of self-worth and lead to psychological distress. This suggests that mental problems and patterns of mental illness specific to transsexuals are the result of homophobia and transphobia and that same-sex attraction and transgenderism are not in themselves risk factors for mental illness. Internalized homophobia and internalized transphobia have a profound impact on the mental health and wellbeing of this community. They can lead to high rates of depressive symptoms, lowered self-esteem, greater psychological distress, less likelihood of self-disclosure and lack of connection to transsexuals.

Sexual Health Disorders of Transsexuals

A majority of the respondents (61.00%) have stated that they suffered from sexual health disorders. Practically, there is no necessary relation between gender identity and sexual orientation. The World

Health Organization adopts a holistic approach which links sexual health to wider social and political freedoms, including freedom from shame, guilt and false belief which inhibits sexual response and impairs socio-sexual relationships. Transgender people demonstrate a similar range of sexual identities, behaviors and attraction as the population at large. The major sexual health issues for transsexual's include-lack of appropriate services, hostility to same-sex attraction and transgenderism, absence of peer support, lack of safe sex education and orientation and so on. The transsexuals' experience of sexual orientation and gender identity discrimination impacts negatively on their sexual health and wellbeing. Transsexuals have been unfairly treated or discriminated against because of their sexual orientation. A number of surveys have documented transsexuals' dissatisfaction with sexual health services generally. They highlight the need for better gynecological, sexual and reproductive health care for the community, access to reproductive health services, and more information on health, STIs and sexual practices for Woman Seeking Woman.

ISSN: 2455-1503

Emotional Support for Transsexuals

A majority of the respondents (98.67%) have stated that they suffered from the non availability of emotional support. Behavioral scientists have defined emotional resonance as the emotional harmony and disjuncture between collective action frames and the emotional lives of potential recruits. The scholars have also examined how interpersonal emotion work in a transgender support group and motivational framing of transgender social movement organizations together constructed favorable conditions for emotional resonance. Transsexuals are deprived of emotional support from the family and civil society. They have joined support groups hoping to find relief from shame, fear, powerlessness, alienation and insecurity. The transgender activists and nascent social movement organizations, however, used motivational framing to promise targeted recruits a more permanent emotional resolution- one which could draw them into movement.

Suicidal Tendency among Transsexuals

A majority of the respondents (39.67%) have stated that they suffered from the suicidal tendency. Violence against transgender people continues to occur in the modern society. Studies have reported that a majority of transsexuals are victims of physical assault, sexual assault, abuse and ill-treatment. Social stigmatization and other factors may additionally lead to an under-reporting of acts of violence committed against transgender people. Transsexuals do not seek medical treatment for severe mental disorder due to poverty, hostility and other factors. Indeed, the majority of transsexuals with mental disorders do not receive mental health services. Sexual minority status is a key risk factor for suicide among transsexuals

and other disadvantaged sections of society. Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. More alarmingly, studies have also found that suicide attempts among transgender people can range from 16 to 32 percent. The transgender women were more likely than non-transgender men and heterosexual women to report suicidal ideation and attempts, take psychotropic medications. On the other hand, another study found that, when compared to men who have sex with men and bisexually active women, transgender women were most likely to report depressive symptoms and suicidal ideation. Healthcare in modern times should undergo fundamental structural changes that require creative and flexible responses from service providers, administrators, researchers, and policymakers alike.

ISSN: 2455-1503

Tendency of Homophobia among Transsexuals

A majority of the respondents (92.67%) have stated that they suffered from the tendency of homophobia. Homophobia is a psychological term which was developed by Weinberg. He defines it as an irrational hatred, anxiety, and or fear of homosexuality. More recently, homophobia is a term used to describe the fear, discomfort, intolerance, or hatred of homosexuality or same-sex attraction in others and in oneself. Homophobia has been variously described as individual fear and dislike directed toward Lesbians and Gay men. Others have also described the actions that are likely to follow from such attitudes. Homophobia is located the problem of homosexuality not among Gay men and Lesbians themselves, but with the intolerance that was endemic within heterosexual. As homophobia has come to be understood as intrinsically psychological, some have gone further to designate it as a class of psychological disorder. That homophobia is often deemed to be an 'irrational' fear of homosexuality, similar to claustrophobia, attests to this construction. The final problem with the predominance of the notion of internalized homophobia is the nature of the remedial interventions it recommends. The transsexuals mainly suffer from homophobia due to psychological factors.

Denial of Counselling and Treatment for Transsexuals

A majority of the respondents (95.67%) have stated that they suffered from the denial of counseling and treatment from an endocrinologist. Experience reveals that all persons have the potential to live fully functioning and emotionally healthy lives throughout the lifespan along the full spectrum of gender identity and gender expression. Transsexuals are subjected to multi-faceted agonies and disadvantages in modern times. Studies have dealt with the social and emotional wellbeing and difficulties, identity formation, resilience and coping with oppression, as well as medical and non-medical treatment options for transsexuals and other disadvantaged sections of the society. Scholars have also suggested

competencies for use in counseling with transgender clients. These competencies are geared toward professionally trained counselors who work with transgender individuals, families, groups, or communities. These competencies are based on a wellness, resilience and strength-based approach for working with transgender clients. The authors of these competencies come from diverse theoretical and professional backgrounds in working with transgender clients, advocating for transgender communities, and having relationships with transgender people. Criminal justice administrators and mental health providers are faced with the challenges that arise when dealing with individuals with transgender concerns.

ISSN: 2455-1503

Gender Reassignment Surgery for Transsexuals

A majority of the respondents (98.33%) have stated that they suffered from the absence of consultation from authentic clinical behavioral scientists for gender reassignment surgery. There is insufficient evidence to support the efficacy of gender reassignment surgery for specific subgroups of persons selected for surgical intervention. Subgroups of transsexual people who will most likely benefit from sex reassignment surgery are not identifiable from the evidence reviewed. The quality of the evidence is poor and based on a small number of studies with weak study designs and significant methodological limitations. Gender reassignment surgery may benefit some carefully assessed and selected transsexual people who have satisfied recognized diagnostic and eligibility criteria, and have received recognized standards of care for surgery. More research is required to improve the evidence base identifying the subgroups of transsexual people most likely to benefit from sex reassignment surgery. There is no public funding for gender reassignment surgery (GRS) in the public health system within India. Patients either self-fund or apply for funding from the nationally managed special high cost treatment pool (SHCTP). The surgical treatment of short, structured and necrotic neo-vaginas is the most challenging aspect. These complications are associated with extensive surgical corrections using skin flaps and strenuous post surgical management. Gender reassignment surgery, even if performed by trained surgeons in a qualified centre, is still associated with important complication rates.

Funds for Gender Reassignment Surgery for Transsexuals

A majority of the respondents (86.33%) have stated that they suffered from the absence of timely financial assistance from the family members, friends and well wishers the gender reassignment surgery. Sex reassignment surgery is based on proper consultation with the physicians and community mental healthcare personnel. An assessment must take place and meetings with a medical team to put a surgical plan in place. An assessment is required to ensure the health, wellness and safety of the patient. A positive

recommendation for sex reassignment surgery or refusal would be determined after the assessment by a healthcare professional. The primary care provider plays an important role in preparation of the patient for surgery and in evaluation following discharge from hospital. The transsexuals are not in a position to mobilize funds for the sex reassignment surgery due to poverty, unemployment and other constraints. They are also financially disadvantaged to avail the benefit of sex reassignment surgery and post-operative care.

ISSN: 2455-1503

Conclusion

The findings reveal that the male to female transsexuals are subjected to series of health hazards in the present times. The male to female transsexuals are economically marginalized sections of Indian society who are also deprived of basic health care facilities in general and advanced medicare facilities in particular. They suffer from innumerable health hazards which have cost their lives and prosperity very dearly. The respondents also suffer from several types of violations of human rights since they are excluded from the mainstream of national life. The findings of the study also revealed that male to female transsexuals of Karnataka state are subjected to several threats which have impeded their health and progress. The study emphasizes that male to female transsexuals need all round support from state, civic society, media, judiciary, non-government organizations and other stakeholders for sustainable livelihood, welfare and progress in the modern society.

References

Asscheman, H, Gooren, L.J.G and Eklund P.L.E. 2002. Mortality and Morbidity in Transsexual Patients with Cross-Gender Hormone Treatment.

Asscheman, H. and Gooren, L.J.G. 1992. Hormone Treatment in Transsexuals. www.transgendercare.com.

Benjamin, H. 1966. The Transsexual Phenomenon: A Scientific Report on Transsexualism and Sex Conversion in the Human Male and Female. New York: Julian Press.

Calderera, Angela and Friedermann Pfafflin. 2011. Transsexualism and Sex

Reassignment Surgery in Italy, International Journal of Trans-genders, 13(1): 26-36.

Chakrapani V, Newman PA, Shunmugam M and Dubrow R. (2011) Barriers to Free

Antiretroviral Treatment Access Among Kothi-Identified Men Who Have Sex with Men and Aravanis (transgender women) in Chennai, India, 23 (12):1687-94.

<u>Chandrashekar S</u> L, <u>Guinness L</u>, <u>Kumaranayake L</u>, <u>Reddy B</u>, <u>Govindraj Y</u>, <u>Vickerman P</u>, <u>Alary M</u>. 2010. The Effects of Scale on The Costs of Targeted HIV Prevention

Interventions Among Female and Male Sex Workers, Men Who Have Sex With Men and Transgenders in India, Sex Transm Infect, 86: 189-194.

ISSN: 2455-1503

Chukwuemeka Anyamele, Ronald Lwabaayi, Tuu-Van Nguyen and Hans Binswanger (2005) Sexual Minorities, Violence and AIDS in Africa, Africa Region Working Paper Series No.84.

Gupta, Rajan. 2004. Risky Sex, Addictions, and Communicable Diseases in India: Implications for Social, Development, and Security, Chemical and Biological Arms Control Institute (CBACI), Washington D.C.

Gupta, Richie and Anil Murarka (2009) Treating Transsexuals in India: History, Prerequisites for Surgery and Legal Issues, Indian J Plast Surg, Jul-Dec; 42(2): 226 –233.

Hembree, Wylie C, Peggy Cohen-Kettenis, Henriette A. Delemarre, Louis J. Gooren, Walter J. Meyer III, Norman P. Spack, Vin Tangpricha, and Victor M. Montori. 2001. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline, Endocrine Treatment of Transsexual Persons, Columbia University and New York Presbyterian Hospital (W.C.H.) New York, 1-65.

Kenagy, G. P. 2002. HIV Among Transgendered People, Aids Care, 14(1):127–134.

<u>Koon Y.</u> 2008. HIV-Related Needs For Safety among Male-to-Female Transsexuals (Mak Nyah) in Malaysia, <u>Sahara J</u>, 5(4):178-85.

Operario, Don, Toho Soma and Kristen Underhill. 2008. Sex Work and HIV Status Among Transgender Women Systematic Review and Meta-Analysis, J Acquir Immune Defic Syndr, 48:97–103.

Pimenoff, Veronica and Friedermann Pfäfflin. 2011. Transsexualism: Treatment Outcome of Compliant and Noncompliant Patients, International Journal of Transgenderism, 13(1):37-44.

Pisani E, Girault P, Gultom M, Sukartini N, Kumalawati J, Jazan S, Donegan E. (2004)

HIV, Syphilis Infection and Sexual Practices among Transgenders, Male Sex Workers and Other Men Who Have Sex with Men in Jakarta, Indonesia, 80(6):536-40.

Rekers, George A. and Ivar Lovaas. 1974. Behavioral Treatment of Deviant Sex-Role Behaviors in a Male Child, Journal of Applied Behavior Analysis, Harvard University and University of California, Los Angeles, 73(2):173-190, Summer.

Robson, Carol. 2004. A Male to Female (MtF) Transsexual User Perspective on The Whole Cycle of Gender Reassignment Treatment: Funding Patterns and Service Quality Levels, Dissertation Submitted to the School of Social and Related Research, the University of Sheffield.

Sahastrabuddhe S, Gupta A, Stuart E, Godbole S, Ghate M, Sahay S, Gangakhedkar R, Risbud A, Divekar A, Bollinger R and Mehendale SM (2012) Sexually Transmitted Infections and Risk Behaviors Among Transgender Persons (Hijras) of Pune, India, J Acquired Immune Defic Syndr. 59(1):72-8.

Slabbekoorn, D., <u>Van Goozen, Stephanie Helena Maria</u>, Gooren, L. J. G. and Cohen - Kettenis, P. T. (2001) Effects of Cross-Sex Hormone Treatment on Emotionality in Transsexuals, The International Journal of Trans-genderism, 5(3):175-179.

Steensma, Thomas D. and Peggy Cohen-kettenis (2011) Gender Transitioning before Puberty? Archives of Sexual Behavior, 40(4):649-50.

Tsoi, W.F.1993. Follow-up Study of Transsexuals After Sex-Reassignment Surgery, Singapore Medical Journal, 34: 515-517. <u>Vu BN, Mulvey KP, Baldwin S</u> and <u>Nguyen ST</u>. 2012. HIV Risk Among Drug-Using.

Men Who Have Sex With Men, Men Selling Sex and Transgender Individuals in Vietnam, <u>Cult Social</u> Sex, 14(2):167-80.