

Morbidity Pattern Among Transgender-An Indian Perspective

Manikandan Shanmugam¹, Kurinchi Kumaran Navaneethakrishnan², Bhaskar Venkatachalam³, Rajasigamani Kandasamy⁴, Krishna Prasanth Baalann⁵

¹*Research Scholar, Rajah Muthiah Dental College & Hospital, Annamalai University, Chidambaram*

²*Professor and Research Guide, Department of Orthodontics, Rajah Muthiah Dental College & Hospital, Annamalai University, Chidambaram*

³*Professor & Head, Department of Orthodontics, Rajah Muthiah Dental College & Hospital, Annamalai University, Chidambaram*

⁴*Professor, Department of Orthodontics, Rajah Muthiah Dental College & Hospital, Annamalai University, Chidambaram*

⁵*Epidemiologist & Assistant Professor, Department of Community Medicine, Sree Balaji Medical College and Hospital, Bharath Institute of Higher Education & Research*

Email- ²drkurinchi@gmail.com

ABSTRACT: *Transgenders constitute quite a sizeable population that remains a neglected group, facing much discrimination from the society in many respects especially in health. With their low self esteem and suicidal tendencies owing to neglect and shaming, financial constraints, they often neglect to maintain good personal hygiene. Oral health is also affected as it mainly depends on oral hygiene measures. With this study we aim to assess the various factors that act as barriers to the transgender community obtaining quality dental care. Their healthcare access should be much more widened with their comfortable way of acceptance.*

Keywords: *Transgender, Stigma, Oral hygiene, Occlusion*

1. INTRODUCTION:

Gender is described as the range which concern and spot difference between the two terms masculinity and femininity, based on the inter relationship between the biological sex, sex based social structure and gender identity. Terminologies like third gender, third sex and transgender involves those people who are considered as neither male nor female¹. Transgender individuals mostly called as trans people were known to undergone a degree of gender incongruence, which means a contrary between their own sense of gender identity and the sex identified at birth. Gender identity in general can be described as an individual's inner sense of being male, female or whatever else while the gender expression can be described as a way by which an individuals have an interaction with other people through dress sense, hairstyles, social behavior, politeness in speech, or body type². As a transgender population, they were known to left as a taboo in society and also being rejected from many of the basic needs. The oral hygiene and its related dental treatment provision for transgender population were passed over because of lack of acceptance for them in the society. From huge understanding about the

transgender patients needs, dental care goals could play an important role in supporting the transgender patient to achieve a better quality of life in the society.

CURRENT SCENERIO:

The commonly called term “TRANSGENDER” or “TRANS” is a patronage kind of term for an individual whose gender, identification, or expression is in contrary with the established gender standard, while the modern definition have came during the late 20th century, when the Transgender community is incredibly diverse. The transgenders are called by different kind of local names like hijras in South Asia, Berdache in North America, Zanith in Arabian Peninsula, Sambia boys in Papua New Guinea, female husbands in West Africa, Faafafine in Polynesia, katoey or lady boys in Thailand³ and sworn virgins in Balkans⁴. As the transgendered people are increasingly noticeable everywhere in daily life, they are known to undergo severe discrimination, dishonour, inequality, lack of protection legally, increased poverty, abuse and harassments, bullying, violence, lack of healthcare and identity documents having an impact in every aspects of their life. Human Rights Campaign is trying to bring a equal rights for trans community.

Stigma and Discrimination:

Discrimination against transgenders is increasingly seen everywhere in the society. Though they are of small numbers in population, they are being burdened by many adverse health indicators among low income, middle-income and high-income settings. Health inequities for transgender population are hypothesized to be multifactorial one associated with various risks such as systematic socio-economic marginalization, pathologisation, stigma, discrimination, and violence in health-care systems and settings⁵. The negative psychological comeback from the public that impacts the transgenders is called as minority stress. This leads to increased risk of mental depression and anxiety that becomes the major reasonal factors for nonsuicidal self-harming practices and also for suicidal conditions. In school and work place, they are faced by many transphobic harassment regularly because of insufficient knowledge and understanding by society. According to NCTE, many homeless transgender youth are subjected to illegal practice with the denial of justice is reported. The society generally considers that all transgenders as sex workers, though there are transgenders begging for their source of income, while some with even jobs and some go for “Bhasthi” which means clapping and getting money from shops⁶.

Health Status:

“Transgender population denotes a group of exquisite special population or community whom deserves the eligibility to be attended both on their general and oral health aspects. They provide experience regarding health disparities and social inequalities related to their personal characteristic features and socioeconomic status⁸. Transgender and gender-nonconforming people often seek treatments like hormone therapy, with or without surgery to match their personal rearned gender, and to get rid of the psychological stress and discomfortness related to their living in a very nonconforming gender society⁹. Transgenders are at the risk of abuse both physically and emotionally, violence including physical and sexual aspect, sexually transmitted infection, hepatitis, HIV, depression, anxiety and suicidal tendency seen at various levels.

Hormone Therapy:

All over the world, transgender seeks help on information and counselling support for their identity issues, or to consider their decisions about gender transition to balance their healthy living. Hormonal therapy is the known modality of medical interventions for patients who are undergoing gender transition. Transgender women are given treatment with estradiol as to increase their serum estradiol concentrations to balance the female reference range. Anti-androgens are given to lower the testosterone concentrations who have not undergone genital reassignment surgery while Trans men undergo testosterone therapy known as masculinizing hormone therapy. The World Professional Association for Transgender Health (WPATH) and The Endocrine Society published the clinical practice guidelines that speaks about the initiation and monitoring of hormone therapy for growing transgender children and adults¹⁰. Disadvantage of hormone therapy is that it has numerous adverse effects like thrombotic complications and cardiovascular events includes myocardial infarction, stroke, and venous thromboembolism/ pulmonary embolus, increases the blood pressure (both systolic and diastolic blood pressure), also may increase LDL cholesterol and decrease HDL-cholesterol. Other anomalies includes Osteoporosis, Liver disease, lipid abnormalities, Breast cancer, Prostate cancer, erythrocytosis multiple sclerosis, malignancy and affects mental health and cause depression. However, many transgender women have inadequate access to health-care providers in need, other barrier factors include the financial costs of medical care, discrimination against transgender patients in the society and other socioeconomic and cultural barriers. Regarding these issues, transgender people often make use of parallel providers illegally, practitioners who are medically unqualified, and use sub-standard equipment and materials and engage in self-administered and unmonitored hormone treatment available in the market As a result of these conditions, up to 50% of transgender might self-medicate often have a high risks to adverse effect¹¹.

HIV AND HPV:

Due to isolation in society, staying aloof from the population lack of employment, economic vulnerability, sex work is often the most viable form of income available to transgender people. HIV prevalence is up to nine times higher for transgender sex workers compared to non- transgender female sex workers by unprotected sexual behavior without precaution and using unsafe needle practices¹². HIV related stigma and transphobia barred the access of HIV testing process and treatment services by transgender people in the community. According to World Health Organization report on transgenders, the transgender female society were 49 times more likely to be living with HIV than other adults of reproductive age with global estimation of HIV prevalence about 19%¹³. HPV is the most common infection which is seen in higher rate in sex workers which results in cervical cancer and cancer including vagina vulva, penis, and oropharyngeal.

Alcohol and Other Drug Consumption:

The hardships they have faced in their day to day life led them towards alcohol and tobacco abuse. In general, trans people are considered to have increased rate of consuming alcohol, smoking and other drugs than general population using alcohol and other drugs to cope up with psychological depression and mental health problems related to their status and transphobia, gender dysphoria, social anxiety and difficulties accessing the help they need as a trans person. Even National Aids Control Organization (NACO) study reports about alcohol consumption in 50% of the transgender population¹⁴.

Self Harm and Suicidality:

Due to lower self-esteem, transphobia, anxiety towards society, verbal victimization and violence has a great impact over the mental health and stress, the transgender reports the higher levels of NSSI and suicidal rate¹⁵.

ORAL HEALTH STATUS:

It has been said that “Oral Cavity Is The Window To The General Health”¹⁶. No guidelines are been there for dental treatment providers regarding the effective dental care providance for transgender patients which makes them experience some unwanted issues leading the transgenders to be distrust of providers, and institutions. Thus there is a need of initiation for proper guidelines in the dental care provision services to transgender persons in several ways such as questioning about gender identity, relate about treatment, and a person’s preferred name¹⁷ and building a trusted relationship. The dental care providers must know the oral implication of gender affirming therapies because the oral mucosa, salivary gland and gingiva are known to contain estrogen receptors influenzing the levels of hormone in therapy which in-turn has effects over oral cavity such as inflammatory reactions during puberty, pregnancy. This is because fluctuation in sex hormones might influence inflammatory reactions causing pyogenic granulomas. It also affects microcirculation and increase vessel permeability causing swelling. Deficiency of estrogen hormone results in increased activity of immune cells and osteoclast cells that enhances cytokine production, which is the protein associated with destructive periodontal disease and alveolar bone resorption. It may also increase the prevalence of other conditions such as xerostomia, oral lichen planus, pemphigoid, sjogrens syndrome, burning mouth syndrome. As Gender identity disorder is associated with hormonal derangement, testosterone plays a important role in which male to female condition MtF has greater risk of multiple sclerosis which inturn increases the risk of gingivitis, dental caries, periodontitis, facial pain, reduced dexterity as the side effects of multiple sclerosis therapeutic medication includes gingival hyperplasia, mucositis, angular cheilitis, activation of herpes virus, opportunistic infections and cancer. Therefore proper treatment plan should be planned and performed. Stress, discrimination, anxiety makes them to practice a high rate of unhealthy habits such as smoking, pan chewing, alcohol drinking and other drug consuming that results in Human Papilloma virus (HPV) infection, STIs is a common diseases with high prevalence of oropharyngeal cancer. Thus services including counseling for tobacco cessation, alcohol deaddiction could be helpful in prevention of any harmness and death in high prevalence. There is a 87% dental caries prevalence and 69% periodontal illness among transgenders apart from hormone related oral illness. In that 70% have known to undergone dental check up but only with the esthetic concern like scaling and polishing¹⁸.

In general, size of the tooth is considered as an effective diagnostic tool for planning the treatment outcome in the field of prosthodontics, orthodontics and esthetic dentistry. It is important to create an appropriate balance between mesiodistal width of maxillary and mandibular teeth to bring an ideal functional and esthetic result in orthodontics as the tooth size discrepancy is being the most accepted diagnostic marker. There found to be reduction in tooth size of transgenders when compared to normal gender on global comparison where the mesiodistal width of the mandibular teeth had lower variability than the maxillary teeth, with highest variability in the first molar. Thus the maxillary first molar might be the reason for discrepancy in the anterior ratio and it should be diagnosed clinically before the initiation of therapy¹⁹. As the transgender population are contexted as taboo in the society, they are left isolated from the basic requirements which includes dental care utilization. Dental fear and cost of dental procedures are also barriers from obtaining dental care. Thus Oral health professionals must have a responsibility to provide a nonbiased, non-prejudicial health care to their

transgender patients with thorough understanding of their the needs and concerns. Dental care awareness in dental care means having an understanding of the many aspects via which transgender people estimate oral health and interpret.²⁰ Positive environment should be there with proper good verbal communication essential for building trust and increasing oral health awareness and basic oral hygiene importance and making the anxiety reduced towards society.

Government Reforms for Transgender:

Department of social welfare is providing various welfare measures to the transgenders to help them lead a decent life and mainstream them into the society when the Government of Tamilnadu constituted the Transgender Welfare Board on 15th April 2008. It consists of 11 official members with the Hon'ble Minister for social welfare as its Chairperson and 12 Transgender as Non official members. It initiates many welfare programme for upliftment of the Transgenders by obtaining fund from the Government of Tamilnadu. They issue ID Cards, initiate awareness programme after the survey of Transgender districtwise with the help of District Level screening committees. They have also been provided by Health Insurance Card, Ration Card, Voter Identity card, Housing Patta and Housing facilities,etc. Also Grand amount of Rs 20,000/- which have been increased to Rs 50,000/- as per G.O (2D) No. 69 was sanctioned to them who opt to carry out self employment businesses like provision store, rearing of milch animals, cloth businesses,etc. Also 260 Transgenders who are members of the welfare board have been recommended for sanctioning of Tamilnadu Slum clearance Board tenements.

There had been an implementation of Transgender Pension Scheme in 2012 as per G.O No.235. As per G.O No.127, in 2014 transgenders can register their educational qualification for jobs in the Employment Offices under Third Gender Category.

India's Supreme Court have recognized transgender people as "The Third gender" along with male and female in April (2014) for safeguarding their rights under Indian constitution and the laws of our parliament and the state legislature. The Transgender Persons Bill 2016 describes them as "Neither wholly female nor wholly male; a combination of female or male; neither female or male" and "whose sense of gender and the gender assigned to the person at the time

of birth does not match²¹. Under Article 14 it says that they are deserving the right to equality and Article 23 is regarding the prohibition of trafficking in human beings and other forced labor and any contravention of these provisions might be an offence that is punishable in accordance with law and Article 15 is regarding the prohibition of discrimination on the accordance of religion, caste, sex race, or place of birth. Central and state Govt. have been requested to take required measures to bring awareness among public to consider Transgender people also a part of our society and they should not be considered as untouchable ones; to regain their self-respect and to provide place in society to get all kind of medical care in hospitals and also separate other public facilities. Operation in HIV/ Sero-surveillance measures, various social welfare schemes, reservation in educational institutions and for any public appointments for transgender people have also been included. Determination of the Community and Reservation in Employment for Third Gender had also been done. Aadhar card have also been issued to them with Transgender as a category included.

WHO and other supporting organizations with it have developed many schemes including privacy policies along with its briefs, general awareness on health guidelines and advices, sexual health human rights and laws which altogether explores path that enables to access the services; to gain information about gender transition, ways to provide gender

sensitive health care services and ways about reducing violence on gender expression and identities. Also transgender health is concerned more to terminate the HIV epidemic.

2. DISCUSSION AND CONCLUSION:

General and oral health of Transgender people were influenced by various factors which play a role at individual, family and community levels. Gender dysphoria from individual level, rejection at family level, neglect from the community and social level results in exclusion from the primary rights of education, peer network creation etc., From the present scenario because of their increase in population level though they are ‘tolerated’ by society but not ‘accepted’. Transgender people utilizing dental care service for their health and oral hygiene is literally low. This is because of lack of awareness about their health and their rights to seek health policies, anxiety towards society and low economic status. Oral health professionals should follow standards of care and Society guidelines.

As transgenders are concerned more regarding the esthetic outcome of their treatment than the functional restoration, tooth size is an important diagnostic marker that should be considered more specifically the mesiodistal width of maxillary and mandibular dentition in orthodontic correction. Exploration on the prevalence of malocclusion among the transgender population has to be done which provides guidance on proper therapy. Barriers to dental care delivery can be sort out by increased dentist confidence in treating transgender individuals from obtaining thorough knowledge.^{22,23}

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