The Pharma Innovation

Received: 19-08-2013
Accepted: 17-10-2013

ISSN: 2277- 7695
CODEN Code: PIHNBQ
ZDB-Number: 2663038-2
IC Journal No: 7725

Vol. 2 No. 10 2013
Online Available at www.thepharmajournal.com

THE PHARMA INNOVATION - JOURNAL

"Liberate Me! my soul trapped in a wrong body" Optmial medical care for gender identity disorder

Somia Gul[1*], Hina qamar[2], Wardha jawaid[3], Urooj bokhari[4], Yumna javed[5]

1. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
   *[Email: drsomi1983@yahoo.com]
2. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
   [Email: pharm-d2013@hotmail.com]
3. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
   [Email: wardhajawaid@gmail.com]
4. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
   [Email: urooj.b@hotmail.com]
5. Faculty of Pharmacy, Jinnah University for Women, Karachi, Pakistan.
   [Email: dr_of_pharmacy91@hotmail.com]

Gender identity disorder (GID) or transsexualism is defined by strong, persistent feelings of identification with the opposite gender and discomfort with one's own assigned sex. Gender identity problems, including effeminate mannerisms, cross-dressing, exclusive cross-gender play, and lack of same-sex friends. The exact cause of gender identity disorder is not known, but several theories exist. These theories suggest that the disorder may be caused by genetic (chromosomal) abnormalities, hormone imbalances during fatal and childhood development, defects in normal human bonding and childrearing, or a combination of these factors. This is distinct from homosexuality in that homosexuals nearly always identify with their apparent sex or gender. We have conducted a survey on GID individuals (sample size n=200 and age group= 18-50) presented at different public places and carried out live discussion via chat rooms. Surveys were scrutinized using common language of General Health Questionnaire and general interviews about their personal and professional life, social acceptance ,employment status, legal acceptance, equality in access to education and healthcare facilities and any treatment or surgery ever experienced in life. Treatment for GID is generally consisting of management programmes such as harm reduction; Prepubescent children (puberty blocker), Psychological treatments (psychotherapy), and Biological treatments (sex reassignment therapy). The most important principle to apply in general prevention and screening is to provide care for the anatomy at the same time screening transsexual people who have not used cross-sex hormones or had gender-affirming surgery as they are subjected to risk parameters such as Cancer, Cardiovascular Disease and Diabetes Mellitus mainly for those taking testosterone or estrogen. Deliver medical care by enlightening guidelines related to Diet and Lifestyle, Musculoskeletal Health, Sexual Health, Hormone administration, monitoring and Immunizations. This research highlights the need to raise awareness of the issues concerning transgender people.

*Keyword:*Transsexual, Gender identity disorder, Gender reassignment.

1. Introduction

Gender Identity Disorder (GID) is a relatively rare condition of atypical gender development in which there is a psychological perception of self as masculine or feminine which is incongruent with ones phenotype [1]. In gender identity disorder, there is discordancy between the natal sex of one's external genitalia and the brain coding of one's gender as masculine or feminine [2]. In extreme cases (transsexualism) they express

and pursue their desire to live and have the body of a person of the opposite sex as well as be viewed socially as a person of the opposite sex [3]. Individuals with gender identity disorders present with separation anxiety, depression and emotional and behavioral difficulties, suicide attempts are frequent .In a small percentage of cases, child sexual abuse has been associated with a gender identity disorder [4]. The most common associated features were relationship difficulties with parents or care takers, relationship difficulties with peers, depression/misery, family mental health problems, family physical health problems, being the victim of harassment or persecution and social sensitivity [5]. Factors of GID include hereditary factors [6].Hormonal influences on the brain during foetal development [7, 8] have described particular family constellations associated with gender identity disorders in boys and girls. For boys, he suggests there is an over close relationship with the mother and a distant father. For girls, he suggests a depressed mother during the early months of the child's life and a father who is absent and does not support the mother, but encourages the child to assuage the mother's depression. Marantz and friends have described very early maternal influences that negatively affect the early development of the child [9]. Bleiberg *et al.*have linked the development of gender identity disorders in some children to their inability to mourn a parent or an important attachment figure in early childhood [10]. A number of authors would agree that many of these factors need to be present simultaneously and work together during a critical period to produce a full-blown gender identity disorder [11, 12]. The general approach to the management of gender identity disorder can be best conceptualized as a process involving four stages, stage 1 of the process is a therapeutic exploration, and Stage 2 includes wholly reversible intervention. This involves the use of hypothalamic blockers, which suppress the production of estrogens or testosterone and produce a state of biological neutrality, Stage 3 includes partially reversible interventions, such as hormonal treatment that masculinises or feminises the body and stage 4 includes irreversible interventions, such as surgical procedures [5]. This includes sex reassignment surgery. In Pakistan, there is no specialized facility sex reassignment surgery [13]. The expression sex change and sex reassignment surgery suggest a person goes into surgery as one sex and after the procedure emerges as the other sex this assumed that the features that are removed are sufficient to be the member of the former sex and the feature that are added are features that are sufficient to be a member the new sex [14].

Earlier a contextual focus on the lives of LGBT youth had been carried out, while exploring differences within this population [16]. In a study carried out in Bangladesh, the ultimate target is to ensure a supportive and congenial environment where, along with men and women, hijra, can live fulfilling lives by upholding their human, gender, and citizenship rights [15].Another study shows that TU is suited for induction of virilization in female-to-male transsexuals without significant side effects [16]. Other study examines the GID diagnosis of adults and adolescents and the social and medical consequences posed by its implication of “disordered” gender identity. Parallels are drawn to the removal of homosexuality and ego dystonic homosexuality from the DSM in the 1970s and '80s [17]. According to another study the diagnosis would still be dichotomous and similar to earlier DSM versions. Another option is to follow a more dimensional approach, allowing for different degrees of gender dysphoria depending on the number of indicators. Considering the strong resistance against sexuality related specifiers, and the relative difficulty assessing sexual orientation in individuals pursuing hormonal and surgical interventions to change physical sex characteristics, it should be investigated whether other potentially relevant specifiers (e.g. onset age) are more appropriate [18, 19].

The focus of the article is allied to the understanding about Gender identity disorder and its associated features, views of general masses about transgender individuals and their discrimination from homosexuals, the personal and professional life, social acceptance,

employment status, legal acceptance, equality in access to education and healthcare facilities of individuals with GID. Through this article we want to highlight that the medical care should focus on the body parts a person has, whether those are congruent with the gender identity or not and they should have the right to live with complete reverence and freedom in the society unless they are a part of any felony.

2. Methodology

The survey was conducted among 200 transgender or gender identity disorder individuals (age group 18-50) presented at different ways. Our research team fielded its 30 question survey through direct contacts with transgender-led or transgender-serving community-based organizations throughout the world. We also contacted possible transgender through active online community. The vast majority of respondents took the survey on-line, through TG chat rooms. The study is based on General Health Questionnaire and general interviews about their personal and professional life, social acceptance, employment status, legal acceptance, equality in access to education and healthcare facilities and any treatment or surgery ever experienced in life. We asked participants questions to help us create categories by which we could consider their reported experiences and commented on the experiences of respondents who via the choices described as male-to-female transgender (MTF) or female-to-male transgender (FTM). Most of all respondents fall into one of these three categories i.e. gay or lesbian, straight or bisexual. When we asked respondents to report on surgical and medical transition so most of them reported that they desired to have this at some point in the future or had already done and by asking to visit to health care center for follow up or screening risk parameter thus many of them neglected it due to unawareness or had been refused treatment by a doctor or other provider.

3. Statistical Analysis

The result were expressed in percentages to compare the common treatment for gender identity disorder individual prefer in each age group and also categories them into male to female, female to male and non-responder by using standard statistical tools i.e. standard deviation.

Table 1: Showing categories of GID individuals

Categories	No of individuals	Percentage
MtF(Female trans)	89	
Lesbian	20	22.47%
Straight	50	56.17%
Bisexual	19	21.34%
FtM(Male trans)	56	
Gay	11	19.64%
Straight	32	57.14%
Bisexual	13	23.21%
Non-responders	55	27.5%

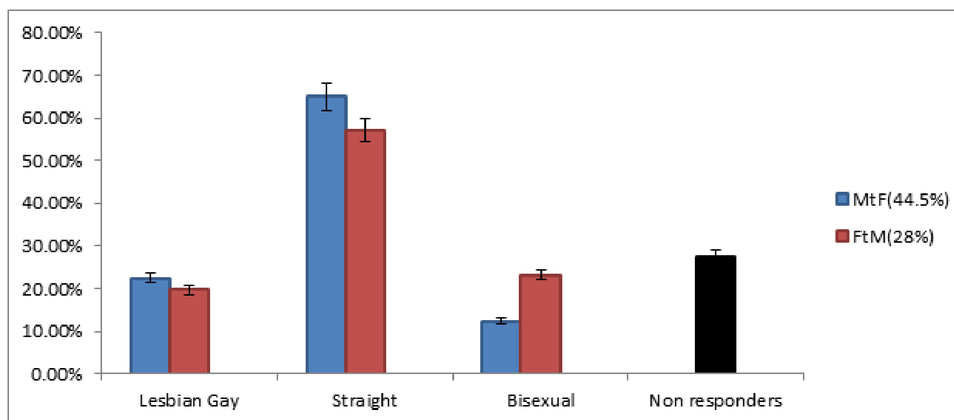

Fig 1: Showing categories of GID individuals

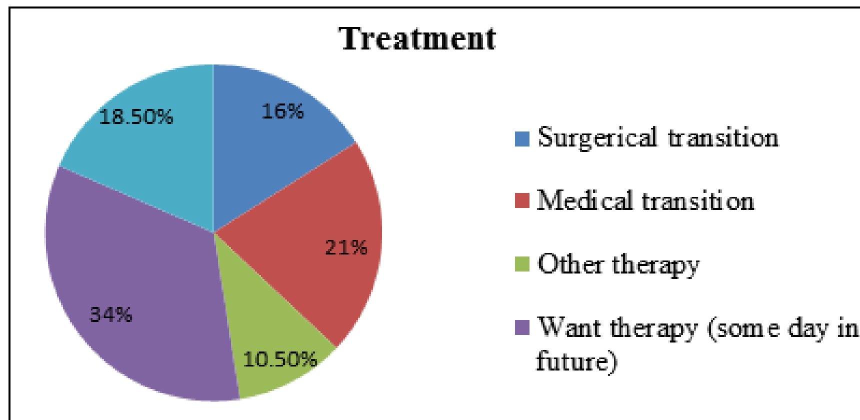

Fig 2: Showing the type and need of treatment of GID individuals

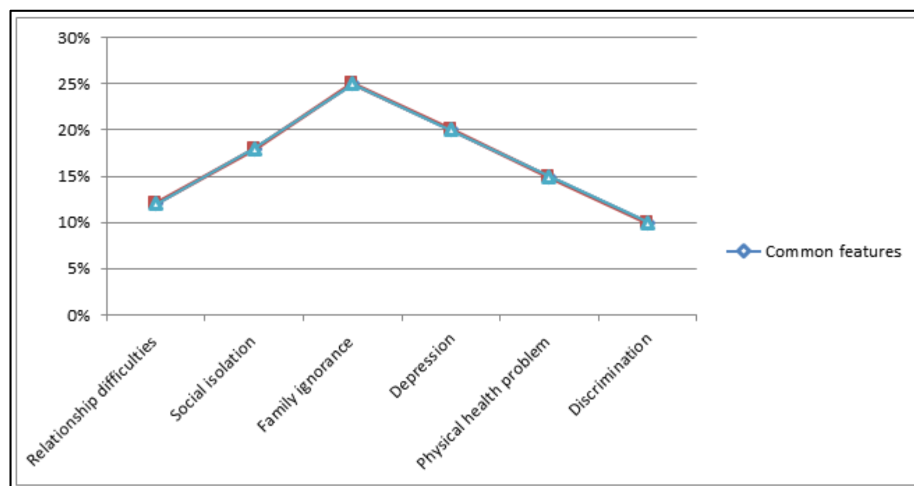

Fig 3: Showing the common associated features with GID individuals

4. Result

200 gender identity disorder individual aged 18-50 years were studied in our survey. The study is based on General Health Questionnaire and general interviews about their personal and professional life, social acceptance, employment status, legal acceptance, equality in access to education and healthcare facilities and any treatment or surgery ever experienced in life. 16% had claimed to have undergone with surgical transition (breast augmentation, orchiectomy, vaginoplasty, facial feminization, chest reconstruction, hysterectomy and other genital surgeries) and 21% were noted to have on hormonal therapy and 10.5% have on other therapy such as (psychotherapy). 34% of them want therapy in future to improve their social acceptance and self-satisfaction while 18% of them had received no treatment. Major treatment according to age was witnessed as shown in the table no.2.

Table 2: Showing no. of GID individual experienced treatment according to age

Treatment	Age	Number of individuals	In percentage
Surgical transition	18-40	32	16%
Medical transition	18-37	42	21%
Other therapy	20-50	21	10.5%
Want therapy (some day in future)	22-46	68	34%
Don't want	40-50	37	18.5%

5. Discussion

The psychological diagnosis gender identity disorder (GID) is used to describe a male orfemale that feels a strong identification with the opposite sex and experiences considerable distress because of their actual sex. Gender identity disorder is a conflict between a person's physical gender and the gender he or she identifies as. Specific cause of this condition is not known, but genetic factors and environmental may lead to it. The chromosome content in the baby determines the sex of the child. For males, it is an X and a Y chromosome, and for females, there are two X chromosomes. The Y chromosome has a gene called testes determining factor, which develops male genitals. If this is not present, the embryo develops as female. Further male differentiation is enhanced with more release of male hormones; a similar enhancement is done for females also. A more practically based classification is male to-female and female-to-male to identify what sex the person started as and what they seek to become. Male-to-female transsexuals and female-to-male transsexuals have differing needs and the options available are of differing effectiveness so they Female-to-male (FTM) take testosterone (the male gonadal hormone) to suppress menstruation and estrogen production. This, over time, deepens the voice, causes facial hair to grow and increases density of body hair. Function of the genitals may change and the clitoris may grow. It does not alter bone structure. Mastectomy is done to remove inconvenient breasts and hysterectomy to remove ovaries and uterus. Male-to-female (MTF) takes estrogen (the female gonadal hormone) and an antiandrogen (suppresses testosterone). This allows breast development to occur and a more feminine body shape to develop. It suppresses body hair but not facial hair. It does not alter voice pitch nor bone structure. Removal of facial hair by electrolysis or laser treatment where necessary. Often, less than 40% of cases, breast augmentation is desired,Vaginoplasty and labioplasty (GRS).Other cosmetic surgery including facial surgery and liposuction. Counseling and psychotherapy are the best means of treatment for this condition. The study is based on General Health Questionnaire and general interviews about their personal and professional life, social and legal acceptance, employment status, equality in access to education and healthcare facilities and any treatment or surgery ever experienced in life. 16% had claimed to have undergone with surgical transition (breast augmentation, orchiectomy, vaginoplasty, facial feminization, chest reconstruction, hysterectomy and other genital surgeries) and 21% were noted to have on hormonal therapy and 10.5% have on other therapy such as (psychotherapy). 34% of them want therapy in future to improve their social acceptance and self-satisfaction while 18% of them had received no treatment. Since this surgical procedure is major and permanent, people who want to undergo this operation must go through a long and extensive evaluation period with their health care providers and identity problems may continue after this treatment. It is important to note that the traumatic impact of discrimination also has health care implications. Transgender people face violence in daily life, compounded by the high rates of physical and sexual assault that transgender people face while accessing medical care, which leads to additional health care costs, both to treat the immediate trauma as well as on-going physical and psychological issues that may be created. The common assumption that gender identity and sexual orientation form the basis for two distinct communities obscures the reality, documented here, that the majority of transgender people are lesbian, gay, bisexual, or queer identified. While debate in the LGBT community often draws clear lines of demarcation between the LGBs and the Transgender, our findings suggest that there is significant overlap. Most survey respondents had sought or accessed some form of transition-related care. Counseling and hormone treatment were notably more utilized than any surgical procedures, although the majority reported wanting to “someday” be able to have surgery. The high costs of gender-related surgeries and their exclusion from most health insurance plans render these life-changing (in some cases, life-saving) and medically necessary procedures inaccessible to most transgender people. It is

important to note that the traumatic impact of discrimination also has health care implications. Transgender people face violence in daily life, compounded by the high rates of physical and sexual assault that transgender people face while accessing medical care, which leads to additional health care costs, both to treat the immediate trauma as well as on-going physical and psychological issues that may be created. In south Asian countries most transgender live at the margins of society with very low status; Relationship difficulties 12%,Depression 20%, Social isolation 18%,Feeling of discrimination by health care providers 10%, Physical health problem 15% and Family ignorance 25%. The very word "hijra" is sometimes used in a derogatory manner. Few employment opportunities are available to hires. Many get their income from performing at ceremonies (toil), begging (henna), ores ('rather')—an occupation of eunuchs also recorded in premier times. Violence against hires, especially hire sex workers, is often brutal, and occurs in public spaces, police stations, prisons, and their homes. As with transgender people in most of the world, they face extreme discrimination in health, housing, education, employment, immigration, law, and any bureaucracy that is unable to place them into male or female gender categories. Transgender are often encountered on streets, trains, and other public places demanding money from people. If refused, the transgender may attempt to embarrass the man into giving money, using obscene gestures, profane language, and even sexual advances. Transgender perform religious ceremonies at weddings and at the birth of male babies, involving music, singing, and sexually suggestive dancing. These are intended to bring good luck and fertility. Our findings signify that most deprivations in the lives of *transgender* are grounded in non-recognition of a *transgender* as a separate gendered human being beyond the male-female dichotomy. This has prevented them from positioning themselves in the greater society with human potential and dignity. We suggest that gender can be taken as a core variable of social exclusion as gender-based deprivations and alienations often trap every human being in different times and spaces. Social exclusion on the basis of gender in the lives of LGBT draws attention in social policy dialogue, particularly in the era of 'gender' when not surprisingly we limit our analysis of gender-based deprivations with the male-female dichotomy.

6. Conclusion

Gender identity disorder denotes a strong and persistent desire to be of the other sex (or the insistence that one is of the other sex), together with persistent discomfort about one's own sex. We conclude from the study that Complications of gender identity disorder include social isolation, ostracism or ridicule, which may result in low self-esteem or dropping out of school (this is more common in males than females. This study is a call to action for the medical profession. The medical establishment must fully integrate transgender-sensitive care into its professional standards, and this must be part of a broader commitment to cultural competency around race, class, and age; Doctors and other health care providers who harass, assault, or discriminate against transgender and gender non-conforming patients should be disciplined and held accountable according to the standards of their professions.

7. Acknowledgements

This article is based on data of a project conducted on LGBT community from the department of pharmacy in JINNAH UNIVERSITY FOR WOMEN. The authors express their gratefulness to the members of the transgender community who provided their valuable time and shared intimate issues of their lives. The authors are also grateful to worldwide LGBT community centers for their encouraging and supportive role throughout the project period which made possible to implement this kind of project.

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