



MEDICAL AND DENTAL PROBLEMS AMONG TRANSGENDERS – AN UNTOUCHED TOPIC: A REVIEW

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ABSTRACT

The aim of the study was to review the transgender in relation medical and dental difficulties. The electronic data base was searched, followed the combination of key word. Discrimination in patient care for transgender has been well-documented in many assessment literatures, although there is little in the literatures about healthcare providers' attitudes and behavior toward transgender people. The Medical problems among transgender were investigated minute; there was no such dental investigation for the transgender community. As separate gender there may be a proper guidelines and investigation for their medical and dental treatment.

KEYWORDS: Transgender, Medical treatment transgender, Dental treatment transgender, Medical and Dental facilities transgender.



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INTRODUCTION

Transgender is an umbrella term that is used to describe individuals whose gender, self-identification or expression transgresses established gender norms¹. Gender identity disorder (GID) is characterized by a strong and persistent identification with the opposite sex and discomfort with one's own sex. Generally, gender identity refers to a person's internal sense of being male, female, or something else; gender expression refers to the way a person communicates with others through behavior, clothing, hairstyles, voice, or body characteristics². As the transgender population is left in the social context as taboo, so they lack the basic needs of a society. Amongst those, the health care (i.e. both medical and oral hygiene/dental treatment facilities) of a transgender person is well left alone due to their lack of acceptance in society. The medical education has proven to be effective in improving providers, comfort level, attitude, and communication for the care of transgender patients³⁻⁵. Until recently, there have been no special guidelines that teach medical providers how to effectively provide medical for transgender patients. Within the health care context, transgender individuals may experience invasive or inappropriate questions regarding sexual practices or genitalia, leading transgender persons to be suspicious of providers and health care institutions⁶. If initiated correctly,

workers in health care who provides services to transgender persons can secure a trusting relationship in several ways such as querying about gender identity, concerns about treatment, and a person's preferred name⁷. Through greater understanding of a transgender patients' concerns and health care goals can play a critically important role in helping the transgender patient achieve a higher quality of life. Discrimination in patient care for transgender has been well-documented in many assessment literatures, although there is little in the literatures about healthcare providers' attitudes and behaviour toward transgender people⁸. Though determination of treatment necessary for transgender patients should be on a case by case basis. Ideally, correctional health staff should be trained in transgender health care issues. Alternatively, they should have access to other professionals with expertise in transgender health care to help determine appropriate management and provide training in transgender issues⁹.

MATERIALS AND METHODS

An electronic search strategy was conducted in databases with defined key word combinations (Table 1) to systematically search for literature published.

Table 1
Electronic databases searched and Key word combinations.

Database	Keywords
1. Google.	1. Transgender.
2. PubMed.	2. Medical research transgender.
3. Web of Science.	3. Dental research transgender.
4. Google Scholar.	4. Medical treatment transgender.
5. Science direct.	5. Dental treatment transgender.
6. Scientific Research.	6. Medical and Dental facilities transgender.

RESULTS

The number of studies identified through the search in the different databases and the selection procedure is detailed in Fig 1. Table 2 shows the prevalence of transsexualism demographic data for Tran's gender population around the globe.

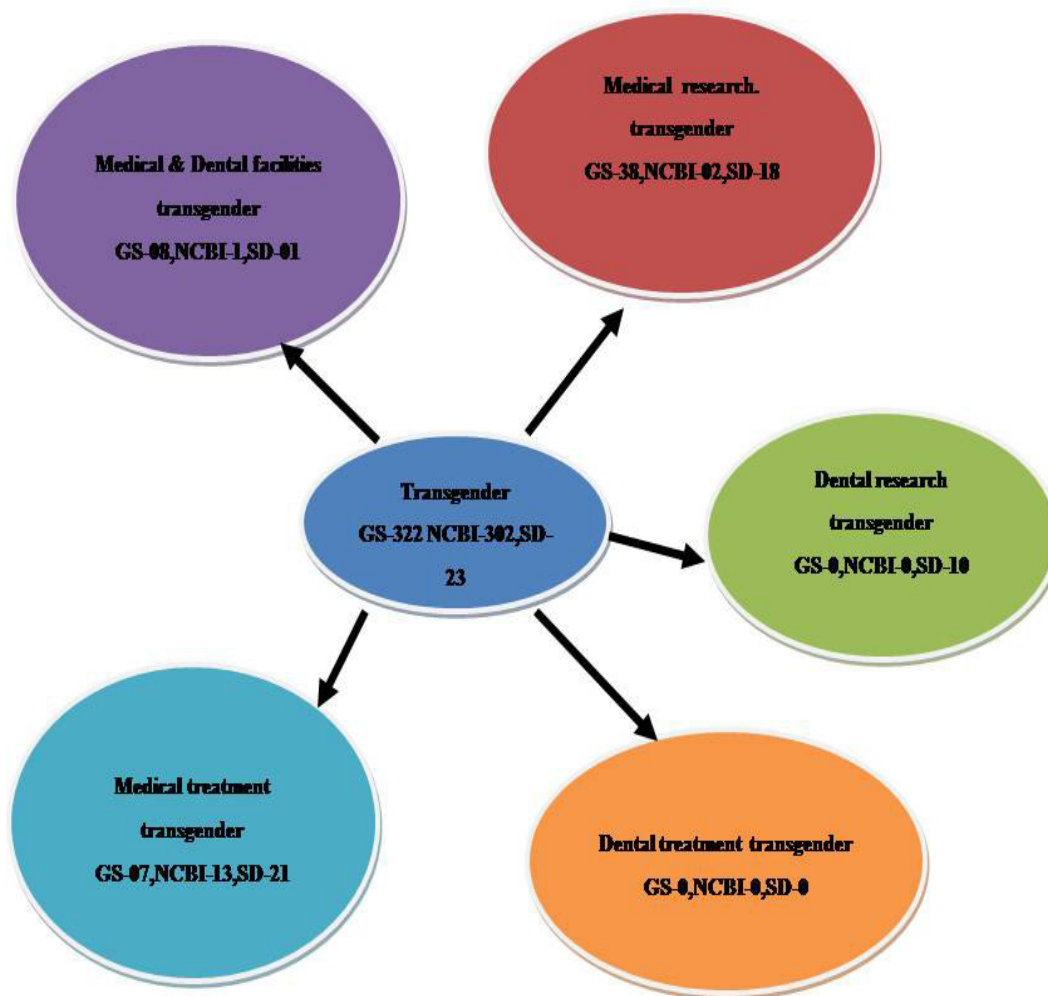








Figure 1

This table shows the total searching results about transgender (GS-Google scholar,NCBI-National Center for Biotechnology Information, SD-Science Direct)

Table 2
The prevalence of transsexualism demographic data for transgender population around the globe.

 <p>Australia¹⁰</p> <ul style="list-style-type: none"> •Ross et al. (1981) •Incidence (per 100000 age 15 or above) - 4.9 •MTF - 1 in 24000 •FTM - 1 in 50000 •MTF:FTM - 6.1 - 1 •Method - Reports from psychiatrists on transsexual patients seen from 1976-1978 	 <p>Belgium¹¹</p> <ul style="list-style-type: none"> •De Cuyper et al. (2007) •Incidence (per 100000 age 15 or above) - 10.7 •MTF - 1 in 12900 •FTM - 1 in 33800 •MTF:FTM - 2.6-1 •Method - Reports from plastic surgeons and gender teams on transsexual patients seen from 1985 to 2003 	 <p>Germany¹²</p> <ul style="list-style-type: none"> •Weitze and Osburg (1996) •Incidence (per 100000 age 15 or above) - 2.1 •MTF - 1 in 14400 •FTM - 1 in 33200 •MTF:FTM - 2.3-1 •Method - Data from German courts regarding legal name and sex changes from 1981 to 1990
 <p>India¹³</p> <ul style="list-style-type: none"> •Winter (2009) •Incidence (per 100,000 age 15 or above) - 167 •MTF - 1 in 600 •FTM - Not available •MTF:FTM - Not available •Method - Community estimate 	 <p>Iran¹⁴</p> <ul style="list-style-type: none"> •Ahmadzad-Asl et al.(2011) •Incidence (per 100000 age 15 or above) - 1.4 •Total - 1 in 141000 •MTF - 1 in 145000 •FTM - 1 in 136000 •MTF:FTM - 1-1.11 •Method - Reports on GID diagnoses from the Tehran psychiatric Institute from 2002-2009 	 <p>Ireland¹⁵</p> <ul style="list-style-type: none"> •De Gascun et al.(2006) •Incidence (per 100,000 age 15 or above) - 1.4 •MTF - 1 in 84400 •FTM - 1 in 542500 •MTF:FTM - 6.4-1 •Method-Gender clinic cases of GID from 2000 to 2004: 45 MTFs and 7 FTMs. Calculated from Ireland's 2000 population estimate in 3,797,257



Japan (Western)¹⁶

- Okabe et al. (2008)
- Incidence (per 100000 age 15 or above) - 1.4
- MTF - 1 in 173913
- FTM - 1 in 114613
- MTF:FTM - 1-1.7
- Method-Gender clinic cases of GID from 1997 to 2005: 349 FTMs 230 MTFs. Calculated from the authors Western Japan population estimate 40,000,000



Malaysia¹⁷

- Jamaludin (2001)
- Incidence (per 100000 age 15 or above) - 1,333
- Total - 1 in 75 to 150
- MTF - Not available
- FTM - Not available
- MTF:FTM - Not available
- Method - Community estimate



Netherlands¹⁸

- Bakker et al. (1993)
- Incidence (per 100000 age 15 or above) - 11.7
- MTF - 1 in 11900
- FTM - 1 in 30400
- MTF:FTM - 2.6-1
- Method - Gender clinic cases with gender dysphoria from 1975 to 1993



New Zealand¹⁹

- Veale (2008)
- Incidence (per 100000 age 15 or above) - 31.9
- MTF - 1 in 3639
- FTM - 1 in 22714
- MTF:FTM - 6.2-1
- Method - Passport data obtained from the New Zealand Passports Office



Singapore²⁰

- Tsoi (1988)
- Incidence (per 100000 age 15 or above) - 35.2
- MTF - 1 in 2900
- FTM - 1 in 8400
- MTF:FTM - 2.9-1
- Method-Department of OB/GYN at the National University of Singapore and three private surgeons



Spain²¹

- Esteva et al. (2006)
- Incidence (per 100000 age 15 or above) - 16.8
- Total - 1 in 5954
- MTF - 1 in 9685
- FTM - 1 in 15456
- MTF:FTM - 1.9-1
- Method - Clinic study



MTF, male to female; FTM, female to male.

DISCUSSION

It is difficult to accurately estimate the number of transgender people, mostly because there are no population studies that accurately and completely account for the range of gender identity and gender expression. Social stigma, discrimination, homo and transphobia against transgender people negatively affect their quality of life by affecting their employment, income, access to health insurance, and health behavioural choices. Table. 3 Summarizes the specific health care risks faced by transgender

patients²⁵. Transgendered peoples are likely to experience some form of discrimination and/or violence. Health care service providers have found that getting transgendered individuals the services they need (e.g., substance use treatment, housing, and health care) is difficult because service providers may not want to work with transgendered clients. Furthermore, lack of health care providers who may not respect the expressed gender identity of these individuals can adversely influence whether they will access and stay in treatment.

Table 3
Transgender patients faced by specific health care risks²⁵.

PREVENTIVE CARE	GENDER ISSUES	REASSIGNMENT-SPECIFIC	OLDER ADULTS/ELDERLY
<ul style="list-style-type: none"> • Transgender patients have higher chances of HIV infection²⁶. • Transgender patients have a higher chances of mental health disorders²⁷. • Transgender patients have physical and sexual assaults and intimate partner violence²⁸⁻²⁹. 	<ul style="list-style-type: none"> • Patients may purchase hormones off the street³⁰⁻³¹. • Postoperative complications may arrive when undergoing gender reassignment surgery³¹. • Male to female patients with breast tissue may be at high risk of breast cancer³². • Long term effects of hormone therapy for transitioning patients are not well studied, but hormone use in general has shown risk for hypercoagulability, electrolyte disturbance, hyperlipidemia or liver damage. This risk may become more problematic with older age and increase duration of exposure to treatment³². 		<ul style="list-style-type: none"> • This group is less likely to be partnered or married, which could lead to less social and financial support ; older adults who live alone are at increased risk of social isolation^{32,33}. • They rely more on close friends for support and are more likely to take care of one another rather than be taken care of by family³³. • They have higher rates of disability, mental distress, tobacco use and excessive alcohol consumption³³.

CONCLUSION

The medical problems among transgender were investigated little. There was no such dental investigation for the transgender community. As separate gender there may be proper guidelines and an investigation for their medical and dental treatment. For the greater understanding of a transgender patient concerns and health care goals can play a critically important role in our medical and dental faculties and also helping them to achieve a higher quality of life.

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