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Sociological Perspectives on Transgender Health and Health Care barriers in India

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Abstract

The purpose of this present study is to explore barriers to healthcare among transgender people in the India**.** In this present era the transgender health and health care barriers like Gender Varience and medicine, Sex reassignment therapy, mental health, Fear and mistrust etc. The present study describes in details barriers of transgender facing for sociologically and mentally and level of medicine.

Keywords: Sociological Perspective, Transgender and Health Care..

Introduction

Recent estimates suggest that over 500,000 transgender adults reside in the southeastern region of the country. While trans people throughout the United States experience daily hardship as a result of transphobic or cissexist stigma, prejudice, and discrimination trans southerners do so in a region that is marked by its rurality and its heightened conservatism and evangelicalism. In addition to the cultural barriers to trans acceptance in the South, trans southerners are also affected by the region's high unemployment rates, low wages, and a lack of public services such as transportation, healthcare, and housing. The sociological literature on trans experience revealed that while one-third of trans adults in the U.S. reside in the southeast region of the country, only one-tenth of the sociological studies of transgender life focus on the experiences of trans southerners. Yet, regional barriers position trans southerners at a unique disadvantage across social contexts and institutions, including those related to health and healthcare. According to recent studies on transgender life, trans people in the United States experience disproportionate disparities accessing care and are more likely to experience negative outcomes related to both physical and mental health.

Health outcomes of stigma and discrimination

"Minority stress" perspective outlines the pathways from stigma and discrimination to poor mental health outcomes among sexual minorities (e.g., lesbian, gay, and bisexual people). The minority stress model suggests that social stigma results in identity-based discrimination for LGB people (e.g., homophobia, heterosexism) that is uniquely harmful to their mental and physical health applied this perspective to gender minorities, suggesting that the social sanctions associated with gender transgression result in negative mental health outcomes for trans people. Indeed, this position was affirmed by Pega and colleagues in their (2015) call for the World Health Organization to designate gender identity a social determinant of health: "Prejudice, stigma, transphobia, discrimination, and violence targeted at transgender people produce differential levels of social exclusion for populations defined by gender identity" (Pega & Veale, 2015, p. e59). These social exclusions impact individuals in ways that scholars argue are affecting both mental and physical health.

Transgender health care, also known as **gender-affirming care**, includes the prevention, diagnosis and treatment of physical and mental health conditions, as well as sex reassignment therapies, for transgender individuals Questions implicated in transgender health care include gender variance, sex reassignment therapy,

health risks (in relation to violence and mental health), and access to healthcare for trans people in different countries around the world.

Gender Varience and medicine

Gender variance is defined in medical literature as "gender identity, expression, or behavior that falls outside of culturally defined norms associated with a specific gender" For centuries, gender variance was seen by medicine as a pathology. The World Health Organization identified gender dysphoria as a mental disorder in the International Classification of Diseases (ICD) until 2018. Gender dysphoria was also listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association, where it was previously called "transsexuals" and "gender identity disorder".

In 2018, the ICD-11 included the term "gender incongruence" as "marked and persistent incongruence between an individual's experienced gender and the assigned sex", where gender variant behavior and preferences do not necessarily imply a medical diagnosis. However, the difference between "gender dysphoria" and "gender incongruence" is not always clear in the medical literature. Some studies posit that treating gender variance as a medical condition has negative effects on the health of transgender people and claim that assumptions of coexisting psychiatric symptoms should be avoided. Other studies argue that gender incongruence diagnosis may be important and even positive for transgender people at the individual and social level. As there are various ways of classifying or characterizing those who are either diagnosed or self-affirm as transgender individuals, the literature cannot clearly estimate how prevalent these experiences are within the total population. The results of a recent systematic review highlight the need to standardize the scope and methodology related to data collection of those presenting as transgender.

Sex reassignment therapy

Various options are available for transgender people to pursue physical transition. There have been options for transitioning for transgender individuals since 1917. Sex reassignment therapy helps people to change their physical appearance and/or sex characteristics to accord with their gender identity; it includes hormone replacement therapy and sex reassignment surgery. While many transgender people do elect to transition physically, every transgender person has different needs and, as such, there is no required transition plan. Preventive health care is a crucial part of transitioning and a primary care physician is recommended for transgender people who are transitioning.

Mental health

Transgender individuals may experience distress and sadness as a result of their gender identity being inconsistent with their biological sex. This distress is referred to as gender dysphoria. Gender dysphoria is typically most upsetting for the individual prior to transitioning, and once the individual begins to transition into their desired gender, whether the transition be socially, medically, or both, the distress frequently lessens.

Those who are transgender are significantly more likely to be diagnosed with anxiety disorders or depression than the general population. A number of studies suggest that the inflated rates of depression and anxiety in transgender individuals may partially be because of systematic discrimination or a lack of support. Evidence suggests that these increased rates begin to normalize when transgender individuals are accepted as their identified gender and when they live within a supportive household.

Many studies report extremely high rates of suicide within the transgender community. A United States study of 6,450 transgender individuals found that 41% of them had attempted suicide, as differing from the national average of 4.6%. The very same survey found that these rates were the most high for certain demographics, with transgender youth between the ages of 18 and 24 having the highest percent. Individuals in the survey who were multiracial, had lower levels of education, and those with a lower annual income were all more likely to have attempted. Specifically, transgender males as a group are the most likely to attempt suicide, more so than transgender females. Later surveys suggest that the rate of suicidal attempts for non-binary individuals is in between the two. Transgender adults who have "de-transitioned", meaning having gone back to living as their sex assigned at birth, are significantly more likely to attempt suicide than transgender adults who have never "de-transitioned".

Several studies have shown the relation between minority stress and the heightened rate of depression and other mental illness among both transgender men and women. The expectation to experience rejection can become an

important stressor for transgender and gender non-conforming individuals. Mental health problems among trans people are related to higher rates of self-harm, drug usage, and suicidal ideations and attempts.

Health experiences

Trans people are a vulnerable population of patients with negative experiences in health care contributing to stigmatization of their gender identity. As noted by a systematic review conducted by researchers at James Cook University, evidence reports that 75.3% of respondents have negative experiences during physician visits when seeking gender identity-based care.

Clinic environment

Guidelines from the UCSF Transgender Care Center state the importance of visibility in chosen gender identity for transgender or non-binary patients. Safe environments include a two-step process in collecting gender identity data by differentiating between personal identity and assignments at birth for medical histories. Common techniques recommended are asking patients their preferred name, pronouns, and other names they may go by in legal documents. In addition, visibility of non-cisgender identities is defined by the work environment of the clinic. Front-desk staff and medical assistants will interact with patients, which these guidelines recommend appropriate training. The existence of at least one gender-neutral bathroom shows consideration of patients with non-binary gender identities.

Transgender women, known as *kathoeys*, have access to hormones through non-prescription sources. This kind of access is a result of the low availability and expense of transgender health care clinics. However, transgender men have difficulty gaining access to hormones such as testosterone in Thailand because it is not as readily available as hormones for kathoeys. As a result, just a third of all Trans men surveyed are taking hormones to transition whereas almost three quarters of kathoeys surveyed are taking hormones.

Fear and mistrust

Existing research reveals patterns of mistrust among trans and gender diverse patients regarding the ability to access physicians who will treat them with dignity and respect. Participants across all focus groups expressed fear of and mistrust in providers. One participant aptly stated: *My primary concern is not…if my gender identity is going to be a problem…it is am I going to be helped regardless of it?*Trans and gender diverse people experience disproportionate rates of psychological distress, often resulting from their experiences of stigma and discrimination. This psychological distress is likely exacerbated by interactions with healthcare itself as participants in each group described experiencing anxiety leading up to appointments. One participant shared: *Going to the doctor is completely anxiety producing and scary… not a lot of hope that it is going to turn out okay. Kind of expecting the worst. Every time I would call…I would expect not to have my pronouns respected or [for them not to] understand issues. Going in I know I am going to have to explain things… I'd rather not take that chance.*

Inconsistency

Transgender reported inconsistent access to healthcare and long wait times, often due to providers being over-extended as the only provider in the area willing to treat Trans and non-binary patients. These providers often took on Trans and non-binary patients even when their practice was at capacity leading to inconsistent availability of appointments: *I think most of the primary care providers are really over-extended. There are a few of them here…but it's really hard to get into any of them. And, a lot of them, their practice aren't accepting new patients unless you are Trans. And it's still a wait because there are an enormously high percentage of Trans people in this city. There are providers, but there are not enough providers to serve all the trans people who live here.*Additionally, when their primary physician was away or when participants had emergent or immediate healthcare needs, they were often treated by providers who were not as educated or affirming. One participant stated: *You have a UTI and you can't get in to see your PCP [primary care provider] so you have to go to urgent care and see whoever is working. You never know who is going to be on location. I [went to my primary clinic] not long after gender reassignment surgery, because I thought I had an infection. I kept trying to see my PCP, but they made me come to urgent care. When the guy who came to see me figured out what was going on, he started to sweat and really didn't handle it well.*This additional stress when dealing with immediate healthcare needs only adds to the negative experiences of trans and gender diverse patients in the region.

Disrespect

Front desk and nursing staff are the first lines of communication between patient and provider and have a significant impact on patients' comfort in a healthcare setting (Blanchard & Lurie, 2004). Participants reported that these interactions often resulted in disrespectful and insensitive treatment in the form of misgendering (i.e., being referred to using incorrect gendered pronouns and language) and verbal harassment in ways that resulted in further alienation from healthcare. One participant, who recently accompanied another trans person to a local clinic, shared the following experience: *There was a transgender lady trying to get in and called the office. They did not respect her pronouns, and she corrected them multiple times. It was horrible, but then when she got back to the exam room, this is just the front desk…when she got to the back, there were [negative] conversations about her being held on the other side of the door that she could overhear.*

There is still a significant amount of stigma attached to trans and gender diverse experiences, and our participants felt the effects of that stigma as they were stared at, whispered about, misgendered, and at times harassed by other patients and administrative or clinical staff. Some of these experiences result in the mismanagement of healthcare, leading to complications: *When I first came out I was gender fluid and I used he/they pronouns. I broke my foot and I went to physical therapy and they wouldn't respect my pronouns at all…. They would change me a lot [to different physical therapists]…. because they were tired of me telling them to use the right pronouns…. So, I stopped [physical therapy] and now my foot is hurt really badly. Walking hurts. My full body hurts from adverse reactions to that. All because I didn't complete physical therapy, because I was too nervous to go because of that.*For some participants, interactional mistreatment resulted in a delay or avoidance of healthcare altogether. Others continued to seek healthcare, accepting mistreatment from providers and support staff, fearing they would lose access to healthcare if they stood up for themselves. One participant explained this fear: *A lot of transgender people are afraid to speak up or be direct. If you want to correct people or stand up for yourself, you always have that fear… "Oh God, that could risk me getting my hormones, what if she refused to treat me or refused to help me with this." So, you just sit in it and then you try to go on.*Being forced to sit through stigmatizing experiences like this can lead to further stress and negative health outcomes.

Intersecting barriers

Trans and gender diverse people in the South live multidimensional lives that are affected not only by their gender identities, but also by their socioeconomic status, race, age, and geographic location. Every participant we spoke with experienced these layered barriers to care. Trans and gender diverse people who face financial hardship are more likely to face difficulties maintaining a healthcare relationship with a provider and may delay healthcare to avoid the financial burden that comes with being under- or uninsured. Many participants dealt with their financial barriers on a case-by-case basis. They were forced to decide if their healthcare problem was serious enough to risk further financial hardship. This often meant not seeking medical attention when it was needed.

Racism also impacts the healthcare experiences of trans and gender diverse people of color (POC) in the South in similar ways to those that have been documented for trans and gender diverse POC across the United States (James et al., 2016; James, Brown, & Wilson, 2017; James, Jackson, & Jim, 2017; James & Magpantay, 2017; James & Salcedo, 2017). Participants of color shared experiences of mistreatment and exclusion that were much more pronounced than white participants: *When I was in the hospital, I watched a bunch of other white people coming in after me and get treated…. Also, my placement…. I didn't have a room or any curtains or anything. I had to watch white people come in and get taken to rooms and areas with curtains and watch doctors go by and get medicine for folks. I could watch doctors go by [and address a white patient] with a very enthusiastic voice.*While white trans people still received subpar treatment they did not face the same level of mistreatment experienced by trans and gender diverse POC. Living in the U.S. South also presents its own unique challenges to trans and gender diverse people's access to healthcare. Factors like higher poverty rates, lack of structural resources, and high religiosity are some of the additional barriers that trans and gender diverse people face when trying to access healthcare in the South.

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