REVIEW OF LITERATURE

This chapter provides a review of studies pertaining to all aspects relevant to the present study to get a better understanding of the variables included in the study. The studies are classified in the following sequence to get a clearer picture:

- Psychosocial problems of transgenders
  - Studies on psychosocial problems in youth
  - Studies on psychosocial problems in adults
- Attitude towards transgenders in the family and society
  - Attitude towards transgenders in society
  - Attitude towards transgenders in the family
- Quality Of Life in transgenders
  - Health and HIV risk in transgenders
- Self esteem in transgenders
- Social anxiety in transgenders

PSYCHOSOCIAL PROBLEMS OF TRANSGENDERS

Studies on psychosocial problems in youth

Melchior, Huba, Schneir, Radzik, Belzer and Panter (1999) compared the psychosocial characteristics, risk factors, and service needs of youth based on a combination of gender, orientation, and transgender status as well as HIV serostatus in 142 individuals enrolled in services at an HIV risk reduction clinic for adolescents and young adults. Transgender clients were significantly more likely to have precarious housing situations, to have run away from home due to sexual, physical, or verbal abuse than members of other Gender/Sexual Orientation groups.
The GLSEN 2001 National School Climate Survey showed that almost two-thirds of LGBT youth reported having been sexually harassed during the past school year. The frequency of sexual harassment was higher for female and transgender youth in the sample. Transgender youth were also significantly more likely to report feeling unsafe in school because of their gender expression.

Factors that affect the experiences of transgender youth were explored by Grossman and D’Augelli (2006) using three focus groups. Three themes emerged from an analysis of the groups’ conversations. The themes centred on gender identity and gender presentation, sexuality and sexual orientation and vulnerability and health issues. Most of them reported feeling they were transgender at puberty and experienced confusion and negative reactions to their gender atypical behaviours. The four problems they noted related to their vulnerability in health areas were: the lack of safe environments, poor access to physical health services, inadequate resources to address their mental health concerns, and a lack of continuity of caregiving by their families and communities.

Grossman and D'Augelli (2007) studied the risk factor of suicide among transgender youth. Nearly half of the sample reported having seriously thought about taking their lives and one quarter reported suicide attempts. Factors significantly related to having made a suicide attempt included suicidal ideation related to transgender identity; experiences of past parental verbal and physical abuse; and lower body esteem, especially weight satisfaction and thoughts of how others evaluate the youths' bodies.
Kosciw, Greytak, Diaz and Bartkiewicz (2009) found in a survey, of more than 7,000 lesbian, gay, bisexual and transgender (LGBT) middle and high school students aged 13–21 years, that over 85% of trans students reported verbal harassment based on their sexual orientation and gender identity. Nearly half (49.5%) reported physical harassment based on these characteristics, and a one third (34.1%) reported being physically assaulted. Transgender students get harassed much more often than their classmates. Harris (2005) found that transgender students were over four times more likely to be verbally harassed because of their gender expression.

Greytak, Diaz and Kosciw (2009) in their report entitled ‘Harsh Realities’ show that the grade point averages of transgender students who were frequently harassed were significantly lower than those who were bullied less often. Trans students who regularly experienced harassment based on their sexual orientation had an average GPA of 2.2, compared with a GPA of 3.0 for trans students who were never or rarely harassed. By contrast, frequently harassed LGBT students as a group had an average GPA drop of four points. Bullying and harassment is twice as detrimental to transgender students as it is to their lesbian, gay and bisexual peers.

Mustanski, Garofalo and Emerson (2010) sought to address some of the gaps in past research by conducting structured diagnostic interviews in a community-sample of 246 LGBT youth. Participants in the study were very diverse in terms of ethnicity and were between the ages of 16-20 years old, with an average age of 18. It was found that nearly 10% of study participants met criteria for post-traumatic stress
disorder (PTSD) and about 15% met criteria for major depression. A third of the participants had made a suicide attempt at some point in their life.

**Studies on psychosocial problems in adults**

The Washington DC Transgender Needs Assessment Survey (Xavier, 2000) showed that 29% of the transgenders covered in the survey reported no source of income. Fifteen percent reported losing a job due to discrimination and 43% of the participants had been a victim of violence or crime. Almost half of the participants did not have health insurance, and 39% did not have a doctor whom they see for routine health care. Thirty-four percent of the participants felt their drinking was a problem for them, but only 36% actually sought treatment for it. 34% felt they have a drug problem, but only 53% sought treatment. In the participant's self-perceived needs assessment, the top three most important and immediate needs are housing, employment, and HIV-related care.

In September 2003, the Peoples’ Union for Civil Liberties, Karnataka (PUCL-K) published a report on human rights violations against the transgender community in India. It reveals clearly “the trap that transgender women often fall into in traditional societies”. They become outcasts, because they have no family to harbor them, and then - having no means of support - become labeled as a sex object and forced by circumstances into sex work in order to survive. When young and nubile, transgender women may take some degree of comfort in their acceptance as a woman by the men who use them sexually, not realizing the long-term difficulties that they will face later in life as they age in a society that offers no other kind of work for them to engage in (other than begging). The ongoing entrapment of one in every few hundred
transgender kids into becoming willing sex objects for the local males thus works to the great advantage of the patriarchal society in which it occurs. The police do not protect the women from abuse, but instead victimize them if they do not keep in line or if they protest the system. As a result, the police are the source of many abuses against transgender women in India, as elsewhere.

Badgett, Lau, Sears and Deborah (2007) summarized the findings from various studies carried over a period of more than ten years in the report “Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination”. Their findings illustrate that discrimination and harassment are pervasive. Fifteen percent to 43 percent of gay and transgender workers have experienced some form of discrimination on the job. Eight percent to 17 percent of gay and transgender workers report being passed over for a job or fired because of their sexual orientation or gender identity. Ten percent to 28 percent received a negative performance evaluation or were passed over for a promotion because they were gay or transgender. Seven percent to 41 percent of gay and transgender workers were verbally or physically abused or had their workplace vandalized.

A huge majority of the transgender community in India is highly aware of sexually transmitted diseases and HIV/AIDS and their prevention, according to a survey conducted in 2007 by a Chennai-based NGO. The survey was carried out among 200 members of the transgender community. A huge 58 percent said they were rejected by their families and friends as soon as their gender status was known and added they were still existing in the fringes of society despite positive intervention from NGOs and the government. Sixteen percent stressed that transgender
people should not be thrown out by parents as they too are individuals with emotional needs and aspirations.

Bryant and Schilt (2008) conducted a survey which produced the first major empirical data on transgender people in the military. The key findings showed that nearly one third of the participants reported having experienced some form of discrimination in the workplace. Of the 660 participants who identified as transsexual, 97% reported they were unable to transition before leaving the military. About a third of those using the VA hospital had broached the subject of medical gender transitions with the VA staff but most of them had their requests denied.

Couch, Pitts, Croy, Mulcare, Mitchell and Patel (2008) conducted an online survey of transgender people in Australia and New Zealand. Half the respondents (50.6%) reported having made attempts to amend formal documentation to reflect their current gender identity, and that this was crucial to their sense of personal and identity recognition, as well as an affirmation of citizenship. Around half the participants reported being verbally abused, socially excluded, or having rumours spread about them. Physical attacks were reported by 19%, refusal of bank finance was experienced by 15% and housing was denied to 12% of the participants. Respondents reported rates of depression much higher than those found in the general Australian population, with assigned males being twice as likely to experience depression as assigned females.

Ryan, Huebner, Diaz and Sanchez (2009) found significantly higher rates of mental and physical health problems among LGBT young adults who experienced high levels of rejection from their parents while they were adolescents. Compared with LGBT young adults who
experienced very little or no parental rejection, LGBT young adults who experienced high levels of rejection were nearly six times as likely to have high levels of depression; more than eight times as likely to have attempted suicide and more than three times as likely to use illegal drugs and engage in unprotected sexual behaviors that put them at increased risk for HIV and other sexually transmitted infections.

Using data from the Family Acceptance Project's young adult survey, Toomey, Ryan and Diaz (2010) examined associations among retrospective reports of adolescent gender nonconformity and adolescent school victimization due to perceived or actual LGBT status, along with current reports of life satisfaction and depression. The participants included 245 LGBT young adults ranging in age from 21 to 25 years. Using structural equation modeling, it was found that victimization due to perceived or actual LGBT status fully mediates the association between adolescent gender nonconformity and young adult psychosocial adjustment (i.e., life satisfaction and depression). Immigrants reported higher levels of depression, and female and young adults from higher economic backgrounds reported more life satisfaction. Higher levels of self-reported adolescent gender nonconformity were associated with more LGBT school victimization.

Grant et al (2011) released a comprehensive study on discrimination with 6,450 transgender and gender non-conforming study participants for the National Center for Transgender Equality and National Gay and Lesbian Task Force. Discrimination was found to be pervasive throughout the entire sample. Respondents lived in extreme poverty. A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population, with rates rising for those
who lost a job due to bias (55%), were harassed/bullied in school (51%),
had low household income, or were the victims of physical assault (61%)
or sexual assault (64%). Ninety percent of transgender individuals have
encountered some form of harassment or mistreatment on the job.
Respondents reported various forms of direct housing discrimination.
Almost half of the respondents (46%) reported being uncomfortable
seeking police assistance. Nineteen percent of the sample reported being
refused medical care due to their transgender or gender non-conforming
status, with even higher numbers among people of color in the survey.

Sridevi and Veena (2011) studied the nutritional status of 120
transgenders from the age group of 20-70 years. A detailed interview
schedule was used to collect their demographic profile, lifestyle patterns,
psychological aspects and assessment of nutritional status. Transgenders
faced psychological problems and social exclusion is one of the most
important one. They face exclusion starting from their family to problems
in the community. Emotional changes had an impact on the food
consumption pattern and hence they lacked nutrients. They were
subjected to rejection and lack of medical health care.

**ATTITUDE TOWARDS TRANSGENDERS IN FAMILY & SOCIETY**

**Attitude Towards Transgenders in the family**

Polat, Yuksel, Discigil and Meteris (2005) found that in Turkey, an
individual with gender identity disorder is stigmatized and isolated from
society. They examined the acceptance of gender identity differences by
the families in 47 relatives of 39 transgendered individuals who applied
to a psychiatry clinic for sex reassignment. Half of the relatives who
came to the interview were mothers. While 85.1% of the families considered themselves as secular muslims, 14.9% were very religious. Gender identity disorder was first noticed during puberty (70.2%) or prepuberty (17%). In 63.8% it was remarked that it was a shocking experience. One-third of them felt responsible for it. While 65.9% tried to change the situation by coercion, only 27.7% adopted a supportive attitude. The majority of families tried to conceal the situation from their immediate environment and one-third did not even inform their closest relatives. For half of relatives the mass media was their only source of information whereas one-third received information from doctors. 40.4% of the families accepted the transgendered identity and approved the sex reassignment surgery as a final step.

Winter (2006) had 195 MtF transgenders with a mean age of 25.4 years, complete a questionnaire examining, their beliefs about (a) attitudes (of parents and society) towards them (and to MtF transgenders in general); and (b) origins of their own MtF status. It was found that 62.9% of mothers and 40.6% of fathers accepted or encouraged their child’s transgender from its first expression. Cluster analysis revealed that, based on their beliefs, 97.1% of the sample could be divided into three groups. Most (61.2%) fell into a ‘biogenic’ group, emphasizing the role played by inborn biology, while 29.4% believed took a ‘peer psychogenic’ view, emphasizing the role played by friends in the development of their transgender. A small ‘eclectic’ group (6.5%) believed that biology, karma and parents combined to account for their transgender.

A study by Ryan and her team from the Family Acceptance Project at San Francisco State University (2010) shows that accepting behaviors
of parents and caregivers towards their LGBT children are protective against mental health risks. LGBT young adults who reported high levels of family acceptance during adolescence had significantly higher levels of self-esteem, social support and general health, compared to peers with low levels of family acceptance. LGBT young adults who reported low levels of family acceptance during adolescence were over three times more likely to have suicidal thoughts and to report suicide attempts, compared to those with high levels of family acceptance. High religious involvement in families was strongly associated with low acceptance of LGBT children.

**Attitude towards transgenders in society**

According to the results of a national survey released at the Southern Comfort Transgender Conference in Atlanta (2002) seven out of ten people included in the report, "Public Perceptions of Transgender People," say they are familiar with the word transgender. A majority of respondents believe it is "all right" to be transgendered. Fifty percent of those surveyed believe transgendered adults should be allowed to teach in high schools, but only about 40% believe they should be allowed to be elementary school, gym class, or day care teachers or scouting leaders. 74% say they would be OK working with a transgendered person; 61% favour laws to prevent workplace discrimination; and 68% support hate-crimes laws that cover transgendered people. After respondents were given the definition of what it means to be transgendered- an exercise that is considered an abbreviated form of education- they had a somewhat less favourable attitude toward transgendered people. Additionally, the poll found a very critical correlation between whether the public sees being transgender as a moral issue and whether they think people have a choice about being a transgender.
A poll commissioned by the Human Rights Campaign Foundation Campaign (2002) showed that 61 percent of Americans believe that the country needs laws to protect transgender people from discrimination. It is estimated that at least 15 transgender people are killed each year in hate-based attacks, although this number may be higher based on transgender people’s common fear of going to the police and widespread misreporting. Anti-transgender discrimination also occurs in housing, credit and public accommodations.

Medley (2005) investigated the attitudes toward gay, lesbian, bisexual, and transgender people from the point of view of heterosexual males who attended private institutions. Data was collected through the dissemination of the GLBT Attitude Assessment at four private colleges. Males who held conservative beliefs in their political and religious orientations were significantly different than those who held liberal and moderate beliefs. Respondents’ attitudes were least positive toward transgender people.

Rye, Elmslie and Chalmers (2007) assert that negative attitudes toward transsexuals may be transformed into positive and empathic ones. They proposed that a basic formula to produce more positive attitudes is a simple one: education plus exposure – that is to say, “real life” exposure. Meeting a transgender person face-to-face, even in a classroom setting, can have a positive impact on those who hold transphobic attitudes resulting from ignorance of transgender issues. Such an experience may also have a strong effect on a student who was personally questioning his or her gender and perhaps dealing with some of the same issues being discussed.
Antoszewski, Kasielska, Jędrzejczak and Kruk-Jeromin (2007) aimed to determine the extent of the knowledge and the approach of Lodz college students toward transsexualism and to find out what rights students would grant to transsexual persons. The questionnaire studies were carried out in a group of 300 students. About 53.6% of the students gave correct answer to the definition of transsexualism. Most of the students thought that transsexuals should have the possibility of legal change of name (67%) or undergoing hormonal therapy (70%) and surgical treatment (63.5%). Student’s attitude toward legal and surgical sex change in transsexuals was positive. Female students showed greater understanding of transsexual needs than male students.

Winter (2007) and his team of researchers looked at transphobia in seven countries. The results of a factor analysis identified core attitudes and beliefs. Five factors were identified together explaining 52.1% of variance. They were, 1) the belief that transwomen suffer from a mental sickness; 2) the belief that transwomen are not women, should not be treated as such, and should not be afforded rights as women; 3) rejection of contact with transwomen in a variety of social situations, including among family members and teachers; 4) rejection of contact with transwomen within one's peer group, and 5) the belief that transwomen engage in sexually deviant behaviour. Particularly strong, and fairly consistent across the seven countries involved, were the links between, on one hand, the belief that transwomen suffer from a mental sickness and, on the other hand, the refusal to regard or treat them as women or to afford them rights as women, as well as an unwillingness to accept the idea of any social contact with them at all, either within one's family group or outside.
Winter, Webster and Cheung (2008) used a Chinese version of Hill and Willoughby’s Genderism and Transphobia Scale (GTS) with 205 undergraduate students between 18 and 25 years in Hong Kong to examine its appropriateness for use in a culture other than Canada. The Hong Kong data revealed a factor structure different from that evident in Canada, with a five factor solution explaining a total of 53.96% of the variance in the data. The Items in Factor I were exclusively concerned with antipathy towards males who engage in stereotypically cross-gendered behaviour, whether by way of make-up and dress or general appearance or behaviour and was Anti-sissy Prejudice. An item in Factor II measured a violent antipathy extending to cross-gendered behaviour in both sexes and was named Anti-trans Violence. Items in Factor III related to beliefs about the nature of transgenderism; specifically the extent to which it violates either a divine or natural order and was named Transunnaturalness. Factor IV was named Trans-immorality as it dealt with transgendered presentation and surgery to alter the anatomy. Factor V dealt with antipathy towards both cross-gendered behaviour and identity and was named Genderism. When Hong Kong males and females were compared on individual factor scores, it was found that males scored significantly higher on two of the five factors: Anti-trans Violence and Background Genderism. Overall, the Hong Kong sample displayed greater transphobia than that of Hill and Willoughby’s sample.

Winter, Rogando-Sasot and King (2008) took a convenient sample of 147 transgendered females in the Philippines for their study. Participants (mean 23.6 years) completed a questionnaire covering, demographics, transition histories, sexual preferences, sexual and gender identities, experience of social attitudes towards transgenderism, as well as beliefs about the origins of their own transgenderism. Despite a level
of education that was high in relation to the national average, the level of unemployment in the sample was comparatively high. Participants' family backgrounds revealed a significantly higher frequency of older sisters than younger ones. Participants differed in the ways in which they self-identified, but overwhelmingly reported early feelings of gender incongruity (i.e., in early or middle childhood) and initial transition in adolescence. Though most were at the time of the study using hormones, surgery was relatively uncommon, and sex reassignment surgery rare. Participants commonly reported that Filipino society was unfavourably disposed towards the transgendered. Many reported rejection by their parents, though this was more common (a) by fathers, and (b) when they had earlier begun to transition. Participants most commonly cited inborn biology or God's Will as a factor underlying their own transgenderism. Very few cited social influences.

King, Winter and Webster (2009) examined the relationship between Hong Kong Chinese people's contact with transgender/transsexual (TG/TS) people and attitudes toward transgenderism and transgender civil rights, based on Allport's contact hypothesis. With a random sample of 856 Hong Kong Chinese persons aged between 15 and 64 they used the Chinese Attitudes towards Transgenderism and Transgender Civil Rights Scale (CATTCRS). Attitudes, assessed on both personal and institutional dimensions, were examined in relation to participants' gender, age, educational level, religiosity, and previous contact with transpeople. Results suggest that previous contact with transpeople was significantly associated with attitudes reflected in the scale; decreased social distance, decreased social discrimination, and decreased transprejudice, increased awareness of discrimination against transpeople, increased support for equal
opportunities, increased support for post-operative transsexual civil rights, and increased support for anti-discrimination legislation.

Gerhardstein (2010) investigated factors that contribute to negative attitudes toward, and discrimination against this consistently marginalized group of people. The sample included 251 heterosexual undergraduate students, including 131 men and 120 women. Participants rated one of two vignettes, which were paired with one of four different pictures. The vignettes described either a male-to-female or female-to-male transsexual, and the corresponding picture depicted an individual whose appearance was stereotypically consistent with either the vignette character's post-operative sex or his or her biological sex. Participants reported more positive general perceptions and more positive evaluations of the transsexual character's attractiveness as a friend or romantic partner when his/her appearance was congruent with the desired sex. Compared to women, men rated the transsexual character more negatively. There was also a significant interaction for gender of the participant and sex of the transsexual, such that females rated the attractiveness of the FTM transsexual significantly more positively than the MTF transsexual, whereas men's attractiveness ratings for the FTM and MTF transsexuals were not significantly different.

QUALITY OF LIFE IN TRANSGENDERS

Newfield, Hart, Dibble and Kohler (2006) evaluated health-related quality of life in female-to-male (FTM) transgender individuals, using the Short-Form 36-Question Health Survey version 2 (SF-36v2). Using email, Internet bulletin boards, and postcards, 446 FTM transgender and FTM transsexual participants were recruited. Analysis of quality of life health concepts demonstrated statistically significant
diminished QOL among the FTM transgender participants as compared to the US male and female population, particularly in regard to mental health. FTM transgender participants who received testosterone (67%) reported statistically significant higher quality of life scores than those who had not received hormone therapy.

Yuksel. Aslantas, Andemir, Bikmas and Ozturk (2007) evaluated the perception of the transgender individuals about the group psychotherapy sessions with a semi-structured interview form. The group psychotherapy sessions conducted once in a month with the participation of three therapists and 10-16 transgender individuals. All of the participants were single and living with their families. They were working at temporary jobs and had no health insurance mostly because of their gender identity. A positive kind of relationship between members developed in spite of the differences in the socio-cultural levels of the participants. The enthusiasm shared by the group members seemed to be an evidence for the internalization of the gender identities. After at least one year in the group, the participants showed a significant improvement from the aspects of cognition and functionality. This improvement provided a better quality of life.

Seidl (2007) considered two groups: the fixed - representing transgender individuals who preferred identification with the gender binary male or female, and the fluid - representing transgender individuals that favor openness and flexibility on the gender continuum. The fixed and fluid transgender groups were then used as the key criterion for investigating differences in QOL, self-confidence, stress and counselling satisfaction. The mean difference between the fixed and fluid transgender groups was statistically significant. The dissatisfaction was
higher in the fluid transgender group. One hundred eleven transgender participants completed seven open-ended questions and 11 participated in a semi-structured, face-to-face interview process, guided by thirteen questions. The stories of the participants demonstrated how a gender specific upbringing affects transgender individuals through themes of shame, guilt, and anger.

Lakshmanan and Victor (2010) did a study on transgenders in Chennai using qualitative and quantitative techniques of data collection and analysis. A standardized Tamil version of the Wellbeing Questionnaire -12 (Gold Berg 1972) was used. 75.76% of the transgenders belonged to the "Average Wellbeing category" while the rest were in the "Better Wellbeing Category". From the in-depth interviews it was inferred that the socio-economic status of transgender was very poor and they felt inferior to others and were constantly humiliated and ill-treated by the society at large. However, support within the community was strong.

Hancock, Krissinger and Owen (2010) explored relationships between self-perceived QOL and perceptions of femininity and likability associated with transgender voice. For male-to-female transgender clients, QOL is moderately correlated with how others perceive their voice. This study complements previous research reports that subjective measures from clients and listeners may be valuable for evaluating the effectiveness of treatment in terms of how treatment influences voice-related QOL issues for transgender people.

A group of four graduate students in the Master of Social Work programme at the University of Maine (May, 2011) conducted a survey
from five countries to study the factors that influence how transgender individuals' social and personal life experiences may impact their view of the overall quality of their lives. Transgender individuals who report initially recognizing their gender expression to be different from peers between the ages of 11-15 years old were significantly more likely to have lower QOL scores than those who report discovering this between the ages of 0-10 years old. There was a significant relationship between an individual’s sense of connectedness to family, friends, communities and his/her subjective assessment of quality of life. There was a significant relationship between increased reports of depressive symptomology and overall lower QOL scores. 81% also reported their overall health status as good to excellent.

Studies related to Quality of Life after Sex Reassignment Surgery

Cohen-Kettenis and vanGoozen (1997) investigated postoperative functioning of 22 consecutive adolescent transsexuals who underwent sex reassignment surgery. The subjects were interviewed by an independent psychologist and filled out a test battery containing questionnaires on their psychological, social, and sexual functioning. All subjects had undergone surgery not less than a year before the study took place. Twelve subjects had started hormone treatment between 16 and 18 years of age. Postoperatively the group was no longer gender-dysphoric. They scored in the normal range with respect to a number of different psychological measures and they were socially functioning quite well. Not a single subject expressed feelings of regret concerning the decision to undergo sex reassignment. It was found that starting the sex reassignment procedure before adulthood results in favourable postoperative functioning.
Lawrence (2003) examined factors associated with satisfaction or regret following sex reassignment surgery (SRS) in 232 male-to-female transsexuals operated between 1994 and 2000 by one surgeon using a consistent technique. Participants reported overwhelmingly that they were happy with their SRS results and that SRS had greatly improved the quality of their lives. Dissatisfaction was most strongly associated with unsatisfactory physical and functional results of surgery. Most indicators of transsexual typology, such as age at surgery, previous marriage or parenthood, and sexual orientation, were not significantly associated with subjective outcomes.

Cuypere, et al (2005) carried out a long-term follow-up study of 55 transsexual patients (32 male-to-female and 23 female-to-male) post-sex reassignment surgery (SRS) to evaluate sexual and general health outcome. Relatively few and minor morbidities were observed in their group of patients. A trend toward more general health problems in male-to-females was seen, possibly explained by older age and smoking habits. After SRS, the transsexual person's expectations were met at an emotional and social level, but less so at the physical and sexual level even though a large number of transsexuals (80%) reported improvement of their sexuality.

Kim, et al (2007) evaluated psychologic status, health-related quality of life in 40 transexuals, both female-to-male (FTM), male-to-female (MTF) transgender individuals. Analysis of QOL health concepts demonstrated statistically significant diminished QOL among the transsexual participants as compared to the Korean male and female population. FtM transgender participants reported higher hostile, phobic than MtF transgenders. Overall, in all psychologic status examination,
transgender individuals were within normal population boundary. SRS improved their QOL and mental stability.

Parola, et.al (2009) provided a detailed assessment of the impact of surgical reassignment on the most important aspects of daily life for these patients. They also established the influence of various factors likely to have an impact on the QOL, such as biological gender and the subject’s personality. Thirty-eight subjects who had undergone hormonal surgical reassignment were included in the study. The results show that after gender reassignment surgery their social and sexual QOL improved. FtM had better social, professional, friendly lifestyles than MtF. Personality factors did not influence QOL in reassigned subjects.

Ainsworth and Spiegel (2010) studied the self-reported QOL of male-to-female (MtF) transgendered individuals and how this quality of life is influenced by facial feminization and gender reassignment surgery. Mental health-related quality of life was statistically diminished in transgendered women without surgical intervention compared to the general female population and transwomen who had gender reassignment surgery (GRS), facial feminization surgery (FFS), or both. There was no statistically significant difference in the mental health-related quality of life among transgendered women who had GRS, FFS, or both. Participants who had FFS scored statistically higher than those who did not in the FFS outcomes evaluation.

Murad, et al (2010) undertook a systematic review and meta analysis of QOL and psychosocial outcomes. These studies enrolled 1833 participants with GID (1093 male-to-female, 801 female-to-males) who underwent sex reassignment that included hormonal therapies. Pooling
across studies shows that after sex reassignment, 80% of individuals with GID reported significant improvement in gender dysphoria; 78% reported significant improvement in psychological symptoms; 80% reported significant improvement in quality of life; and 72% reported significant improvement in sexual aspects. It was concluded that there is very low quality evidence which suggests that sex reassignment that includes hormonal interventions in individuals with GID is likely to improve gender dysphoria, psychological functioning and comorbidities, sexual function and overall quality of life.

Wierckx, et.al (2011) indicate that transsexual men generally have a good QOL and experience satisfactory sexual function after SRS. Compared with a Dutch reference population of community-dwelling men, transsexual men scored well on self-perceived physical and mental health. Almost all participants were able to achieve orgasm during masturbation and sexual intercourse, and the majority reported a change in orgasmic feelings toward a more powerful and shorter orgasm. Surgical satisfaction was high, despite a relatively high complication rate.

Dhejne, Litchenstein, Boman, Johansson and Langstrom (2011) studied 324 sex-reassigned persons (191 male-to-females, 133 female-to-males) in Sweden. Random population controls (10:1) were matched by birth year and birth sex or reassigned (final) sex, respectively Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population.
Health and HIV risk in transgenders

Bockting, Rosser and Scheltema (1999) implemented and evaluated a transgender HIV prevention workshop, grounded in the Health Belief Model and the Eroticizing Safer Sex approach, combined lectures, videos, a panel, discussion, role-play and exercises. Evaluation using a pre-, post- and follow-up test design showed an increase in knowledge and an initial increase in positive attitudes that diminished over time. The findings suggested an increase in safer sexual behaviors such as (mutual) masturbation. Peer support improved significantly.

The GLBT Health Access Project (2000) aimed to improve the health care received by transpeople by exploring what a TG/TS person experiences when she/he seeks health care. The study asked participants in four focus groups to report on their experiences in obtaining routine health care as well as specialty services, and to discuss their health insurance status. The adult MtF group saw substance abuse treatment and HIV/AIDS care as being the key issue. The MtF adult group said that endocrinology, mental health and primary care were their most important health care needs. In all the focus groups, a constant theme was a perception of vast provider ignorance of transpeople and concerns. From the level of health care systems down to individual providers and frontline staff, transgenders reported provider unawareness of, disrespect toward, and outright refusal of treatment for their health needs, both basic and trans-related.

Clements-Nolle, Marx, Guzman and Katz (2001) described HIV prevalence, risk behaviors, health care use, and mental health status of
male-to-female and female-to-male transgender persons and determined factors associated with HIV. 392 male-to-female and 123 female-to-male transgender persons were interviewed and tested for HIV where the prevalence among male-to-female transgender persons was 35%. Among FtM transgenders, HIV prevalence (2%) and risk behaviors were much lower. Most male-to-female (78%) and female-to-male (83%) transgender persons had seen a medical provider in the past six months. Sixty-two percent of the male-to-female and 55% of the female-to-male transgender persons were depressed; 32% of each population had attempted suicide.

In depth face-to-face interviews were carried out with 15 mak nyah respondents from five major towns. According to Teh (2008), the HIV problem among the mak nyah sex workers and their clients is critical. Many do not have in-depth HIV/AIDS knowledge and do not practise safe sex. The problem gets worse when most mak nyah do not consider HIV/AIDS as a primary concern because of other pressing problems like employment and discrimination. There are also no HIV prevention activities in many parts of Malaysia. Mak nyah also face constant harassment from enforcement authorities for prostitution.

Waddle (2008) addressed the current barriers to health care from the perspective of the transgender population in the Sacramento area. Thirty four transgender participants, eighteen years of age or older, were surveyed about their experiences when utilizing health care services. FtM were found to have significant amounts of barriers to access of culturally competent health care than the MtF population. It was found that the participants more often not received information about health care through friends, support groups, and internet sites and were less likely to obtain information from practitioners. Seventy-one percent of
participants also found that there was a lack of information when they accessed healthcare and 59% responded that they experienced a general lack of understanding of transgenders.

**SELF ESTEEM IN TRANSGENDERS**

Neumann and Wolfradt (2001) investigated whether postoperative MtF transsexuals differ in regard to measures of self- and body image from a nontranssexual control group. A group of 30 postoperative MtF transsexuals and control groups of 30 males and 30 females completed self-report measures (depersonalization, self-esteem, gender identity traits, body image). Results showed that transsexuals and males scored higher on self-esteem and dynamic body image than the females did. No differences between the groups were found in terms of depersonalization and satisfaction. Transsexuals and females described themselves as more feminine than males. Regarding sex role orientation, more androgynous subjects were found among transsexuals than in the control groups. General satisfaction is associated with feminine and masculine traits in transsexuals.

Winter and Udomsak (2002) examined self-concept (actual and ideal) and gender-trait stereotypes held towards men and women in MtF transgenders (mean age 23.0 years). Findings indicated that (a) participants' gender-trait stereotypes were similar to those of non-transgenders examined in other studies (both in their own country and internationally), (b) their actual and ideal self-concepts each displayed much more consensus about traits not possessed than about those possessed, (c) their actual and ideal self-concepts were commonly discrepant, and (d) while they commonly held a stereotypically female view of themselves, they often aspired towards a broad range of traits that
were less stereotyped. Indeed, (e) they commonly disowned stereotypically female traits.

Rich (2007) assessed Well-being through questions that probed feelings of anxiety, rejection and suicidal ideation. The two scales used to measure levels of self esteem and risk for depression to attempt to determine the overall well-being of participants. There is a significant difference between the sexes and level of self-esteem which seems to suggest that females have a higher level of self-esteem overall than males. Self-esteem was found to be significantly positive correlation with age, which indicates that self-esteem improves as an individual gets older. There is a significant difference in self-esteem of those participants who make use of LGBT organisations compared to those who do not. It is likely that individuals who make use of LGBT organisations feel more supported than those who do not. Self-esteem was found to be significantly negative correlation with drug use and suicidal thoughts and depression had a significant negative correlation with suicide attempt.

The fear of experiencing discrimination often provokes symptoms of psychological distress. One coping resource is positive identification with one's social group known as collective self-esteem. Sanchez and Vilain (2009) investigated whether collective self-esteem was related to fears regarding a transsexual identity and psychological distress among 53 self-identified MtF transsexuals (mean age = 50.79 years). Negative feelings about the transsexual community and fears regarding the impact of a transsexual identity were positively related to psychological distress. A regression model revealed that the fear of how a transsexual identity would affect one's life was the best predictor of the severity of psychological distress. These results are consistent with findings from
other historically marginalized groups, whereby the stress of being stigmatized by society adversely affects mental health.

Riddle-Crilly (2009) determined the identifiable causes of low self-esteem in the LGBT individuals. 71 participants were included in the results of the study. When the respondents were asked three questions to define self-esteem in their own words, the responses were virtually the same from the respondents: self-esteem is feeling good, or the perception of one’s self. After interviewing and surveying several individuals, it was found that religion, or churches may actually not be a cause of low self-esteem, but they can be a factor in one’s low self-esteem. Although alcohol, drugs and suicide were not found to be identifiable causes to low self-esteem, it was found that they were sub-problematic factors, or enhancers to the identifiable causes. The identifiable causes, however, were found to focus around media’s definition of beauty.

SOCIAL ANXIETY IN TRANSGENDERS

Kim et al.(2005) compared differences of the psychological burdens between young male transsexuals and age–gender matched non-transsexuals with standardized psychiatric rating scales in Korea. A total of 43 biologically unrelated young male transsexuals and 49 age–gender matched non-transsexuals participated in the study. All subjects completed Beck’s Depression Inventory (BDI), Social Avoidance and Distress Scale (SADS), Self-Esteem Scale (SES) and Family Adaptability and Cohesion Evaluation Scale (FACES-III). The transsexuals showed significantly higher scores on the BDI (P < 0.0001) and SADS (P = 0.002) and lower scores on the SES (P < 0.0001) and Adaptability and Cohesion subscales (P = 0.016 and P < 0.0001, respectively) of
the FACES-III than those of the non-transsexuals. The present study found young male transsexuals may be potentially vulnerable to develop psychiatric and familial problems in comparison with non-transsexuals, at least in Korea.

LGBT persons experience discrimination, bullying and harassment across the European Union (FRA, 2009). This often takes the form of demeaning statements, name calling and insults or the use of abusive language, and also, more worryingly, verbal and physical attacks. It appears relatively rare to have LGBT friends and acquaintances. Fear of discrimination, homophobia and transphobia contributes to the ‘invisibility’ of LGBT persons in many parts of Europe and in many social settings. LGBT persons often adopt ‘invisibility’ as a ‘survival strategy’ because of the perceived risks of being exposed to discrimination which then can lead to social marginalization.

Empirical examination of social anxiety among LGBT individuals is woefully rare despite a documented greater risk as compared with heterosexuals. Karen, Schwartz & Trevor (2011) examined specific factors that might contribute to higher rates of social anxiety in these adolescents, such as gender role nonconformity, discrimination, victimization, and decreased social support. They also considered the potential (negative) effects of social anxiety on the behaviors of LGBT youth, including increased alcohol and substance use, risky sexual behaviors, and suicidality.

Russell, Ryan, Toomey, Diaz, & Sanchez, (2011) examined the long-term implications of LGBT school victimization for young adult adjustment. Such victimization ranges from social interactions in which
homophobic discourse is a routine part of everyday communication to verbal harassment and physical violence. The Young Adult Survey from the Family Acceptance Project included 245 LGBT young adults between the ages of 21 and 25 years. A 10-item retrospective scale assessed school victimization due to actual or perceived LGBT identity between the ages of 13 and 19 years. It was found that LGBT related school victimization is strongly linked to young adult mental health and risk for STDs and HIV. Elevated levels of depression and suicidal ideation among males can be explained by their high rates of LGBT school victimization. Verbal harassment can cause the transgenders to perceive social situations as competitive and to judge themselves as having low rank compared with other people thus leading to social avoidance and anxiety.

OVERVIEW

Review of research shows that while public awareness and acceptance of transgender individuals has been gradually improving in the recent decade, there is still a long way to go in ensuring that adequate services are available to this population and in fighting the discrimination, harassment and social stigmatization that they face. They experience unique barriers when accessing public or private health services starting with a lack of understanding of their needs and problems. Many of them have a low self esteem and self worth because of their difficult childhood. Psychosocial factors contribute to HIV risk in this group. Victimization in school makes them fear of negative evaluation and causes social anxiety. Studies have explored the factors related to Quality of life in transgenders especially after SRS.