## Care of transgenders

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Transgender describes a person whose gender identity does not match their natal sex or does not align with traditional notions of masculinity or femininity. Transgender youth have higher rates of anxiety, depression, substance abuse and suicide than their peers. <sup>2,3</sup>

According to the Pakistan census 2017, officially registered transgender population is 10,418 but actual number is considered to be much higher. Data from developed world reported that in the United States approximately 0.6% of adults or 1.4 million persons, identify as transgenders. Many transgender persons experience barriers to health care access and medical mistreatment. In a webbased survey of more than 6000 transgenders approximately 25% of respondents reported that they had been denied medical services and 30% reported that they had avoided care owing to fear of discrimination.

There are many reasons why transgender individuals do not go to health care professionals. They may fear discrimination, stigmatization or poor care, may feel threatened by health professionals or may simply decide that their sexual orientation is not relevant to a particular visit. However, non-disclosure can mean that the health issues of transgender individuals may go unrecognized. Hence, as for any other individual or group with potentially compromised care outcomes, health professionals need to be aware of the issues of transgenders as they are reluctant to tell their problems to guide health professionals to a certain diagnosis. 9

Sexual orientation can have an independent effect on health behaviors and care. For example, transgender individuals have higher reported rates of alcohol consumption, smoking, substance abuse and obesity, as well as a higher prevalence of childhood sexual abuse than their heterosexual counterparts. Homosexuality was classified as a mental illness until the 1970s, with electrocon-

vulsive shock therapy advocated for years.

Negative social attitudes as well as overt discrimination and homophobia are thought to have contributed to greater mental health problems in transgender individuals, such as anxiety, depression, and increased suicide risk. They suffer physical violence that results in post-traumatic stress disorder. Owing to their sexual behaviour or lifestyle choices, they also have a tendency toward certain illnesses, such as human papilloma virus (HPV)-associated anal cancers, breast and ovarian cancers in some lesbians and bisexual women-probably due to null parity.

Recently, in Diagnostic and Statistical Manual of Mental and Behavioral Disorders (DSM-5), gender identity disorder was replaced with gender dysphoria; the focus is no longer on identity, but on the distress that transgender people may experience when their biological sexes do not line up with said identities. Persons with gender dysphoria are also no longer classified by sexuality. In the ICD-10, transsexualism is located within Gender Identity Disorders, F64, under the heading "Disorders of adult personality and behavior".

In this issue of the *journal* it has been reported that there was significant relationship between selfconcept, goal-disengagement and goalreengagement in transgenders. 15 They showed that given the opportunities and good support system, transgenders can manage their emotional intelligence, self-concept and goal-adjustment. Another report in this issue of *journal* explored the healthy and unhealthy coping mechanisms utilized by the by-birth hermaphrodites to cope with the stressful conditions. They found that positive and negative spiritual coping were main domains of spiritual coping.<sup>16</sup> They concluded that overall, hermaphrodite community used the avoidance coping mechanisms at large to relieve the stress with following of spiritual, emotion and problem-solving coping mechanisms.

There is a need for health professionals to appreciate the psychological stresses of transgenders and sympathetically address those health care issues that significantly affect this population.

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