



## A REVIEW OF HEALTH RIGHTS AND ISSUES FACED BY TRANSGENDERS: EMPIRICAL EVIDENCES

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**ABSTRACT** Transgenders are defined as People having identity neither male nor female & possessing combined characteristics of male and female. The main purpose of this study was to address the health issues among the transgender community. A lot of studies have been conducted on the transgender health issues globally. This article is compiled on the basis of empirical evidences from the different studies to highlight the health issues among transgender people. The study concluded that transgender people faced health issues like HIV/AIDS, mental health issues, mental disorder issues, suicides problem, cancer and other chronic diseases. It is suggested that there is need to work on transgender health issues across the globe to have well-being and prosperity of transgender people.

**Keywords:** Transgender, Community, Health, Wellbeing.

### I. INTRODUCTION

In the USA, a term Transgender was coined defining people having lifestyle different or conflicted from the gender standards of the society. Various kinds of people and lifestyles were included. Transgender word in broader perspective is defined that a person crossing all the conventional norms and boundaries not only in clothing but in their physical appearance by changing their whole body through surgical procedures in their preferred gender role (Whittle and Turner 2007) World Health Organization states Transgender as an umbrella term for individuals whose sex characteristics and articulations don't follow the structures related with the sex appointed to them by birth. The term transgender is "utilized to portray an expansive scope of individuals who experience and express their biological identity to some degree uniquely in contrast to what a great many people anticipate (HRC 2004).

Transgender people, who are recognized at an early age are mostly excluded by their families. Some of them are bound to home if not eliminated, which results in a lack of opportunities for studies and no care for their physical and mental health facilities.

### II. LITERATURE REVIEW

The Trans person who reveals his identity after growing up is mostly rejected or banned by not only the so-called broad-minded people of society but also from social service institutions (Grant et al. 2011). Kelleher (2009) conducted a study in Ireland among LGBTQ youth to assess the psychological distress due to minority stress. Minority stress was conceptualized sexual identity distress, stigma consciousness and heterosexist experiences. LGBTQ people face discrimination experienced and resulted to negative health outcomes. Youth age was selected 16-24 years. Total population (N= 301) was engaged in this study. Results indicated that minority stressors had significant association with distress. It was also suggested by the researcher that these results will be helpful for the health professional and policy makers to reduce the LGBTQ difficulties related to minority status through interventions and tailoring.

Kenagy (2005) stated that HIV and barriers to health care access were explored among transgender people in Philadelphia in 1997 using survey method. A total 182 respondents were engaged 113 male-to-female individuals and 69 female-to-male individuals through face to face interview. It was resulted that three-fifths of respondents were engaged in unprotected sexual activity during past 12 months.

Unprotected sex was significantly higher risk of HIV infection among the white respondents. 26 percent of transgender had been denied medical care due to gender ambiguity.

K. I. Fredriksen-Goldsen & Kim (2017) stated that Lesbian, gay and bisexual older adults were suffering from poor health, mental disturbance, disability, restless situation and also involvement in smoking and drinking. It has been noticed that transgender people mostly experience extended delays while getting health treatment. Some of them even have to pay a substantial amount in private sectors. Some doctors are reluctant to treat the trans people, and some even refuse to manage them (Winter et al. 2016). The essential health treatment or health care needed by transgender people is gender reassignment treatment. As compared to other people, transgender people have more health and social care requirements.

According to research by Fish (2007) isolation, discrimination, and trans-phobia can be among the causes that lead the transgender people to get healthcare. She even explained that suicide, depression, alcohol abuse, and self-harm become common among transgender people because of bad experiences. A high rate of suicide is recorded by (Whittle et al. 2007) Eight hundred seventy-two transgender people had been surveyed, and the report says that 34.4 percent of people (transgender people) have tried suicide attempt at least once in their life. K. I. Fredriksen-Goldsen et al. (2013) used cross sectional survey method to accomplish this study. A total number (N=2,560) older adults aged 50 were involved in this study. The results indicated that older adult transgender were significantly at higher risk of disability, depressive symptomology, poor physical health and perceived stress comparatively non-transgender individuals.

Hines, (2007) has explained in a report that Transgender suffers the most from loneliness. So, a high rate of suicide among them is not at all surprising. Transgender people may also be mostly disabled. In a survey conducted among 71 transgender people, 37 percent of them were wounded. The types of disability figured out frequently were mental health disability and mobility disability (Morton 2008). K. Fredriksen-Goldsen (2016), find out health disparities by sexual orientation, gender and age. It was investigated that bisexual adults aged 50 and older bisexual were more chorionic conditions comparatively heterosexual of same age. Nine out twelve were reported bisexual were in chorionic conditions including neck pain, low back pain, heart attack and weakened immune system comparatively heterosexual peers. Karami et al. (2018) argued that millions of transgender people are in the world have lack of awareness about their health issues. They don't have the right way of curing and information about their health.

Lombardi (2001) stated that It has been observed by the researcher and practitioners to consider the transgender health issues seriously. In 1999, American Public Health Association passed a resolution to improve the transgender individual's treatment. Sykes (1999) indicated that evidences are increasing regarding HIV infection among transgender women in California. It might be risk exceeding among bisexual and homosexual men. A significant study directed by Laird and Aston (2003) reported that transgender people, both male, and female, have different health needs. Mostly the similarities were found in stress, anxiety, suicidal thoughts, hatred towards their body parts, and depression. Still, the difference lies in these as well as male transgender people were noted to pay more for electrolysis, whereas female transgender people were reported to acquire about the problems regarding chest surgery.

There is a little difference in the problems and health needs of younger and older transgender people. Keogh et al. (2006) put some light on the lack of investigation into more seasoned individuals who will probably change as more post-employable transsexual individual's age. They conjecture that there will be specific issues around geriatric Tran's wellbeing, alongside specific issues around maturing and cross-sex treatment. Wasif (2018) further reveals the situation by explaining that around 56.7 percent of the respondents felt uncomfortable while 40 percent of them were very much uncomfortable while visiting a doctor or consulting him for some discussion regarding their health issues. This discomfort they felt is because of the humiliating comments; they were bound to listen to the registration desks, by the hospital staff and sometimes by the doctor itself. The survey from transgender people also revealed that sometimes it is challenging to find a knowledgeable and skillful doctor who not only understand their problem but also should be aware of how to deal with their problem. The transgender people find self-care and self-prescription much easy and they self-treat themselves.

Fish (2007) point of view that younger transgender people face problems like substance abuse, body shaming, and sexual behavior. A sample survey was conducted by Garofalo et al. (2006) stated that 51 male transgender people from America between 16 to 25 years age in which 22% of them were HIV positive. Transgender are less concerned about their health and care because of the discrimination in

biomedicine and health care. Without any proper facility, they are left isolated, which has made the situation more critical and worse. 78.75 percent of the population of the Transgender community feel no access to the health care facilities, whereas 21.25 states that they have proper facilities of medical just like all other ordinary people of the society (Wasif 2018). In the State capitals in 2013, the health services for transgender people were inaugurated. The health officers under the category have gone through very little training, mainly lacking a lot of knowledge in this domain. It was the same case in all the countries (Federal Psychology Council 2016). Even in Pakistan, there was a lack of awareness among the doctors, specifically about the problems faced by transgender people. This lack of knowledge and awareness created a boundary between the patient and the doctor. This lack of education brought discomfort while tackling a transgender patient and the doctor is not able to provide quality health care advice to such patients.

Most of the transgender people were considered as sex workers. Through the most intense and thorough studies on the disease, It is concluded that 7.2 percent of HIV occurrence found in Transgender sex workers. The highest percentage was 14.9 in Larkana, and the lowest was in Karachi, recorded as 12 percent. The average record of a Tran's sex worker was 16 years, and the time he spent in sex activities was 11.6 years. Forty clients per month were recorded as an average rate at which a Tran's sex worker served. According to the collected data, Pakistan is said to be on the most intense widespread stage of HIV (Emmanuel et al. 2013).

### III. CONCLUSION

Our comprehensive review of the status of Transgender in general and the health issues faced by transgender community in particular provided alarming data regarding the dismal situation of transgender people around the world. It was observed that the situation of these people around the globe is vulnerable, but the structure seems to be overwhelmingly threatening in the developing world. Like other spheres of life, Transgender people are deprived of their primary, secondary and tertiary healthcare facilities which many a time leads them to be victim of viral and infectious diseases. There are number of stigmas associated with the transgender people globally even in healthcare provision. The trans people are victim of manifest as well as latent complexities in order to get the maximum benefit from healthcare systems particularly in developing world. Many countries in the developing world still don't include them in provision of proper healthcare facilities. There are certain untold stories of these people that one can only experience and feel through an ethnographic research work on them. While the researchers were gathering the literature, there was heart wrenching histories of the things associated with Tran's people. In many cases, people were found to have sadistic kind of attitude towards transgender people. It is concluded that the transgender people need acceptance in the society like all other people. Education is one the first steps to be provided to such people. Talking about their health rights, strong awareness campaigns are needed to be provided to general public for the rights of trans people in the society.

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