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Quality of life in transgender women opting for gender affirmation surgery vs trans feminine individuals: Single institutional study in Tamilnadu

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Abstract

Background: Gender dysphoria is defined as a condition where there is a noted discrepancy between a person's gender identity and the person's sex that was assigned at birth. Gender-affirmative surgery (GAS) plays a crucial role in addressing the mental agony triggered by gender identification crisis as well as medically it is necessary for the social and sexual well-being of the individual. Many previous research articles have documented that gender affirmation surgery not only facilitates a reduction in the level of suffering in trans genders but improves their psychological well-being. In India compared to Indonesia another Asian country limited research studies have been undertaken for the long-term quality of life (QoL) of trans genders who prefer to undergo GAS and their post-surgery implications.

Aim: To assess the QoL of transgender women undergoing gender affirmation surgery (GAS) and reasons for undergoing GAS.

Methods: Our study is a cross-sectional, questionnaire-based study on transgender females who have undergone surgery from any centres, as well as waiting to undergo male-to-female GAS for a period of six months from January 2023 to June 2023. WHOQOL-BREF -Tamil was used to assess the Quality of life. The data were compiled based on a confidential interview and analysed.

Results: A total of 60 transgender women were included in our study based on our inclusion criteria. 42 trans genders in our research study are graduates with any degree (69.31%), and one-third % of the study population 33% are employed in a respectable community and able to integrate with society on their terms.

Conclusions: Our study reaffirms marked improvement in their physical, psychological, and social health domains after the GAS Surgery irrespective of their socioeconomic background.

Keywords: Gender dysphoria, Gender reaffirmation surgery, transgender female, QoL

Introduction

Gender dysphoria is a condition in which there is physical incongruence between the individual's own perception of his/her sex and their biological phenotype [1]. This discrepancy gives immense distress to the transgender, as it affects their psycho-social life and their ability to be a part of the society [2]. To alleviate this and to lead a normal life, the trans genders desire to undergo suitable hormonal, and primary and secondary sex affirmation surgery to change the body in a way they feel comfortable to alleviate gender dysphoria [3]. A Literature review of previous studies has reported that individuals with gender dysphoria also experience unsatisfactory quality of life than the normal general population, even after gender affirmation surgery [4]. The prevalence of gender dysphoria is reported to be increasing worldwide, around 1.67 per 100,000 born males one in every 60,000 and 1 per 100,000 born females [5]. Gender dysphoria not only affects them by dissatisfaction with physical appearance, and a negative body image but also shows a psychiatric morbidity, which improves with sex affirmation surgeries [6]. There is no unanimity regarding the QoL in transwomen undergone SAS. Some papers documented no difference in the quality of life or psychological well-being between transgender individuals and the general population [7]. This may be due to the low number of the study population, and few previous prospective studies following patients, regarding QoL have recorded that transgender females also experience a lower quality of life than the general population, despite gender reassignment surgery [8]. A major shortcoming concerning all previous studies may be due to a smaller number of study participants, which may not represent the real picture and further study in this regard with a larger population.

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Aims

1. The aim of this study was to analyze the quality of life of transgender women undergoing Gender affirmation
2. To analyze and reasons for choosing to undergo GAS

Material and Method

This is a cross-sectional, interview-based study on transwomen who have already undergone GAS and are currently scheduled to undergo GAS from January 2023 to June 2023, Department of general surgery, Karpaga Vinayaga Institute of Medical Sciences and Research Centre, suburban Tamilnadu.

Sampling frame: TGW, Willing to undergo or consider surgery

Sampling method: Purposive sampling

Inclusion Criteria

Transgender females above 18 yrs.
Willing to Undergo counselling

Exclusion Criteria

Co-Existing mental illness.
Other co-morbid.

Data analysis: Socio-demographics: the participants were asked about their age, educational level, occupation, parental status, relationship status and whether they wear feminine clothing, take hormones, and/or have undergone breast augmentation surgery.

QOL assessment: Statistical analysis was done by Descriptive statistics for all data, reported in terms of standard deviations, and mean values with confidence intervals were calculated. Unpaired, paired t-test and ANOVA were used to analyse continuous variables, whereas Chi-Square and Fisher's exact tests were used for categorical variables, with the one sample z-test for proportions. A p-value of less than 0.05 is taken as significant. WHOQOL-BREF were calculated for individuals and compared the score with the people considering surgery.

Results

60 transgender females were found eligible to be included in this

study. All the participants were made to complete the questionnaire, including both populations undergone surgery with those considering surgery. 10 transgenders opted to participate online were allowed to fill in an online platform. The mean age of participants was 21.6. (Chart 1). Out of 60 patients, 74.10% were from the surrounding areas of Chengalpattu district, and nearby Kancheepuram districts of the state, of Tamil Nadu. 25.82% migrants from North India. In our study group, 42 participants are literate (69.32%) and 19 are school dropouts. (30.61%) (Chart 2). Only 31.90% are decently employed and live in a socially acceptable atmosphere. The remaining participants recorded that they come from low socio-economic status, and their primary modes of income are participating in dance and drama shows, begging and commercial sex works. (Chart 3). All four domain scores were collected either by personal interviews or using a suitable digital platform. WHOQOL-BREF is used to record, as a base to collect the scores of all domains.

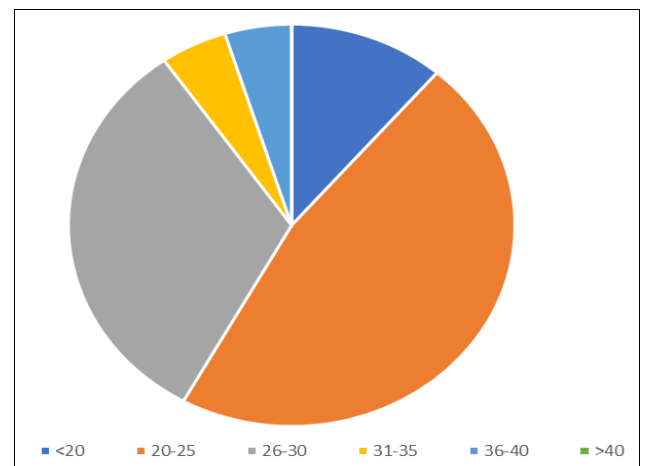


Chart 1: Percentage of Age distribution

The mean values are compared and represented in (Table 4 and chart1). In the people considering surgery score, it was observed that the psychological health domain is the lowest compared to the other three domains.

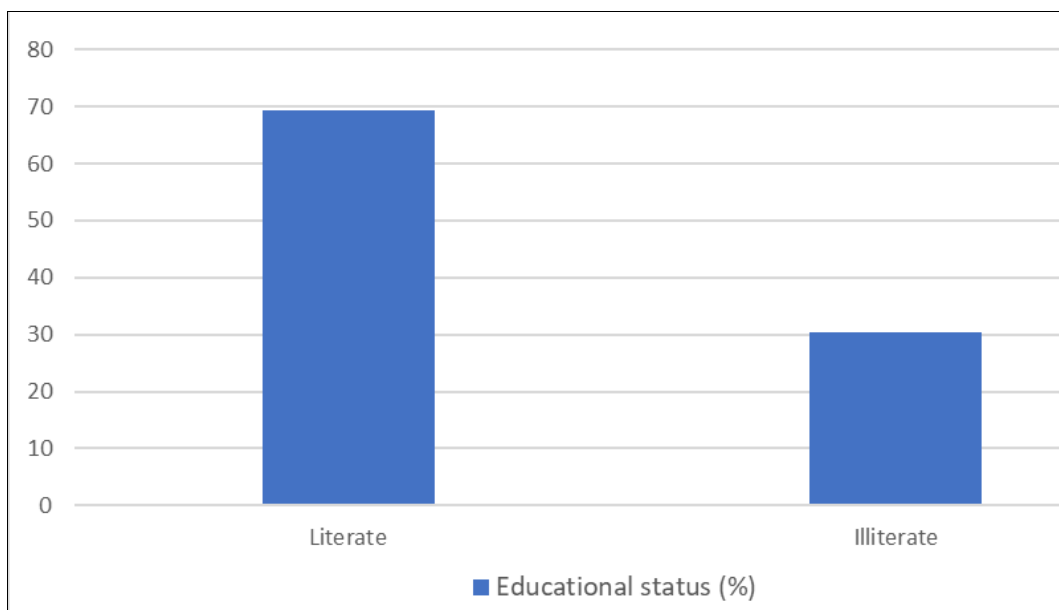


Chart 2: Educational status (%)

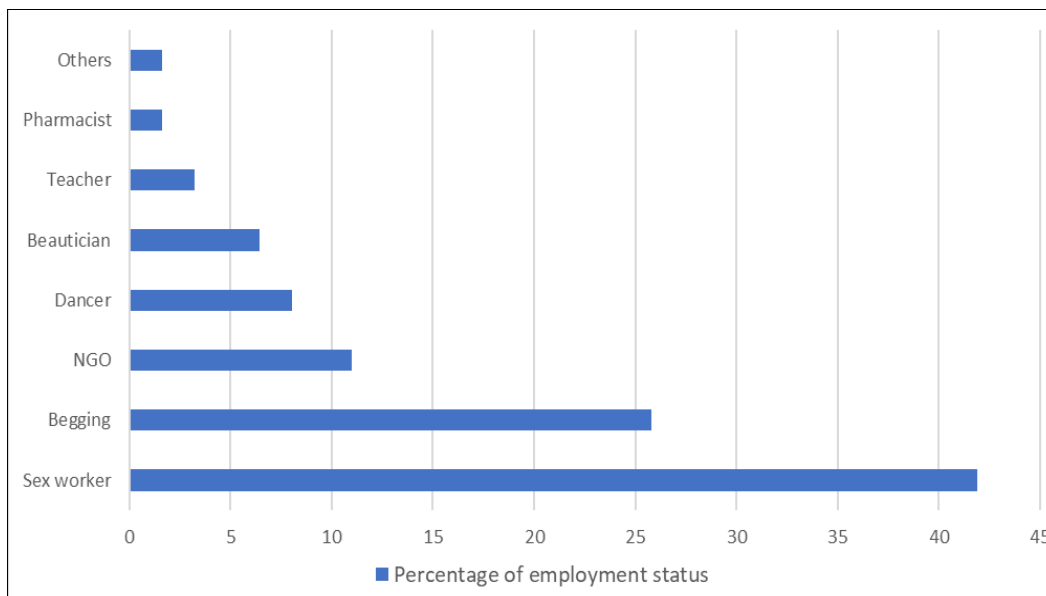


Chart 3: Percentage of employment status

Table 1: QoL distribution with statistical analysis

Quality of life score distribution		Domain 1	Domain 2	Domain 3	Domain 4
Underwent surgery	Mean	73.65	58.97	76.68	78.98
	SD	9.91	12.68	25.88	19.70
	Median	69	63	78	88
	Minimum	44	31	19	19
	Maximum	91	81	100	98
Considering surgery	Mean	87.69	92.13	96.62	88.40
	SD	12.55	9.93	8.90	15.68
	Median	88	94	98	94
	Minimum	50	63	50	44
	Maximum	98	94	100	91
P Value		< 0.0001	< 0.0001	< 0.0001	0.0018

The p-value is < 0.0001 for the quality-of-life score distribution for domains (physical, psychological, and social health) and 0.0018 for the fourth environmental domain.

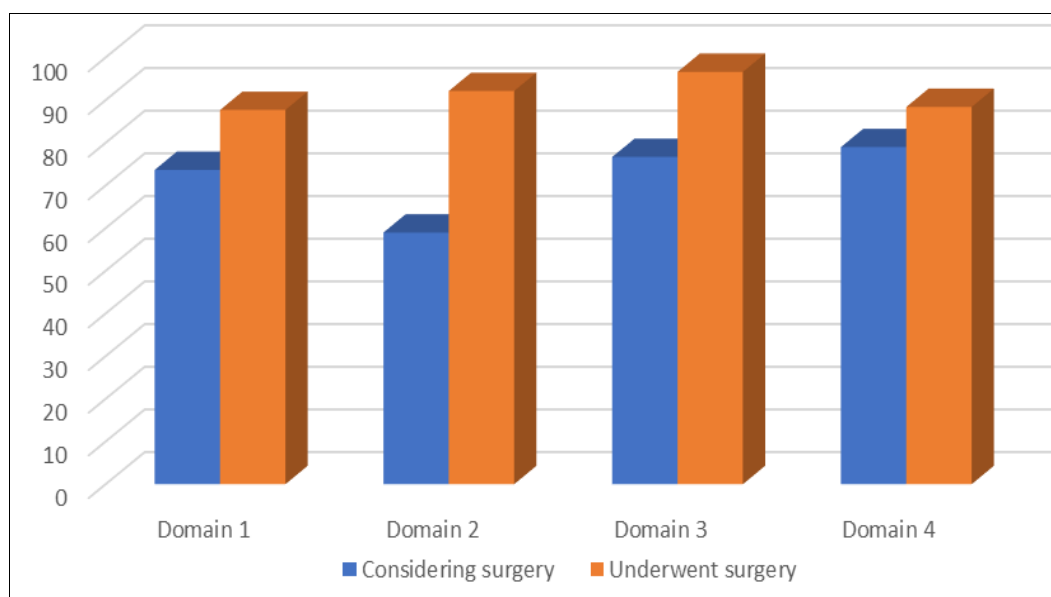


Chart 4: Quality of life score distribution

The highest improvement was observed in the psychological health domain, and the score improved from 56 to 92 after the surgery. Whereas people anticipating surgery their confidence in their psychological well-being after surgery is also equally good.

Ebba K. Lindqvist *et al* in their article found that compared to the general population (all ages), transgender women rated their quality of life lower in the dimensions of mental health, social functioning, role emotional, and general health. Transgender

women rated their bodily pain and physical functioning higher than the general population. Nivethaa, Saravanakumar Subbaraj, *et al.* s results compared well with our findings in that they conclude GAS has an important role in relieving the psychological distress caused by gender dysphoria and significantly improves the quality of life postoperatively.

Discussion

Gender Affirmation Surgery is considered a very crucial decision in the multi-disciplinary management of Gender dysphoria [9]. A total of 60 cases were given a WHO BREF questionnaire regarding GAS, in both categories of those who underwent surgery and those considering it over a period of 6 months. This cross-sectional study included transwomen who had volunteered to undergo GAS in our hospital or considering it. All the patients included in this study were given mandatory psychiatry counselling and without any comorbid. Our study population was aged between 19 and 39 with an age median of 21.49. The literacy rate among the transgender population is found to be lower compared to the general public, probably due to lack of family support, and being sent away from home, or they leave home fearing outcast [10]. In India transgender community consists of Hijras, Eunuchs, Kothis, and Aravanis, among others. In the Indian Census of 2011, data of transgender were categorized as “Others “under Gender with their demographic details [11]. It also reflected the total population found to be around 4.88 lacks, while it is estimated by transgender activists that the numbers may be six to seven times higher [12]. The literacy rate among the transgender community is around 46% only compared with the national average of 76%. The literacy rate in this study is 68.9% [13]. Lakshmanan and Victor *et al* did an exhaustive study on transgenders in Chennai using a combined qualitative and quantitative mixed method of data collection and analysis in 2010, using a standardized Tamil version of the Wellbeing Questionnaire -12(Gold Berg 1972) [14]. Our study also was in accordance with the work of Lin & Yao (27) who reported, it is important not only to develop a comprehensive but also short and easily administered QOL instrument, which will have a significant impact for clinical or research purposes [15]. Lakshmipathy S & Thenmozhi in their study in Chennai, Tamilnadu using WHOQOL-BREF instrument reported the abysmal quality of life among trans genders. They concluded the QoL was not proportionally related to the age and the educational status of trans genders [16]. In all meta-research analysis studies, the fundamental issue implicated in the poor quality of life is lack of awareness, social stigma, and denial of human rights. In the present scenario, many centres in the state of Tamilnadu provide gender-affirming surgeries, which are available free of cost in Teaching hospitals under the Chief minister comprehensive health scheme, (CMCHIS) free of cost.

Limitations associated with our study are mainly the reliance on cross-sectional assessment strategies and the small number of participants.

Conclusion

Our short-term cross-sectional interview-based study shows there is a significant positive change in the quality of life after Gender affirmation surgery in transgender females. Ours is a single institutional study, undertaken only for six months with a small population of 60 participants. We conclude that people who underwent GAS experience better QoL and can lead a fulfilling life barring a few exceptions. Hence, we conclude gender reassignment surgery has an important role in reducing

the anxiety, confusion and lack of identity caused by gender dysphoria in trans genders. A multidisciplinary approach at the tertiary care level with proper counselling, support staff and continuous post-procedure support are all important for the vulnerable group to lead a normal life.

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Conflict of interest: None declared.

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