The Hidden Smile- An Overview of the General and Oral Hygiene Status of Transgenders

Manikandan Shanmugam1, Kurunji Kumaran Navaneethakrishnan2, Bhaskar Venkatachalam3, Rajasigamani Kandasamy4, Krishna Prasanth Baalann5

1Research Scholar, 2Professor, Department of Orthodontics, 3Professor & Head, Department of Orthodontics, 4Professor, Department of Orthodontics, Rajah Muthiah Dental College & Hospital, Annamalai University, Chidambaram, 5Epidemiologist & Assistant Professor, Department of Community Medicine, Sree Balaji Medical College and Hospital, Bharath Institute of Higher Education & Research

Abstract

Transgenders constitute quite a sizeable population that remains a neglected group, facing much discrimination from the society in many respects especially in health. With their low self-esteem and suicidal tendencies owing to neglect and shaming, financial constraints, they often neglect to maintain good personal hygiene. One such component is their oral health which is in a pitiful state. With this study we aim to assess the various factors that act as barriers to the transgender community obtaining quality dental care. Their healthcare access should be much more widened with their comfortable way of acceptance.

Keywords: Transgender, Stigma, Oral hygiene, Occlusion

Introduction

Gender is the characteristic range pertaining and differentiating between masculinity and feminity, depending on the inter relationship among biological sex, sex based social structure, gender identity. The terminology third gender, third sex and transgender refers to those who are categorized as neither male nor female1. Transgender people (often called trans people) experience a degree of gender incongruence that is, a discordance between their personal sense of their own gender (their gender identity) and the sex assigned to them at birth. In general, gender identity refers to a person’s inner sense of being female, male, or something else; gender expression refers to the way a person interacts with others through clothing, hairstyles, behavior, voice, or body type2. As a transgender population they were left in the societal scenario as taboo, as they were rejected from having the basic requirements of a society. Although, the oral hygiene/dental treatment facilities of a transgender person are left due to their lack of acceptance in the society. Through a huge understanding of transgender patients’ concerns and issues and dental care goals can play an important role in helping the transgender patient achieve a higher quality of life in the society.

Current Scenario

The term “TRANSGENDER” or “TRANS” is an umbrella term for person whose gender, identification, or expression transgresses established gender standard, although the word and modern definition is came into use in late 20th century, the Trans community is incredibly diverse. The transgendered people are known by various local names such as hijras in South Asia, Berdache in North America, Zanith in Arabian Peninsula, Sambia boys in Papua New Guinea, female husbands in West Africa, Faafafine in Polynesia, katoey (lady boys) in Thailand3 and sworn virgins in Balkans4. While trans people are increasingly visible in both culture and daily life they face severe discrimination, stigma, systemic inequality, lack of legal protection, lives in poverty at elevated rate, Harassments, Bullying, Violence against Trans people, lack of healthcare coverage and accurate identity documents which plays an impact in

Corresponding author:
Dr. Kurunji Kumaran Navaneethakrishnan
email- drkurinchi@gmail.com
every aspects of life. While Human Rights Campaign is continuing works to bring remedy for trans community to have equal chance to succeed in rights.

**Stigma and Discrimination:**

Social stigma against transgender people is significantly seen everywhere. Despite their small numbers, transgender people are a population burdened by numerous adverse health indicators across low-income, high-income and middle-income settings. Health inequities for transgender people are hypothesized to be multifactorial, with risks including systematic social and economic marginalization, pathologisation, stigma, discrimination, and violence, including in health-care systems and settings. The negative psychological responses thus caused is known as minority stress. These individuals are at increased risk of depression and anxiety which is a stimulating factors for non-suicidal self-harming and attempted suicidal conditions and increase risk of illegal behaviors. Transphobic harassment was regularly faced by them in school, work and in general society the main reason was inequality due to lack of understanding by society. Numerous discriminations in employment, within their family, housing and also in government setting. According to NCTE police harassment and disrespect, denial of justice is reported, therefore many homeless transgender youth are commonly affected they are subjected to illegal practices for basic. The public considers all transgenders as sex workers, but there are transgenders who have been begging as their sole source of income, with jobs that they could be offered like selling vegetables and some go for “Basthi” (clapping/ getting money from shops).

![Stigma-sickness slope](image)

**Figure 1: Stigma sickness slope**
Health Status:

“Transgender population represents a special population group or community who deserve to be attended both on their general and oral health. They experience health disparities and social inequalities associated with their personal characteristics and socioeconomic position. Transgender and gender-non-conforming people often seek hormone therapy, with or without surgery to match their reared gender, and to remove the stress and discomfort associated with their living in a nonconforming gender. Transgenders are at risk of abuse both physical and emotional, violence including physical and sexual, sexually transmitted infection, viral hepatitis, HIV, depression, anxiety and suicidal tendency.

Hormone Therapy:

Globally transgender seeks information and counselling support for their identity issues, or to consider their decisions about gender transition. Hormonal therapy is the important modality of medical interventions for patients undergoing gender transition. Transgender women are treated with estradiol as to increase their serum estradiol concentrations to female reference range. Anti-androgens to lower the testosterone concentrations are also commonly used in transgender women who have not had genital reassignment surgery while Trans men undergo testosterone therapy masculinizing hormone therapy. The World Professional Association for Transgender Health (WPATH) and The Endocrine Society publishes clinical practice guidelines that address the initiation and monitoring of hormone therapy for transgender children and adults, whereas hormone therapy has numerous adverse effects like thrombotic complications and cardiovascular events includes myocardial infarction, stroke, and venous thromboembolism/ pulmonary embolus, increases the blood pressure (both systolic and diastolic blood pressure), also may increase LDL-cholesterol and decrease HDL-cholesterol. Osteoporosis, Liver disease, lipid abnormalities, Breast cancer, Prostate cancer, erythrocytosis multiple sclerosis, malignancy and affects mental health and cause depression. However, many transgender women have inadequate access to health-care providers, other barriers to care include the financial costs of medical care, discrimination against transgender patients and other socioeconomic and cultural barriers. For these reasons, transgender people often make use of parallel providers, practitioners who are medically unqualified, and use sub-standard equipment and materials and engage in self-administered and unmonitored hormone treatment, As a result, up to 50% of transgender might self-medicate with who self-prescribe often have a high risks to adverse effect.

HIV AND HPV:

Due to isolation in society, lack of employment, economic vulnerability means that sex work is often the most viable form of income available to transgender people to engage in sex work. HIV prevalence is up to nine times higher for transgender sex workers compared to non-transgender female sex workers by unprotected sexual behavior and using unsafe needle practice. HIV related stigma and transphobia barred the access of HIV testing and treatment services by transgender people. As per World Health Organization report on transgenders, the transgender females were 49 times more likely to be living with HIV than other adults of reproductive age with estimated worldwide HIV prevalence of 19%.

HPV is most common infection which is seen in higher rate in sex workers which results in cervical cancer and cancer including vagina vulva, penis, and oropharyngeal.

Alcohol and Other Drug Consumption:

The hardships they face in their day to day life led them towards alcohol and tobacco abuse. In general, trans people would have higher rate of consuming alcohol, smoking and other drugs including than general population using alcohol and other drugs to cope with depression and mental health problem related to their status and transphobia, gender dysphoria ,social anxiety and difficulties accessing the help they need as a trans person. Even National Aids Control Organization(NACO) study reports about alcohol consumption in 50% transgender population.

Self Harm and Suicidality:

Due to lower self-esteem, transphobia, anxiety towards society, verbal victimization and violence
has a great impact over mental health and stress, the transgender report high levels NSSI and suicidal rate\textsuperscript{15}.

**Oral Health Status:**

“Oral Cavity Is The Window To The General Health”\textsuperscript{16}. There has been no guidelines for dental providers how to effectively provide dental care for transgender patients and in some cases transgender individuals may experience quick spread or improper questions related to sexual practices, leading the transgender persons to be distrust of providers, and institutions. Thus initiation of proper guidelines the workers in the dental care who provides the services to transgender persons can be a trusting relationship in several ways such as questioning about gender identity, relate about treatment, and a person’s preferred name\textsuperscript{17}. Thus care providers should know the oral implication of gender affirming therapies, as oral mucosa, salivary gland, gingiva contains estrogen receptors, variations in levels of hormone in therapy has effects over oral cavity. Like severe inflammatory reactions is commonly seen during puberty, pregnancy, can also expected. Thus fluctuating sex hormones influence inflammations, pyogenic granulomas, it also affects microcirculation producing swelling, increase vessel permeability. Estrogen deficiency leads to increase activity of immune cells and osteoclast that increases cytokine production, protein related to destructive periodontal disease and bone resorption. Hence severe gingivitis and periodontitis may also increase the prevalence of xerostomia, lichen planus, pemphigoid, sjogrens syndrome, burning mouth syndrome. Gender identity disorder involves hormonal derangement thus testosterone plays a vital role in which MtF(male to female) has high risk of multiple sclerosis it increases the risk of gingivitis, dental caries, periodontitis, facial pain, reduced dexterity, therefore proper treatment plan and oral health regimens should be given and side effects of multiple sclerosis therapeutic medication includes gingival hyperplasia, mucositis, angular cheilitis, activation of herpes virus, opportunistic infections and cancer. A known factor that Trans people has many reasons like stress, discrimination, anxiety, high rate of unsafe behavior (smoking, pan chewing, alcohol and other drugs) results in Human Papilloma virus (HPV) infection and STIs is a common diseases among transgender and has high prevalence of oropharyngeal cancer. Thus counseling for tobacco, and alcohol cessation are services that could help prevent death and reduce harm in high prevalence. Transgender population apart from hormone related oral illness, the dental caries prevalence was around 87\% and 69\% suffers with periodontal illness. And among those although 70\% have undergone dental check up but the concern with dental scenario is mostly given for esthetic outcomes like scaling and polishing\textsuperscript{18}. In general, tooth size is an effective diagnostic tool for planning the treatment outcome in prosthodontics and orthodontics and esthetic dentistry. In orthodontics for good esthetic and functional outcome , it is necessary to make an appropriate balance in the mesiodistal width of the maxillary and mandibular dentition. Tooth size discrepancy being the most accepted diagnostic marker in orthodontics. On global comparison between transgender and normal gender population mesiodistal tooth widths were smaller in size. Comparing with the normal population, the mesiodistal width of the mandibular teeth had lower variability than the maxillary teeth, with highest variability in the first molar. The maxillary first molar could be the cause of inconsistency in the anterior ratio . It should be diagnosed clinically prior to the commencement of treatment to find out any tooth size discrepancy(TSD)\textsuperscript{19}. The transgender population is left isolated in the society context as taboo, they do not have the basic requirements of a society with their needs due to their lack of acceptance in society, dental care-related fear and anxiety (i.e., dental fear) prevents regular dental utilization; it is one of the most common barriers to obtaining dental care, along with the cost of dental procedures. Oral health professionals have a responsibility to render nonbiased, non-prejudicial care to their clients and must have a thorough understanding of the needs and concerns of all population groups including Tran’s genders. Awareness in dental care means having an understanding of the many lenses through which transgender people estimate oral health and interpret and understand dental care concepts\textsuperscript{20}, positive environment should be created, verbal communication should be given important for building trust for trans genders which will put a path for increase in oral health awareness and basic oral hygiene importance and anxiety towards society and treatments will be lowered in their community.
Government Reforms for Transgender:

In April (2014), India’s Supreme Court recognized transgender people as “The Third gender” along with male and female for the purpose of safeguarding their rights under our constitution and the laws made by parliament and the state legislature. The Transgender Persons Bill 2016 describes transgender as “Neither wholly female nor wholly male; a combination of female or male; neither female or male” and “whose sense of gender and the gender assigned to the person at the time of birth does not match.” Under Article 14 is the right that they are deserving of is the right to equality and Article 23 is about prohibition of trafficking in human beings and other forced labor and any contravention of these provisions shall be an offence punishable in accordance with law and Article 15 is about the prohibition of discrimination on the ground of religion, caste, sex race, or place of birth. Section 377, it has been noted that though associated with specific sexual acts, highlighted certain identities, including Hijras. Both Central and state Govt. have been asked to take steps to create public awareness that Transgender people as a part of social life and not be treated as untouchables; to regain their respect and place in society to take proper measures to provide medical care in hospitals and also provide those separate public other facilities, and they have been also directed to operate HIV/Sero-surveillance measures for Transgender, to provide various social welfare schemes and also asked to extend reservation in educational institutions and for public appointments.

World Health Organization and other partnering organization developed schemes which includes privacy policies and its briefs, awareness about health guidelines and advices, sexual health human rights and law explores ways to improve access to services; information on gender transition, how to provide gender sensitive health care services and how to reduce violence related to gender expression and identities and also transgender health is concerned beyond sexual health efforts to end the HIV epidemic.

Discussion and Conclusion

Transgender’s general and oral health were influenced by lot of factors that play a role at individual, family and community levels. At individual level, it leads to gender dysphoria, at family level it leads to rejection, neglect and at community and societal levels it leads to exclusion from primary rights of education, peer network and livelihood opportunities. And as the present scenario as their population level increases transgenders are ‘tolerated’ by Indian society but they are not ‘accepted’ and are discriminated in various ways. Their healthcare access should be much more widened with their comfortable way of acceptance. Transgender individuals seeking treatment for their health and oral hygiene is literally low. The overall common factor is that lacking of awareness about health and their rights and health policies, anxiety towards society and low economic. Health professionals should be aware of standards of care and Society guidelines.

Transgenders are more concerned about the esthetic outcome of their treatment. Tooth size is an important diagnostic tool for planning the treatment outcome in orthodontics. For good esthetic and functional outcome an appropriate balance should be made between the maxillary and mandibular dentition. The prevalence of malocclusion among the transgender population has to be explored. This will provide guidance on how to initiate and monitor treatment. Increasing awareness and raising knowledge base related to transgender population could begin to breakdown the barriers to dental care delivery and increase dentist’s confidence in treating transgender individuals. The knowledge base of this unexplored group of population’s HIDDEN SMILE will open up more avenues for research.

Conflicts of Interest- None

Source of Funding- Not applicable

Ethics committee approval- Not applicable

References


