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2 Years follow up Sex Reassignment Surgery: Mental Health and its Associated Factors

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Abstract: **Introduction:** Transsexualism is a gender disorder in which the patient's physical gender is in conflict with his / her mental gender and emotionally and psychologically feels that he / she belongs to the opposite sex. There are several ways to correct this disorder and improve a person's physical and mental health. Gender reassignment surgery is one of the treatment methods commonly performed for this purpose. **Materials and Methods:** This cross-sectional study was performed in 2019 in patients referred to the psychiatric ward of the Forensic Medicine Organization, Dr. Mir Jalali Surgery Center and the Welfare Organization. The sample size was 30 people according to the facilities of the research team, which was selected by census sampling method. After completing the informed consent to participate in this research project, all subjects completed the GHQ-28 mental health questionnaire and the researcher-made information form. Subsequently, the results were statistically analysed under SPSS21 statistical software. **Results:** Amongst the 30 participants (Male to Female /Female to Male = 14/16), the mean age was 27.06 ± 2.40 years, the mean time after surgery was 30.17 ± 3.18 month and the mean age of sexual identity change was 10.45 ± 3.91 year, respectively. Illicit drugs were used by 20% of these people, all of whom were amphetamines. The majority of the samples were dissatisfied with family and community support. Also, no difference was reported in the quantity and quality of intercourse before versus after surgery. The results of GHQ-28 mental health questionnaire showed that all items were lower than the community average. There was no significant difference in mental health between the two groups. **Conclusion:** Financial and spiritual support of family and society is very effective on Gender reassignment surgery results, especial sexual function. It seems that despite the significant advancements made in the field of sex reassignment, such operations and the resultant change in individuals' gender have not met their needs.

Keywords: Gender reassignment surgery; GHQ-28 questionnaire; mental health; Transgender Persons

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1. Introduction

An individual's sexual identity is amongst the most important elements which define their presence. In other words, whether a person is traditionally identified as male or female has a direct impact on how they are viewed and evaluated, both by themselves and within their surrounding environments (1). Transsexualism is a sexual disorder in which the individual's sexual identity disagrees with the gender with which they were born. In this condition, the individual is not satisfied with their physically apparent gender (2). In spite of their sexual and emotional orientation towards the same sex and their lack of interest for those of the opposite sex, they are significantly different from those regarded as homosexuals (3). In fact, the difference lies in the homosexuals' satisfaction and approval of their gender, while this is the primary concern for transsexuals. In other words, the mental sexuality is in contrast and thereby conflict with their physical sex (4). Those identified as transsexuals experience a strong feeling of belonging to the opposite sex group. Since under the age of three, these feelings are manifested

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in their tendencies and behaviours that are known to belong to their opposite sex group. Although they do not show any physical disorders and/or abnormalities in their bodies, they feel a strong contradiction between their true genders as opposed to the one they were born with (5). The families and surrounding societies of these children expect them to accept the roles appropriate to their gender, and thereby blame them for not behaving as expected (6). Consequently, these external pressures and internal conflicts create severe emotional crisis. Such conditions continue to develop as individuals step into school, and thereafter their greater society. Due to its well-known challenges and resulting contradictions for individuals, the puberty is where the damages caused by this condition are at their peak. Hence, once past this crucial stage of their lives, many of these patients decide to commit suicide, or they develop a variety of acute mental illnesses (7). Becoming conscious of their unusual feelings for other members of their sex group, transsexuals often seek treatment, which can include medication (hormone therapy) and surgery (8). The cost of such arrangements may prove to be high, and legal actions are to be taken first (9). Eventually, after undergoing surgery and spending a considerable amount of time and financial resources, some patients manage to gain and establish a new identity. It seems that this group of people, considering all the challenges they have experienced, should no longer have problems, concerning their identity, and continue to maintain an active presence in their communities. However, limited studies conducted in other countries have supported this claim (10). Despite the fact that transsexuals are aware of their emotions towards the same sex, they feel significant differences between themselves and them (11). Prior to puberty, most of these individuals despise their gender status. In doing so, their primary desire is to change their gender and be placed in the opposite sex group. In fact, their wish for such changes defines and dictates all their activities, and thereby shapes their view of the world (12). These individuals appear to be experiencing stress and psychological trauma (13-15), in addition to numerous complications of surgery (16-19). They are often faced with rejection and isolation from family, friends, and relatives, as well as displacement and poverty (20-22). Due to the upward trend in demand for gender reassignment (23, 24), this study investigates the state of mental health and other economic, cultural, and social factors in individuals, after surgery.

2. Materials and Methods

This study is of a descriptive cross-sectional nature which is conducted in 2019, through interviews to complete the researcher-made questionnaire as well as the GHQ-28 mental health questionnaire. Cronbach's alpha formula was used to test the reliability of the researcher-made questionnaire (0.75), and its validity was 0.65 according to the consensus of the professors. Based on the study carried out by Valashany and Janghorbani (22), using the three methods of retesting, halving, and Cronbach's alpha, the validity of the GHQ-28 was obtained with coefficients of validity of 0.70, 0.93, and 0.90, respectively. The result of concurrent validity of the GHQ-28 through simultaneous implementation with the Middlesex Hospital Questionnaire (M.H.Q) was its correlation coefficient of 0.55. Therefore, the 28-item form of the General Health Questionnaire is eligible for use in psychological research and clinical activities. The study population included transsexual patients, who had undergone a surgery within at least the past two years from their contact, referred to the Tehran Legal Medicine Organization, and "Dr. Mir Jalali Surgery Centre" (one of the most well-known centres for such operations), and the State Welfare Organization of Iran. Considering the facilities accessible to the research team, a sample size of 30 patients was selected. The sampling method was a census until a high number was reached. The obtained data were descriptively analysed by SPSS21 statistical software. Furthermore, the difference between the mean data was analysed by the chi square and correlation. All information concerning the patients was regarded as confidential, and all patients completed the consent form for participating in the research project, prior to conducting the study.

3. Results

Amongst the 30 samples that were collected, the minimum and maximum age were 34 and 38 years, respectively, with an average of 27.06 ± 2.24 years, 14 cases were MtF (male to female). Furthermore, the minimum and maximum time after surgery were 25 and 35 months, respectively, with an average of 30.17 ± 3.18 months. It was also shown that the minimum and maximum age at which the patients felt a transition in their sexual identity were 7 and 14 years, respectively, with an average of 10.45 ± 3.91 years (Table 1). There was a significant difference between the two groups of MtF & FtM (female to male) in terms of age (P = 0.02). In terms of their education levels, 5 (16.7%) had only completed their junior high school education, 11 (36.7%) had left their studies before completing their high school diploma, 13 (43.4%) had completed their high school diploma, and 1 (3.3%) had received university education. 28 people (93.3%) of the studied samples were in Tehran and 2 people (6.7%) were residents of Karaj city. In the studied samples, only 7 people (23.3%) were satisfied with their income, 5 people (16.7%) were somewhat dissatisfied and 18 people (60%) were dissatisfied. In these samples, 4 (13.3%) were the first child, 15 (50%) the middle and 11 (36.7%) were the last child of the family. In assessing the level of support, three spectrums were examined; Family,

friends, and the community in general. As can be seen in Table 2, in terms of family support, almost half of the samples were dissatisfied, which was more significant in MtF, although the majority of FtM cases considered this support to be moderate or sufficient. It seems that the acceptance of families in FtM cases is more than MtF. In traditional societies, it is obvious that boys are valued more than girls. Therefore, the decrease of a "Male child" can be catastrophic and on the other hand, the increase of a "Male child" (if the family psychologically accepts about transsexualism) can be satisfactory. In the study of the desired type of family support, the findings showed, the desired support in addition to emotional support, also includes financial support and so until financial support is not provided, the person does not consider himself full family support. . So that only in 6 cases (20%), the type of support was considered desirable (Female to Male: Male to Female = 5:1). In assessing the level of support from friends, a significant majority in both groups considered it appropriate (86.7%). Communication with previous friends was also maintained in the vast majority of the samples surveyed. This situation was evident in both FtM and MtF groups. Regarding the level of community support, the situation was not good at all. None of the samples evaluated the support of the community as acceptable and appropriate, which was more complicated in 83% of the situation. This situation was evident in both groups, but it was expressed in different ways. Table 3 refers to the behaviour of the community with the studied samples. Ridicule, humiliation, and excommunicate were the most common inappropriate behaviours in both groups (73.3%). Incuriosity or neglecting was another annoying behaviour that was seen especially in FtM. In only three cases did the community behave relatively respectfully? It was noteworthy that despite all these negativity, the samples claimed that the quality of their social presence after the operation, did not change and they continue to be present in the community without any problems. This claim seems to be a kind of "negative resistance" in these patients so that they can continue to live in spite of all the problems in the society. The quality and quantity of postoperative intercourse were also assessed based on interviews. Sexual behaviours, especially intercourse, are one of the most important concerns of such patients. As can be seen in Table 4, the majority of samples did not report any difference in quality or quantity before versus after surgery. In only three cases was an increase in quantity and quality reported; On the other hand, a decrease in the number of sexual intercourses was expressed in four cases. After the operation, all patients applied for a new identity documents and registered their identity change with legal authorities. Examination of the type of surgery revealed that all MtF cases performed breast prosthesis implantation, penis removal, and vaginal reconstruction, and in all FtM cases, breast resection, phalloplasty, and total hysterectomy were performed. Given that increasing sexual satisfaction, especially intercourse, is one of the most important goals of such complex surgeries, it seems that this goal has not been achieved for various reasons. Table 5 refers to the complications of surgery from the perspective of the studied samples. The majority of these patients (76.6%) complained of postoperative complications that caused them not to enjoy intercourse. Pain, and incomplete intercourse, was the most common complications mentioned. In the study population, 1 (3.3%) had a history of mental illness (schizophrenia) and had referred to a psychiatrist, and 6 (20%) had a history of illegal drugs and substance consumption, all of which were instances of amphetamine abuse. All samples were assessed for quality of life using the GHQ-28 questionnaire (Table 6). Based on the data, the quality of life of these patients is lower than the population average. There was no significant difference between the two groups; This means that both groups have similar conditions of poor quality of life.

4. Discussion

The aim of this study was to evaluate the satisfaction of gender reassignment surgery and improve the quality of life after surgery in transsexual individuals. For this purpose, 30 cases of transsexuals (MtF: FtM = 14:16) with a history of at least 24 months of postoperative were examined. The mean age was 27.06 ± 2.24 years, the mean time after surgery was 30.17 ± 3.18 months and their mean sense of sexual change was 10.45 ± 3.91 years. A transsexual is a person who a person who emotionally and psychologically feels that they belong to the opposite sex (1). This feeling leads to severe disorders in individual and social behaviours, especially sexual ones, so that proper interaction is not achieved for him/her and eventually leads to severe stress (22). These patients mostly do not have a serious mental illness; however, there was one patient with schizophrenia in this study. Stusiński' study also confirms the possibility of sexual identity disorder in schizophrenic patients (25). Sometimes these patients use illicit drugs to reduce existing stress (26). In our study, 20% of the samples took amphetamine. Individual and social dysfunction in these patients leads to the impossibility of proper education (27). Most patients drop out of college before graduation and are forced to choose a job without family support. Because the chosen job is related to their physical gender identity (before surgery), they are not satisfied. In this study, only one person had a university degree and the rest had dropped out before graduation. All the patients were employed, but due to the election of job before the surgery, they were still not satisfied with it. According to Maslow's Pyramid of Needs, one of the most important human needs is the

need for support and the need to be loved (28). Accordingly, the need for support from family, friends, and the community to achieve self-fulfilment is crucial. This is so important that it can play a major role in the treatment of many diseases. Various studies in this field show that the higher the level of social support for transsexual cases, the better their social performance will be maintained (29). Unfortunately, in many societies, transsexual patients do not receive adequate support. The public's view of Transsexual is still vague and highly questionable. Many communities even developed ones, view transsexual patients with scepticism and caution, even after surgery. This view practically makes the act of gender reassignment not mentally and psychologically successful even with the best technique, although it has a good physical quality (30). The complications of such surgeries are also high and in addition to the proper technique by a skilled surgeon, it requires mental and psychological strengthening (31-33) In this study, all patients in both MtF and FtM groups underwent complete surgery with appropriate technique by skilled and up-to-date surgeons. In terms of physical examination, they had the least side effects, but the majority of patients still complained of some side effects even after 2 years. Pain and dissatisfaction with full intercourse were their most important complaints. Another very important point about the sexual function of these patients was the lack of difference in the quality and quantity of intercourse before and after surgery; an important function that is one of the most reasonable goals of gender reassignment surgery. The vast majority of these patients, despite being satisfied with the apparent result of the surgery, was still dissatisfied with their sexual activity and considered the surgery to be useless. The level of family and community support for the patients in our study was very low. Humiliation, ridicule, and rejection were the most common behaviours of these individuals, especially in MtF. The reduction of a "Male child" in traditional societies is so difficult to understand. MtFs have the least family and community support compared to others (6). However, they have more sexual pleasure after surgery and can have more desirable sexual activity. On the other hand, the situation for FtM is different. Adding a "Male child" to the family can be good news and more acceptable, but the existence of feminine behaviours in these "Male children" is not acceptable. Therefore, although these people have a better acceptability, but due to female characteristics and not appropriate and complete sexual function, they are mostly more isolated and depressed than the MtF groups (34). In our study, the majority of people expressed inadequate support from family and the community that the MtF group was worse off; however, communication with friends in both groups was appropriate and desirable. These patients also had selected friends before the operation who remained in touch after the operation; however, the circle of friends of these two groups is different from each other. After surgery, the MtF case enters the female environment and enjoys good and appropriate female support. Their social interactions are usually intense, warm and cordial. But when the FtM individual enters the male environment after surgery- a person who still has feminine features- is not very desirable for the male community. Therefore, he finds few male friends, and despite his social efforts, he will have a very limited circle of friends. Mental health is the result of a person's interaction with the environment (35). The power of human adaptation enables him to be able to maintain a balanced and desirable mental health in spite of many problems and to maintain his position in society. But if a person is not able to adapt to existing problems and emotions are not controlled, he will inevitably fail and lack mental health (36). Transsexuals with the desire to achieve mental health and overcome social problems, undergo major gender reassignment surgeries, hoping for a significant change in their social status. But despite the removal of the barrier of "sexual physics" and "body-mind matching" in achieving a single sexual identity, good mental health does not seem to have been achieved. The low scores of mental health in both MtF and FtM groups in our study indicate that these people continue to have problems in achieving the desired mental health status.

5. Conclusion

It seems that sex reassignment surgery is not enough alone to change the situation of transsexuals fundamentally. Complex and costly surgeries, despite significant technical upgrades, have limited effects on the minds and mentals of transsexuals and do not fully meet their needs. These patients are in dire need of respect and acceptance in society, and even advances in surgical techniques may not make significant improvements in their general mental health.

6. Appendix

6.1. Acknowledgements

None.

6.2. Author contribution

All authors have the same Contribution.

6.3. Funding/Support

None.

6.4. Conflict of interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

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Table 1: Age distribution, duration after surgery and time of feeling change.

	Range	Mean	SD	N	P Value	
Age	M to F	23-28	26.17	2.67	14	<0.05
	F to M	25-34	27.14	2.88	16	
	Total	23-34	27.06	2.24	30	
After surgery	M to F	27-35	31.38	3.98	14	>0.05
	F to M	25-33	29.18	2.87	16	
	Total	25-35	30.17	3.18	30	
Feeling Change	M to F	12-14	12.88	1.54	14	<0.001
	F to M	7-12	9.56	2.74	16	
	Total	7-14	10.45	3.91	30	

Table 2: Frequency distribution of family, friends and community support.

	Unsuitable	Medium	Appropriate	N	Total	
family	M to F	8	4	2	14	<0.00
	F to M	5	5	6	16	
	Total	13	9	8	30	
friends	M to F	0	3	11	14	<0.001
	F to M	0	1	15	16	
	Total	0	4	26	30	
community	M to F	11	3	0	14	<0.001
	F to M	14	2	0	16	
	Total	25	5	0	30	

Table 3: Frequency distribution of community behaviour with the studied samples.

		humiliation/ridicule/ excommunicate	Acceptance / Respect	Incuriosity	N
family	M to F	12	1	1	14
	F to M	10	2	4	16
	Total	22	3	5	30

Table 4: Frequency distribution of the quantity and the quality of sexual intercourse before versus after surgery.

		Less	Unchanged	More	N
quantity	M to F	3	10	1	14
	F to M	1	13	2	16
	Total	4	23	3	30
quality	M to F	1	11	2	14
	F to M	1	14	1	16
	Total	2	25	3	30

Table 5: Frequency distribution of postoperative problems in the studied samples.

		pos	neg	N	P Value
postoperative problems	M to F	10	4	14	<0.00
	F to M	13	3	16	<0.00
	Total	23	7	30	