Gender Identity Disorder and Its Social Consequences among Transsexuals Referred to the Social Welfare Organization in 2013-2015

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Abstract: *Gender identity disorder is an urgent sense of discomfort and inappropriateness of the sexual anatomy and urgent desire to get rid of genital organs and to live as a person of the opposite sex. The importance of studying gender identity disorder and its negative impact on the living conditions of suffering people, was laying the groundwork to do some research in terms of psychology and sociology. In this study, 160 people referred to the welfare centers were studied by using multi-stage cluster sampling or survey method. Standard questionnaire to measure sexual identity disorder is the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) that was used after localization and adaptation in accordance with the required data in the research. The questionnaire was prepared structured and structures were measured with Likert scale. In order to assess the validity of the questionnaire, method of calculating Cronbach's alpha coefficient was used. The dependent variable in this study is gender identity disorder that was calculated in three dimensions: emotional, cognitive and behavioral. The statistical indicators were used to describe information, (median, standard deviation, skewness, and kurtosis), (Pearson) statistics were used to examine the relationship between variables, and regression statistics were used to predict factors influencing gender identity disorder. The results show that the average of gender identity disorder in respondents is equal to 3.84 that are higher than average (3), and reflects the high level of gender identity disorder among respondents. In addition, 9.5 percent of the changes in gender identity disorder are related to social capital and quality of life variables, and indicates an inverse relationship between social capital and quality of life with gender identity disorder.*

Keywords: *Gender Identity Disorder, Quality of Life, Social Capital, Transsexuality.*

Introduction

One of the most important aspects of human identity is gender identity that forms during the socialization process in the form of formal and informal institutions. During the socialization process, members of the community learn the patterns of cognitive, emotional and behavior related to their gender and internalize. The successful passing of this process leads to the formation of a compatible gender identity with the community (Segly, 2000:458). However, sometimes disturbances are caused in this way, in the sense that a person may possess properties of a specific gender biologically, but he does not belong to that group mentally. Such a person feels and behaves as a member of the opposite sex. This phenomenon is called Transsexuality, sexual dissatisfaction or sexual change (Segly, 2000:458). Transsexual people do not have gender identity appropriate to the culture and they are people that uncertain in the diagnosis of their gender identity and do not have a fixed gender. (Monadi and Farshi Sobhkhiz, 2010: 9).

From the perspective of sociology, consistency of activists with social roles is important and in the case of non-compliance and adaptation, it creates a lot of consequences and problems for them (Khodayarifard, 2003:1). In this regard, problems such as depression, isolation and seclusion, suicide,

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fading relationships between friends, acquaintances and family, distrust, rejection from family and decreased sense of security and at the organizational level, issues such as lowering the spirit of teamwork and empathy and most importantly, loss of employment. In the large scale, negative effects such as social inconsistencies, decline of social capital, reduced quality of life, a lower life satisfaction and happiness, creating conflict in the community are among other notably pathologies between people with gender identity disorder.

There are no accurate statistics on the prevalence of gender identity disorder, but it seems that is more common among males, so that one in thirty thousand is reported among men and one in a hundred thousand is reported among women (Kaplan and Sadok1998: 81). According to Statistics, 6 persons per 100 thousand people in the world are suffering from gender identity disorder (Ganji, 2008:7). Forensic Medicine, said in its report that official Statistics of people with gender identity disorder in Iran is about 4,500 people (official site of Forensic Medicine, 2011). Usually the term of gender identity disorder is used when a person with male gender and physic has the feelings and desires of women, or the opposite, which means a woman with a feminine look, has the men's feelings (Melorley et al., 2008: 4). GID has several dimensions, including the biological, psychological and social-cultural dimensions and gender in social meaning includes gender identity, sexual behavior and sexual orientation. Sexual role is often influenced by culture and language. Accordingly, we intend to investigate gender identity disorder in this study, and to evaluate the social consequences of gender identity disorder among the subjects.

Research Background
In order to study and identify the most important social implications resulting from gender identity disorder, a number of studies abroad and inside the country is given, it should be noted that the issue of gender identity disorder in Iran in recent years has attracted the attention of researchers. In relation to a better understanding of this phenomenon, various studies have been done from psychological, religious, and legal aspects, that in the following, the examples of studies are mentioned.

- Vasegh Rahim Parvar et al. (2012) have done a research entitled "Comparison of patients' quality of life with gender identity disorder after sex change surgery, with normal women in Tehran in 2012". The results show that: Comparison of life quality in transsexual women was significant in terms of variables such as level of education in the Physical functional dimension, employment status in social functioning and general health dimensions, history of psychiatric symptoms in the mental health dimension and income in general health dimension. The total score of life quality in transsexual women is similar to ordinary women. Transsexual women's quality of life is in relation to various factors such as level of education, occupation, income and mental stability that the life quality of transsexual could be promoted with identifying these factors.
- Javaheri and Hossein Zadeh (2012), in an article entitled "The Social Consequences of gender identity disorder: Transsexual's social capital and quality of life in Iran", have discussed that some people are not satisfied from their gender identity and trying to change it in Iran, like other countries. The results showed that the average social capital and quality of life of respondents is lower than the expected mathematical average and there is a direct relationship between these two factors. The low level of social capital in transsexuals causes their quality of life to be undermined.
- Movahed and Hossein Zadeh (2011), in their article entitled "The relationship between gender identity disorders with quality of life" have suggested that the majority of people find gender identity in their early childhood. However, there are people among them, who show opposite sex behavior from childhood and experience many problems during their life. The results show that, transsexuals, who provide their basic needs and seek to meet their higher needs, their sexual identity disorder is severely reduced and their quality of life significantly increases. This indicates different quality of life levels of patients with gender identity disorder due to the difference of their needs.
- Esther Gómez-Gil et al (2013), in an article entitled "The Spanish transsexuals' quality of life: attending a center for sex change before the surgery", have proposed that some of the people were examined before the sex change operation in order to assess the quality of life self-reported

perception (QOL) in transsexuals at a change center of gender identity. In addition, the possible dimensions affecting their quality of life were evaluated. Linear regression analysis showed that mutual hormone therapy, having family support and having a good job is related to improving the quality of life in transsexuals. Male-female transgendered individuals have a better score in relation to quality of life in social areas.

- Cohen et al (2008) have done a study entitled the quality of life, 15 years after the sex change operation, for transsexualism, aims to evaluate and compare the quality of life and patient satisfaction among transsexuals and the control group. 55 transsexuals were in this study that 52 people were male to female and 3 people were female to males. The quality of life was significantly in low public, personal, physical health and role limitations. Patient satisfaction was significantly lower, relative to the control group. In general, satisfaction among transsexuals was significantly lower than the control group. Finally, after 15 years of sex change in respondents, their quality of life was low in the areas of public health, role limitations, and personal and physical limitations.

Theoretical Framework

Based on the preliminary study on the consequences of gender identity disorder, the theories of Bam, Bourdieu and France have been used to develop a theoretical framework. Bam (1981) has suggested that, in addition to learning the concepts and specific behaviors that each culture considers related to being a woman or a man, the child also learns to understand and organize types of information according to gender Schema. In addition, the mental structure organizes the perceptional and the conceptional world of a person, on the issues related to gender. According to Bam' theory, those who have achieved the gender-training role, use more gender Schema than those who have not achieved it. He places the people who know themselves full of masculine traits, such as high-spirited and independent, but not having feminine traits, such as affectionate and delicate, in the category of male, he places the people that have reverse situation, in the category of females, and he places people that describe themselves between the two situations, as androgynous. On those, who are known as androgynous, there are both male's independence and female's affection, however, the people who have learned gender-training role (men with male character traits and women with a female character traits), only show their proper gender sexual behavior. (Atkinson et al., 2015: 476) Therefore, bam considers the origin of Psychological differences between the sexes in social and cultural expectations and issues and believes these expectations, follow by different gender and behavior roles for the two sexes. In his opinion, being androgynous is a gender orientation, in which a person integrates many traits from both men and women attributions in his character. In other words, an androgynous person is someone that has many male and female features together (Aboulghasemi et al., 2008: 49-50).

Another theory in this context is the Bourdieu theory of gender inequality. Bourdieu argues that social agents find identity through communications within the social space, and social environment is considered a structured set of objective relations of power and the ownership of various types of capital is considered the basic principle of social space. According to Bourdieu, in fact, inequality in society is the result of their inequality in achieving a variety of capital. (Bourdieu, 1984: 468) Bourdieu's perspective does not examine the inequality from economic dimension, but he knows the inequality as the result of the relative composition of a variety of capital, in a field and the contribution of each individual from this composition and each capital. Therefore, the special conditions and situation of transsexual cause that they do not have a variety of Bourdieu capital, such as economic, cultural, social and symbolic capital like the ordinary people of the society.

In addition, the conceptual model theory of France that considers four main factors of family, socioeconomic status, mental condition and physical condition effective for the quality of life is the theory that explains the hypotheses related to the quality of life variable. These four main variables can affect directly or in combination with each other on quality of life. However, a person's perception of quality of life can affect his ability in the working environment and cause the failure of his economic and social conditions. Having a poor quality of life can also affect family relations. Poor quality of life may cause the adoption of ineffective coping and compatibility mechanisms in people and lead to

increased tension in them, and increase tension in direct relation to physical factors and can increase the severity of the disease in the person (Agha Molayi, 2005: 73). According to this theory, the weakness in any of the cases leads to reduced quality of life in sexual dissatisfied.

Research Hypotheses
1) There is a significant relationship between social capital and incidence of gender identity disorders.
2) There is a significant relationship between quality of life and incidence of gender identity disorder.
3) There is a significant relationship between social capital and quality of life of people with gender identity disorder.

Methodology
The method used in this research is a survey, and it is cross-sectional in terms of the time component and it is fundamental - applicable in terms of objective. The unit of analysis is the individual and the research seeks to describe and explain the variable sociological consequences of gender identity disorder. The statistical population of this research includes all people with varying degrees that have a gender identity disorder, and referred to Welfare Organization centers of the provinces in the years 2013 to 2015. According to statistics provided by the Department of Social Welfare, there are 892 persons. To determine the sample size, SPSS Sample Power software[1] was used that after reviewing the pre-assumptions related to the correlation analysis, and by calculating the percentage error of 0.05, the power higher than 0.80 and the impact volume of 0.20, 160 people were estimated. Sampling in this study is probable sampling of the multi-stage type. At first, 11 provinces of the country were selected by using a cluster method, and then, according to the people referred to welfare centers of the provinces, samples were selected randomly from these lists. In order to access the samples of qualified provinces, questionnaires were sent to the addresses of provincial welfare centers proportional to the number of people. In each center, one Welfare employee gave the research questionnaire to transsexual people and after completing the questionnaires, the intended representative sent the questionnaires to researchers.
The data collection tools in this study include a standard questionnaire to measure the gender identity disorder published by Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), World Health Organization Quality of Life Questionnaire (WHOQOL-BREF), Onyx and Bullen questionnaire of social capital (2000). The method of calculating Cronbach's alpha coefficient is used to assess the validity of the questionnaire, and spss19 software is used in order to extract and describe and analyze information.

Definition of the concepts
Gender Identity Disorder
Gender identity disorder is the acute sense of discomfort and inappropriateness of the sexual anatomy, and an urgent desire to get rid of genital organs, and to live as a person of the opposite sex (Mirkhani and Mohammad Taghi-Zadeh, 2012: 71-72). Gender identity disorder is the extreme levels of sexual boredom, contradictions exist between bodies and mind in terms of sexuality, and the person tries to appear in the community as the opposite sex, and to show the biological sex of the opposite sex with the use of hormonal therapy and surgery. In other words, gender identity disorder is a condition that a person has a lot of desire to spend all the time of his life as the opposite sex. Alternatively, men that have a psyche of female in the flesh of male and women with the psyche of male in the flesh of a female (Kahani and Shojayi, 2002: 33).

Quality of Life
According to the World Health Organization's definition, quality of life is the interpretation that each individual has from his life condition in the context of culture and value system in which he lives

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[1] This software considers the factors influencing the sample size in different situations and appropriate with statistical methods to analyze data, and estimates the optimal sample volume.

(Bowling, 1995). Quality of life is related to the real enjoyment of life achievements and opportunities and it is related to individual assessment of the opportunities and resources. (Agha Molayi, 2005: 73)

Social capital

The World Bank and Organization for Economic Cooperation and Development consider the social capital as the networks with similar characteristics, values and facilitates partnerships between groups. They link the social capital to enterprises, communications that form the quality and quantity of social interactions in society (Cullen and Whiteford, 2001).

Description and analysis of the research results
A) The descriptive findings

In this study, 160 patients with gender identity disorder participate that 38.8 percent are males and 61.3 percent are females. The sample population has the mean age of 29, and in terms of marital status, 6.9 percent are married, 83.8 percent are single and 9.4 percent are divorced. In terms of education, 0.6 percent is illiterate, 1.3 percent has a primary school degree, 8.1 percent have a diploma and 41.9 percent have an associate degree, 20.6 percent have a bachelor degree, 5 percent have a master degree, 0.6 percent has a Phd degree. In addition, in terms of employment, the results show that 1.9 percent are public sector employees, 34.4 percent are free sector employees, 13.8 percent are housewives, 0.6 percent are disabled, 47.5 percent are unemployed and 0.6 percent are soldiers.

The condition of gender identity disorder, among respondents in terms of descriptive indicators, and in accordance with Table (1) shows that the average respondent's gender identity disorder is equal to 3.84 that are higher than average (3) and indicates, high levels of gender identity disorder among the participants. The average of gender identity disorder in emotional dimension is 4.14, and in the perception dimension is 4.02 and behavior dimension is 3.95 that in all these dimensions, the average is higher than the middle of the scale (3) and indicates a high level of gender identity disorder of the respondents. In addition, the negative indicator also indicates that most people score in these dimensions is above average.

Table (1): The gender identity disorder descriptive indicators

variable	Indicators							
	Number	Central			Dispersion		distribution	
		average	Minimum	maximum	Variance	Standard deviation	Skewness	kurtosis
Gender Identity Disorder	160	3.84	1	5	0.81	0.90	-0.417	-0.322
Emotional dimension	160	4.14	1	5	0.71	0.84	-1.227	2.331
Perceptional dimension	160	4.02	1	5	0.79	0.88	-0.646	-0.50
Behavioral dimension	160	3.95	1	5	0.93	0.96	-0.625	-0.358

According to the data in table (2), the average score of people on the quality of life is equal to 74.21 among 160 patients with a Standard deviation of 10.67 and the skewness and kurtosis numbers show that the quality of life data is normal.

Table (2): The quality of life descriptive indicator

variable	Indicators							
	Number	Central			Dispersion		distribution	
		average	Minimum	maximum	Variance	Standard deviation	Skewness	kurtosis
The quality of life	160	74.21	51	95	83.70	9.15	0.99	0.69

According to the data in table (3), the average score of people in the social capital variable is equal to 67.89 among 160 patients with a Standard deviation of 12.58 and the skewness and kurtosis numbers show that the data for social capital variable are normal.

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Table (3): The social capital descriptive indicator

| variable | Indicators | | | | | | | |
| | Number | Central | | | Dispersion | | distribution | |
		average	Minimum	maximum	Variance	Standard deviation	Skewness	kurtosis
The social capital	160	61.89	36	99	158.28	12.58	0.57	0.25

B) The inferential findings

In order to assess the social consequences of gender identity disorder, the Pearson correlation was used proportional to measuring variables that are distance type. As shown in Table (4), based on the data obtained from the test and depending on the significance level (Sig <0.05), a significant relationship can be seen between social capital and gender identity disorder that this relationship is negative and reverse. In other words, lower social capital of the people more level of gender identity disorder and vice versa, with increasing social capital, the Gender Identity Disorder decreases. Therefore, the hypothesis is confirmed.

Table (4): Estimating Pearson's correlation coefficient to explore the relationship between social capital and gender identity disorder

The independent variable	Pearson's correlation coefficient	Number	The level of significance (sig)
The social capital	-0.228	160	0.001

According to the data obtained from Table (5), and based on the significance level (Sig ≤0.05), a significant relationship can be seen between quality of life and gender identity disorder that this relationship is negative and reverse. In other words, lower quality of life, more level of gender identity disorder and vice versa, with increasing quality of life, the Gender Identity Disorder decreases. Therefore, the hypothesis is confirmed.

Table (5): Estimating Pearson's correlation coefficient to explore the relationship between quality of life and gender identity disorder

The independent variable	Pearson's correlation coefficient	Number	The level of significance (sig)
quality of life	-0.205	160	0.001

For the prediction of GID based on social capital and quality of life, multiple regression analysis was used. According to Table (6), multiple correlation coefficients of two variables are 0.242 that shows the intensity of the relationship between the dependent variable of (gender identity disorder) and independent variables of (social capital and quality of life). In addition, the coefficient of determination is 0.095, and the coefficient of determination shows that 9.5 percent of changes in gender identity disorder relate to variables such as social capital and quality of life.

Table (6): Correlation coefficient and coefficient of determination of social capital and quality of life variables with gender identity disorder

Model	The correlation coefficient (R)	The coefficient of determination (R Square)	Adjusted R Square	Std.Error of the Estimate
1	0.242	0.095	0.087	0.87973

The significance of the regression model in Table (7) is calculated by statistic (F). According to the level of significance (Sig = 0.00), which is less than the Research error (0.05), the regression model is significant at the 99 percent level.

Table (7): Analysis of variance in social capital and quality of life variables with gender identity disorder

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	7.589	2	3.794	4.903	0.000
Residual	121.505	157	0.774	-	-
Total	129.094	159	-	-	-

Variable included in the regression equation that is the main core of regression analysis is in Table(8) According to the significance level (Sig =0.00), which is lower than the assumed error in the research (0.05), the social capital and quality of life variables are significant in the model. In addition, according to the coefficient of determination, 9.5 percent variables of Gender Identity Disorder are related to social capital and quality of life variables. This relationship is inverse, which means with increasing social capital and quality of life, gender identity disorder decreases and vice versa, gender identity disorder can reduce social capital and quality of life of people with the disorder.

Table (8): The regression coefficients for the variables of social capital and quality of life with gender identity disorder

	The coefficient B	Std. Error	Beta coefficient	T statistics	The level of significance (Sig)
Fixed	5.318	0.558	0	9.539	0.00
Social Capital	-0.012	0.007	-0.169	-3.776	0.00
Social quality	-0.10	0.009	-0.142	-2.071	0.000

Discussion and Conclusion

The gender socialization process is a constant and complete process, to the extent that generally, succeeds in encouraging people to adopt validities of gender society. This means that people are not born with one [particular] gender, but we are gendered as we internalized and imagined our society's views from the masculine and the feminine. However, as it was discussed in this paper, the process of gender socialization sometimes faces with difficulty that causes the incidence of something called gender identity disorder. According to what was mentioned in the research background and theoretical basis, there is the possibility to explain and identify issues of gender identity disorder by using some theories. In this study, by using a hybrid approach, Bam's theory of gender schema, Bourdieu's theory of social capital and France's theory of life quality were studied.

A recent study was based on literature and approaches, among 160 patients with gender identity disorder referred to welfare centers, throughout the country and the results showed that gender identity disorder, among respondents is above average. Examine the relationship between research variables and the variable of gender identity disorder is the evidence of correlation between them. The multiple regressions to predict the impact of these variables on gender identity disorder, also showed that the variables, with the 9.5 percent could explain the changes of gender identity disorder. The results showed that the quality of life variable with the average of 74.21 percent and standard deviation 10.67 and the social capital variable with the average of 61.89 and standard deviation of 12.58 have been reported to show a lower quality of life and social capital among people with gender identity disorder. According to the results, variables of social capital and gender identity disorder are negatively an inversely correlated with each other, in other words, when the social capital of people is lower, the level of gender identity disorder is more and vice versa, with increasing the Social Capital, gender identity disorder reduces. Existing models in previous studies indicated that social capital has an independent contribution to the health of individuals. Impact of social capital is significantly obvious in the formal and informal relations. People with gender identity disorder, compared to the normal people, have a less rate of successful communication with people and different social groups and, therefore, their amount of social capital is less than the ordinary people. Mentioned points indicate that gender identity disorder effect on different aspects of health in personal and social life.

In addition, a significant and negative relationship can be observed between quality of life and gender identity disorder. In other words, when the quality of life is lower, the level of gender identity disorder is more and vice versa, with increasing quality of life, level of gender identity disorder decreases. The respondents in this study had 74.21average quality of life, while the maximum quality of life is equal to

95 and the minimum is 51. Based on the result, the quality of life in respondents is moderate. When the quality of life among individuals increases, their social problems also decrease.

Having the poor quality of life can affect family relations. Studies have shown that the average of gender identity disorder among people, who have done the surgery, is less that people with no surgery. Comparing the gender identity disorders in people, who have done surgery, before and after the surgery, showed that, after surgery, the amount of impaired people is greatly reduced. In addition, comparing the average indicator of quality of life and psychological well-being dimension between individuals with surgery and no surgery shows a significant difference. People with surgery had higher quality of life and psychological well-being than respondents who have not sex change surgery. Accordingly, those with gender identity disorder, their quality of life are affected and by obtaining a real gender identity of transsexual person, the quality of life will increase. Thus, it can be concluded that persons with gender identity disorder have lower quality of life and social capital. If there will be favorable quality of life and social capital, in that case, people will have physical and mental health and these two variables are interrelated with gender identity disorder. According to this study, and for the proposal, it can be suggested that helping family and subjects can create the possibility to make decisions and reach the right solution and away from individual, familial, social, economic and cultural concerns. Trying to inform the families in different areas by using multiple sources, including formal education in schools, universities, informal education in mosques, media, workshops in the regions and districts are recommended. The focus of the family on the issue of gender identity formation and determine the behavior of men and women to children, avoiding stigmatization and accuracy in the process of socialization and care the level of social interactions are including other suggestions that researchers and experts are required to act for operational indicators and make the families familiar with them.

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