

Behavioral Attitude of Transgender Smokers towards Smoking

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Abstract

Background

The aim of this study was to know the behavioral attitude of transgender that why they start smoking and also to know the level of smoking according to their education and awareness about the effects of smoking.

Methods

In this cross-sectional study data was collected from subjects randomly. There were 31 subjects (Transgender), from different areas of Lahore, Punjab, Pakistan. Survey items evaluate smoking behaviors. Statistical analysis was done by using SPSS software version 23.0.

Results

Among 31 subjects, 14 (45%) subjects were included in the age group of 13-30 years old (young) while the rest of 17 (55%) were included in the age group of 31-45 years old (middle age). In this cross-sectional study, 27/31 subjects lived with guru system, 24/31 subjects were regular smokers while 18/31 start smoking before the age of 20 years. Out of 31 subjects, 16 subjects were educated while 15 were non-educated. On the basis of educational level 16/31 further categorized into 4 different educational levels that are primary, middle, secondary and graduated.

Conclusion

In Pakistan, number of transgender and smoking level among them is not well known. They are unaware of effects of smoking due to lack of proper education. Social discrimination is a factor that urges them to smoke.

Keywords

Transgender; Smoking; Behavior

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Introduction

Gender expression of some people deviates them from the gender assigned them at the time of their birth. These people are known as transgender (commonly known as Murat, Hijra, Khawaja Sara and Khusra etc.). According to a recent report of Young Adult Fertility and Sexually survey 11% of active transgender are present in Philippines. While in Pakistan the third generation population statistics are not yet confirmed but the supreme court of Pakistan gives all the rights to the third generation officially[1]. The United Nation (UN) high commissioner remarked that “transgender should enjoy equal rights as that of cis-genders with respect to economy, social values, gender identity and protection etc.” Additionally, for transgender protection, care, gender identity legislature is necessary. Like, in 2012 Argentinean senate passed the first gender identity law in the world[2].

According to research conducted in US, smoking trend is higher in lesbian, gay, bisexual and transgender communities (LGBT). Among youth population of transgender, the risk to indulge in smoking is 38-59% while in adults it is 11-50%. Trend of smoking among LGBT Population is not well documented in Pakistan[3]. Third generation population is more prone towards cigarette smoking because of unemployment, harassment, bullying and social discrimination, homophobia etc[4,5]. Despite these facts there are few reports have been conducted of smoking cessation interference focusing this population[6].

Transgender community is 5 times more likely not to contemplate smoking cessation[7]. Moreover these individuals do not enjoy equal health insurance facilities as that of others due to which they are not able to avail cessation treatments, proper medication and counselling which leads to their poor health[8]. Different advertisements show that the use of cigarettes and tobacco is the normal routine part of the LGBT community[9]. According to mortality rates from general population (American Cancer Society) each year about 30,000 transgender dies due to tobacco related diseases [10].

According to current and former smokers, the health-related risks are greater source of motivation to quit smoking. People facing health risks from smoking quit smoking easily[11,12]. Generally smokers used to ignore health risks caused by smoking and take them easy which leads to severe health conditions such as heart stroke, lung cancer and respiratory diseases etc. [13,14]. Following study was conducted to observe the behavior of transgender smokers in order to have better idea about their attitude towards smoking.

Methods

This was a cross sectional study. Data was collected from subjects randomly through snowball sample collecting procedure. In this study there were 31 subjects (Transgender), from different areas of Lahore, Punjab, Pakistan. Survey questionnaire contained 29 questions that were related to behavior towards smoking. Transgender who smoke were included in the study and transgender who do not smoke were excluded. After data collection, statistical tools were applied by using SPSS software version 23.0.

Results

Among 31 subjects, 14 (45%) subjects were included in the age group of 13-30 years old (young) while the rest of 17 (55%) were included in the age group of 31-45 years old (middle age). In other age groups (child <12 years) and (old >46 years) no subject was found.

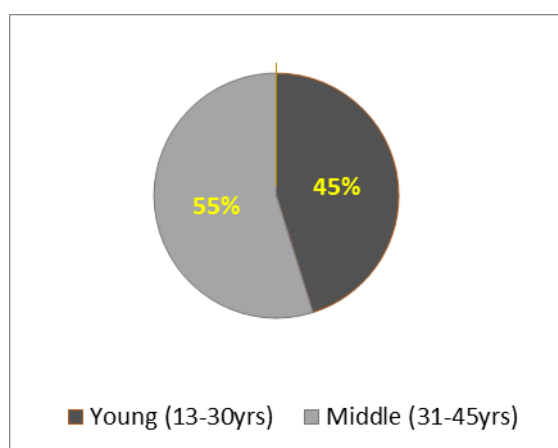


Figure no. 1: Different age groups of transgenders

In this study, 27/31 subjects lived with guru (transgender leader) system, 24/31 subjects were regular smokers while 18/31 start smoking before the age of 20 years. Out of 31 subjects, 16 subjects were educated while 15 were non-educated. On the basis of educational level 16/31 subjects were further

categorized into 4 different educational levels that are primary, middle, secondary and graduated as shown in table no.1

Table no. 1: Categorization of subjects on the basis of educational levels.

Sr. no.	Educational levels	No. of subjects
1	Non-educated	15
2	Primary passed	9
3	Middle passed	3
4	Secondary passed	3
5	Graduated	1

Furthermore, regular smokers were categorized into different groups that are rare smokers, steady smokers and chain smokers table no.2. This characterization is based on the consumption of cigarettes per day.

Table no. 2: Categorization of regular smokers on the basis of cigarettes consumption/ day.

Sr. no.	Smoking levels	Consumption of cigarettes/ day	No. of subjects
1	Rare smoker	1	7
2	Steady smoker	3	7
3	Chain smoker	5	17

For statistical analysis, we applied Correlation test to check the association of regular smokers with variables that are smoking in living place easily, having smoke cough, craving for cigarette, use of mouth freshener, use of flavored cigarettes, use of cigarette filter and use of other drugs

Table no.3: Results of correlation test of regular smokers with following factors

Sr.no	Statements	r-value	p-value
1	Having smoke cough	0.558	0.001*
2	Smoke in living place	0.460	0.006*
3	craving for cigarette	0.523	0.003*
4	use of mouth freshener	0.490	0.005*
5	use of flavored cigarettes	0.029	0.111
6	use of cigarette filter	0.237	0.200
7	use of other drugs	0.292	0.111

*these values are significant, as p value is less than significant value which is 0.05

According to results shown in table no.3, there was no significant association of regular smoking behavior with use of flavored cigarettes; use of cigarette filter; use of other drugs as p-value was greater than 0.05. The reason was that trend of using flavored cigarettes, cigarette filter and drugs other than cigarette was not very common among transgender population studied.

Discussion

Persons having an identity different from that assigned to them at the time of birth are known to be transgender or third generation. In Pakistan, due to ignorant mentality of people transgender are supposed to be the lowest living creature in light to avail rights, have self-esteem or medical facilities. Due to such reasons they are compelled to work in functions such as marriage ceremony, dance parties or as escorts which leads them towards suspicious activities such as smoking, drinking alcohol, drug addiction etc. Almost 2% of Pakistan's population is affected by transgenderism[15].

In order to study the behavior of third generation towards smoking this survey was done. In this survey the questionnaire circulated was in black and white. All the questions in the questionnaire were related to behavior towards smoking. After data collection, data was analyzed. Figure no.2 shows percentages of reasons to start smoking in studied population. According to the results in figure no. 3, 11% of smokers started smoking due to influence of their community, 22% due to fashion, 47% for relaxation and 20% due to loneliness. These results show that most of the transgender indulge in smoking to seek relaxation from their stressful routine. They are also influenced by their own community. Environmental tobacco smoke (ETS) exposure affects the child very much and even if he adopts smoke free lifestyle till adulthood still there are high chances for them to indulge in smoking[16]. The environment of transgender community is such that the persons residing in it are dealing with many social pressures and mental disturbances due to which they indulge in "nervous irritation" smoking (a type of smoking which is acquired by the person dealing with certain pressures, for relaxation purpose, leading to addiction)[17].

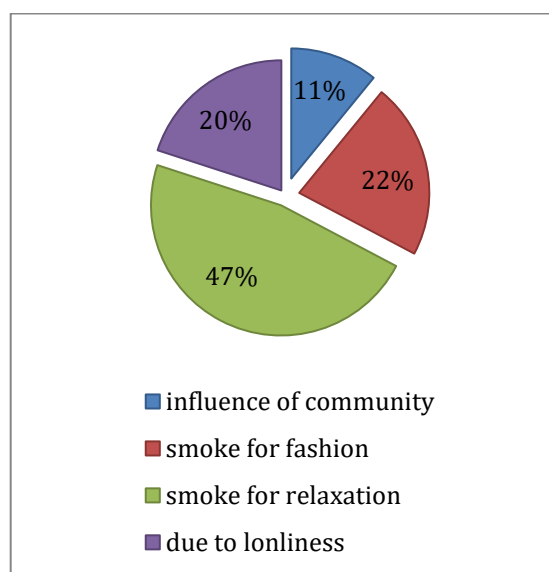


Figure no.2: Percentages of reasons to start smoking.

Different behavioral attitudes of subjects towards smoking show that, 17/31 subjects responded that they can smoke at their workplace easily, 18/31 subjects responded that they smoke even during their illness, 29/31 subjects responded that they can smoke easily at their living place, 14/31 subjects responded that they use mouth freshener after smoking, 15/31 subjects responded that they crave for cigarettes when they do not smoke. All these trends show that transgender are inclined towards smoking which represents trend of smoking is higher in transgender community as different studies shows that the risk of smoking in youth population of transgender is 38% to 59% and 11% to 50% in middle aged population [18].

Figure no.3 show relation between the levels of smoking and educational level of transgender subjects. This figure shows that among total 17 chain smokers, 15 were non-educated and 2 were primary passed. 7 primary passed were steady smokers. 7 persons were rare smoker among them 3 persons were middle passed, 3 were secondary passed and there was only 1 subject who obtained higher education. The above results show that the levels of smoking are inversely proportional to the levels of education. Subjects who are well educated are less likely to indulge in smoking and vice versa[19].

Frequency of smokers having smoke cough and suffering from any respiratory illness was also observed. Among all subjects, 16 responded that they have smoke cough while 5 responded that they are suffering from any respiratory disorder (asthma, lung cancer, T.B, pneumonia, oro-pharyngeal cancer). As seen that many smokers have smoke cough (16) and very less (5) are

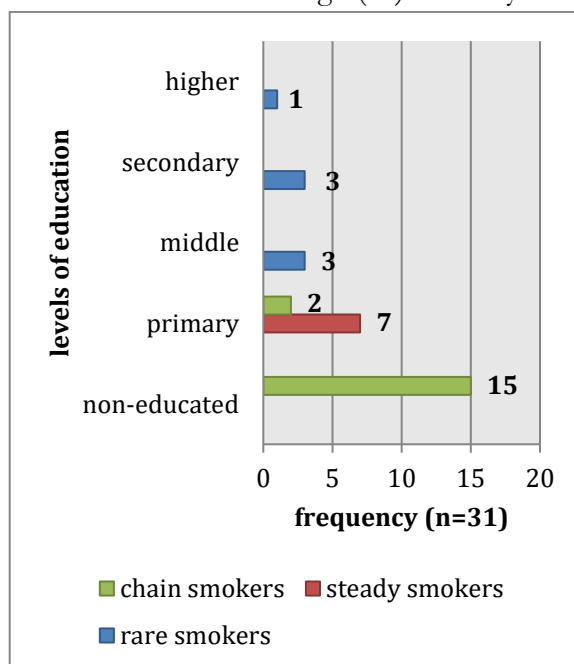


Figure no.3: Graph showing relation between levels of smoking w.r.t levels of education.

suffering from any respiratory disorder. Reason observed that there was no significant trend of transgender to go to doctor in order to explore about their disorder. Many of them might be suffering from any disease but they are unknown about it. In the following study, five different respiratory diseases were included i.e. asthma, T.B, pneumonia, lung cancer and oro-pharyngeal cancer. Only 5 subjects responded of having any kind of respiratory disease. Among them 3 subjects responded of having asthma while 2 were having T.B.

Smoking related inequalities for minorities (i.e. sexual and gender minorities) are due to some factors which are relatable e.g. social health determinants, insufficient tobacco control policies for minorities and industrial influence of tobacco related industries in these minority groups[20,21,22,23,24]. Due to previous bad experiences (i.e. past transphobic reactions) among transgender community with respect to health care system, they generally refuse for any kind of health care facility. According to a recent report 1 in every 4 transgender adult smokers' do not feel comfortable in discussing smoking cessation with health care counsellor[25,26].

Regular smoking is usually a financial burden to smokers. According to results, 9/31 subjects said that they spend more than RS100 on purchasing cigarettes, 6/31 said that they purchase cigarettes by pack while 20/31 said that smoking is a financial burden to them. These results show that most of the transgender in this survey take smoking as a financial burden that's why they do not spend more than RS100 per day on cigarettes. Transgender are not supported and accepted by their own blood relations.

They live in guru systems away from the blood relations. This is the reason they can't be dependent. They must earn their own livelihood in a world where they are discriminated. They face discrimination for job opportunities, promotions, education etc.[27]. In response to high taxes and prices of cigarettes, due to financial burden, transgender despite of quitting smoking they change their smoking patterns by cutting down the number of cigarettes, purchasing individual cigarettes etc.[28].

Conclusion

In Pakistan, exact number of transgender and the true prevalence of smoking among transgender community are not well known. But different studies show that trend of smoking is higher in them due to due to certain triggering factors. These factors include unemployment, social discrimination and stigma, psychological factors etc. These factors are responsible for the stress condition that indulges them in smoking for relaxation. They are not hesitant of smoking at their work and living places and this carefree smoking leads them towards consumption of other drugs. Due to lack of knowledge, they are also unaware of the actual disease from which they are suffering.

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