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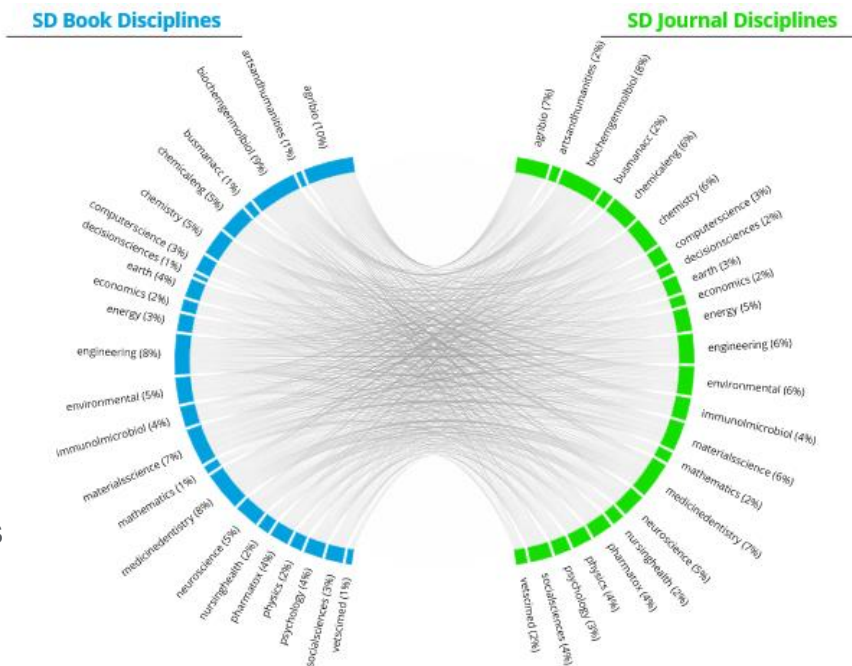
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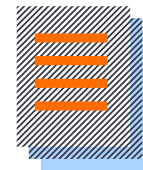
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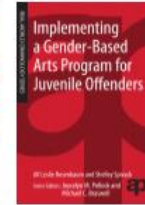
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Psychological Wellbeing and Perceived Social Acceptance in Gender Diverse Individuals

Alessia Romani MD ^{1, **}, Francesca Mazzoli Psy ^{1, **}, Jiska Ristori Psy ¹, Carlotta Cocchetti MD ¹, Emanuele Cassioli MD ², Giovanni Castellini MD, PhD ², Maddalena Mosconi Psy ³, Maria Cristina Meriggiola MD, PhD ⁴, Sara Gualdi MD ⁵, Guido Giovanardi Psy, PhD ⁶, Vittorio Lingiardi MD, PhD ⁶, Linda Vignozzi MD, PhD ¹, Mario Maggi MD, PhD ⁷, Alessandra D. Fisher MD, PhD ¹

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The Journal of Sexual Medicine

Volume 18, Issue 11, November 2021, Pages 1933-1944



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Gender norms and health: insights from global survey data

Citation Data: The Lancet, ISSN: 0140-6736, Vol: 393, Issue: 10189, Page: 2455-2468
 Publication Year: 2019




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5:42 PM · Feb 27, 2020 

Review Description

Despite global commitments to achieving gender equality and improving health and wellbeing for all, quantitative data and methods to precisely estimate the effect of gender norms on health inequities are underdeveloped. Nonetheless, existing global, national, and subnational data provide some key opportunities for testing associations between gender norms and health. Using innovative approaches to analysing proxies for gender norms, we generated evidence that gender norms impact the health of women and men across life stages, h

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INTRODUCTION

Gender identity refers to the internal sense of self as masculine, feminine, a mix of both or neither.¹ Transgender individuals' gender identity is transiently or persistently different from their gender assigned at birth.^{2,3} Following the traditional view of biological sex – as either male or female – gender identity has also been historically categorized as male or female, according to a binary (B) system. Over the last few years, this gender binary has been questioned, highlighting the existence of gender diverse people, who identify as neither (exclusively) male nor female. Thus, a gender diverse experience describes an identity that falls in between or outside of male and female; this umbrella term also applies to those individuals who do not experience or do not want to have any gender identity.⁴ Accordingly, several epidemiological studies have highlighted a significant prevalence of gender non-conformity.^{5, 6, 7} For example, 2 recent Flemish and Dutch population surveys reported that an ambivalent gender identity (ie, “equal identification with the other sex as with sex assigned at birth”) ranges from 1.9 to 3.2% in people assigned female at birth (AFAB) and from 2.2 to 4.6% in assigned male at birth (AMAB) respectively.^{6,7}

Transgender individuals, as a minority group, suffer from discrimination (ie, transphobia) that negatively affects almost every life domain, severely impacting their social, medical and psychological wellbeing.⁸ To this regard,

E Coleman, W Bockting, M Botzer, *et al.*
**Standards of care for the health of
transsexual, transgender, and gender-
nonconforming people, version 7**
Int J Transgend, 13 (2011), pp. 165-232

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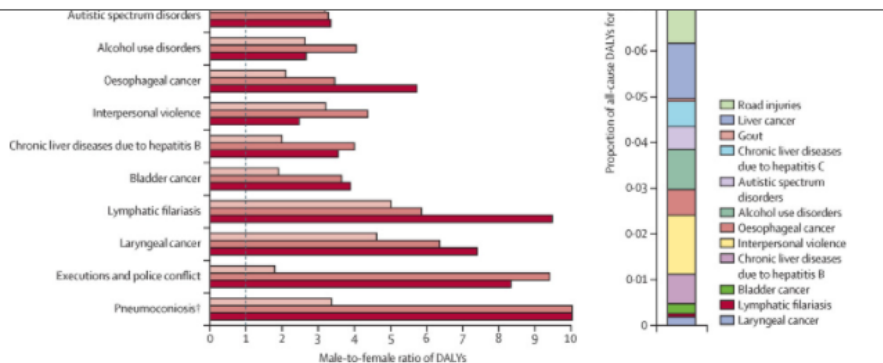
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Figure 1. Ratios of age-standardised **DALYs** by sex for different diseases grouped by SDI

(A) Female-to-male ratio. (B) Male-to-female ratio. SDI is comprised of average income per person, educational attainment, and total fertility rate. Countries with low-to-middle and middle-to-high SDI are excluded for ease of data visualisation. The proportions of male all-cause DALYs for nasopharyngeal cancer (0.001), executions and police conflict (<0.001), and pneumoconiosis (<0.001) were excluded from the right panel also for ease of visualisation. DALY=disability-adjusted life-year.

SDI=sociodemographic index. *The breast cancer ratio is 43.4 (low SDI), 40.1 (middle SDI), and 80.8 (high SDI). †The pneumoconiosis ratio is 3.36 (low SDI), 13.8 (middle SDI), and 12.0 (high SDI).

Disability Adjusted Life Years

Most deaths and DALYs from RHD are in middle-income countries, particularly the two most populous countries (India and China) that together account for over half of RHD deaths globally.

From: *Acute Rheumatic Fever and Rheumatic Heart Disease, 2021*

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Global epidemiology of thyroid disorders

Jahangir Moini MD, MPH, ... Mohtashem Samsam MD, PhD, in *Epidemiology of Thyroid Disorders, 2020*

Disability-adjusted life years for thyroid disorders
Disability-adjusted life years (DALYs) are important measurements that link the burden of disease in populations with the degree of illness, disability, and long-term survival. They were first developed to quantify the global burden of disease, and to provide a way for measuring health benefits and cost-effectiveness. One "DALY" can be thought of as one lost year of "healthy" life. DALYs for a disease or health condition are calculated as the sum of the years of life lost (YLL) due to premature death in the population, and the years lost due to disability (YLD) for people living with a disease or its consequences. Therefore the formula used to calculate DALYs is as follows:

$$DALY = YLL + YLD$$

Basically, the YLL correspond to the number of deaths, multiplied by the standard life expectancy at the age at which death occurs.

The basic formula for YLL is

$$YLL = N \times L$$

where the *N* stands for number of deaths. It is multiplied by *L*, which stands for standard life expectancy at age of death, in years.

The basic formula for YLD is

The Epidemic and Prevalence of Diabetes in the United States

Jahangir Moini MD, MPH, in *Epidemiology of Diabetes, 2019*

Disability Adjusted Life-Years for Diabetes
Disability adjusted life-years, or DALYs, lost from diabetes are measurements of years of life lost due to premature death, plus years lost to severe disability. This is calculated as follows:

$$DALY = YLL + YLD$$

According to WHO, DALYs related to diabetes are increasing in most countries, especially in developing nations such as Asia, Africa, the Middle East, Central America, South America, and the Southwest Pacific. According to WHO, one DALY represents the loss of an equivalent 1 year of full health. The burden of disease is expressed in DALYs per 1000 population. Generally, for countries with high disability adjusted life-years for diabetes, populations are moving from more rural areas to cities. This urbanization leads to lifestyle changes that often include a more sedentary lifestyle and a high caloric diet. The genesis of type 2 diabetes is not far away when these changes occur.

People with all types of diabetes are protected under the Americans with Disabilities Act. This covers their access to public places, schools, workplaces, and some benefits, including social security and disability insurance. However, diabetes-related disabilities must be



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