

Incidence and Sex Ratio of Transsexualism in Sweden

By JAN WÅLINDER

The difficulty in calculating the incidence and prevalence of transsexualism is obvious. Those figures which can be arrived at are always minimal values, and a group of persons with transsexual symptomatology, which are most difficult to assess, will always elude the calculations.

The incidence and prevalence figures for this disorder have been calculated in various ways. Pauly (1968) set the prevalence in the U.S.A. to 1:100,000 men and 1:400,000 women. In my investigation (Wålinder, 1967) prevalence figures of 1:37,000 men and 1:103,000 women were reported. The discrepancy between the results of these two investigations is probably primarily due to the difference in calculation method; among other things, the circumstance that I based the prevalence calculation on the population over 15 years of age, while Pauly's figures are based on the total population. The understanding is, however, that transsexualism is considerably more common than these figures would indicate, and at the Gender Identity Clinic at the Johns Hopkins Hospital during the last 2½ years more than 1,500 individuals have requested evaluation and management for sexual reassignment (Kubie and Mackie, 1968). In relation to the publicity which has surrounded transsexualism during recent years, one has the impression that the numbers of transsexuals have successively increased. The purpose of the present report is to test the validity of this assumption, and also to try to calculate a somewhat satisfactory incidence figure as well as sex ratio.

MATERIALS AND METHODS

A person in Sweden seeking a so-called change of sex can obtain neither change of name nor castration operation without permission from the Bureau of Social Welfare. No law regulates these procedures at present, but there is a proposition under consideration

(Wålinder, 1969). In practice, however, during recent years all of these matters in relation to sex reassignment due to transsexualism have been handled according to a certain routine; this commences with hormone treatment for one to two years, thereafter name change and finally as a third session surgical measures. As has been mentioned permission from the state authorities is required to obtain change of name and operation, and the application must be accompanied by a medical certificate in which documentation is presented in regard to the suitability of the diagnosis. The name change is effected by The Bureau of Records and Vital Statistics following the decision of the Board of Social Welfare. The documents including the medical certificate which provided the basis for the decision are classified 'secret' and kept on file by the Bureau of Records and Vital Statistics. With special permission I gained access to all of the files processed during the period 1 July 1967-30 June 1970. This period of time was chosen because all of the name change decisions were treated in a similar manner during this time. Before 1967 the methods varied, and the documents of this type have therefore not been consistently filed at the Bureau of Records and Vital Statistics.

RESULTS

During the studied three-year period 27 cases of transsexualism were processed. The diagnoses in all cases were definitive. The transsexual cases were distributed as follows:

TABLE

| | Men | Women | Total |
|--------------------------|-----|-------|-------|
| 1 July 1967-30 June 1968 | 2 | 3 | 5 |
| 1 July 1968-30 June 1969 | 4 | 4 | 8 |
| 1 July 1969-30 June 1970 | 7 | 7 | 14 |
| Total | 13 | 14 | 27 |

This means that the average annual frequency was 9 cases. The number of persons in Sweden over 15 years of age comprises approximately 6 millions, which gives an annual incidence of 9/6,000,000 or 0.15 per 100,000 inhabitants. The annual incidences for the three periods are 0.08, 0.13 and 0.23 per 100,000 inhabitants over 15 years.

It can be seen in the table that the numbers for men and women are for the most part similar.

DISCUSSION

The annual incidence of transsexualism shows a marked increase during the studied three-year period. In all probability this reflects the effect of the increased publicity on transsexualism which has taken place both in this country and internationally, and has resulted in the spread of information on the possibilities of sex reassignment. The figures should not represent any real increase of transsexuals. Whether or not the incidence has yet actually reached its maximum is difficult to answer. On the other hand, if one divides the last year into two periods of 1 July–31 December 1969 and 1 January–30 June 1970, the number of cases becomes 8 and 6 respectively, which does not indicate a continued increase in the number of name changes. The results, however, seem to indicate that the annual incidence lies about 0.20 per 100,000 inhabitants over 15 years of age.

A noteworthy circumstance is that the ratio of men to women is approximately of the order 1:1. Previously it has been maintained that transsexualism is considerably more common among men, and the quotient has on the average been calculated at about 6:1 (Pauly, 1968). My own earlier figures, however, showed a considerably lower male dominance, 2.8:1 (Wålinder, 1967). The present material shows that the sex difference has levelled off. As was earlier pointed out, it is possible that the observable sex difference is imaginary and that transsexualism is as common in women as in men (Wålinder, 1968). If this is so, it is an additional indication that transsexualism is not to be placed among the group of primary sexual deviations, but that it is a disturbance which falls outside the usual sexual field. Thus it is not open to simple explanation by means of prevalent psychoanalytic postulations.

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Jan Wålinder, M.D., *Assistant Professor of Psychiatry, Psychiatric Research Centre, University of Göteborg, St. Jorgen's Hospital, s-422 03 Hisings Backa, Sweden*

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