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Two biodemographic variables--birth order and sibling sex ratio--have been examined in several Western samples of homosexual transsexual males (e.g., Blanchard & Sheridan, 1992; Blanchard et al., 1996; Green, 2000). The results have consistently shown that homosexual transsexuals have a later birth order and come from sibships with an excess of brothers over sisters; the excess of brothers has been largely driven by the number of older brothers and hence has been termed the *fraternal birth order effect*. In the present study, we examined birth order and sibling sex ratio in an Asian sample of 43 homosexual transsexual men and 49 heterosexual control men from South Korea. Although the transsexual men had a significantly late birth order, so did the control men. Unlike Western samples, the Korean transsexuals had a significant excess of sisters, not brothers, as did the control men, and this was largely accounted for by older sisters. In Korea, it has long been shown that parents have a marked preference for sons (Bae, 1991; Cho, Hong, & Hayashi, 1996; Larsen, Chung, & Das Gupta, 1998; H. T. Lee, 1984; S. H. Lee, 1988; S. Y. Lee, 1996; Park, 1983; Park & Cho, 1995; Park & Kim, 1976; WuDunn, 1997). When there is a strong bias in favor of one sex over the other, there is considerable epidemiological evidence that parents continue to have children until the birth of a baby of the preferred sex. At that point, they "stop" having children (Altmann, 1990; Osman & Yamashita, 1987). We conclude, therefore, that a male-preferring stopping rule governing parental reproductive behavior (McClelland, 1999; Yamaguchi, 1989) had a strong impact on these two biodemographic variables. Future studies that examine birth order and sibling sex ratio in non-Western samples of transsexuals need to be vigilant for the influential role of stopping rules, including the one identified in the current study.

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On the Calculation of the Prevalence of Transsexualism

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In past years, the most-cited estimates of the prevalence of transsexualism have been based on counts of people who have undergone gender reassignment (usually involving SRS) under the care of certain clinics in e. g. Sweden, The Netherlands and a few other European countries. Lower bounds for prevalence are then determined by dividing the reassignment counts by the relevant population numbers. In this paper, we discuss these past reports and the methods they used. We then develop mathematical methods for further analyzing the data in those reports. Noting that the incidence of gender reassignment in many countries has been in a "start-up transient" of gradual increases over the years, we refine earlier estimates using mathematical analyses to determine prevalence from accumulating incidence data - taking into account birth, reassignment and death rates. We also provide a mathematical method for estimating the latent and inherent numbers of people who will at some point during their lives undergo SRS, based on the ongoing incidence of SRS and the age-distribution of the occurrences of SRS. These analytical methods are then applied to refinements and extensions of results of past reports on the prevalence of SRS. Finally, we describe several alternative methods for estimating the prevalence of SRS. These methods are used to triangulate on and confirm the validity of the estimates determined by SRS counting methods.

Femke Olyslager PhD, is Professor of Electrical Engineering and Applied Physics in the Department of Information Technology at Ghent University in Belgium. Femke is author of more than 250 publications in international journals and conference proceedings, has authored two monographs and has received many national and international scientific distinctions. Femke is a Supporting Member of WPATH and a patient of the Genderteam at Ghent University Hospital in Belgium.

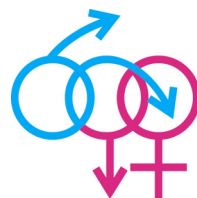
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New Identities, New Care: Addressing the Needs of the GenderQueer Community

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Substantial strides have been made in healthcare targeting the transgender community. This is not to suggest that trans-identified people are not marginalized or disenfranchised by many medical and mental health providers, but the critical issue is that the transgender identity is more visible. One population that is still seemingly invisible is those who identify as genderqueer.



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