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Nil.

Conflict of interest
There are no conflicts of interest.

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Authors' reply

Sir,

This is with reference to the letter to the Editor published as 'Gender identity and sexual orientation-Need for using correct terminologies',¹ based on our article 'Dermatological concerns of the Lesbian, Gay, Bisexual and Transgender community of India'.² We thank the readers for their interest shown in our article and for highlighting certain points. We humbly submit our justifications as per the queries raised.

The readers have commented that the authors have been casual and inaccurate in using terminologies in the article and referred transgenders as 'third gender'. We beg to differ in that it is not the authors but it was the Supreme Court of India, which declared transgender people as the 'third gender', in their landmark judgement in 2014.^{3–6} This judgement affirmed that the fundamental rights granted under the Constitution of India will be equally applicable to them, and gave them the right to self-identification of their gender as male, female or third gender.³ The authors have immense respect for the LGBT community and quoted this term to highlight their past terminology in the background.

The title of the article initially was dermatological concerns of the transgender community of India. However, according to the GLAAD (Gay & Lesbian Alliance Against Defamation)

organisation, the terms 'transgender' and 'transexual' is obsolete with LGBTQ being a more politically approved term.⁷ In 2016, GLAAD's media reference guide clearly stated that LGBTQ is the preferred initialism. In order to avoid offending any member of the community, we suggested a modification of the title to make it all-inclusive.^{7–9} In recent times, newer terminologies like LGBTIQ+ which stands for 'lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual' and many other terms (such as non-binary and pansexual) were introduced.¹⁰

As to why the title was used despite not having any gay, lesbian or bisexual people in the study, we affirm that this study is a questionnaire-based one with the primary objective to identify the dermatological problems presented by the self-declared members of the LGBT community. The sexual orientation of these participants was not questioned. Sexual history, like the number and sex of their partners or their practices, was not asked either as it was out of the scope of our study. As the aforementioned community is a minority and frequently neglected, we avoided asking such sensitive questions to make them comfortable during the study.

The readers have suggested using prevalence instead of incidence in our study. We thank the readers for pointing this out and we stand corrected.

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The readers also pointed out that only 2 of 51 subjects were commercial sex workers which are in contradiction to the National AIDS Control Organization (NACO) data. First of all, this study consists of a small portion of the community who participated from Kerala and may not be representative of the entire community. This convenience sampling and selection bias is already mentioned by the authors as a limitation of the study. Secondly, today we have LGBT Indian Police Service officers, Indian Administrative Service officers, celebrity make-up artists, film actors and global beauty pageant winners setting examples for the transgender community to come forward and strive with confidence in our society and not just be sex workers alone. Hence, the authors recommend further studies to bring forth wider data regarding their occupation.

The justification to the query raised as to why the participants did not show any signs of adverse effects of anti-retroviral therapy, this study being a questionnaire-based study, does not involve full body examination of the participants to screen for dermatological diseases or adverse effects of the drugs consumed. The participants were also on various hormonal supplements. This study is purely based on the dermatological concerns presented by the participants themselves.

We hope we have clarified certain issues that our readers have had and thank them for their careful reading. In the same breath, we also find that none of their concerns has any bearing on our results and conclusion. Since this is one of the first steps, to the best of our knowledge, in researching and understanding the dermatologic care needed for the LGBT community in India, the authors duly encourage further studies from other parts of the country.

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