

Transgender Health in Relation to Public Health and Women's Health

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Transgender health presents a public health concern given the lack of knowledge and acceptance by some communities. This paper will explore what it means to identify as transgender as well as how social interactions and healthcare access influence the health of transgender individuals. Stating the definition of transgender simply, a person identifies as transgender when one's self-identified gender, behavior, and expression does not match one's designated physical sex at birth. The prevalent discrimination and stigmatization of the transgender community results in inadequate health care access as well as increased risks of unemployment, unprotected sex, and substance abuse. Furthermore, the dysphoria of mental and physical gender that transgender individuals experience can result in the desire to seek physical changes in order to identify as one uniform gender. The medical procedures of these changes pose negative health impacts which have larger public health implications. Based on the healthcare obstacles and health risks identified, it is important to begin developing intervention methods that will improve the health outcomes of the transgender community. Several effective interventions will be analyzed and used as a basis to suggest the next steps that need to be taken in order to ensure the fair treatment and positive overall health of this population.

Background
The classification of one's sex and gender usually occurs at four different levels: biological sex, legal institutional sex, social gender, and psychological gender (Lombardi, 2001). Biological sex is based on a person's genitals, chromosomes, and secondary sex traits. Legal institutional sex is based on the gender that a person identifies with on legal documents. Social gender refers to how a person presents themselves in public by means of the clothes they wear or their personality. Lastly, psychological gender is how a person mentally identifies oneself and is not restricted to only male and female categories (Lombardi, 2001). These four factors, in addition to ethnicity and culture, play a major role in labeling one's gender and demonstrates the variance that can occur during this process of labeling.

Transgender is a term that is used to describe people whose self-identified gender, behavior, and expression do not

match the individual's given biological sex at birth (Coleman et al., 2012). In terms of the gender categories explained previously, individuals that identify as transgender experience a mismatch between their psychological gender and their biological sex; therefore, they typically identify as either a trans-woman or a trans-man. A trans-woman is an individual who was biologically assigned the sex of a male, but identifies as a female. Trans-women are also commonly recognized as male to female transgender individuals since they have changed their body and/ or gender roles from masculine to feminine. A trans-man, also referred to as a female to male individual, is an individual who was assigned a female gender, but identifies as a male and has changed their gender role and/ or body from being feminine based to being masculine based (Coleman et al., 2012).

It is not uncommon for transgender individuals to experience discrimination and

targeted violence in their lives. Studies have shown that in the United States, about 60% of transgender individuals have been a victim of violence and about 37% have suffered from economic discrimination (Lombardi, 2001). Although the growth of the transgender movement has expanded to raise awareness on societal discrimination faced by the transgender community, there is still a large prevalence of disease, targeted violence, suicide, and access barriers to healthcare that result from the ongoing marginalization of transgender individuals (Kenagy, 2005). By discussing the prevalent health care obstacles that the transgender population faces, more interventions can be designed to better fit the needs of the transgender community, and more community-based educational efforts can be implemented to decrease societal and medical discrimination.

Possible Risks Associated with Transgender Health Care

For reasons of self-acceptance and societal acceptance, some transgender individuals will undergo two transition periods: a behavioral transition and a physical transition. During the first transitional period, individuals will change their gender roles linked with their given biological sex to a different gender role that matches their psychological gender (Coleman et al., 2012). According to Coleman et al. (2012), if individuals decide to undergo the physical transition, they will often change visible aspects of their bodies to match their self-identified gender in order to identify as one uniform gender both mentally and physically. The medical procedures used to change a transgender person's appearance include cosmetic procedures, hormone injections, and sex reassignment surgery. However, like any medical procedure, there are risks associated with gender transition procedures.

The physical effects of hormone therapy differ for both trans-men and trans-women patients. In trans-men patients, the most common types of hormones injected are testosterone and other androgens. The results of these hormone therapies include deepening of the voice, clitoris enlargement, growth of facial and body hair, cessation of menses, reduction in the percentage of body fat, and atrophy of the breast tissue (Coleman et al., 2012). The risks of masculinizing hormone therapy include weight gain, increased visceral fat, and reduction in fertility. Risks of osteoporosis, cardiovascular disease, cervical cancer, ovarian cancer, and breast cancer are also present with masculinizing hormone treatments. However, these risks of cancer are not extensively supported by substantial and conclusive evidence from research (Coleman et al., 2012).

In trans-women patients, the physical changes of estrogen hormone injections include breast growth, reduced erections, smaller testicles, and an increase in body fat percentage (Lombardi, 2001). The risks of feminizing hormone therapy include venous thromboembolic disease, cardiovascular disease, gallstones, type 2 diabetes, and hypertension. The development of breast cancer is another medical risk posed by feminizing hormones; however there has not been substantial scientific evidence to prove this correlation (Coleman et al., 2012).

The risks associated with cosmetic procedures and sex reassignment surgeries usually follow basic surgical risks such as variable recovery time and scarring. Other risks unique to sex reassignment surgeries, such as a vaginoplasty or mammoplasty, are the potential for negative effects on sexual functioning (e.g., sexual pleasure) as well as dissatisfaction with the aesthetics of the procedure (Cuypere et al., 2005). The risks that accompany different types of medical gender transition procedures go to show the

degree to which transgender individuals are willing to put their health at risk in order to achieve a level of satisfaction with their mental and physical gender identities.

Public Health Issues in Relation to Transgender Health

As previously mentioned, a part of being transgender for some people includes undergoing physical changes so that one's projected gender matches one psychological gender. This section will discuss health outcomes as they relate to unsafe health practices associated with actions to induce physical gender changes. As stated before, hormones are a common form of treatment used to assist physical gender transitions. However, if hormones cannot be obtained legally from licensed physicians, some people may resort to using nontraditional sources for hormones and needles, such as friends, street vendors, and online markets (Sanchez, Sanchez, & Danoff, 2009). This increases the risk of using unsterilized needles and needle sharing, both of which raise the risk of HIV (Sanchez et al., 2009). Additionally, the common practice of high risk sexual behavior contributes to the increased risk of HIV among the transgender population (Lombardi, 2001). The next subsections will further explore the public health implications of the health risks uniquely faced by the transgender community.

Public Health Issues in Relation to Sexual Transgender Health

Transgender individuals are at greater risks for diseases related to their sexual health due to their unique sexual orientations, sexual behaviors, and sexual encounters ("Why LGBT Public Health," 2001). Male to female transgender individuals are more likely to engage in unprotected anal receptive intercourse, which raises the risk of contracting HIV, HPV, Hepatitis B, herpes virus, and anal cancer (Sanchez et al., 2009).

Statistically, studies have found 27–48% of trans-women engage in high risk behaviors including unprotected anal sex, having multiple sex partners, and sex work; each of these behaviors increases the risk of contracting HIV and other sexually transmitted infections (Herbst et al., 2008). One of the reasons why trans-women engage in unprotected anal receptive intercourse is because this serves as a way for trans-women to mentally affirm their gender identities through their sexual intimacy. Though the HIV prevalence is higher in trans-women due to the involvement in unprotected anal receptive intercourse, HIV continues to be a problem for all transgender individuals because of the unsafe practices of needle sharing and unprotected sex (Herbst et al., 2008).

Ecological and Social Factors Affecting Transgender Health

Health risks faced by the transgender community are not only limited to sexual encounters and behaviors, but also include social experiences of prejudice and rejection. Research shows that factors such as discrimination, social stigmatization, health care access obstacles, lack of health risk knowledge, and lack of social support for the transgender community contribute to common health problems among the transgender community, including HIV (Nemoto, Operario, Keatley, Nguyen, & Sugano, 2005). The contextual factors that contribute to health problems among transgender individuals include mental health instability, physical abuse, social isolation, economic marginalization, and unmet transgender specific health needs (Herbst et al., 2008). To put the societal impact of transgender health into perspective, studies have found that 60% of transgender individuals experienced harassment or violence, 37% of transgender individuals experienced economic discrimination, 35.3%

of transgender individuals faced job discrimination, and 23% are unemployed (Herbst et al., 2008). These percentages of societal impediments placed upon the transgender community show that transgender individuals are more likely to be victims of abuse and marginalization. They are also more likely to be unemployed which affects their access to proper health insurance, and are more likely to be financial instable which increases the risk of inadequate disease prevention knowledge and access to medical care.

Other health risks common among the transgender community include smoking, obesity, psychological distress, alcohol abuse, and drug abuse (“Why LGBT Public Health,” 2001). Though these health issues do not only pertain to transgender individuals, the reason for the prevalence of such practices within the transgender community can be partially attributed to the dysphoria experienced psychologically by not being born with the physical parts that match one’s psychological gender. As a result, anxiety, depression, smoking habits, and alcohol consumption habits experienced by this population may serve as coping mechanisms to deal with the stress of identifying as transgender.

Healthcare Access Barriers

Dealing with the negative health results of social stigmatization is made even more difficult through the numerous barriers faced in trying to receive healthcare services. According to the National Center for Transgender Equality and the National Gay and Lesbian Task Force, 28% of transgender individuals delay medical care due to discrimination, 48% postpone care due to the lack of adequate financial means, and over 19% of transgender individuals are refused care due to their “non-conforming status” (Grant et al., 2010). Due to underreporting, these statistics are expected to be higher than

the reported figures (Grant et al., 2010). If a transgender person seeks out medical care, there are usually two main providers: a gender transition provider and a regular health care provider (Lombardi, 2001). The issue with having a transition provider is that insurance is not likely to cover procedures that are essential in physically changing one’s gender. Additionally, such unique providers within this specialty may only practice in limited regions, thereby creating access barriers for people who live in isolated regions (Lombardi, 2001). This becomes a public health problem since transgender individuals may resort to using unsafe and unsterile methods, such as purchasing street hormones and sharing needles, to complete the physically desired gender changes.

Moreover, general healthcare providers are not normally trained in caring for transgender patients (Nemoto et al., 2005). From the moment a transgender patient steps foot in a medical office, they are faced with health forms that have limited gender identification options and minimal inquiry about sexual health. Due to the lack of training, nearly 66% of providers do not ask patients about their sexual orientation, which can result in the neglect of necessary screenings and inadequate health care delivery (Lee, 2000). There is also a greater degree of insensitivity among providers toward the transgender community (Lombardi, 2001). Insensitive care leads to inappropriate interventions, and thus, diminished confidence in the patient-provider relationship (“Why LGBT Public Health,” 2001). The accumulation of health care access barriers including physician hostility, lack of insurance coverage, and denial of proper care contribute to the recurrent and unaddressed health care problems of the transgender community.

Intervention Strategies

Though many studies have analyzed the

health risks most prevalent among the transgender population, the goal of conducting research is not to simply identify the problem, but also to create interventions that will solve the health problems faced by this community. Studies have shown that trans-women, when under the appropriate provider care, have a reduction of high-risk behaviors and smoking habits (Sanchez et al., 2009). Additionally, such patients are more likely to obtain needles and hormones from licensed physicians which reduces their risks for needle sharing, HIV, and other health problems related to hormone dosage (Sanchez et al., 2009).

Research has also shown that people are more likely to engage and succeed in changing behavior when they have social support and stability from family, support groups, and social organizations. In a study that focused on promoting the health of transgender women in San Francisco, the Transgender Resources and Neighborhood Space (TRANS) Program was implemented to see which interventions worked best to reduce the health risks for trans-women (Nemoto et al., 2005). The TRANS program provided a safe venue space to study the effects of using a workshop based approach to transgender health interventions. There were eighteen group workshops that each centered around one of three objectives: (1) “sex, relationships, and health, (2) reducing drug use and improving coping skills, and (3) general life needs” (p. 382). Each workshop was led by a health educator and utilized group discussions, personal experiences, videos, and guest speakers to facilitate the workshops. Based on the evaluations completed by the participants who attended these workshops, the TRANS intervention program found that there was a reduction in alcohol use, a reduction in perceived barriers to health care, and a decrease in sexual health risks (Nemoto et al., 2005). The TRANS intervention program provides an example of

how future focus group interventions could be implemented in other cities. Identified regions with a high transgender population could implement similar support groups and workshops that serve as a safe and open space for health discussions. These focus groups would require an incentive to promote attendance, trained workshop facilitators, and an evaluation component to measure the effectiveness of the sessions at reducing behavioral health risks.

Other recommended intervention strategies have also been suggested to improve transgender health in the public health realm and reduce health care access barriers. These suggested strategies go as follows: physicians should recognize the genuineness of each transgender individual, physicians should not practice health care discrimination, health forms and questions should be flexible with regard to identifying a gender, providers should promote quality access to health care resources for all individuals, providers should promote for the importance of a patient’s cultural context, and public health workers should promote transgender research and health service interventions for this population (Lombardi, 2001).

A key component found in all of these successful intervention strategies is social support. The community, providers, and patient’s family all need to be properly educated on how to care for and support transgender individuals. These interventions will help to create an environment where all genders are free to discuss health concerns and are guaranteed adequate and equal health care rights.

Discussion

The goal of identifying as transgender is to create state of being where one is comfortable and able to accept himself/herself physically, emotionally, and sexually in order to maximize one’s overall

psychological well-being and “self-fulfillment” (Sanchez et al., 2009). Although there are anti-discriminatory practices in place today, the treatment and acceptance of transgender individuals continues to remain a problem. Similar to societal conditions in the past, it is very common today for health care providers and society members to discriminate against the transgender community. These mental stressors can lead to health issues, such as HIV and psychological distress, that go unaddressed and unresolved. Prejudice against transgender individuals can also lead to a bias and “insensitive” design of public health interventions meant to help the target population (Sanchez et al., 2009). In order to promote the best health care delivery possible for the transgender population, communities need to educate themselves about the implications of being transgender and the consequences that can arise if the needs of the transgender community remain unaddressed. Additionally, public health interventions for transgender health should account for social factors and utilize tested and successful intervention approaches, such as incorporating support group techniques and promoting an open and comfortable environment. Only by developing transgender specific intervention techniques, will the risks and contextual implications of transgender health be addressed (Herbst et al., 2008).

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