Perceptions regarding sexual and reproductive health care for transgender and gender-expansive people in the United States

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BACKGROUND

- Transgender and gender-expansive (TGE) people face barriers to accessing general medical care including higher rates of discrimination and mistreatment, provider refusal, limited clinician knowledge, and lower rates of insurance coverage
- Limited research exists about the sexual and reproductive health (SRH) needs, preferences, and experiences of TGE individuals

OBJECTIVES & METHODS

- We aimed to better understand the priorities, preferences, barriers and facilitators to SRH care among TGE people based on the perceptions of TGE individuals and the clinicians, advocates, and researchers who work with TGE communities
- Recruited participants via professional networks, social media, and snowball sampling
- Conducted 27 in-depth interviews via telephone from October 2017 to January 2018
- Coded transcripts in Dedoose and conducted thematic analysis

RESULTS

Sexual and reproductive health priorities

The SRH priorities raised by stakeholders include STI prevention, fertility and family building, sexual health education, unintended pregnancy prevention, contraception, cervical cancer, delays in care, and provider knowledge gaps.

Factors related to contraceptive preference

Stakeholders reported that the most desirable qualities of contraceptive methods are those that prevent or alleviate dysphoria, cause amenorrhea, are free of estrogen or other hormones, and have few side effects. Many reported that obtaining a method free of estrogen is "the number one thing" their TGE patients ask about.

> *I think it's more important to the patient than it is medically. It's safe to be on estrogen if you're also on testosterone, and it doesn't usually have as many effects as patients are worried it might.* (Clinician)

> *The idea that I could get something implanted and not have to think about it for five years and not have a period is fantastic.* (TGE individual)

Experiences seeking abortion information or services

Stakeholders suggested that well-documented barriers to abortion in the US are compounded by discrimination and stigma faced by TGE people.

> *I've never had anybody even acknowledge that trans people have abortions* (TGE individual)

> *I think there's an additional level of fear that comes with accessing abortion as a transgender expansive person, particularly if you are somebody who is walking through the world, being perceived by others as a man, regardless of whether you identify that way or not.* (Advocate)

Barriers to care

When asked about barriers to seeking or obtaining high-quality care, participants highlighted a wide range of factors, including affordability and health insurance, lack of competent and TGE-affirming providers, lack of gender affirming language, and stigma and discrimination.

> *…it's like you can expect to be mis-gendered probably the entire time that you're in the doctor's office. You probably won't get called by the name that most people use because it's not your legal name.* (TGE individual)

> *You have all of the different types of discrimination that are associated with those identities that would kind of compound and intersect with discrimination based on gender identity and gender expression in various ways, to hinder people's access to the care they need.* (Researcher)

Facilitators

Many stakeholders reported that TGE individuals rely on referrals through word-of-mouth or online forums, self-advocacy, and social supports when locating and obtaining affirming care.

> *Marginalized communities talk, and I think this is a pure example of that, that folks are really communicating amongst each other before they ever talk with healthcare providers about this.* (TGE individual)

Recommendations

Recommendations to improve access included the need for inclusive and affirming patient education materials, TGE-specific training for clinicians, and normalizing questions about pronouns and terminology.

> *I think it just needs to be part of all aspects of medical education so, starting from med school through residency….you shouldn't feel like you need a place that is specialized for you. You should be able to go anywhere and all places should be a place where you can get the care that you need.* (Clinician)

PARTICIPANT CHARACTERISTICS

Stakeholder group	N (%)
TGE Individual	5 (18.5)
Advocate	5 (18.5)
Clinician	13 (48)
Researcher	4 (14.8)
Age	
Mean, (range)	36 (23-63)
Location, region	
Midwest	1 (3.7)
Northeast	14 (51.8)
South	4 (14.8)
West	8 (29.6)
Professional experience among advocates, clinicians, and researchers, years	
1-5	7 (31.8)
6-10	9 (40.9)
11-15	1 (4.54)
16-20	3 (13.6)
21+	1 (4.5)
Missing	1 (4.5)

CONCLUSIONS

TGE people face numerous and intersecting barriers to accessing SRH care that may be compounded by discrimination and stigma based on their gender identity. People turn to others in the TGE community or their social networks to identify knowledgeable and affirming providers, given their limited availability. There are substantial areas for improvement in provider training, evidence-based patient education materials, and de-gendering facilities, as well as a need for additional research to capture the diversity of needs and experiences among people in these populations.