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Prevalence of Adolescent Gender Experiences and Gender Expression in Germany

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ABSTRACT

Purpose: Adolescence marks a transition point in the development of gender experience and expression. Although there is growing awareness about various gender identities in health research, only limited data on the prevalence of adolescent gender variance in the general population exist.

Methods: German female and male adolescents ($n = 940$) aged 10–16 years participating in the nationally representative “Health Behaviour in School-aged Children” Hamburg survey were asked to report their current gender experience (identification as both feminine and masculine) and gender expression (gender role as a girl or boy). Two overall categories and five subcategories on gender experience and expression were established based on previous research.

Results: In total, 4.1% of the adolescents’ responses were rated as variant in gender experience and 3.0% as nonconforming in expression. Both variant experiences and nonconforming expression together were present in only .9% of adolescents. Gender variance was more strongly present in girls and in younger age groups. In detail, 1.6% reported an incongruent, 1.1% an ambivalent, and 1.5% no gender identification. Another 8.0% of the responses could be rated as only somewhat congruent.

Conclusions: Fluidity between clearly congruent or incongruent pathways is present in adolescence, including variant as well as possibly still developing (only somewhat clear) gender experiences, whereas clearly incongruent identification and nonconforming expression were less frequent. Understanding adolescent gender development as multidimensional is important to identify the needs of those who do not fit into the current understanding of either female or male.

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IMPLICATIONS AND CONTRIBUTION

Fluidity or variance in gender experiences is common in the normal population during adolescence, whereas clearly gender incongruent experiences are rare. Understanding diverse possibilities for development and variance in gender identity during adolescence may help promote the health of youth with gender dysphoria as well as youth with nonconforming or variant gender experiences.

Adolescence marks an important developmental period and a transition point for girls and boys, especially with regard to the formation of gender identity [1–3]. Gender identity usually

refers to the experience of oneself as female or male, whereas gender expression refers to role behavior as a girl or boy [3,4]. Normative (congruent or conforming) development thus conceptualizes gender as two dichotomous categories. This binary understanding of gender is increasingly being criticized or questioned [3,5–7]. Umbrella terms like “gender variance” or “transgender” aim to capture one’s experience on a continuum of possibilities other than female and male. Both terms refer to an

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incongruence between the natal sex and the current gender identity, meaning a not completely–conforming (and thus nonconforming) gender identity [3,7]. However, clear incongruence is different from a (temporary) fluctuation in the experience of gender, as exploring one's own sexual and gender identity is an ongoing developmental process when transitioning into adolescence and adulthood [3,8,9].

For some gender nonconforming children or adolescents, variant experiences or expression may be associated with feelings of clinically relevant distress resulting from the experienced incongruence (gender dysphoria [GD] in the DSM-5, American Psychiatric Association [10]). However, gender nonconformity in childhood does not necessarily imply clinical distress and also rarely persists into adolescence (and thus does not require medical interventions; e.g., [11]). Approximately, only 16% of children diagnosed with GD continue to fulfill the criteria into adolescence [11,12]. However, it is likely that there are more developmental pathways in GD adolescents [13] and that there is generally more fluidity in adolescent gender experience and expression than assumed. Increasing public awareness has led to controversial discourses regarding the diagnosis and treatment of GD and the social acceptance of transgender identity and expression [14]. However, our knowledge regarding the spectrum of gender experience and expression in the general population is sparse [7,15–17].

Most studies assessing gender identity or expression focus on clinically referred populations of individuals reporting GD [7,16,17]. The overall meta-analytical prevalence of clinically referred adolescents and adults with a GD diagnosis is increasing (4.6 in 100,000) [18] and shifts toward identification beyond the gender binary [15]. In children, a shift in the proportion of referral rates for those with the female sex at birth compared with the male has been noticed [19]. Although not all children and adolescents with a nonconforming or variant gender identity require clinical attention [3,6,20], many studies have shown that gender nonconformity or being transgender predicts lower levels of psychological well-being risks for developing psychopathology (e.g., [21–24]). Especially prejudice and discrimination may lead to negative mental health outcomes [21,22,25,26]. For youth with a diagnosed GD, medical interventions (cf. the World Professional Association for Transgender Health (WPATH) Standards of Care, Version 7, for the health of transsexual, transgender, and gender-nonconforming people [14]) are linked to improved psychosocial functioning in the long term [26,27]. Although numbers of GD individuals seeking professional support are increasing, there is no clear consensus about the prevalence of GD and gender variance [14,15,28,29]. Clinical samples might underestimate the number of gender variant individuals in the normal population; not all seek medical assistance or health care, and selection bias exists for clinical samples [16,17,29]. For nonconforming populations who are not presenting at specialized centers, prevalence data are lacking, especially during middle school years [9]. Research addressing the prevalence of gender variant or nonconforming youth is important to better understand their possible developmental multidimensionality [6,8,22–26,30].

Existing prevalence studies report 1.2% and 1.3% transgender identification in middle and high school samples, respectively [9,23]. In a study from New Zealand, another 2.5% of respondents reported being unsure about their gender [23]. Other studies in childhood and adolescence have shown that cross-gender behavior is more frequent than an incongruent identification, that girls present more incongruence and nonconformity than

boys, and that this kind of experience/expression is more frequent at younger ages (e.g., [24,31,32]).

However, these studies have mostly used single items assessing the (self-) categorization of gender but not feelings of being feminine and/or masculine (or something else). Thus, parental reports or self-reports on behavioral or cognitive aspects of gender in young people (e.g., [9,31,32]) might overestimate the prevalence of GD or being transgender [16]. Binary concepts such as being female, male, “transgender,” or “of the other sex” leave out the question of whether gender identity in adolescence is fluid. Two recent studies have assessed feelings of gender identification in Belgium and the Netherlands [16,17]. These large population-based studies reported higher numbers of older adolescents and adults with a so-called ambivalent (3.2% of females and 4.6% of males [16]; 1.9% of females and 2.2% of males [17]) than a clearly incongruent identification (around or less than 1% in both studies).

The present study thus aimed to replicate the mentioned results of Kuyper and Wijsen [16] and Van Caenegem et al. [17] for adolescents aged 10–16 years by applying similar multidimensional categories for gender experience (including incongruent and ambivalent identification), and expression (gender role behavior). The main research goal was to identify how many adolescents display what we consider a gender variant experience or nonconforming expression, how gender variance is distributed across both gender and age, and what these experiences imply in detail.

Methods

Study design

The present study is representative for high school students from a Northern German region due to the data collection in Hamburg (a Northern German city with approximately 1,800,000 inhabitants). The Hamburg study was part of the German “Health Behaviour in School-aged Children” (HBSC) study, which belongs to a large cross-national survey conducted in collaboration with the World Health Organization Regional Office for Europe [33–36]. The international HBSC study focuses on indicators of adolescent health and of health and behavioral outcomes and includes a set of mandatory items for the collection of a common data set. In addition, each country focuses on specific topics at a national level and may assess regional representative subsamples with a focus on specific additional research questions. In the data collection for the 2013/2014 sample, single descriptive items on gender identification and gender expression were included in the Hamburg HBSC survey. The study was approved by the local ethics committee. Written informed consent was obtained from all study participants according to the institutional guidelines. For all further details regarding the study protocol, please refer to the national and international HBSC overviews [33–36].

Procedure and participants

Data collection occurred at local schools in Hamburg in 2013/2014, and schools were selected so that the sample was representative of the general population around this age. The data collection occurred within schools, and paper-pencil questionnaires were filled out voluntarily by all participants. All participating classes received a small monetary incentive for their

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