



## Overcoming Barriers to Health Care Utilization by Transgender/gender Nonconforming Youth☆

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### ARTICLE INFO

#### Article history:

Received 2 March 2018

Accepted 3 March 2018

Available online xxxx

### ABSTRACT

Transgender and gender non-conforming youth report significantly lower levels of physical and mental health and health care utilization compared to their peers according to a recent study. TGNC youth must overcome unique barriers to access health-affirming health care. It is important that providers develop competency to work with adolescents whose perceived gender expression transgresses social expectations. Although many health care providers did not receive education about gender identity in school, all health care providers have access to resources outlining how to support transgender youth. Resources are provided to help health care providers help reduce health disparities in this important and valued population.

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Transgender and gender non-conforming youth report significantly lower levels of physical and mental health and health care utilization compared to their peers according to a recent study (Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). The new study analyzed data from the 2016 Minnesota Study Survey of 80,929 9th and 11th grade students. It is the first study to use a large school-based sample to examine health care disparities of transgender/non-conforming students, those whose gender presentation is not perceived as congruent with their birth-assigned sex (TGNC), and cisgender youth, young people whose gender identities align with the sex assigned to them at birth. Of the respondents, 2.7% identified as TGNC and 97.3% identified as cisgender. These rates are significantly higher than previous estimates of the TGNC population. A UCLA study published last year estimated that 0.7% of young people aged 13 to 17 were transgender (Herman, Flores, Brown, Wilson, & Conron, 2017). The results of the new study suggest that previous estimates of the TGNC population were greatly underestimated. With growing transvisibility in the United States, some young people may find it safer to come out and talk about gender exploration according to the authors of the study.

The recent survey asked students about their biological sex, whether they consider themselves transgender, genderqueer, gender fluid or unsure (grouped together as TGNC), and how others viewed their gender (very or mostly feminine, somewhat feminine, equally feminine/masculine, somewhat masculine, very masculine) (Rider et al., 2018). The term “genderqueer” describes a person who does not subscribe to conventional gender distinctions and may identify with neither, both, or a

combination of male and female identities. These include young people who refer to themselves using neutral pronouns like “them” instead of “he” or “she.” The researchers used chi-squares and multiple interpretations of covariance tests, which controlled for covariates for each demographic. The TGNC youth were more likely to have been assigned female at birth, to be of color and to have been given free or reduced-price lunches compared with cisgender students. There was no difference in identity based on physical location (metropolitan vs. nonmetropolitan).

With regard to health status, just 38% of transgender respondents said their health was very good or excellent compared with 67% of participants who identified as cisgender (Rider et al., 2018). At the same time 25% of transgender respondents had chronic medical issues or disabilities and 60% had mental health problems. In comparison, only 15% of cisgender respondents had chronic physical health issues and about 17% had psychological issues. More than half of transgender participants said they had stayed home sick for at least one day in the previous month, only 43% of cisgender participants had sick days. About 41% of the transgender youth visited the school nurse at least once during the past month, compared with 26% of other students.

There may be many reasons for the results of the study (Rider et al., 2018). The authors of the study hypothesized that when youth present differently than what society would expect for their birth-assigned sex, they often receive messages in society that they are behaving in a way that is “wrong” or that they are “wrong” in some way and the stress and invalidation from this negatively impacts the health of these youth. When seeking healthcare, the same dynamic may apply resulting in a distrust of health care providers. They may fear that they’ll be mistreated, or refused treatment, or they might experience more subtle discrimination like a clinician not using their preferred pronouns that match their gender identity. They may also be anxious about having a physical exam. As health care providers it is important that we make

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every effort to create a welcoming office environment to TGNC youth and affirm the expression/definition of gender identity that is most comfortable for them.

The authors of the study recommend that health care professionals help TGNC young people feel more comfortable about seeking health care by asking how they identify and if they've experienced bullying, discrimination or other victimization as this helps convey competence, inclusivity, and caring. It is supported by The American Academy of Pediatrics (AAP) policy that recommends using gender-neutral terms and encouraging young people to feel comfortable talking about their emerging sexual identities. The Fenway Institute has published recommendations for relevant questions in the clinical setting (<http://fenwayhealth.org/the-fenway-institute>). They recommend asking transgender individuals what words they use to describe their body as a way of creating a safe and affirming experience.

When working with TGNC adolescents it is important to ask them about any barriers they experience in terms of accessing, utilizing and receiving competent and quality care. The authors of the study recommend encouraging parents to advocate for their child by helping them choose primary care providers who are supportive of children with diverse gender identities and who are knowledgeable about local resources including referral options for hormones.

Although many health care providers did not receive education about gender identity in school, all health care providers have access to resources outlining how to support transgender youth. One site which can provide help in finding a health care provider with gender development expertise is the Human Rights Campaign, which is a LGBT rights advocacy group (<http://www.hrc.org/resources/getting-expert-support-and-care-for-gender-expansive-children>). This site includes an interactive map that identifies clinical care programs for gender-expansive children and adolescents (<http://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>). Other resources include the Trans Youth Equality Foundation which provides education and support for gender-expansive young people and their families (<http://www.transyouthequality.org>). This site includes a popular Tumblr blog for young people (<http://transyouthequality.tumblr.com>). The AAP has produced a guide for community members and allies that includes discussions on gender fluidity and exploration, issues with gender identity including gender dysphoria, common steps in gender transitioning and advice to parents raising a gender-expansive child (<https://assets2.hrc.org/files/documents/SupportingCaringforTransChildren.pdf>). The Gender Spectrum is a nonprofit organization that provides how-to-guides and training materials to support transgender children and their families (<https://www.genderspectrum.org>) including information on how to teach tolerance and on creating gender-neutral spaces. This site has a section for medical providers that has tips on working with patients and families including advice on establishing trust with youth seeking gender affirmative medical care and best practices for frontline staff (<https://www.genderspectrum.org/resources/medical-2/#more-420>). The UCSF Center of Excellence for Transgender Health (<http://transhealth.ucsf.edu>) provides many programs and services to help improve trans-health. This site includes an online learning center for medical professionals which includes information on standards of care, best practices and online learning for transgender cultural competency. This site has guidelines for dosing, monitoring, administration and prescribing medications, including masculinizing and feminizing hormone therapy, and descriptions of gender-affirming surgery such as vaginoplasty and phalloplasty procedures (<http://transhealth.ucsf.edu/trans?page=protocol-00-00>). Health insurance coverage, legal and identity documents and sex segregated systems are also discussed. The National LGBT Health Education Center also provides educational programs and consultations to health care organizations with the goal of optimizing quality health care for lesbian, gay, bisexual and transgender people (<https://www.lgbthealtheducation.org>).

The new study provides evidence that supports the view that diverse gender identities are more prevalent than previously reported (Rider et al., 2018). However, differences in estimates of the TGNC population may also reflect differences in how gender identity questions are phrased. The Centers for Disease Control and Prevention (CDC) does not ask about transgender issues on its youth surveys, noting that it is difficult to find the right question to yield a valid answer. Previously, researchers have dichotomized gender into binary categories (exclusively man or woman). This minimizes the complexity of TGNC identities. Researchers who do not incorporate options to indicate nonbinary gender identities and expression risk misclassifying or excluding certain gender diverse participants. This categorical invisibility and erasure of diverse gender identities and expression contribute to a lack of knowledge and training for health care providers and help place TGNC youth at a greater risk of poor health outcomes.

One limitation of the new study was that it questioned participants about their "biological sex" rather than their "sex assigned at birth," which is commonly used in this population according to the authors of the study (Rider et al., 2018). The study also did not include questions about whether the non-cisgender youth received any medical interventions to support their gender identity such as puberty blockers or hormones, or whether they had socially transitioned to match their gender identity.

School nurses are in a unique position to promote, educate and advocate for TGNC youth. The new study reports that TGNC youth report higher nurse office visits and that may mean that they are actually going and talking with nurses (Rider et al., 2018). It could also mean that they are accessing bathrooms in the nurse's office. Either way, it means that nurses are interacting with TGNC youth more often and that they can be important people for TGNC youth to start having conversations with about sexual identity, supporting them on a day-to-day basis and to providing health care for them within the school system. School nurses can also promote anti-bullying programs and Gender and Sexual Alliances (GSA) clubs to improve school climate and acceptance of TGNC youth. School nurses can also discuss with the parents of self-disclosing young people who are seeking protective family support the potential health consequences of family rejection. The National Association of School Nurses has a position paper that describes the right of all students – regardless of their sexual orientation, gender identity, or gender expression – to a safe supportive and inclusive school environment (<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-lgbtq>). The American Civil Liberties Union (ACLU) has a site that discusses the rights of transgender students at school and they can be contacted by anyone who believes that their school is not complying with the law or who needs help filing a complaint (<https://www.aclunc.org/our-work/know-your-rights/transgender-student-rights-school>).

TGNC youth must overcome unique barriers to access health-affirming health care. It is important that providers develop competency to work with adolescents whose perceived gender expression transgresses social expectations. Increasing awareness and visibility surrounding transgender issues in recent years are making young people more comfortable foregoing traditional gender labels and allowing them to experiment with gender identification. The growing percentage of gender-nonconforming youth should serve as a lesson to schools and medical professionals to abandon limited views of gender. As providers, we need to make every effort to frame our interactions in a way that affirms their gender identification and expression and help reduce health disparities in this important and valued population.

### Conflicts of Interest

The authors declare that there are no conflicts of interest.

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