

# Enhancing The Knowledge Of Transgender For Women's Health Practitioners

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**Citation:** Dr.S.Vasuki, (2023), Enhancing The Knowledge Of Transgender For Women's Health Practitioners, *Educational Administration: Theory and Practice*, 29(4), 1980-1983  
Doi: 10.53555/kuey.v29i4.6795

## ARTICLE INFO

## ABSTRACT

The realm of women's health has traditionally encompassed topics like maternal health, pregnancy, HIV/AIDS prevention and treatment, sexual and reproductive healthcare, mental health, nutrition, violence, cancer risks, and disabilities. However, with the ongoing evolution of discussions surrounding gender identity and expression, the definition of "women's health" has become less clear-cut than in the past. Educate all staff, including providers, on TNB health issues. Create physically safe, affirming, and inclusive environments. Provide culturally responsive and inclusive TNB healthcare to enhance the quality of clinical practice. These eight recommendations were crafted for researchers, practitioners, healthcare organizations, facility managers, and other stakeholders interested in TNB issues to enhance our collective understanding of TNB health requirements and how to effectively address them within society and the healthcare system. Despite the availability of evidence-based training and resources for providing trans-inclusive care, the information remains limited in the realm of TNB health.

## Introduction

Throughout history, American society has typically compared women's health to men's health and examined access to healthcare in terms of gender-specific and/or sex-specific health needs. This includes reproductive and sexual health needs, various conditions, diseases, complications, as well as disparities in prevalence, severity, and treatment options. The realm of women's health has traditionally encompassed topics like maternal health, pregnancy, HIV/AIDS prevention and treatment, sexual and reproductive healthcare, mental health, nutrition, violence, cancer risks, and disabilities. However, with the ongoing evolution of discussions surrounding gender identity and expression, the definition of "women's health" has become less clear-cut than in the past.

If we take a broad definition of women's health, encompassing health issues that pertain to women, it is important to include transgender women within this definition. This inclusion allows for discussions on women's health to address specific issues faced by transgender women, such as hormone replacement therapy during transitions, vaginoplasty, breast implants, interpersonal violence, hate crimes against trans women, and discrimination related to transgender identity. On the other hand, if we define women's health more narrowly as focusing solely on sexual and reproductive health-related issues, we must consider how transgender men, transmasculine individuals, and non-binary individuals assigned female at birth are included. These individuals often require similar care to cisgender women, including pap smears, sexually transmitted infection testing, and obstetrics and gynecology-related care. Neither of these definitions of women's health encompasses all women or individuals with vaginas, uteruses, and related female-associated anatomy. Additionally, by limiting women's health to reproductive health issues, we undermine the importance of other forms of care that are essential for the well-being of all women. Research indicates that women still experience poorer overall health compared to men, although studying the health of gender and sexual minorities remains challenging due to sampling methodologies used in national surveys and the limited number of participants. Currently, there is no consensus on whether and how to include existing data, highlighting the need for the scientific community to develop analytical approaches and standards that avoid automatically excluding certain groups. self-disclosed information regarding transgender and non-binary (TNB) status. In essence, these limited definitions and perspectives on current data divert attention from crucial overall requirements for healthcare providers, healthcare accessibility, mental health services, and

gender-based discrimination concerns. This analysis does not intend to present a flawless definition of women's health. Instead, we delve into healthcare challenges and necessities concerning the TNB community, often grouped under the "women's health" umbrella but significantly underrepresented in data, studies, and policies related to fair healthcare provision and access. We advocate for a broader comprehension of women's health, incorporating culturally sensitive care for TNB individuals.

### **Gender-based discrimination**

It is a significant issue within the TNB population, leading to various forms of mistreatment and barriers to healthcare access. This discrimination includes denial of care, verbal harassment, and even physical violence during emergency medical situations or when seeking medical assistance from doctors and hospitals. Shockingly, a majority of transgender individuals, around 61.0%, have reported delaying or avoiding necessary medical care due to the fear of facing discrimination in healthcare settings. This fear is not unfounded, as 31 states currently have laws that allow for gender-related discrimination.

Furthermore, TNB individuals who are also people of color or have disabilities face even more pronounced discrimination in healthcare compared to their White and non-disabled TNB counterparts. This disparity in treatment is a concerning reality that needs to be addressed. However, it is important to note that not all findings yield negative results. For instance, a particular study discovered that TNB individuals who reported having a primary care practitioner that was "transgender inclusive" were significantly less likely to have experienced suicidal thoughts in the past year compared to those who did not feel their providers were transgender inclusive. Additionally, they were also less likely to currently suffer from depression. These findings indicate that more healthcare providers could benefit from gaining a better understanding of transgender needs and strive towards offering culturally responsive care that is inclusive of transgender individuals. This study by Kattari, Walls, Speer, and Kattari (2016) highlights the potential for providers to address and alleviate some of the higher rates of depression and suicidality experienced by TNB individuals, despite the fact that they face greater mental health challenges compared to their cisgender counterparts (Grant et al., 2011; James et al., 2016).

### **Culturally responsive and trans-inclusive healthcare**

It is crucial for ensuring that TNB patients have access to and receive appropriate care. This applies not only in the United States but also globally. While certain settings, such as rural areas or locations with anti-trans policies, may pose challenges in terms of access to care for TNB individuals, it is important for all healthcare facilities to adopt strategies that are culturally responsive. Regardless of the type of healthcare facility, there are essential evidence-based strategies that can be implemented to create a safe, inclusive, and affirming environment for TNB patients. These strategies include providing training for staff and healthcare providers on the specific needs of TNB individuals at every stage of life, from childhood to older adulthood. Additionally, it is necessary to challenge and modify traditional gender binary norms within healthcare facilities and create physical settings that are welcoming and accommodating for TNB patients. By implementing these essential elements, healthcare facilities can ensure that TNB patients receive the care they need and deserve, regardless of their gender identity. This is a crucial step towards achieving equitable and inclusive healthcare for all individuals. Adding to the complexity of the issue, the U.S. Department of Justice has recently taken steps to legalize employment discrimination based on gender, arguing that Title VII of the Civil Rights Act of 1964 does not protect TNB individuals. This is because the law's definition of "sex discrimination" refers to the physiological differences between males and females, limiting the scope of protections against discrimination. However, there is hope for change as the Supreme Court of the United States has announced its intention to review cases related to this definitional issue within Title VII. The outcome of this decision is expected to have implications not only for Title VII but also for other titles of the Civil Rights Act, including Title VI, which specifically addresses discrimination in healthcare. It is crucial to address and rectify gender-based discrimination within the TNB community to ensure equal access to healthcare and protect the rights of all individuals, regardless of their gender identity.

### **Transgender and non-binary (TNB)**

Each transgender and non-binary (TNB) patient has unique physical and mental health needs. Therefore, it is crucial for staff and care providers to receive training on evidence-based standards of care for TNB patients (Fenway Institute, 2018). Initially, this training should include education on using gender-neutral language and asking inclusive questions on intake forms. These questions should assess the patient's current gender, anatomical structure, and sex assigned at birth (Cahill & Makadon, 2014). Implementing these inclusive practices during the first moments of contact is essential to prevent delays or postponements in care (Center of Excellence for Transgender Health, 2016). Additionally, it is vital for providers to receive training on the specific physical and mental health needs of adult and child/adolescent TNB patients. This includes knowledge on hormone blockers, gender-affirming hormones, youth development, and puberty suppression (Center of Excellence for Transgender Health, 2016). Regarding mental health, TNB patients often experience higher rates of depression, suicidal ideation, and suicide attempts due to discrimination compared to cisgender

individuals (Seelman et al., 2017). Therefore, it is important for staff and providers to create a safe environment that encourages open discussion and provides appropriate care or referrals for mental health needs (Center of Excellence for Transgender Health, 2016). Every intake form should include an assessment of mental health concerns, including primary mental health problems, environmental and social stressors, and gender-related needs. This allows for appropriate referrals to trans-affirming mental health services (Center of Excellence for Transgender Health, 2016). It is crucial to note that mental health concerns expressed by a patient should not automatically be assumed to be solely related to their gender identity (Center of Excellence for Transgender Health, 2016).

### **Importance of Data: Current Data Sources and Future Research Directions**

Medical professionals and clinicians always strive to make informed treatment decisions for their patients, relying on the best available evidence and data. While there is still much progress to be made, the medical community has increasingly recognized the importance of addressing the concerns and unique needs of transgender and non-binary (TNB) individuals. Alongside the growing body of literature on TNB healthcare, anecdotal information has played a crucial role in raising awareness about the specific challenges faced by TNB individuals in clinical and social settings. A recent review of the existing TNB literature revealed that the majority of the 2,000 articles included in the review consisted of case reports, case series, reviews, commentaries, editorials, letters, or ethics submissions (Wanta & Unger, 2017). Primary research, on the other hand, was found to be less frequently published and primarily focused on limited areas such as cross-sectional descriptive analyses in specific geographic regions, narrow epidemiological studies on cancer prevalence, risk factors, and treatment, as well as studies on the incidence and treatment of human immunodeficiency virus. Additionally, there were focused clinical trials on hormone therapy and metabolic outcomes in patients taking cross-sex hormones (Wanta & Unger, 2017). The authors of the review emphasized the need for further research in this field. They called for studies that are more nationally representative, exploring the associations between sociodemographic factors and risk factors for specific conditions, particularly mental health and comorbid conditions. Furthermore, they highlighted the importance of investigating the relationship between sociodemographic factors and access to care, utilization of care, and related outcomes. The authors also stressed the significance of conducting clinical trials to examine alternative treatments and outcomes that are relevant to transgender health and care. Lastly, they advocated for the use of longitudinal designs to gain a deeper understanding of the long-term effects and experiences of TNB individuals (Wanta & Unger, 2017).

Congress is considering a bill that suggests including a gender identity question in the 2030 census. This addition, although still over a decade away, would provide an opportunity for more detailed research on the health and needs of the TNB population (Wang, 2018). In the meantime, there is potential for state-focused and narrower analyses. Oregon took a step forward by implementing laws that allow residents to choose a third gender option on their driver's licenses and require public universities to collect demographic data that includes gender identity and sexual orientation (alongside gender, race, or ethnicity) from faculty, staff, and students. Colorado and Maryland have also made progress in recognizing a third gender on driver's licenses, with other states following suit. While waiting for these changes to take effect, there are existing national data sources that can be utilized to enhance clinicians' understanding of TNB patients. One such source is the National Transgender Discrimination Survey, which gathered information from 6,456 valid respondents across all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands (Grant et al., 2011). Although the survey is dated, it remains publicly accessible and can be used to expand on the descriptive analyses provided in the 2011 summary report. Additionally, the United States Transgender Health Survey conducted in 2015 covered a wide range of topics, including education, discrimination, healthcare, violence, housing, employment, and other social and health-related issues (James et al., 2016).

The Centers for Disease Control and Prevention has been managing the nationally representative Behavioral Risk Factor Surveillance System since 1984. This system tracks various health-related risk behaviors, chronic health conditions, and the use of preventive services. In certain states, the system includes a question about TNB identity status, which can be used to stratify samples for comparing TNB individuals to cisgender respondents or for multivariate analyses. The system has its limitations, such as not oversampling for TNB individuals, which can pose challenges for sophisticated statistical analyses, especially at the state level. Additionally, the questions in the system change regularly, making it difficult to go beyond cross-sectional analysis due to comparability issues. Furthermore, not all states participate, and there is a possibility that the gender module may be discontinued. Despite these limitations, the Behavioral Risk Factor Surveillance System remains one of the largest sources of data available today. Researchers and others should utilize these sources more frequently to generate new knowledge on TNB health and care, and to aid in clinical decision making and policymaking.

### **1. Suggestions**

After reviewing the analysis presented in this commentary, we propose the following suggestions for researchers, facility managers, and healthcare organizations, as well as practitioners.

Incorporate the evaluation of health concerns beyond the conventional scope of "women's health" in research studies to facilitate the development and implementation of evidence-based resources.

Ensure that a wide range of healthcare providers, including those specializing in women's health, have access to these resources, in addition to providers committed to inclusive practices.

Share data with policymakers to assist them in making informed decisions that impact TNB health.

Revise the definition of "women's health" to encompass transgender women, transgender men, other transmasculine individuals, NB individuals, and others who face gender-related health disparities similar to those traditionally affecting cisgender women. Embracing a more inclusive perspective on women's health allows for a continued focus on gender-based differences while including all affected individuals.

Establish protocols and procedures for delivering evidence-based trans-inclusive care at the facility level to minimize instances where TNB individuals avoid seeking healthcare.

Educate all staff, including providers, on TNB health issues. Create physically safe, affirming, and inclusive environments. Provide culturally responsive and inclusive TNB healthcare to enhance the quality of clinical practice. These eight recommendations were crafted for researchers, practitioners, healthcare organizations, facility managers, and other stakeholders interested in TNB issues to enhance our collective understanding of TNB health requirements and how to effectively address them within society and the healthcare system. Despite the availability of evidence-based training and resources for providing trans-inclusive care, the information remains limited in the realm of TNB health.

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