

# TRANSGENDER HEALTHCARE & REPRODUCTIVE JUSTICE

When discussing reproductive justice and healthcare needs, many groups are often left out of the conversation: people of color, immigrants, those living in rural areas, and of course, gender-non conforming persons. Trans and gender non-conforming individuals often face insurmountable barriers to reproductive care and access. Many of these limitations include a lack of medical physicians who specialize in trans care, barriers with medical insurance and identification, an absence of an economic or financial safety net, and, most tragically, discriminatory practices both inside and outside the medical field. One of the first ways we as reproductive justice advocates can address this issue is through education. NOW is committed to supporting reproductive access for all groups, regardless of creed, color, race, or gender identity. In order to create a society built on gender equity, we must educate ourselves on the needs of these communities and fight for their basic human rights.

Let us not forget: **Trans rights are human rights.**

## The Basics

The sexual health care needs of transgender individuals often exist in a grey area. Trans individuals must handle reproductive issues of both 'female and male biology' throughout the healthcare process. Gendered care in the medical field makes it difficult for many trans individuals to address all of their needs, from hormone treatments to birth control. A lack of knowledge on trans reproductive care often leaves many trans individuals with the task of educating their health care providers or going without necessary services.

Before delving into questions of sexual health care we would like to note a couple of terms. These definitions have been provided by the National LGBTQ Task Force:

- **Transgender Men:** Those who were assigned a female sex at birth but have a male gender identity. Colloquially, trans men may be referred to as FTM (female-to-male)
- **Transgender Women:** Those who were assigned a male sex at birth but have a female gender identity. Colloquially, trans women may be referred to as MTF (male-to-female)
- **Transition/transitioning:** The time when a person begins to live as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one's first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, including taking hormones, having surgery, or changing identity documents to reflect one's gender identity.

# Discrimination in the Medical Field & Access To Comprehensive Care

What frames the health care issues of most transgender people is a fundamental lack of adequate health care that is both physically and emotionally sound. It should be noted that all transgender people face high rates of discrimination when obtaining adequate healthcare. 1 in 3 transgender people have delayed preventative health care such as STI screenings out of fear of discrimination. Their fears are not without merit. While the Affordable Care Act bans discrimination on the basis of gender, the application of this is often hard to put into practice. According to Rewire, a 2011 study done by the National Center for Transgender Equality and the National Gay and Lesbian Task Force found that 20% of respondents stated they were denied health care due to their transgender--or gender nonconforming identity. This number was magnified when the study examined transgender people of color. These statistics only get worse: 28% reported harassment in a physician's office with 2% actually experiencing physical violence.

## Financial Burdens

Another major issue for transgender people is the lack of medical coverage. According to the 2015 report, *Paying an Unfair Price: The Financial Penalty for Being Transgender in America*, transgender people are four times as likely to live in poverty. This reality is compounded by the fact that many insurance companies deny trans individuals coverage because there is no designation for their identity (i.e. they would need both male and female health benefits). Insurance companies may also refuse to provide transitional care for transgender employees including hormones or gender confirmation surgery. The cost associated with transitional surgery is incredibly high. On average, the cost for gender confirmation surgery can be anywhere from \$15,000 to \$20,000. This excludes cosmetic procedures such as facial reconstruction. Health care needs for transgender people are often impossible to obtain and maintain for those without financial security, and unfortunately most transgender people lack a financial safety net.

## Genderless Care

When addressing the reproductive needs of transgender individuals, it is often the case that many issues fall to the wayside by medical care professionals. Yet, failing to address these concerns can drastically affect their quality of life for transgender individuals. *The Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers* has continued to emphasize a need for providers to care for and educate trans men--who retain certain female reproductive organs--on signs of endometrial cancers, polycystic ovarian syndrome, and other hormonal issues. For many trans men, these issues can pop up during the healthcare process and cause problems during and after transitioning. However, these concerns are largely ignored as very few doctors are well-versed in trans reproductive care.

Another concern for trans men are the retention or the removal of internal female sex organs, namely the process of having a hysterectomy. Hysterectomies during the transitioning process for trans men are optional, however many men choose to have the procedure done, as retaining female reproductive organs can lead to a dysphoric feeling between one's internal sex organs and their gender. Studies show, however, that trans men who choose not to have a hysterectomy are often left out of conversations regarding pap smears and birth control even though they can still become pregnant or contract cervical cancer. According to 2014 study, many trans men are less likely to have pap smears done properly (which may be an effect of testosterone treatments that FTM take) and that many find gynecological exams to be traumatic and to cause "extreme emotional conflict". What this inevitably results in is a lack of proper reproductive care for trans men that can have severe health implications.

Another important aspect of care for transgender individuals is education and support around sexual health. Like transgender men, trans women are also confronted with a health care system that fails to acknowledge the needs of their community. Transgender women often lack access to care for instances of sexual assault and violence, which is a major concern with the MTF community. Sexual and physical violence against transgender women has been well-documented over the past five years, but there are few resources to deal with their unique needs. For example, transgender women are at a higher risk for STIs and all transgender individuals experience HIV infection at a rate 4 times higher than the national population level. This number dramatically increases when you look at transgender women of color. According to a recent study, a staggering 20% of transgender Black women are HIV positive, equating to  $\frac{1}{5}$  of their population. Unfortunately, there are few doctors, clinics, and medical centers that know how or want to handle these concerns within the transgender community. What's more, the few that exist are located in urban communities or cities, leaving rural trans individuals without recourse.

## **Discrimination & Abuse**

The refusal of healthcare professionals to treat transgender people is nothing new and is often bolstered by bigotry and ignorance of the health needs of trans people. Transgender people are an at-risk population with higher rates of poverty and abuse than the general public. For example, 50% of transgender people experience sexual violence and transgender women are incredibly vulnerable to incidents of sexual harassment, assault, and violence. This reality denotes an increased need for health care physicians who specialize in trans health, but they are few and far between. According to a 2016 study, 80% of gynecologists and 81% of endocrinologists have not received training on transgender care. Issues of access to doctors who are trained in transgender care is exacerbated in rural areas, where reproductive care is scarce in general.

# Sources

1. "Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care." Transequality.org , National Center for Transgender Equality, 12 Aug. 2012, transequality.org/issues/resources/transgender-sexual-and-reproductive-health-unmet-needs-and-barriers-to-care.
2. Anafi, M. (2016). Tran Health Care & Reproductive Justice: Policy Issues. [online] Nwlc.org. Available at: [https://www.nwlc.org/sites/default/files/ncte\\_powerpoint.pdf](https://www.nwlc.org/sites/default/files/ncte_powerpoint.pdf) [Accessed 29 Mar. 2018].
3. Kellaway, M. (2015). REPORT: Trans Americans Four Times More Likely to Live in Poverty. [online] Advocate.com. Available at: <https://www.advocate.com/politics/transgender/2015/02/18/report-trans-americans-four-times-more-likely-live-poverty> [Accessed 29 Mar. 2018].
4. Bergado, G. (2014). Inadequate Pap Tests More Likely With Transgender Men. [online] Popular Science. Available at: <https://www.popsci.com/article/science/inadequate-pap-tests-more-likely-transgender-men> [Accessed 29 Mar. 2018].
5. Dutton, L., Koenig, K. and Fennie, K. (2018). Gynecologic Care of the Female-to-Male Transgender Man. [online] US National Library of Medicine. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/18586186> [Accessed 29 Mar. 2018].
6. Hartofelis, E. and Gomez, A. (2013). Trans Men's Health is a "Women's Health" Issue: Expanding the Boundaries of Sexual & Reproductive Health Care - NWHN. [online] NWHN. Available at: <https://www.nwhn.org/trans-mens-health-is-a-womens-health-issue-expanding-the-boundaries-of-sexual-reproductive-health-care/> [Accessed 29 Mar. 2018].
7. Grimaldi, C. (2016). Trans? Good Luck Accessing Reproductive Health Care - Rewire.News. [online] Rewire News. Available at: <https://rewire.news/article/2016/05/17/trans-reproductive-health-care/> [Accessed 29 Mar. 2018].
8. Tourjée, D. (2016). For Trans Men, Reproductive Health Is Yet Another Obstacle to Overcome. [online] Broadly. Available at: [https://broadly.vice.com/en\\_us/article/59mbm3/for-trans-men-reproductive-health-is-yet-another-obstacle-to-overcome](https://broadly.vice.com/en_us/article/59mbm3/for-trans-men-reproductive-health-is-yet-another-obstacle-to-overcome) [Accessed 29 Mar. 2018].
9. Merbruja, L. (2015). 4 Ways to Center Trans Women in Reproductive Justice - Everyday Feminism. [online] Everyday Feminism. Available at: <https://everydayfeminism.com/2015/11/trans-women-reproductive-justice/> [Accessed 29 Mar. 2018].
10. National LGBTQ Taskforce. (2017). Queering Reproductive Justice: A Toolkit. [online] Available at: <http://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf> [Accessed 29 Mar. 2018].
11. Tourjée, D. (2016). Why Trans Women Belong in the Fight for Abortion Rights. [online] Broadly. Available at: [https://broadly.vice.com/en\\_us/article/wnwvbm/why-trans-women-belong-in-the-fight-for-abortion-rights](https://broadly.vice.com/en_us/article/wnwvbm/why-trans-women-belong-in-the-fight-for-abortion-rights) [Accessed 29 Mar. 2018].
12. Diaz, D. (2016). The Spectrum Of Reproductive Rights For Trans Women. [online] NYLON. Available at: <https://nylon.com/articles/reproductive-rights-transgender-women> [Accessed 29 Mar. 2018].

13. Landman, K. (2017). Making Primary Care Trans-Friendly. [online] The Atlantic. Available at: <https://www.theatlantic.com/health/archive/2017/04/trans-medicine/523731/> [Accessed 29 Mar. 2018].
14. Shires, D. and Jaffee, K. (2015). Factors Associated with Health Care Discrimination Experiences among a National Sample of Female-to-Male Transgender Individuals. [online] Health and Social Work. Available at: <https://academic.oup.com/hsw/article/40/2/134/661288> [Accessed 29 Mar. 2018].
15. Munson, M. (2008). Practical Tips for Working With Transgender Survivors of Sexual Violence. [online] Avp.org. Available at: [https://avp.org/wpcontent/uploads/2017/04/2008\\_FORGE\\_Tips\\_Working\\_with\\_Trans\\_SV\\_Survivors.pdf](https://avp.org/wpcontent/uploads/2017/04/2008_FORGE_Tips_Working_with_Trans_SV_Survivors.pdf) [Accessed 29 Mar. 2018].
16. Sherrod, M. and Barry, D. (2014). Ensuring Access to Sexually Transmitted Infection Care for All - Center for American Progress. [online] Center for American Progress. Available at: <https://www.americanprogress.org/issues/women/reports/2014/10/16/99135/ensuring-access-to-sexually-transmitted-infection-care-for-all/> [Accessed 29 Mar. 2018].
17. Transequality.org. (2016). 2015 U.S. Transgender Survey: Executive Summary. [online] Available at: <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf> [Accessed 29 Mar. 2018].