

1 **Caring for transgender people: looking beyond the hype**

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16 **ABSTRACT**

17 This Special Issue of Sexual Health presents a collection of articles that addresses issues

18 facing transgender individuals that are particularly challenging. Issues covered range from

19 sexual health education in schools, the need for accurate epidemiological measurements,

20 perils of inaccurate diagnostic labels of transgender children, legal issues, disproportionately

21 high prevalence of HIV/STIs and the role of primary care. We need to think critically,

22 constructively and compassionately about transgender people. Particularly, we must look

23 beyond the hype and objectively consider the evidence, without forgetting the people who

24 are trying to cope with feelings that may be causing them great distress.

25 **EDITORIAL**

26 Our world is rapidly changing, and with rapid change comes friction and heated debates  
27 between the defenders of the status quo and their challengers. Nowhere is this more  
28 noticeable than in the current discussions around gender identity. It is unfortunate that  
29 healthy discussions over these complex issues are rare, and are rather marred by hype and  
30 sensational news. As humans, we are prone to confirmation biases and extreme views may  
31 push us away from considering the evidence at hand. There is a clear need to objectively  
32 examine the growing body of scientific evidence. In this special issue of Sexual Health, we  
33 aim to look beyond the hype and present a body of research related to transgender health.  
34 Besides scrutinizing the available data, we must not forget the individuals behind the  
35 numbers on the page, who are trying to cope with feelings that may be causing them great  
36 distress.

37

38 Gender identity is important to who we are. In recent times, a clash of worldviews has  
39 stemmed from challenging the traditional gender categories of male and female, with a  
40 fluid, non-binary gender identity. One's gender assignment has traditionally been based on  
41 chromosomes and genital anatomy. However, there are some whose inner sense of gender  
42 does not match their outward appearance. The term 'transgender' is an umbrella term that  
43 covers this breadth of experiences of gender expression. Transgender individuals often  
44 describe being 'trapped in the wrong body' and feel a psychological alienation from their  
45 own body. This feeling is not transient and is associated with ongoing distress. In a world  
46 which struggles to accept them, their journey in life is often marked by loneliness and  
47 shame. The science of gender identity is not yet fully understood and cannot be simply

48 reduced to saying that transgenderism is a 'lifestyle choice' - it is much more complex than  
49 that.

50

51 As we tread into unfamiliar territory, we may find ourselves ill-equipped to deal with the  
52 complexities of health care for transgender individuals. One guiding principle, no matter  
53 which side of the fence a person sits on this issue, is that all human beings are born free and  
54 equal in dignity and rights(1). We should exercise compassion for those who do not fit into  
55 the boxes society has prescribed. Although we should treat everyone the same,  
56 transgender people have their own unique healthcare needs. This collection of research is  
57 not exhaustive and we confine ourselves to issues that we deem particularly challenging.

58

59 First, the heated discussion of appropriate sex education in schools. Schools should be an  
60 inclusive place of learning free from discrimination for students who come from a rich  
61 diversity of sociocultural backgrounds. It is estimated that 0.4% of the adult US population  
62 are transgender(2), with no accurate estimates amongst school-aged children(3). There is  
63 also published evidence, albeit from small sample sizes, reporting that transgender students  
64 might face higher discrimination and poorer educational outcomes compared to their  
65 counterparts(4). Jones presents an update on the need for greater educational and social  
66 support for transgender students using the Australian experience as an example(4). She  
67 reports that whilst legislation is in place in some states of Australia, translating this into  
68 reality is still lagging. The complexities of appropriately translating legislation into school  
69 policies and practice are highlighted by Parkinson(5). Concern was raised regarding the  
70 need to discuss the transitory and fluctuating nature of many adolescents' questioning and  
71 exploration of many aspects of life including their gender identity and sexual orientation.

72 He cautions against creating an environment where adolescents may be potentially  
73 confused rather than helped by the form of sex education proposed. This is consistent with  
74 current literature showing that the stability over time of self-reported transgender identity  
75 in non-clinic based populations remains unknown(3). Whilst the debates continue on how  
76 best to educate and protect students, there are common grounds from which we can work.  
77 First, it is clear that there should not be any bullying or discrimination as a result of one's  
78 gender identity. Second, tactful discussion that do not prematurely label adolescents  
79 inappropriately are needed. Open discussions about gender identity is healthy and should  
80 be age-appropriate, done with sensitivity, accuracy and based on sound science.

81

82 The second issue involves arriving at a 'true prevalence and incidence' of transgender  
83 individuals. Zucker provides guidance on this issue by reviewing existing epidemiological  
84 and quasi-epidemiological research(3). In particular, he focuses on estimating the  
85 prevalence and incidence of transgender children and adolescents. He highlights the need  
86 to clearly define the boundaries of a 'case'. Depending on how broad (e.g. studies using  
87 self-reported measures) or narrow (e.g. fulfilling DSM-V criteria), the case definition can  
88 markedly inflate or underestimate the 'true prevalence' of transgender individuals. To date,  
89 estimates from children and adolescents remain difficult to attain due to limited data, and  
90 of the limited data, none have carefully and consistently defined a 'case'. This has led to  
91 wide ranges of prevalence estimates used in debates from 'rare' to 4% of children  
92 identifying as transgender. There is a clear need for further research to obtain unbiased  
93 samples and how best to accurately define transgender individuals.

94

95 Third, the diagnosis of transgender children (i.e. below the age of puberty) has been  
96 controversial. Winter provides insights into the WHO's revision of the International  
97 Classification of Diseases and related health problems manual (ICD-11) and provides  
98 compelling arguments against inclusion of the diagnosis of gender incongruence of  
99 childhood [cite Winter – SH17086]. The concern is that it may pathologize a normal  
100 developmental phase of exploration and expression of gender identity. This has important  
101 implications for labelling gender diverse children. He advocates a way forward using Z-  
102 codes, a method for coding the reason of encounter if no underlying psychopathology or  
103 mental disorder is diagnosed.

104

105 Fourth, the legal status of transgender individuals varies across countries. This affects their  
106 engagement with the legal system, especially in relation to the criminal law. Green provides  
107 a summary of the common legal issues facing transgender individuals: identity recognition,  
108 family law and legal recognition of relationships, and dealing with discrimination and  
109 violence [cite Green SH17104].

110

111 Fifth, there are several pragmatic healthcare issues included in this collection to upskill  
112 health professionals who care for transgender individuals. Riley discusses the use of a one-  
113 minute tool (the Gender Feeling Amplitude) to help assess the level of distress of  
114 adolescents who express concerns about their gender identity(6). Although the tool is not  
115 diagnostic, it may be a useful means to initiate the conversation about gender identity  
116 amongst adolescence. Cornelisse discusses the long-term care of the neovagina(7). He  
117 covers areas such as how to do a physical examination of the neovagina, management of  
118 neovaginal stenosis, hair, prolapse, perforation and fistulation, lower urinary tract

119 problems, sexual function, dealing with discharge/bleeding from a neovagina, STIs, and  
120 cancer screening. Albeit from a small evidence base, practical recommendations are  
121 offered.

122

123 McNulty(8), and MacCarthy(cite MacCarthy SH17096) remind us of the high prevalence of  
124 HIV/STIs in transgender individuals. Similar to the difficulties in estimating the prevalence of  
125 transgender children, the current research on HIV prevalence in transgender people is  
126 limited by sample biases and how to adequately define the population. MacCarthy provides  
127 a way forward by highlighting the current methodological issues and research gaps in  
128 transgender people, especially for studies reporting HIV-STI co-infections and its drivers. It  
129 is clear that increased vulnerabilities through the lack of legal and social recognition puts  
130 transgender people at higher risk for HIV/STIs, particularly in low and middle income  
131 countries. Kalichman reminds us of unacceptable disparities among transgender women  
132 compared to their cisgender counterparts in every step of the HIV treatment cascade(cite  
133 Kalichman SH17015). They contribute to the literature by showing that the lack of tangible  
134 support (i.e. having people in one's social sphere available to help when needed) may  
135 account for the health disparities reported and further strategies are needed for increasing  
136 socially supportive interventions.

137

138 It is not all grim news. One potential solution to 'close the gap' for transgender individuals  
139 is to improve their access to comprehensive multidisciplinary health services. Aitken  
140 discusses the role of engaging primary care providers, as specialized gender clinics alone  
141 cannot address all their health needs(9). Primary care providers are ideally placed to  
142 facilitate care needed ranging from mental health conditions, to sexual health, substance

143 abuse, cardiovascular disease due to hormonal treatments, and cancer screening. Rather  
144 than creating 'new' services targeting transgender people, building upon current health  
145 infrastructure by making practices more transgender friendly is a sensible way forward.

146

147 This special issue has been called to make us think constructively about the people, not just  
148 the label they wear. It highlights the current controversies, but is also a call to action if we  
149 are to close the gap on health disparities reported in transgender people. Although there  
150 may be views presented that you may not agree with, we hope this collection of articles will  
151 stimulate further discussions so that you continue to think critically, constructively and  
152 compassionately about transgender people and the issues they face.

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#### 154 **Conflicts of interest**

155 The authors declare no conflicts of interest.

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