

Female-to-Male (FTM) Transgender Gynecological and Sexual Health

Jennifer L. Curry, MPH

Rollins School of Public Health

Emory University

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Introduction

- Language to describe gender identity
 - varied
 - interchangeable
 - perpetually evolving
 - not mutually exclusive

Background

- Transgender Health Care
 - Underserved Population
 - Barriers to health care utilization
 - Denial of medical services
 - Lack of Research = Lack of Knowledge

Lombardi, 2001; Kenagy, 2005; Feinberg, 2001

Background

- FTM Sexual Health
 - Diseases related to biological sex
 - Risks associated with gender transition
 - LGBT umbrella
 - Lesbian sexual health & Women Who Have Sex with Women (WSW)
 - Urgent need for comprehensive, culturally-competent sexual health care

Gooren, 1999; Hage et al., 2000

Methods

■ Data Collection Instrument

- Anonymous, internet-based survey
 - Non-random sampling methods
 - Convenience & Snowball
- Expert reviewers: 1 measurement & 3 FTMs
- IRB approved
- Pilot tested
- Eligibility Requirements
 - Self-identified FTMs
 - 18 years of age or older
 - Currently living in the United States
- Active for 3 months

Methods

- Data Collection Instrument, cont.
 - 42 closed-ended & 3 open-ended questions
 - Demographics (9 questions)
 - General Health (4 questions)
 - Hormones and SRS (4 questions)
 - Sexual Health (28 questions)
 - Gender question was open-ended (“What is your gender?”)

Methods

- Data Analysis

- Zoomerang  Excel  SPSS

- Descriptive Statistics

- Chi-square tests of independence

- Gender variable was not dichotomous

- Findings presented in Results, Part 1

- Thematic analysis of open-ended questions

- Experiences with sexual health care

- Barriers and benefits

- Findings presented in Results, Part 2

Results

■ Sample Size

- 210 FTMs

■ Age

- Range 18-60
- Mean = 30
- Mode = 24

■ Majority

- Caucasian (91.4%)
- Urban (71.9 %)
- Currently employed (81.0%)
- Covered by a health insurance plan (85.2%)
- Have a primary health care provider (78.6%)
- Currently take testosterone (70.0%)

Results

- RQ1: Do FTMs perceive themselves to be susceptible to gynecological/sexual health conditions?
- Survey question:
 - “Do you consider yourself to be at risk for any of the following?”

Results

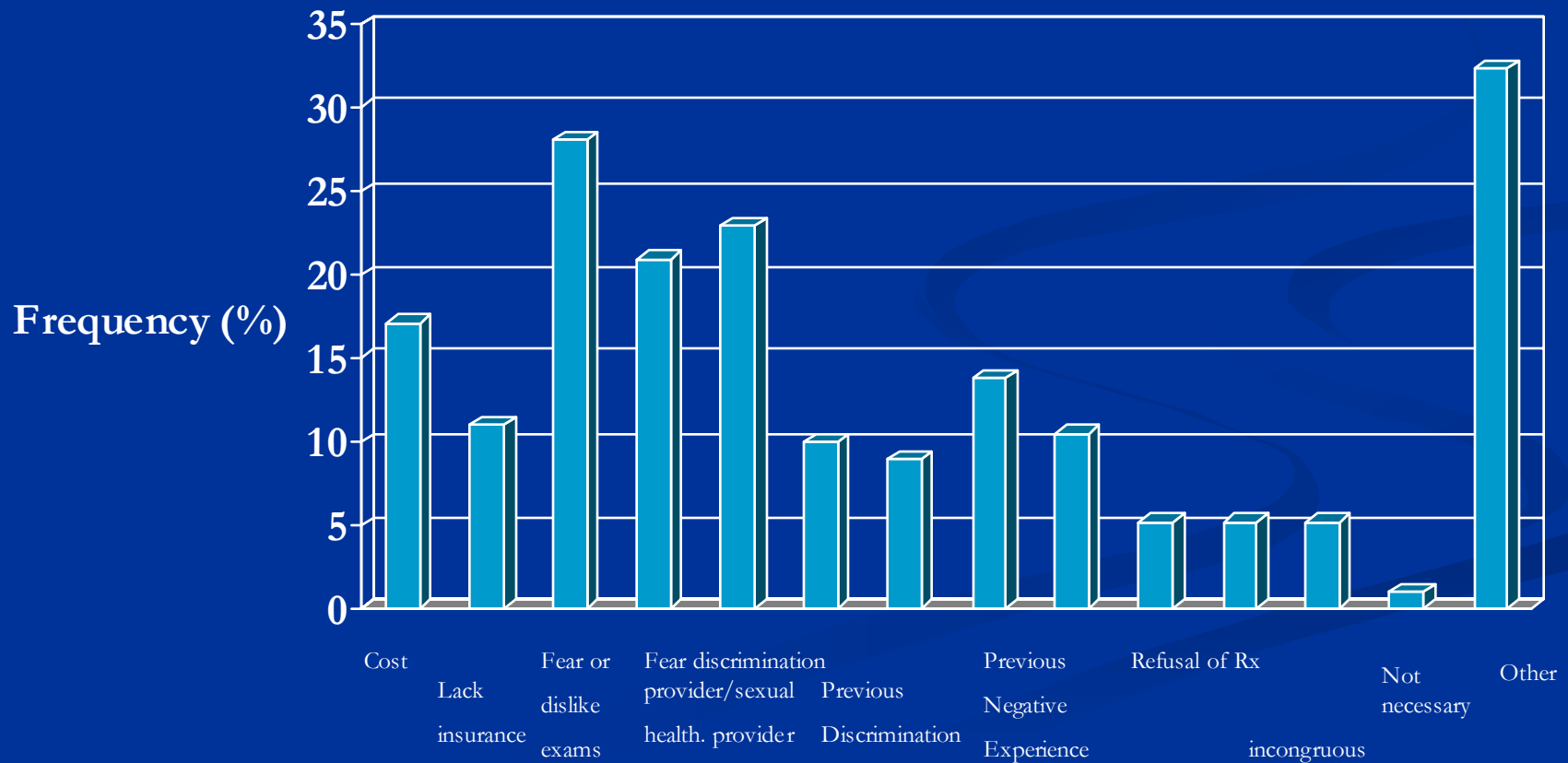
Condition	Frequency (%)
Polycystic ovary syndrome	17.1
Breast cysts	9.5
Uterine fibroids	12.4
Breast cancer	21.4
Cervical cancer	19.0
Ovarian cancer	20.0
Uterine cancer	13.8
Genital warts/HPV	12.4
STD/STI	16.2
HIV/AIDS	13.3
Vaginitis/Vulvovaginitis	8.1
Pregnancy	1.9
Other	1.4

Results

- RQ2: What are FTMs' perceived barriers to gynecological/sexual health care?
- Survey question:
 - “If you have not received any of the above-listed services since identifying as trans, what are your reasons for not doing so? (Check all that apply.)”

Results

FTM Perceived Barriers to Sexual Health Care



Results

■ Negative Experiences/Perceived Barriers

- Lack of sensitivity/respect by office staff
- Physical & Psychological Discomfort
- Difficulties Finding Trans-Friendly Providers
- Lack of Knowledge
 - *“Many providers do not understand the need to continue to perform reproductive/genital/gyn exams, even after a person has started on testosterone.”*
 - *“It’s not very clear if you need to continue ob/gyn after hysterectomy and chest surgery. My current doc says no, past docs said yes. I’m going to go with the no, since I have less parts and do not pass as female anymore.”*

Results

■ Positive Experiences/Perceived Benefits

■ Services important & beneficial despite barriers

- *“I still seek out all the healthcare I need since I still have female anatomy. Although pelvic exams and PAP smears aren't fun for anyone, I still do them because I care about my health.”*
- *“I have a fear of exams and misunderstanding from providers, but I have gotten care anyway.”*

Discussion

- Strengths & Limitations
 - FTM involvement in survey design
 - Internet research
 - Sample size
 - Convenience & snowball sampling
 - Generalizability

Discussion

- Implications for Public Health
 - Low perceived susceptibility to STDs/STIs
 - Low perceived susceptibility to PCOS
 - Lack of knowledge and inconsistencies in FTM health care delivery
 - Underrepresented FTMs

Discussion

■ Recommendations

- FTMs as health educators & advocates (patient level)
- Recommendations for providers & public health practitioners (provider level)
 - Continuing education
 - Sensitivity training
 - Smaller instruments for sexual health exams
 - Partner or patient advocate in the exam room
 - Outreach to FTMs
 - Culturally-competent public health education
- Research (institutional level)
 - Clinical research for standards of care
 - Surveillance and population-based research

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