

Transgender Youth's Qualitative Health Care Perspectives

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Abstract

Due to societal experiences of stigma and discrimination, transgender and gender variant (GV) youth are at an increased risk for poor health and academic results. We identified characteristics predicted to be protective for transgender/GV youth across all four levels of Bronfenbrenner's socioecological model to enhance the expanding knowledge on health risks faced by these youth (individual, relationship, community, societal). Transgender/GV youth ranged in age from toddler to adult, were racially/ethnically diverse, and had a variety of gender identities. Across several research, self-esteem on an individual level, healthy connections with parents and peers on a relational level, and gay-straight alliances on a community level appeared as protective variables. The dearth of study on transgender/GV kids and protective variables is highlighted by our findings. To validate these protective links and identify others, new recruitment tactics for transgender/GV youth are needed, as well as better measurement of transgender identities. Growth in these areas will help to establish a body of evidence that can be used to guide interventions.

Keywords: Health care, Transgender, sexual minority

Introduction

Multiple stressors are experienced by transgender and gender variant youth, all of which have a negative impact on their health and well-being. Gender variable (GV) youth are those whose qualities, traits, or identities do not neatly line with society expectations of traditional male and female roles. Transgender youth are adolescents and young adults who self-identify as a gender other than the one given at birth. Youth who identify as transgender may be included in the GV population. Because gender identification and sexual orientation are unique, being transgender or GV does not imply that a young person is also a member of a sexual minority (i.e., lesbians, gays, bisexuals, and other non-heterosexuals) [1]. Due to unfavourable cultural ideas regarding gender variance, transgender/GV youth face stigma, and most GV youth report higher levels of verbal and physical victimisation than their gender normative classmates. For transgender youth, harassment, assault, prejudice, and early maltreatment are all widely documented. Many domains typically associated with positive youth development are at danger for these kids. For example, if parents reject children who disclose a transgender identity, family networks may be unsupportive, and schools may be hostile, since coming out to peers, teachers, and staff can result in bullying or verbal and physical harassment [2]. The effects of these compounding risk factors on health and well-being are well-documented. Stigma is connected to mental health issues among transgender/GV adults, including sadness, anxiety, a lower quality of life, and attempted suicide. Transgender youth have higher rates of depression and anxiety than their cisgender (non-transgender) classmates, and they have up to three times the rate of suicidal ideation, non-lethal self-harm, and suicide

attempts. High rates of HIV infection among transgender women are linked to violence, stigma, and prejudice; HIV rates are disproportionately high among transwomen compared to the general population, among adults, and some in youth. In one study, about a quarter of young transmen and transwomen said they had gonorrhoea, chlamydia, and/or syphilis in the previous year [3]. In all qualitative and quantitative studies, self-esteem was the only characteristic that was found to be protective for transgender/GV kids at the individual level. While self-esteem was found to be generally protective for youth in this study, some research show that it has little effect or even has negative effects on both LGB and non-LGBT youth. As a result, examining how self-esteem functions similarly or differently among populations may aid in determining its efficacy as a potential protective factor for transgender/GV adolescents. Support from parents, friends, and trusted adults emerged as critical to the well-being of transgender/GV youth at the relationship level [4]. The value of parental support is echoed in research on all adolescents, but particularly LGB youth. Furthermore, this finding is in line with what has been reported among transgender adults, where family support has been linked to a decrease in suicide behaviour, and so appears to be a protective factor crucial to the health of people with stigmatised identities. The effects of peer support for transgender/GV youth's mental health are similar to those seen in all youth. However, because parent and peer interactions are often sources of harassment and victimisation for transgender and GV youth, there are still uncertainties regarding how to build these bonds. Other adults (for example, teachers and school workers) are sometimes the only people who can help. These non-family trustworthy persons may be able to assist families and peers in better understanding gender differences. Schools, both through supportive teachers and staff and the tools they provide can play a crucial role in the lives of transgender/GV youth at the community level. School-based GSAs have emerged as a potentially protective resource for transgender/GV youth in the community, with protective associations seen in multiple researches. GSAs have been shown to provide protective effects for LGB youth, and their protective effect for transgender/GV youth is promising, while issues remain about how GSAs could be better designed to fulfil the needs of both LGB and transgender/GV youth at the same time.

Conclusion

Overall, our findings show that transgender/GV youth studies and protective variables are still in their infancy. The study serves as an introduction for scientists and practitioners who are new to this topic, as it is the first complete mapping of protective factors for transgender/gender variant youth. Within the socioecological model, mapping factors from quantitative and qualitative studies provides a theoretically motivated guidance for identifying protective factors that have received appropriate attention and those that require further empirical investigation. Because scientific study into this area is still in its early stages, new recruitment tactics that include a varied and representative group of transgender/GV youth, as well as longitudinal studies examining the effects of protective variables over time, are needed to expand the research base. The findings on protective variables could be used by schools and other community-based groups to create programmes and interventions that improve the health and well-being of transgender/GV kids.

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