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TREAT IT QUEER

QUEER HEALTH

"Developing queer-focused health justice."

2022 Treat it Queer Foundation.

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Share-Net Netherlands
The Knowledge Platform on Sexual and Reproductive Health & Rights

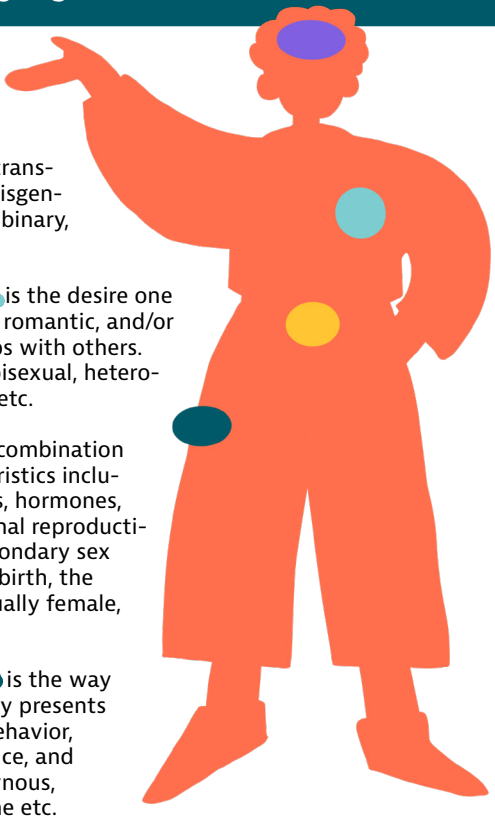
Inclusive language

Gender identity is the personal self-conception of one's gender. E.g. trans-gender (wo)man, cisgen-der (wo)man, non-binary, genderqueer etc.

Sexual orientation is the desire one has for emotional, romantic, and/or sexual relationships with others. E.g. homosexual, bisexual, hetero-sexual, pansexual etc.

Biological sex is a combination of bodily characteristics includ-ding chromosomes, hormones, internal and external reproducti-ve organs, and secondary sex characteristics. At birth, the sex assigned is usually female, male or intersex*.

Gender expression is the way someone externally presents gender, through behavior, clothing, appearance, and more. E.g. androgynous, feminine, masculine etc.



*A term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typi-cal definitions of female or male. Common intersex conditions are Turner Syndrome and Klinefelter Syndrome.

Inclusive language

GENDER-INCLUSIVE OPTIONS	GENDERED TERMS
LANGUAGE	
Person who menstruates	woman
Pregnant person	woman
Person who produces sperm	man
High-pitched/low-pitched voice	female/male voice
Estrogen	female hormone
Testosterone	male hormone
FAMILY AND KINSHIP	
Sibling	sister or brother
Nibling	nephew or niece
Carrying-, gestational-, birthing parent	mother
Intended parent	the person who will be the child's parent
Chestfeeding, nursing	breastfeeding
Pregnancy & parental leave	maternity & paternity leave
BODY PARTS	
Germ cells	ovaries/testicles
Chest	breast
Chest milk, human milk	breastmilk
Reproductive organs or internal genital organs	uterus/penis
Genital opening, birth canal, internal canal	vagina
External genital organs	vulva/penis/scrotum

History taking

Tips and tricks

Call your patient in by their **last name** instead of "Ms. Smith" or "Mr. Smith"

State your own **pronouns** when you introduce yourself

Ask all necessary questions, and **no unnecessary questions**

Explain the relevance of questions that could be perceived as **invasive**.

Pronoun Examples

→ ***Neutral:***

"Do you know them?
They are doing well in their follow-up."

→ ***Feminine:***

"Do you know her?
She is doing well in her follow-up."

→ ***Masculine:***

"Do you know him?
He is doing well in his follow-up."

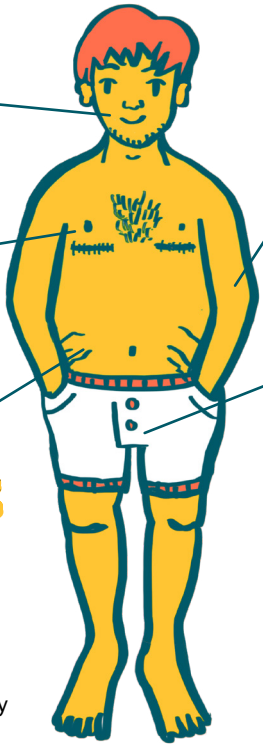
Physical examination (PE)

- Explain beforehand **what** you are going to do and **why**;
- Consider that your PE can **trigger gender dysphoria** (e.g., to auscultate the lungs a binder needs to be removed);
- Inquire if people are **nervous** and/or have had prior **negative experiences**;
- Ask how to keep these into account during PE;
- Keep in mind which **organs** the patient has regardless of their gender (e.g., pap-smear if someone has a cervix; prostate exam when someone has a prostate);
- Strive for the **least invasive** examination and imaging techniques (e.g., abdominal ultrasound instead of transvaginal).

Masculinizing Gender Affirming Care (GAC)

E.g. for assigned-female-at-birth people (AFAB)

Some transgender and gender diverse peole (TGD) seek gender affirming care (GAC) to affirm their gender. GAC includes non-medical practices, hormone therapy and/or surgical procedures. TGD adults often choose one or more GAC options.



- Hair growth
- Baldness
- Acne
- Lower voice
- Square jaw line

- Increased muscle mass

- Binding
- Mastectomy/ chest surgery

- Increased libido
- Clitoromegaly
- Genital dryness/ atrophy

- Apple-shaped fat redistribution

- Hysterectomy
- Oophorectomy
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Colpectomy

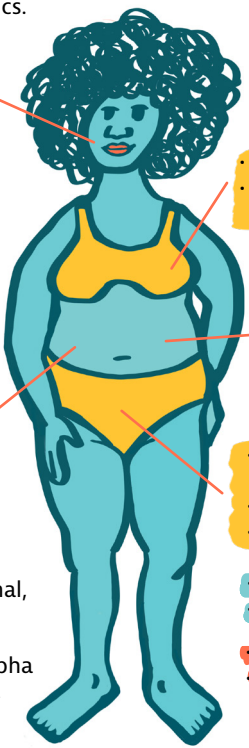
- Packing

Testosterone (transdermal, intramuscular) is the most commonly used masculinizing hormone therapy.

Feminizing Gender Affirming Care (GAC)

E.g. for assigned-male-at-birth people (AMAB)

Some transgender and gender diverse peole (TGD) seek gender affirming care (GAC) to affirm their gender. GAC includes non-medical practices, hormone therapy and/or surgical procedures. GAC-related changes, especially of hormone therapy, have a great individual variation and show in different ways based on personal characteristics.



- Softer skin
- Arrest/reversal of scalp hair loss

- Tracheal cartilage shave
- Facial feminization surgeries
- Phonosurgery

- Lasering facial hair

- Decreased muscle mass

- Breast augmentation

- Breast growth
- Reduction of body hair (lighter, thinner)

- Stuffing

- Pear-shaped fat redistribution

- Decreased genital size
- Erectile dysfunction
- Decreased libido

- Orchidectomy
- Vaginoplasty

- Tucking
- Padding

Frequently used feminizing hormone therapies include estrogens (transdermal, oral or sublingual and antiandrogens (spironolactone, 5-alpha reductase inhibitors), and less commonly progesterone.

Fertility preservation options: for people born with ovaries

STAGE	METHOD	FUTURE USE
Pre-puberty and pre-GAC	Immature ovarian tissue cryopreservation (OTC)*	No established protocol
Post-puberty and pre-GAC	Mature oocytes cryopreservation	Partner with sperm cells: IVF/ICSI Partner with egg cells: sperm donor, (reciprocal) IVF/ICSI
Post-puberty and pre-GAC+ active child desire with current partner	Embryo cryopreservation	
Post-puberty and pre-GAC	Ovarian tissue cryopreservation*	No established protocol
Post-GAC	After 3-6 months HT discontinuation, same options as pre-GAC	

**experimental*

HT: hormonal therapy; **GAC**: gender-affirming care; **IVF**: in vitro fertilization; **ICSI**: Intracytoplasmic Sperm Injection.

Reproductive health: for people born with ovaries

Effects of hormone therapy (HT) on reproductive system:

Testosterone:

- → Anovulation
- → Secondary amenorrhea (80% chance)
- → Hypertrophic/atrophic endometrium
- → Unchanged ovarian reserve/ AMH (Anti-Müllerian hormone)

REMINDER:
TESTOSTERONE IS NOT A CONTRACEPTIVE METHOD!

Chest feeding:

Inquiry about the patient's wish to chestfeed or not. Chest enlargement can occur after giving birth also for patients who have undergone mastectomy. Consider lactation suppression hormones for those who do not wish to chestfeed.

Fertility preservation options: for people born with testicles

STAGE	METHOD	FUTURE USE
Pre-puberty and pre-GAC	SSC cryopreservation*	No established protocol
	Testicular Tissue cryopreservation*	
Post-puberty and pre-GAC	Semen cryopreservation	Partner with sperm cells: egg donor and gestational surrogate
	Surgical sperm extraction (TESE or PESA)	Partner with egg cells: IUI or IVF/ ICSI (with partner's oocytes)
Post-GAC	After 3-12 months HT discontinuation, evaluate semen quality for semen/embryo cryopreservation or TESE/PESA	Depending on method used

**experimental*

HT: hormonal therapy; **GAC**: gender-affirming care; **SSC**: spermatogonium stem cell; **IUI**: intrauterine insemination; **IVF**: in vitro fertilization; **ICSI**: Intracytoplasmic Sperm Injection; **TESE**: Percutaneous extraction of sperm from testis; **PESA**: Percutaneous aspiration of sperm from epididymis.

Fertility preservation options: for people born with testicles

Effects of hormone therapy (HT) on reproductive system:

Estrogens+antiandrogens:

→ Severe impairment of spermatogenesis

→ Lower sperm count
+ decreased sperm motility
+ abnormal sperm morphology
= Oligoasthenoteratozoospermia (OAT)

REMINDER:
HT IS NOT A CONTRACEPTIVE METHOD!

Chest feeding:

Lactation can be induced in patients with advanced Tanner stadia of chest development through hormonal stimulation similarly to cisgender women.

Gender Dysphoria

(DSM-5)
Also: "Gender Incongruence" (ICD-11)

Dysphoria is, at its core, feelings of discomfort and negativity associated with a person's sex assigned at birth, and the way it relates (or doesn't!) to their gender identity and expression.

Persons can internalize ideas of what their bodies "should" look like, and dysphoria then stems from **societal expectations** based on sex assigned at birth, and if the person's gender identity does not fit within them.

Gender dysphoria typically begins in childhood, but some individuals may experience dysphoria around puberty, or even much later in life. **External factors** influence feelings of dysphoria, positively or negatively.

People with gender dysphoria:

- often feel their identity is not validated or legitimate;
- may feel the need to "prove" their trans identity and that "**they are trans enough**";
- find it harder to seek help and professional care;
- are at higher risk of **depression**, **anxiety**, **substance abuse**, and **suicide**.

A majority of transgender and gender diverse (TGD) people have reported feelings of dysphoria at least once in their lives.

Gender Euphoria

Gender Euphoria can be described as positive, enjoyable, and affirming feelings associated with one's gender identity and performance.

Talking about gender euphoria allows attention to be given on **what feels good** and validating, rather than on what does not.

Positivity and an attunement to one's own body can play important roles in the improvement of **mental health outcomes**.

"How can I help foster gender euphoria in my patients?"

- Update patient's gender and pronouns in their **medical file**;
- Make your work environment as inclusive as possible (e.g., by having gender-neutral toilets next to the waiting room);
- Display a **rainbow-patterned** ornament in your workplace or on yourself (e.g., a sticker at the front desk, wearing a rainbow lanyard, etc.);
- Adopt gender-inclusive **language** and practices;
- Display your own **pronouns** on your name badge, and in your email signature;
- **Register yourself** in your local database of queer friendly care providers.