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Health Care Limitations Available to Transgender Teenagers: A Systematic Review of the Literature

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ABSTRACT

This systematic review of literature explores the current academic literature that is available in regards to transgender teenagers, their healthcare options and the services that are available to these teenagers and any obstacles they face when seeking and obtaining healthcare services. This review specifically focuses on transgender teenagers and their family's experiences and the lack of support given to them at different levels in different healthcare facilities. For this review a total of 29 articles were included in the final literature review and were categorized into different areas: the detrimental effects of non-accepting parents are explained healthcare options available, the limitations teenagers might face based on their age and financial standing, and discrimination faced in healthcare facilities. The limited amount of available research on the healthcare experiences of these individuals suggests that there needs to be a deeper discussion into the healthcare offered to transgender teenagers and their families.

INTRODUCTION

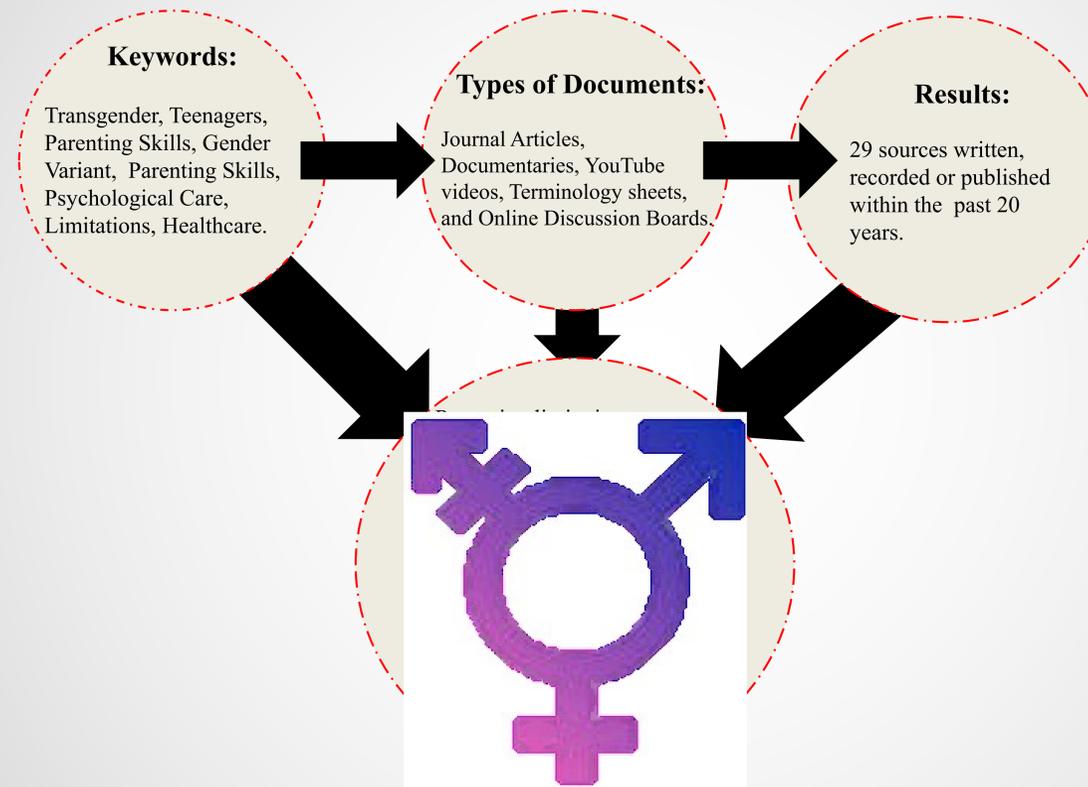
- Gender roles are socially constructed and are assigned at a young age, the first starts when the sex of a baby is announced at the 16 weeks (Westbrook, Schilt, 2013). When the sex is assigned at that point, there will be gender roles that will be either masculine or feminine that accompany being labeled as male or female.
- Conforming to gender roles can be difficult for those who do not identify with the gender assigned to them, this cause distress and can be the first signs of gender dysphoria. Gender dysphoria was first introduced to the DSM-IV in 1970 and it was labeled as Gender Identity Disorder (GID), but the name has been changed since 2013.
- The renaming of the GID is crucial for people to understand the difference in being transgender and in being gender variant especially in regards to children, which is outlined in the newest edition of the DSM (Zucker, 2010). Being gender variant and being transgender often times get grouped under the same meaning.
- Being transgender in current terminology on sites such as GenderDiversity.org, and TransStudent.org, classify the term transgender as someone whose gender identity conflicts with their assigned sex or gender at birth and would describe gender variant as someone whose has problems with conforming and expressing a specific gender.
- Some of the healthcare options available are hormone blockers which are also referred to as puberty suppressors, hormonal treatment and lastly the sex reassignment surgery (Shield, 2007; Russell, 2013; Zucker, 2007). These options become available once a child is diagnosed with Gender Dysphoria.
- Only two of the three options are available to these trans teenagers, which are the puberty suppressors and the hormonal therapy.



METHODS

For this systematic review, articles were found on a basis of keywords related to the topics, dates corresponding to the most current available literature and also resources that could be used to support the abstract which could be different forms of media. The keywords used to find resources were as follows: transgender, teenagers, parenting skills, psychological care, transitioning and healthcare. In order to express the need for more research to be done within the healthcare for the transgender community only articles within the last 20 years were used for this review which totaled to 29 articles.

Once found, the articles were separated each into different focuses: (1) Terms and (2) Articles where risks of non-accepting parents are explored, (3) articles of the health need these teenagers in regards to the puberty suppressors and hormone therapy.



RESULTS

- Children learn from their parents' about gender roles and it's their own gender roles which will reinforce socially acceptable behaviors and discouraging unacceptable behaviors this is a common cross-cultural phenomenon.
- Negatives actions that parents have towards their trans teenager can affect them with risk of illness, depression, anxiety, suicidal thoughts and attempts, and self-harm than their non-transgender peers. Physical violence, verbal violence, bullying, and harassing all fall in the same category of reactions that parents have that show signs of non-acceptance.
- Emotions of parents can be anger, loss and hurt but it's the actions that follow these emotions that will affect these teenagers.
- Negative reactions from non-accepting parents contribute to high suicide rates among the transgender community, in a study by Grossman and D'Augell, it was documented that transgender youth, whether MTF (male-to-female) or FTM (female-to-male), are always at risk for suicidal ideation and life threatening behaviors.
- With the same type of correlation, family acceptance for trans teens is associated with young adult positive health outcomes (self-esteem, social support, and general health) and is protective for negative health outcomes.

DISCUSSION

HEALTHCARE LIMITATIONS- AGE RESTRICTIONS

- The age restrictions for a teenager to make their own health decision is one of the many restrictions that they will face when they are seeking to transition to their affirmed sex.
- Under the informed consent doctrine, most minors (under 18) do not have right to consent to their own medical treatment until they turn 18.
- Another part that adds to the age restriction is the guidelines of the WPATH, The WPATH standards set out guidelines for diagnostic assessment, psychotherapy, real-life experience, hormone therapy, and surgical therapy, and many of these guidelines are to be completed with the consent of a parent or guardian.
- This age limitation can cause these teenagers to seek other ways to get these hormones, even if it means illegally, and a common way is by seeking these hormones on the streets.

HEALTHCARE LIMITATIONS- DISCRIMINATION

- Another restriction will come with the fear of facing discrimination at healthcare facilities. This fear of discrimination is also shared by the teenager's parents or guardians who fear that they will be met with biased discrimination and inadequate knowledge towards this issue.
- Synchronized care for transgender teenagers is a challenge for clinicians working in the community setting. The reason is that they are either uncomfortable in these situations or did not receive enough training to properly handle these situations.
- Faculty who teach these topics may not have knowledge, experience, or comfort with gender minority issues [which is why] knowledge is easiest to address and should not be overwhelming, because many have distilled key teaching points. Some may not be comfortable with gender minority issues or practiced with modeling a gender neutral approach.

HEALTHCARE LIMITATIONS- KNOWLEDGE

- Before any medical related decisions are made, the transgender teenager and their parents must meet with many medical professionals to assess their readiness to transition. One of the first encounters with a medical professional is meeting with a therapist to fully go over all the risk and outcomes associated with any type of surgery or treatment.
- Often times even therapist who consider themselves to be culturally sensitive and embracing of transgender identities may not feel prepared to recommend youth for medical treatment. This type of uncertainty can come from the professional not having enough knowledge behind what it means to be transgender, the true outcome of hormonal treatment on the teenager, and knowledge about what the child is going through.
- Preliminary work suggests that lack of training, limited medical knowledge, and scant access to information sources are likely contributors to physician-side healthcare provision barriers that later affect these transgender teenagers directly.

HEALTHCARE LIMITATIONS- COST

- Transgender personas that are in the limelight, make the transition process appear so easy accessible and offer an incredible amount of support to these transgender teenagers who often hope to have the same opportunity but often times will not be able to due to cost and coverage provided by healthcare.
- In a guide published by TransActiveGenderCenter.org, it is estimated that the agents in puberty suppressors and hormone therapy can range from \$700- \$1,500 a month for a 3 month dosage while the dosage for a year can be approximately \$15,000.
- The problems is that private health insurance companies often times deny coverage plans to transgender people on terms of discrimination. Another problem is that these insurance companies do not include transgender related services within coverage plans; Surgeries is one of those services which are the most expensive can range from \$7000 to \$50000.

CONCLUSION

Limited research is what affects not only transgender teenagers and their families but also healthcare officials who these families seek for support and knowledge. While much research has been done within the transgender community as a whole, the lack of research on specific areas is still evident and in the particular field of medicine. Without the research on specific areas both parents and transgender teenagers will continue to be uninformed and often times remain in the dark about whom and how to seek services entitled to them.

Based on the current available literature it is clear that cost of treatment, the misuse of terminology and the lack of research on treatments is still slim in the transition that these teenagers and their families go through.

More current research needs to be done in order to provide teenagers and their families with knowledge that they can refer back to when it comes to questions about the health of their child but more precisely more research on how specific treatment plans on transgender teenagers will affect them in the long run. This type of research can make more knowledge and understanding be available for the transgender community.