

LETTER TO EDITOR

The Role of Community-based Health Services in Sexual and Reproductive Needs of Transgender People

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DEAR EDITOR

The term transgender refers to those whose gender identity is different from their birth sex. Studies estimate that gender-diverse persons represent 0.1-2% of populations investigated.¹ Transgender people have different needs and concerns in the field of reproductive and sexual health that should be considered by healthcare providers (HCPs) in community-based centers, such as access to quality health care and acceptance by HCPs, decision-making regarding fertility and infertility, and fertility protection, the need for preventive screening programs, sexual education, and prevention of high-risk behaviors and gender-based violence.²

There are several obstacles for transgender people in access to quality healthcare, including obvious discrimination, refusal to treat such people, and lack of clinical and cultural competence of HCPs. In a study, nearly 87% of the participants experienced discrimination because of being transgender. This discrimination existed not only in the family, but also in school, workplace, and even in the provision of healthcare services.³

Counseling regarding fertility and infertility decisions for transgender people who seek physiological changes through hormones and surgeries is an integral part of the services that HCPs in community-based centers should provide to this group of people. People who wish to save gametes and have children should not be deprived of this right. In a study, 70.5% of transgender and gender-nonconforming youth were interested in adoption and 35.9% in biological parenthood.⁴

Transgender people need preventive screening programs. The American Association of Obstetricians and Gynecologists recommends the following for female-to-male transgender people in order to reduce the side effects of hormone therapy. Before receiving androgen, people should be evaluated for medical contraindications, hemoglobin, hematocrit, and liver function test, and testosterone levels during treatment should be evaluated to reach the desired level. Age-appropriate screening for breast and cervical cancers should be done for these people unless they have had a mastectomy or had their cervix removed. People who are under androgen therapy and whose uterus has not been removed are at risk of endometrial and ovarian cancer and should be taken into consideration. Also, male-to-female transgender people should be evaluated in terms of medical contraindications before receiving estrogen, and annual prolactin levels and

prolactinoma screening should be done. Age-appropriate screening for these people includes prostate and breast cancer, and routine cytological screening is recommended for patients in whom a new cervix is made from the glans penis.⁵

Sexual education and counseling for transgender youth and adults is rarely tailored based on their physical condition and gender identity. Transgender people are at risk of human immunodeficiency virus infection and other sexually transmitted infections (STIs).² A study showed that about half of transgender women were involved in high-risk sexual behaviors, while they had little information about the symptoms and complications of STIs.⁶

The high prevalence of violence among transgender people also exposes them to mental health problems such as increased risk of suicide. The results of a study showed that the high prevalence of discrimination; physical, mental and sexual violence; and suicidal behaviors in male-to-female transgender people can be caused by the lack of cultural and social acceptance, the society's patriarchal view that transgender women experience more problems in this field than transgender men.³

Planning to provide sexual and reproductive health services to transgender people in community-based centers by HCPs can prevent their physical and mental harm as well as meet the needs of this group.

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