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University of Alabama at Birmingham

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A THEMATIC ANALYSIS OF HEALTH LITERACY AND EDUCATION
DISPARITIES REGARDING MEDICAL NEEDS FOR TRANSGENDER
INDIVIDUALS

by

RACHEL MCMULLEN

LARRELL WILKINSON, COMMITTEE CHAIR

CHRISTINE LOYD

SHANNON MCCARTHY

A THESIS

Submitted to the graduate faculty of The University of Alabama at Birmingham,
in partial fulfillment of the requirements for the degree of
Master of Education

BIRMINGHAM, ALABAMA

2024

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2024

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RACHEL MCMULLEN

COMMUNITY HEALTH EDUCATION

ABSTRACT

Transgender individuals experience many challenges within the healthcare system including discrimination, socioeconomic struggles, financial strains, a lack of educated healthcare providers, and a health system framework that makes it even more challenging for them to receive their medical needs (Korpaisarn and Safer). One contributing factor to this lack of education is that on average medical schools in the United States only spend approximately five hours total on the health needs related to lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals (Miller et al.). Another contributing factor is the stigma around LGBTQ individuals within the medical community. The stigma is concerning and noticeable through the medical treatment of transgender individuals as well as the lack of knowledge regarding transgender medical needs. The purpose of this study was to identify the social, psychological, and healthcare needs of transgender adults and to find a way to better support the transgender population in Central Alabama. Sixteen transgender individuals (7 transgender women, 7 transgender men, 1 nonbinary, and 1 gender queer) in Birmingham, AL and surrounding areas participated in the qualitative study Assessment of Needs and Support among Transgender Adults in Central Alabama, which was conducted through UAB. Data was collected through two focus

groups and seven personal interviews via Zoom meetings. Transcriptions of the meetings were obtained and Braun and Clarke's six phases to conducting a thematic analysis were then used to conduct a reflexive analysis of the data. Through data analysis, five primary themes emerged (stress existing as a transgender individual, lack of support, lack of resources, lack of medical education surrounding transgender community, and positive experiences in the transgender community), each with their own subthemes. The theme of lack of medical education creates a significant barrier to transgender individuals' basic healthcare needs as well as their overall health and way of living. This lack of medical education certainly contributes to the transgender community continuing to be an underserved population and facing many forms of discrimination. In addition, more research is needed to understand the community's resource needs, medical needs, and strategies to improve training for medical providers.

Key words: transgender, needs, healthcare, education

DEDICATION

My thesis is dedicated to the transgender community, the overall LGBTQ community, and anyone who has ever felt that they had to hide their true selves from the world. Everyone is so unique and special in their own miraculous way and people should not have to feel that they should hide who they are because someone else does not agree with their gender, sexual orientation, beliefs, appearance, or anything else that makes them, them.

I would like to thank my parents who have supported me through the thick and thin with life's journey and always believed in me. Similarly, thank you to my family and friends who have always stood by me and always motivated me to be my best self. Lastly, I especially want to thank my wife, Jordane, who helped me come out and learn how to be my true crazy self with no judgement ever. I am so glad that we get to do life together and continue to be our wonderful selves through this crazy journey of life. I love you most, beautiful.

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TABLE OF CONTENTS

	<i>Page</i>
ABSTRACT.....	iii
DEDICATION.....	v
ACKNOWLEDGEMENTS.....	vi
LIST OF TABLES	x
LIST OF ABBREVIATIONS.....	xi
CHAPTER	
1 INTRODUCTION	1
Statement of the Problem.....	1
Gaps in Existing Research	4
Purpose of the Study	4
Research Question	5
Limitations	6
Key Terms and Definitions.....	7
2 LITERATURE REVIEW	9
3 METHODOLOGY	22
Positionality Statement	22
Research Design.....	22
Research Settings.....	25
Participants.....	25
Recruitment.....	25
Inclusion and Exclusion.....	27
Instruments and Measurements	28
Ethical Approval	30

Procedures and Interventions	30
Data Collection	32
Data Analysis	32
IRB Ethical Approval	34
4 DATA ANALYSIS.....	35
Stress Existing as a Transgender Individual	38
Finding and Going to a Public Bathroom Safely	38
General Passing: The Fear of Being Harmed or Negative Repercussions from Being Transgender and/or Being Associated with the LGBTQ Community	39
Struggling with Personal Change in Identity	41
Politics Having a Negative Impact	41
Lack of Support	42
Lack of Support from Individuals for a General Reason	43
Lack of Support from Individuals for their Personal Beliefs	43
Negative Experiences with Various Forms of Social Media	44
Lack of Resources	45
Limited Number of Affirming Groups	45
Lack of Marketing, Accessibility, and Representation	46
Not Having Access to Good Insurance That Will Cover Medical Needs	47
Lack of Medical Education Surrounding Transgender Community	48
Limited Number of Accessible Healthcare Providers Educated on Transgender Medical Wants and Needs	48
Transgender Individuals Lacking Knowledge about Transitioning and Transgender Needs	52
General Lack of Medical Education and Understanding Regarding Transgender Community	53
Positive Experiences in the Transgender Community	54
Helpful and Affirming Groups	55
Using Social Media for Support	55
Future Recommendations	56

5 DISCUSSION AND RECOMMENDATIONS.....	59
Summary	59
Research Question	59
Thesis Question.....	60
Conclusion	60
Discussion	61
Implications	63
Recommendations	63
REFERENCES	66

LIST OF TABLES

<i>Table</i>	<i>Page</i>
1 Demographics	28
2 Themes and Subthemes.....	36
3 Themes and Participants.....	37

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CN	Certified Nurse
HIV	Human Immunodeficiency Virus
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MD	Doctor of Medicine
PA	Physician Assistant
UAB	University of Alabama at Birmingham

CHAPTER 1

INTRODUCTION

Statement of the Problem

There is a limited amount of medical knowledge when it comes to transgender community and their needs, leading them to be an underserved population within the healthcare system. The average medical school in the United States only incorporates approximately five hours throughout the duration of the program on health education related to all lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals' health needs as a whole (Miller et al., 2023, pp. 1-10). When Doctor of Medicine (MD) (n=178), Physician Assistant (PA) (n=96), and Certified Nurse (CN) (n=28) students were administered a questionnaire to test their knowledge regarding transgender specific medical knowledge 95% of the students scored very low on this knowledge (Vasudevan et al., 2022, pp. 981-989). This limited amount of medical knowledge being taught is one of the several factors that the transgender population is an underserved population within the medical community.

Transgender individuals make up approximately 0.48% of the state of Alabama (18,400 individuals), which is amongst the 17th lowest transgender populations in the country. In even the largest transgender population by state, North Carolina, transgender individuals make up only 0.87% of their state's population (Williams Institute, 2023).

This limited population is one of the reasons that the transgender population continues to be an underserved population.

Many other factors contribute to the rationale why the transgender population is one of the most underserved populations in the United States, but especially in Alabama, predominantly due to fear and financial reasons. Based on the respondents of the 2015 U.S. Transgender Survey, Alabama had 38% of transgender individuals living in poverty, 47% of transgender individuals could not afford to see a doctor within the last year, and 35% of transgender individuals did not go to the doctor within the last year for fear of mistreatment (National Center for Transgender Equality, 2017). Other contributing factors are the stigma and discrimination that is still present with the LGBTQ community since the HIV and AIDS epidemic. At the height of the HIV and AIDS epidemic, the LGBTQ stigma was very apparent in the medical community and while it has improved, there is still a historic nature to the stigma that exists today (Crockett et al., 2021, pp. 113). Transgender individuals experience this stigma and discrimination in healthcare settings even prior to meeting the doctor. The Center for Disease Control and Prevention found that many transgender individuals even have uncomfortable or negative experiences while checking in at a medical facility because the receptionists may not have their preferred name or pronouns causing the receptionist to incorrectly identify the individual. While it was also found that these interactions can be easily improved with training and taking extra steps to use affirming names and pronouns, medical facilities must take these steps in order for them to work (Center for Disease Control and Prevention, 2022) . Transgender individuals' challenges within the healthcare system include discrimination, socioeconomic struggles, financial strains, a lack of educated

healthcare providers, and a health system framework that makes it even more challenging for them to receive their medical needs (Korpaisarn and Safer, 2018, pp. 271-275).

The LGBTQ stigma within the medical community is noticeable in relation to the treatment of transgender individuals in the medical setting as well as the lack of knowledge regarding transgender medical needs. Due to this low quality treatment and knowledge of transgender medical needs, transgender individuals often resort to ordering hormone therapy online, sharing hormone therapy with friends, and needing to travel out of state to obtain gender related surgeries (Glick et al., 2018, pp. 118-126). Transgender individuals even have a difficult time finding a therapist who will write them the required letter to attempt to see medical personnel to acquire transgender surgery and hormone therapy. Even if a transgender individual does find a therapist willing to write this needed letter, it will be coupled with a mental health diagnosis of gender dysphoria or similar to support the letter and rationale of the individual to obtain transgender medical treatments and procedure (Schults, 2018, pp. 72-92). This diagnosis of gender dysphoria or similar is tying transgender individuals to a mental health disorder suggesting that the transgender individual has a mental illness due to their gender identity, which further amplifies stigmatization of gender affirming care and views it as only psychological, negating the need the physical treatment. This mental health diagnosis of gender dysphoria suggests that transgender individuals are in distress about their gender identity and biological sex being incongruent; however, some transgender individuals are not distressed by this and therefore should not be identified as or diagnosed with having dysphoria.

Gaps in Existing Research

Healthcare usage among transgender individuals remains understudied due to the limited population of transgender individuals throughout the country. More research must be performed to investigate how to best support this segment of the population. To identify specific transgender health needs and how best to provide these health needs, there must be a diverse enough transgender population and there are no current institutions that have this diversity. A significant number of diverse individuals include varying ages at time of data collection, different transgender identities, all stages of the transitioning process, and different ages that individuals began the transitioning process to name a few. Once an institution, or ideally multiple institutions, is identified then research can be conducted to detect new educational knowledge that can then be shared with the medical community and other transgender individuals (Feldman et al., 2016, pp. 180-187). Currently there is a paucity in the scientific literature related to understanding the extent of transgender patients' needs concerning their medical and healthcare, especially in the South East United States.

Purpose of the Study

The purpose of the research study *Assessment of Needs and Support Among Transgender Adults in Central Alabama* was to identify the social, psychological, and healthcare needs of transgender adults and to find a way to better support the transgender population throughout Central Alabama. Due to the documented lack of knowledge from the scientific literature regarding transgender knowledge among medical providers, the

negative experiences within the healthcare system, and the added struggles of obtaining proper transgender medical needs, the larger research study sought to gain better insight into the issues and ways to address them. Given this, the current study took a qualitative approach through focus groups and personal interviews to capture this data because it was the best way to capture known and unknown factors that transgender individuals are experiencing. Study personnel conducted reflexive thematic analysis using a social constructivist epistemology framework resulting in coding and categorizing themes of the focus groups and personal interviews' transcripts. For context, epistemology refers to the theory or philosophy that is used as a foundation and social constructivism refers to how we make meaning through interactions with others individually, socially, etc., and how we build our world views through those interactions.

Research Question

The research study *Assessment of Needs and Support Among Transgender Adults in Central Alabama* was conducted to look at the overall needs of transgender individuals in Central Alabama. The following research questions guided the research study:

Primary research question:

- (1) What are the needs for the transgender community in central Alabama?

Secondary research questions:

- (2) How can transgender medical knowledge be better provided and accessed by healthcare providers as well as transgender individuals?

- (3) How can transgender individuals' experiences in the medical community be improved?

The purpose of this thesis is to focus on the secondary research questions from the conducted research study, while also considering the other findings from the study. The following research question guided this thesis paper:

- (1) Characterize the health literacy and education challenges experienced by transgender individuals engaging in healthcare settings.

Personal health literacy refers to the level that an individual can search, comprehend, and put into action the information they have obtained to help themselves and others when it comes to decisions that are health related (Centers for Disease Control and Prevention, 2023).

Limitations

The limitations of this qualitative research study may affect the transferability of the findings in the future:

- (1) There was a small sample size of only 16 participants, due to the small population and limited number of focus groups and personal interviews conducted
- (2) There was no follow-up with participants through member checking to clarify tones and comments made during the focus groups and personal interviews to ensure interpretations were correct

(3) Since only four individuals participated in the focus groups as well as the personal interviews then their perspectives could be included more than other individuals' perspectives

The small sample size of participants was partially intentional because study personnel agreed that it would be best to keep the focus groups to a maximum of 10 participants each so that everyone had an opportunity to share and answer questions. However, due to scheduling conflicts and personal reasons, some participants were unable to attend the focus groups that they had indicated they were interested in attending. The focus groups and personal interviews were conducted as a one-time meeting, which did not allow for member checking of the various codes or expansion of certain responses. Given that a quarter of participants attended the focus groups as well as the personal interviews it is a limitation that other participants were not able to do the same but also that these individuals' perspectives could be included more than others.

Key Terms and Definitions

The following terms and definitions are discussed throughout this study.

Transgender: “an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth” (American Psychology Association, n.d.)

LGBTQ: “lesbian, gay, bisexual, transgender, and queer/questioning (one’s sexual or gender identity)” (Merriam-Webster, n.d.)

Nonbinary: “relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female” (Merriam-Webster, n.d.)

CHAPTER 2

LITERATURE REVIEW

There is a limited amount of medical knowledge when it comes to transgender community and their needs, leading them to be an underserved population within the healthcare system. The scientific literature suggests that there is a deficiency in understanding and absence of willingness to assist transgender patients' needs among medical professionals. For example, Crockett et al. describes the historical nature in which the LGBTQ stigma was apparent in the medical community in the height of the HIV and AIDS epidemic (Crockett et al., 2021, pp. 113). This LGBTQ stigma within the medical community is seen again through the treatment of transgender individuals in the medical setting as well as the lack of knowledge regarding transgender medical needs (Feldman et al., 2021, pp. 1716).

Korpaisarn and Safer conducted a qualitative literature review study in 2018 which affirms the lack of knowledge in treating transgender individuals among the medical community. This study consisted of a literature review involving transgender medical education needs across various levels of medical personnel and from numerous departments. It was found that throughout the literature there is strong supporting evidence that there is a limited presence of knowledge within the medical community when it comes to transgender medical needs. Korpaisarn and Safer stated that the transgender community is "one of the most underserved populations in healthcare system.

Several barriers have been identified including lack of access to care, social stigmatization, discrimination within healthcare, financial issues, socioeconomic issues, unsupported health systems frameworks and, most disquieting, lack of education among providers.” (Korpaisarn and Safer, 2018, pp. 271). These findings demonstrate some of the challenges transgender individuals encounter, lack of education among medical and health providers being a significant factor that is the foundation for others. The number of identified transgender community will continue to grow and this gap will continue to become increasingly larger if transgender specific education is not added into the curricula of medical related degrees (Korpaisarn and Safer, 2018, pp. 271-275).

A literature review was conducted comparing transgender individuals, other individuals part of the LGBTQ community, and breast cancer experiences. There were 21 articles reviewed and a thematic analysis was conducted to compare. The analysis showed that transgender and gender-nonconforming individuals, along with their family members, had a more challenging time obtaining access to breast cancer healthcare, information regarding breast cancer, and support when compared to cisgender identifying individuals and their family members (Shen, 2023, pp. 127-129). This study only focused on individuals with breast cancer and different gender identities, the findings support Korpaisarn and Safer’s findings regarding transgender individuals experiencing a lack of access to healthcare, have an unsupported system, and a lack of educational knowledge. However, Shen’s literature review study demonstrates how the family members of transgender individuals also have negative experiences within the healthcare system when associated with the transgender individual. The findings from the study

demonstrate how these issues in lack of healthcare knowledge for transgender needs affect the transgender individuals as well as individuals close to them.

Chapman et al. conducted a qualitative study using an anonymous questionnaire for nursing and medical students (150 and 171 students respectively) to capture their attitudes and knowledge regarding homosexuality and other aspects of the LGBTQ community. The findings showed a significant association between race, political views, religious beliefs, and whether or not the participants had friends in the LGBTQ community. The study concluded the need for implementing a variety of strategies built into nursing schools and medical schools to teach students how to overcome prejudicial attitudes towards the LGBTQ community (Chapman et al., 2012, pp. 938-945).

Implementing strategies to reduce the amount of prejudice in nursing in medical schools is important because it will teach students how to learn to overcome biases and not discriminate against LGBTQ individuals after they graduate and are healthcare providers. Students who do not learn how to overcome these prejudices, biases, and discrimination will in turn not be honoring their profession requiring them to help those in need of medical assistance. LGBTQ individuals, including transgender individuals, have the right to obtain proper and beneficial healthcare that other members of society receive without discrimination, prejudice, or negativity due to their gender identity (Chapman et al., 2012, pp. 938-945).

Another qualitative study was conducted by Stroumsa et al. focusing on medical personnel's exposure to transgender and gender diverse individuals. An online questionnaire was completed by 223 primary care providers in Western United States in 2019. Participants consisted of internists (50.6%), family physicians (22.4%), and

obstetrician-gynecologists (26.9%). The questionnaire examined the exposure and knowledge of medical needs that transgender and gender diverse individuals experience in the Western part of the United States. Results showed that there was a significant lack of transgender medical knowledge from healthcare providers along with showing that transphobic attitudes might be a major contributor. Stroumsa et al. acknowledge that there needs to be an increase in transgender medical education for healthcare personnel, but also state that just adding educational materials may not make a difference in the amount of knowledge for transgender education until the transphobic attitudes and views are addressed (Stroumsa et al., 2019, pp. 398-407). Medical personnel and other healthcare workers having transphobic attitudes, which is supported by the study, will make it harder for them to learn about transgender medical needs, as well as pay attention to, listen to, and apply their knowledge to their transgender patients, even if their transphobia is intentional or not. These findings further support the results of the Chapman et al. study showing that the transphobic attitudes in current and future healthcare workers and medical personnel makes it increasingly more difficult for them to learn about transgender medical needs and even work appropriately with transgender individuals as patients (Stroumsa et al., 2019, pp. 398-407).

A research group lead by Vasudevan et al. also conducted a qualitative research study to determine the comfort levels of healthcare students working with transgender individuals and their knowledge of transgender medical needs. A 16 question Likert-type questionnaire was administered to 178 MD students, 96 PA students, and 28 CN students ranging from first year to fourth year in their respective programs. The results showed that a significant number of overall students (82%) scored well on their willingness to

learn more about transgender patients' medical needs. Alternatively, 95% students scored low regarding their knowledge of transgender medical needs. These results demonstrate that students overall did not obtain the knowledge required to provide adequate healthcare needed to work with transgender individuals and their medical needs (Vasudevan et al., 2022, pp. 981-989). The study found the next generation of medical personnel are not yet sufficiently prepared to provide the medical needs that transgender individuals have but does reveal the willingness to learn. Compared to the Chapman et al. study and the Stroumsa et al. study, both showing prejudice and discrimination tendencies, this study demonstrates the readiness to work with transgender individuals, making a large step in the right direction for the healthcare system.

Feldman et al. also conducted a questionnaire based qualitative study. The questionnaire was a self-administered survey completed by participants who identified as transgender (n = 274) and cisgender (n = 1162) to compare the different health experiences and related information. The results showed that despite over 90% of transgender individuals and over 89% of cisgender individuals having insurance, cost was a significant reason that many transgender individuals did not seek needed healthcare due to insurance not covering all of the transgender individuals' needs. The study also showed that less than 56% of transgender individuals had a transgender-related healthcare provider that they saw. Transgender individuals were also experienced almost twice as many poor health days and over twice as many mental health days as their cisgender counterparts. These findings include transgender individuals being more likely to have HIV, emphysema, and ulcers compared to cisgender individuals (Feldman et al., 2021, pp. 1707-1718). Results also found that transgender individuals had a more

difficult time seeking healthcare and fulfilling their physical and mental health needs. These findings and results further support the previous studies mentioned regarding medical personnel not being educated on transgender needs or their willingness to work with transgender individuals because it can contribute to the lack of proper health on the patient side as well.

Glick et al. conducted a “targeted ethnography” study interviewing 18 gender minority individuals in New Orleans, Louisiana, including transgender individuals, focusing on different alternative approaches that gender minority individuals can seek for their medical needs. Through intersectional analysis the study showed that gender minority individuals had a more difficult time finding a medical provider that had the knowledge and understanding of their gender specific needs as well as experiencing more discrimination from healthcare providers that they saw. The study showed that gender minority individuals also experienced more issues with insurance covering the cost certain treatments and procedures. These experiences demonstrated why gender minority individuals had to travel out of state to obtain gender related surgeries, were ordering hormones online, or even sharing hormone therapies with their friends. These discoveries and actions are a major health concern because the individuals are not receiving a prescription for the hormones and therefore there is no oversight for dosing, nor are they receiving proper follow-up to ensure that their dose does not need to be adjusted. The study also found that the gender minority individuals use social media and social networks to access care and medical recommendations rather than seeking care and advice from healthcare providers (Glick et al., 2018, pp. 118-126). Gender minority individuals seek alternative routes to obtain the procedures, guidance, and treatments that

they require due to not having affordable access to affirming healthcare providers or insurance that will conder transgender related medical needs.

Jaffe et al. took a similar approach as Glick et al. by focusing on transgender individuals' perspectives but chose to conduct a qualitative study looking at the 2008-2009 web-based, cross-sectional survey conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. This survey was completed by 3486 transgender and gender-nonconforming individuals to identify any potential healthcare system factors that contributed to the delay in medical care for transgender individuals. The study found that almost 31% of transgender individuals who participated experienced some level of discrimination that resulted in delay or elimination of seeing healthcare needs. This discrimination caused the individuals to put off receiving healthcare needs or to stop going to healthcare providers all together for their medical needs. The study also found that transgender individuals also had to teach their healthcare providers about certain transgender needs which made them significantly less likely to seek healthcare or trust the healthcare system at all with their needs (Jaffee et al., 2016, pp. 1010-1016). The findings are understandable because if there was any other group of individuals, cancer patients for instance, who had to educate their doctors and healthcare providers on cancer health needs and cancer healthcare then it is likely the patients would not feel comfortable going to that doctor or healthcare provider for those needs and would question their medical education. These findings support other studies' conclusions that the lack of transgender education within the medical system and discrimination towards transgender individuals has a significant impact in their healthcare needs as well as their overall health.

Another group of researchers, Miller et al. (2023), also conducted a qualitative, cross-sectional study looking at the 2015 US Transgender Survey (27,715 respondents), using secondary data analysis. This analysis was conducted to explore the transgender medical knowledge of various physicians from the views of the transgender patients that they saw. The results showed a suggested relationship between the perceived knowledge of the transgender needs by clinicians and the overall health of the transgender individual with almost 1 in 4 transgender individuals having to educate their healthcare provider about transgender needs. There are also almost eight times more transgender individuals who meet the severe psychological criteria compared to the US population overall (39% and 5% respectively). The study also identified that there was a gap in transgender medical education in the curricula recognized by the Association of American Medical colleges and that the average medical school in the United States only spends approximately five hours total on education related to LGBTQ+ healthcare and other needs (Miller et al., 2023, pp. 1-10). Identifying this lack of education in the curricula further supports that there is a notable gap in the knowledge of transgender, and other LGBTQ+, medical needs. This blatant lack of knowledge directly relates to the experiences that the individuals have while receiving medical care along with their mental and overall health.

While it has been identified and supported that there is a gap in transgender health needs knowledge among current and near future medical personnel, the consequences of this gap go beyond negative experiences in a medical setting. Due to this gap in knowledge, transgender individuals often have to resort to alternative measures to receive transgender specific care and treatment, including hormone therapy and gender

reassignment surgery. A “traditional approach” taken by transgender individuals for surgery is to seek counseling from a psychologist for at least a year and obtain a letter from the psychologist stating that the individual has been diagnosed with gender dysphoria or similar diagnosis and is then approved to seek further treatment, i.e. gender reassignment surgery.

Lipshie-Williams looked into the ethics of the traditional approach versus an alternative approach that transgender individuals could use to seek transgender specific medical care and procedures. The article states that the standard of care (traditional approach) requires psychiatric diagnoses and speaks to how individuals cannot provide their own consent for treatment and procedure as well as viewing “gender variance in non-pathological and affirming care is medically necessary.” The article further demonstrates how the standard of care model deprives the patient of their autonomy, meaning that the patient is not able to independently make decisions regarding their medical procedures or treatment. An alternative method for transgender individuals would be the informed consent method, which would allow the patient to have their autonomy and be able to obtain transgender specific therapies and procedures through an informed consent provided by the medical personnel and organization who would be providing the treatment or procedures (Lipshie-Williams, 2020, pp. 1-10).

Another researcher, Sarah Schultz, also looked into the informed consent model approach compared to the traditional or standard of care approach for transgender individuals to obtain transgender specific healthcare treatments and procedures. The article reiterated that for individuals to obtain transgender related transitioning services,

such as hormone therapy or gender reassignment surgery, individuals must be diagnosed with a mental disorder such as gender dysphoria or similar in accordance with the DSM-5. After being diagnosed, individuals then must acquire an official note from their licensed therapist in order to properly obtain hormone therapy or reassignment surgery from a medical institution. Needing to obtain this letter can be a barrier for transgender individuals because the licensed therapists often have the same gap in transgender medical needs understanding that other medical personnel have as well. This gap in knowledge coupled with transphobia, other prejudices, and now a mental diagnosis can make it increasingly difficult for transgender individuals to obtain this needed letter from their licensed therapist so that they can further their transgender specific medical needs. Schultz found that the informed consent model allowed for individuals to seek these transgender specific treatments without needing a mental diagnosis or letter from a licensed therapist, which would essentially “cut out the middleman” in the process (Schultz, 2018, pp. 72-92). These findings also support the findings of Lipshie-Williams regarding the informed consent model and individuals obtaining their own autonomy when it came to transgender medical needs.

An alternative approach to viewing transgender needs was conducted by Dubin et al. who conducted a literature review study of almost 1,300 papers across 5 data bases to identify papers on the health inequities that transgender individuals experience as well as the needs for better appropriate training for medical personnel. Of the near 1,300 papers reviewed, only 119 papers were considered relevant to what the review was searching for in terms of transgender health topics and medical education. The review discovered that 52% of academic programs had no training regarding LGBTQ needs showing the lack in

medical knowledge regarding transgender individuals is acknowledged, but the study found no proposed solution to the best approach for increasing this knowledge among medical personnel. Hinderances identified through the study include institutions not willing to support the addition of transgender knowledge into curricula, faculty members lacking “topic specific competency,” and a limitation on curricular time. Medical schools and residencies do not include an adequate amount of transgender information in their curricula, but institutions and faculty must also be willing to make these changes and incorporate them into their teachings. Dubin et al. (2018) determine that educational transgender-specific medical needs are typically short-term improvements, one-time interactions, and no methods to make them last (Dubin et al., 2018, pp. 377-391). These findings are beneficial because they identify specific problems; however, they do not identify any long-term solutions. Identifying the problems is only part of the fix to best educate medical personnel and students in the medical field on the health needs of transgender individuals.

A similar comprehensive study conducted by Feldman et al. also identified specific issues that contribute to the gap in transgender health education available. The study found that one contributing factors into identifying specific transgender health needs is there are limited to no institutions that have a diverse enough transgender population to conduct the needed research to identify new educational knowledge that can be shared with the medical community. The findings also showed that the minimal research available recognized that a lack in healthcare has a direct relationship to the mortality rate and depression levels of transgender individuals as well as an increased risk for cardiovascular issues due to the hormones transgender individuals take. The

primary medical needs are to focus on health disparities, comorbidities, mortality, surgical interventions, affective disorders, cardiovascular disease, fertility, time dose-related responses, and malignancies of transgender individuals (Feldman et al., 2016, pp. 180-187). These results show the importance of focusing on the medical needs of transgender individuals for the betterment of their health and wellbeing (Progovac et al., 2018, pp. 413-420).

These questionnaires, studies, and data are beneficial in identifying transgender health needs as well as the contributing factors to why those needs are not currently being met in the medical field. However, simply identifying the needs is only the first step in providing better transgender health education to not only the transgender individuals, but also the medical community. The medical community has been through these learning gaps throughout history and each time they ultimately overcome the obstacles and hindrances that are preventing professionals from providing the necessary care to the underserved population in need. Transgender individuals are one of many underserved communities and through eliminating biases, altering the “traditional” approaches to obtaining transgender medical needs, and addressing the lack of effort to learn is the start of providing better medical knowledge regarding transgender needs. Similarly, increasing transgender research, educational materials, and updating curricula can further help medical personnel be better equipped with serving the transgender community. Transgender individuals are still people and they deserve to have their medical needs met as well, even if they identify differently from the majority of the population.

The scientific literature addresses many issues within the medical community when it comes to transgender needs. These findings helped drive the rationale behind this

study in seeing if the needs are the same as the literature or are they different in any way, if Central Alabama also has a gap in the medical knowledge given the volume of health professional schools and centers, if medical education is being provided properly, and if transgender individuals still have negative experiences in the medical community or has it improved.

CHAPTER 3

METHODOLOGY

Positionality Statement

I would like to be open and acknowledge my viewpoint as being a member of the LGBTQ community who grew up in Central Alabama and currently works in clinical research for the Division of Infectious Diseases at UAB. I also work in a study coordinator type role with Dr. Loyd on various LGBTQ community research studies. As part of a minority population, I have had similar experiences as the participants in this study. However, as a cis gender and female appearing individual, I have had different public interactions as the participants in this study. That being said, I recognize that my positionality had an influence on this study to an extent though my personal experiences have helped spark my interest in helping this community address the concerns and needs of this underserved population, especially within the healthcare system.

Research Design

Transgender individuals in central Alabama took part in a qualitative research study through focus groups and personal interviews to identify the social, psychological, and healthcare needs of transgender adults in central Alabama as well as a secondary goal to see how to better support the population as a whole. The state of Alabama has an

estimated 18,400 transgender individuals (13 years of age or older), making up 0.48% of the state's population (Williams Institute, 2023). Due to this small target population, the study therefore has a small sample size, so a qualitative approach was determined to be the best way to capture the data. The original study design only had focus groups but due to some individuals not being comfortable sharing in a focus group setting and some of the focus group participants having a strong contribution, personal interviews were added to provide the safe place for individuals and to be able to dive deeper into data collection. The same open-ended questions were used to capture the most amount of perspective and data from the focus groups and interviews. Once data was collected, a reflexive thematic analysis was conducted using a social constructivist epistemology framework resulting in coding and categorizing themes of the focus groups and personal interviews.

Braun and Clarke identify 6 phases step-by-step guide to conducting a thematic analysis. This type of analysis is appropriate because the study was conducted through focus groups and interviews and then data was analyzed through coding into various themes. These steps consist of the following: (1) familiarizing yourself with your data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. These steps, or phases, were used as a guide to conduct the reflexive thematic analysis of this study (Braun and Clarke, 2006, pp. 77-101).

Social constructivist framework often uses open-ended questions in order to capture an individuals' personal reality, perspective, and experiences within their world to see how to it has an impact with their social world (Merriam and Greiner, 2019, pp. 3).

Epistemology is the nature for how knowledge is obtained (Merriam Webster, n.d.). This is important in qualitative research because the basis for how knowledge is obtained can impact how that knowledge is viewed and interpreted. The social constructivist aspect of the framework used examines the interaction that people have in their individual experiences with one another as well as their interacts with society as a whole (Merriam and Greiner, 2019, pp. 3).

Due to the small target population, the study in turn has a small sample size, so a qualitative approach was determined to be the best way to capture the data. The original study design only had focus groups but due to some individuals not being comfortable sharing in a focus group and some of the focus group participants having a strong contribution, personal interviews were added to provide the safe place for individuals and to be able to dive deeper into data collection. The same open-ended questions were used to capture the most amount of perspective and data from the focus groups and interviews. Once data was collected, a reflexive thematic analysis was conducted to best represent the information and experiences of the participants from the focus groups and interviews. This was done through a series of coding and categorizing themes from the data with the guidance of Braun and Clarke's phases. A Social constructivist approach was taken because it is co-constructing knowledge because of interfacing with medical professions, medical systems, interacting with each other, other experiences. Therefore, the social constructivist epistemology framework approach was used because the knowledge we gathered from the data was obtained through looking at transgender individuals' experiences interacting with each other as well as their experiences and interactions with society, in particular the medical community

Research Setting

Sixteen transgender individuals in Birmingham, AL and surrounding areas participated in the focus groups and personal interviews. All focus groups and personal interviews were conducted via Zoom to provide a safe place for participants to share on the sensitive topic. Holding these meetings via Zoom also allowed participants an option to turn off their camera during the meetings as well as to use an alias name if they did not feel comfortable using their identifying names. Zoom also allowed for an easier access and more feasible setting for participants to join the meeting rather than traveling to an in-person meeting area at a rented workspace.

Participants

Recruitment

Targeted recruitment approaches included the following strategies: physical flyers, electronic flyers, in person advertising, and dating applications. The first approach to recruiting occurred through flyers being posted at breweries, bars, and medical facilities throughout the downtown Birmingham that are were known to have a transgender population present. These locations were targeted because it was the best opportunity to have transgender individuals see the flyers, but also, they are known to be safe places for transgender individuals making it more acceptable for potential participants to scan a QR code on a flyer for a transgender study. The next approach was an online approach to recruitment via LGBTQ dating applications, Birmingham LGBTQ community groups on Facebook, and Instagram posts. This approach was conducted to

target potential participants who may not physically go to the other locations that were used during recruitment and to provide a safe space that nobody could see them complete the enrollment/screening survey.

Lastly, was in person recruitment that took place at LGBTQ targeted social events as well as an LGBTQ church in Birmingham. The LGBTQ friendly church in the Birmingham area allowed study personnel to speak to the congregation about the study and passed out flyers. Study personnel spoke to the pastor of the church prior to appearing to discuss the purpose of the study and the church's pastor was supportive of the study personnel coming to speak to the congregation after the service. This location was used for recruitment because it captured a different aspect of life that some transgender individuals participate in while also being another safe place that potential participants could freely ask questions about the study.

Flyers were created, printed, and posted at various social gathering places, medical settings, and a place of worship throughout the Birmingham area with the permission of the locations. An electronic version of the flyers were posted intermittently by various study personnel in Facebook groups, on LGBTQ dating applications, and on Instagram that were most likely places that the target population would see. These approaches allowed for a wide cast providing the best opportunity of enrolling the limited target population.

As seen, there were multiple levels of recruitment conducted for this study. This became a very challenging task because it can be a sensitive topic, there are a limited number of transgender individuals in the Birmingham and surrounding areas, and there is

still a strong stigma and fear around the medical community and research with transgender individuals and other underserved populations.

Inclusion and Exclusion

The target population consisted of transgender individuals in central Alabama, specifically Birmingham, AL and the surrounding areas. Inclusion criteria dictated that participants must be willing to agree to the study, be 18 years or older; identify as a transgender male, transgender female, or nonbinary; and either currently or have recently lived in Birmingham area or surrounding area. There were no specific exclusion criteria.

After individuals who completed the recruitment/screening survey, the individuals who met the inclusion and exclusion criteria were contacted via the outlet they requested. Seventeen individuals met the inclusion criteria and agreed to participate in the study: 9 only focus groups, 3 only personal interviews, and 4 participated in a focus group as well as a personal interview. Participants' ages ranged from 18-55 years old. Participants identities are as followed: transgender female/woman (7), transgender male/man (7), non-binary (1), and gender queer (1). Once contacted, study personnel ensured individuals were still willing to participate in the study and if they had any study related questions. Afterwards, study personnel confirmed what days and times worked best for them as well as informing them that there would be a reminder email. Some of the participants did not answer when being contacted and some had personal situations come up to where they could not attend the focus group, but nobody left during the focus groups or interviews.

Table 1

Demographics

Gender Identity	Number of Participants	Age Range	Focus Group Only	Personal Interview Only	Focus Group and Personal Interview
Transgender Woman	7	22-58	4	2	1
Transgender Man	7	18-48	4	1	2
Nonbinary	1	22	0	0	1
Gender Queer	1	21	1	0	0

Instruments and Measurements

Focus groups and personal interviews consisted of a series of open-ended questions focused on overall transgender needs, experiences, and recommendations for improving the community. These questions and scripts were administered primarily by the sub-investigator, Dr. Bridge Kennedy, during the focus groups and primarily by the principal investigator, Dr. Christine Loyd, and Lauren Picken, study personnel during the personal interviews. Other study personnel attended the focus groups along with the principal investigator and sub-investigator. During the focus groups, other study team members attending the focus groups asked follow-up questions in real time. The same set of questions were used for all focus groups and personal interviews, though due to time restraints not all questions were addressed in every focus group and personal interview. All focus groups and personal interviews were transcribed by the Zoom transcription function.

Questions were formulated given the expertise of the investigators. Questions regarding medical and education themes are listed below:

1. *What affirming community-based resources and services have you used?*
 - a. *Explain what is useful about these resources and services*
 - b. *Explain barriers to these services and resources*
 - c. *Explain how these resources and services could be improved*
2. *Take a moment to contemplate your ideal program of support as a transgender adult living in central Alabama. Feel free to write down aspects of the program to share with the group.*
3. *Outside of social media outlets, did you receive information regarding affirming community-based resources and services?*
 - a. *If yes, where?*
 - b. *How could information sharing be improved?*
4. *What can be done to ensure that transgender adults living in Alabama have access to services and resources they need?*
5. *When it comes to your experiences in healthcare settings (both, medical and mental health care), tell me about:*
 - a. *The ease of identifying/locating gender-affirming care*
 - b. *Your experience receiving gender-affirming care*
6. *Have you ever felt direct pressure from a healthcare provider to pursue transition-related treatment that you were not ready to pursue?*
 - a. *If so, was this healthcare provider one who specializes in gender-affirming care?*

- b. Where did you receive this care?*
7. *Have you ever felt resistance from a healthcare provider when you asked for specific treatment related to transitioning?*
- a. If so, was this healthcare provider one who specializes in gender-affirming care?*
- b. Did they provide you with an adequate explanation regarding their hesitation to honor your request?*

Ethical Approval

Assessment of Needs and Support among Transgender Adults in Central Alabama was submitted to and approved by the University of Alabama at Birmingham's IRB then assigned number IRB-300009801. Dr. Christine Loyd at UAB is the principal investigator and Dr. Bridge Kennedy at UAB is the sub-investigator. All study related items are saved in a secure Box folder that only study personnel can access.

Procedures and Interventions

All flyers consisted of a QR code leading to a website consisting of a screening form that potential participants completed. Screening questions included the following questions and answer options:

1. *Are you at least 18 years old?*

- *No*

- *Yes*

2. *How would you describe your gender identity?*

- *Transgender Male*
- *Transgender Female*
- *Non-binary / third gender*
- *Agender*
- *Cisgender (gender and sex assigned at birth are the same)*

3. *Do you live in Alabama?*

- *No*
- *Yes*

4. *What is your first name?*

- *Free text*

5. *What is your phone number? And is there a best time to reach you by phone?*

[We will use this information to contact you about scheduling the focus group]

- *Free text*

The screening forms were reviewed to identify individuals who qualified for the study. To qualify, individuals had to be at least 18 years old, identify as transgender male, transgender female, or nonbinary/third gender, live in Alabama, and provide contact information. Those who qualified for the study then were contacted to by study team

members to enroll. Individuals were placed into specific focus groups based on their availability and then based on their identity to have as much of a variety of representation as possible. Participants were contacted via phone call, text, or email to confirm that they were part of the study and then a reminder was sent out a week and one day prior to their assigned focus group or interview. Focus groups and personal interviews were each conducted between 20 minutes and 1.5 hours each.

Data Collection

All focus groups and personal interviews were recorded on the Zoom platform where they were conducted. The Zoom transcription function transcribed all focus group and personal interviews that were conducted. Each participant was reassigned a Subject Identification Number to provide an extra line of security regarding their names and personal information. Rev.com was used to transcribe all focus group and personal interviews that were conducted.

Data Analysis

Once data was collected, a reflexive thematic analysis approach was conducted to best represent the information and experiences of the participants from the focus groups and interviews. This was done through a series of coding and categorizing themes from the data with the guidance of Braun and Clarke's phases. The first step "familiarize yourself with your data" was done by rewatching and relistening to the focus groups and personal interviews as well as rereading the transcripts multiple times to familiarize

myself with the data. Next, “generating initial codes” was done through writing out various codes in the margins of the transcripts based on quotes that participants said during the focus groups and interviews. Of note: codes were not generated for affirming sounds or head nods during the focus groups but rather words that were spoken. For the third step, “searching for themes” the codes were taken from the margin then put into a word document with the adjacent quote, all names changed to Subject ID’s, and then grouped together with similar quotes to start forming a theme. After that was step four, “reviewing themes” where all the tentative themes and codes were reviewed to ensure that they had been grouped in a way to best represent what participants stated in the focus groups and personal interviews. Step five, “defining and naming themes” was done through looking at the grouped codes and themes then determining what criteria warranted the quotes to be part of the subthemes and major themes. Steps one through five were also conducted by another study personnel to help ensure that there was no bias and quotes were interpreted the same way then compared for accuracy. During these comparisons any codes, subthemes, and major themes that did not match were discussed until everything was 100% agreed upon. The last step, “producing the report” was done by presenting the agreed upon codes, subthemes, and major themes with the principal investigator to ensure that she agreed with the findings. (Braun and Clarke, 2006, pp. 77-101).

The five primary themes that emerged were stress existing as a transgender individual, lack of support, lack of resources, lack of medical education surrounding transgender community, and positive experiences in the transgender community.

Following these steps allowed for a successful reflexive thematic analysis of the data A

Social constructivist approach was taken because it is co-constructing knowledge because of interfacing with medical professions, medical systems, interacting with each other, other experiences. Therefore, the social constructivist epistemology framework approach was used because the knowledge we gathered from the data was obtained through looking at transgender individuals' experiences interacting with each other as well as their experiences and interactions with society, in particular the medical community

IRB Ethical Approval

Assessment of Needs and Support among Transgender Adults in Central Alabama was submitted to and approved by the University of Alabama at Birmingham's IRB then assigned number IRB-300009801. Dr. Christine Loyd at UAB is the principal investigator and Dr. Bridge Kennedy at UAB is the sub-investigator. All study related items are saved in a secure Box folder that only study personnel can access.

CHAPTER 4

DATA ANALYSIS

Data was collected through focus groups and personal interviews that were captured through the study *Assessment of Needs and Support Among Transgender Adults in Central Alabama*, which was conducted through the University of Alabama at Birmingham for the purpose of identifying the social, psychological, and healthcare needs of transgender adults in central Alabama as well as to see how to better support the population as a whole. The focus groups and personal interviews were recorded through the Zoom platform and then transcribed through rev.com and each saved on a secured box file. The transcriptions were then de-identified, printed out, and codes were written in the margins of each of the transcripts. These codes were grouped into subthemes and major themes then analyzed following Braun and Clark's thematic analysis steps. A social constructivist epistemology framework was used because it allowed us to look at individuals' perspectives and experiences to see how to have an impact in social changes and is captured through open-ended questions in focus groups and interviews. The study identified five major themes (*percentage of participants with at least one coded statement within the theme*): 1. Stress existing as a transgender individual (32.81%), 2. Lack of support (29.71%), 3. Lack of resources (41.67%), 4. Lack of medical education surrounding transgender community (62.5%), and 5. Positive experiences in the transgender community (45.83%), each with subthemes. See Table 2 below for a

breakdown of percentages and refer to Table 3 for further demonstration of participants' contributions as well.

Table 2

Themes and Subthemes

Themes and Subthemes	Totals	Percentage
Stress Existing as a Transgender Individual	5.25	32.81
Finding and Going to a Public Bathroom	4	25
General Passing	9	56.25
Struggle with Personal Change in Identity	5	31.25
Politics Having a Negative Impact	3	18.75
Lack of Support	4.67	29.17
General Reason	7	43.75
Personal Beliefs	5	31.25
Negative Social Media	2	12.5
Lack of Resources	6.67	41.67
Limited Number of Affirming Groups	6	37.5
Lack of Marketing	10	62.5
Insurance	4	25
Lack of Medical Education Surrounding Transgender Community	10	62.5
Healthcare Providers	13	81.25
Transgender Individuals	11	68.75
General	6	37.5
Positive Experiences in the Transgender Community	7.33	45.83
Helpful and Affirming Groups	12	75
Social Media for Support	2	12.5
Future Recommendations	8	50

Table 3. Themes and Participants

Themes	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	T15	T16	Proctor	Totals	%
Stress																		5.25	32.81
Public Bathroom									X				X			X	X	4	25
General Passing		X				X			X	X	X		X	X	X	X		9	56.25
Identity Changes						X			X				X		X	X		5	31.25
Politics						X			X				X					3	18.75
Lack of Support																		4.67	29.17
General Reason	X		X	X		X							X	X	X			7	43.75
Personal Beliefs		X	X			X							X	X				5	31.25
Negative Social Media													X	X				2	12.5
Lack of Resources																		6.67	41.67
Limited Groups	X	X	X										X		X	X		6	37.5
Lack of Marketing	X	X	X		X	X					X		X	X	X	X		10	62.5
Insurance						X							X	X		X		4	25
Lack of Education																		10	62.5
Healthcare Providers	X	X	X			X	X	X	X	X	X		X	X	X	X		13	81.25
Transgender Individuals	X	X	X			X			X		X		X	X	X	X	X	11	68.75
General	X			X		X			X		X					X		6	37.5
Positiveness																		7.33	45.83
Helpful Groups		X	X	X		X	X		X		X	X	X	X	X	X		12	75
Social Media Support				X											X			2	12.5
Future Recommendations	X	X		X						X	X	X	X			X		8	50
Totals	7	8	8	4	1	11	2	1	8	3	7	2	14	9	9	11	2		

Stress Existing as a Transgender Individual

The first major theme that emerged was the theme involving the leading causes of stress as a transgender individual. While everyone experiences stressors in their life, these subthemes were stated as major contributors to current stressors in the participants' lives. Each subtheme will be discussed further including statements from the study participants to represent the subthemes and major theme.

Finding and Going to a Public Bathroom Safely

Going to the bathroom in public without the fear of being harmed is a part of life people may take for granted. Study participants described how they had to show ID to prove they are a specific gender, had security guards escort them out of a bathroom, and been harassed by others in the bathroom for not looking a specific way. Especially during the transition period it can be difficult for transgender individuals to know which bathroom is safest to use; should they go by how they feel, what their genitals are, or which gender they appear most like? These are very real decisions that have to be made because the wrong decision in the wrong bathroom or with the wrong group of individuals around them can result in harm to the transgender individuals.

“What is the greatest source of stress related to your gender identity and what could help to relieve this stress?” Proctor, “I’ll be really quick. Bathrooms. God, bathrooms are the biggest source of stress for me. I would let my bladder explode before I will use certain bathrooms. And if they would just make bathrooms that are gender neutral, it wouldn’t be that big a deal. But when I go out in public, using a restroom is the most awful thought in my head is, am I gonna walk into a men’s restroom? Someone’s going to not think I’m passing and I’m gonna get my ass beat.” T13

This participant, as well as other participants, stated that they would rather have their “bladder explode” rather than using certain restrooms due to the level of stress associated with being transgender and deciding which restroom is safest for them to use. One quarter of the participants (n=4, 25%) expressed that restrooms are a major stressor in their life, something that is often taken for granted by those who are not transgender.

General Passing: The Fear of Being Harmed or Negative Repercussions from Being Transgender and/or Being Associated with the LGBTQ Community

Transgender individuals have to worry about if they are “passing” enough when out in public or being associated with the LGBTQ community in general. “Passing” refers to if they are appearing to fit the gender that they identify as and are appearing to be (i.e. if a transgender man looks manly enough). If transgender individuals are not deemed “passing” to someone’s standards and appear to be transgender then they are subjected to negative consequences. Similarly, being a part of and associated with the LGBTQ community can put them at a higher risk of being targeted and harmed, especially in locations that are known to be less LGBTQ and transgender friendly.

“Like being afraid of what somebody might do if they find out I'm trans. You know, if they catch me in a space where it's just just me and there's nobody to advocate for me alongside me or anything like that. I'm not gonna say anything about my trans identity, but it is important to me that, that, that be accepted by people, you know?... I didn't feel very comfortable most anywhere. It feels almost like you're, you're gonna run into at least a handful of people no matter where you go that's outside of your safe spaces. Yeah. That you, you know, you just don't want them to find out whether it's, they'll say something that is embarrassing or they'll actually physically harm you. Hard to know, but I don't know, we, we know we're a red state here and that is enough sometimes to just put that fear no matter where you go, put that fear in your head that there's gonna always be somebody there that you don't want to know.” T16

This participant expressed how they feared being in public without a friend to back them up and someone finding out they were transgender, not knowing if the person would harm them or make a scene.

“Cause it's not only a concern of my own safety as someone who is pretty openly trans, cuz it's part of me that I'm very proud of. Um, and I don't like hiding that. Um, as someone who's openly trans, as someone who's like best friend is a like trans masculine, non-binary person living in Florida, as someone who has plenty of friends who like aren't as well passing as I or he is, I am scared for their safety and for their wellbeing. Um, as just people in the world Cuz I have friends who live in Tennessee. I have friends who live in, uh, Kentucky, uh, Arkansas. I have plenty of friends who live all across the world, but I nonstop worry about their wellbeing as well as mine. And so that's like the greatest stress is like losing any part of the community... I'm just more so scared of losing people than I am of losing other things.” T2

Participant T2 states how even though they live in Alabama, they fear for their friends who live in various location with an array of gender identities and still fearing for their friends' lives and safety. While people may fear being harmed in different situations, transgender individuals have those fears and then the added layer of someone not agreeing with their identity and harming them or simply harming them due to being associated with the LGBTQ community. Over half of the participants (n=9, 56.25%) had statements associated with general passing and the fear of being harmed or having negative repercussions from being transgender and/or being associated with the LGBTQ community.

Struggling with Personal Change in Identity

Deciding to start the transition process can be a struggle on many levels for transgender individuals. From questioning if they are truly transgender to if the process was worth it mentally/physically to if it was worth the heartache of losing family and friends. This transition is not taken lightly by individuals who decide to take these steps to becoming their true selves, though it can certainly be a difficult one.

“I ran into issues of like, did I make the right decision? Am I really trans? You know, am I, you know, am I doing the right thing? And, but on the other end of it, I'm like, oh yeah, this is totally the right decision. So, yeah. Yeah.” T9

About one third of participants (n=5, 31.25%) expressed that they questioned their choice to go through with the transition and struggled with their change in identity in some way, though they all stated that it was ultimately the correct decision and are happier now.

Politics Having a Negative Impact

While politics and legislation affect everyone, the recent bills and laws have especially not helped transgender individuals in recent years. News media and the bills passed have made it even more stressful and difficult for transgender individuals to not only live safely, but it also directly impacts their ability to obtain certain medical care that they require.

“Is there anything else that creates stress for you or has created stress for you as you started to make, um, the decision to transition?” Proctor, “I mean the law, you know, all those bills didn't help anything that, that caused a lot of emotional

distress... the major stresses or any kind of legal shit going on in terms of bills or laws” T9

“I can tell you right now some of the greatest stresses we have is the news media and all, all, all the rhetoric that's being stirred up with the politics and these politicians interfering with our medical care where they have no business being. And I mean, the hate that, that they stir up from all this, you know, it, it, for years and years, I, I, I stayed in that box because of fear. And, and when I reached a point to where I was just really truly facing the end, I, I, I, I decided, uh, it's not going to end there for me. I'm gonna do this and, and I'm gonna be a survivor. I'm, I'm gonna, I'm gonna make it. I'm gonna be better. And, you know, I am, I'm a lot better.” T6

Politics and news media can certainly be stressful for anyone, but almost 1/5 of the participants (n=3, 18.75%) expressed statements regarding politics, the law, and news media are major stressors in their life. The primary reason for these political stressors were tied to laws and legislation being passed that would prevent transgender specific medical needs and aspects of living.

Lack of Support

The next major theme is the lack of support. It is human nature to want to be supported in life and that is no different for transgender individuals, especially during a major life change. This theme was the smallest of the major themes (n=4.67, 29.17%) but still important to note. Participants indicated a variety of levels of the lack of support they experience and some reasons as to why there is a lack of support for them.

Lack of Support from Individuals for a General Reason

Having a support system is important for anyone to have, but it is especially important for transgender individuals to have when they are going through this major, life changing process. There can be many reasons why important individuals in transgender individuals' lives did not support them, but some participants did not indicate that there was a reason, just that they no longer had support from these people.

“I lost my best friend of 15 years because of this.” T14

“...That was one of my other big problems was my wife. Like she's just like 'Nope. Divorce.' Every time I try to bring it up” T15

“is there anything support wise you wish you had that you, you didn't have?” Proctor, “Um, my family's. Yeah. Um, that would made a huge difference. Employers, um, I probably would've transitioned sooner. But yeah, had I had a better support system prior, better healthcare and, uh, better employment opportunities, I probably would've transitioned a lot sooner” T13

Unfortunately, many study participants (n=7, 43.75%) indicated the lack of support and losing support throughout the process including friends, family, employers, and other. Not having this support can be detrimental and even delay the process of an individual going through the transition process.

Lack of Support from Individuals for Their Personal Beliefs

Sometimes these key areas and people of support chose not to be there for transgender individuals due to their own beliefs, primarily political and religious beliefs. While everyone is entitled to their own belief systems, it still makes it difficult to lose

people who used to be there for someone just because they decided to come out as transgender and start the transitioning process.

“So what support do you wish you had at this moment that you don’t have?”
Proctor, “Family...I’ve learned that they’re very conservative Republican, Bible thumping Christians, so they’re kind of set in their ways.” T14

Over one third of participants (n= 5, 31.25%) indicated that they lacked support from important people in their lives due to those individuals’ beliefs. Regardless of the reason, it is important for transgender individuals to have a strong support system not only through the process, but after the process as well, much like all non-transgender individuals need as well in life.

Negative Experiences with Various Forms of Social Media

Dating applications and social media can be a helpful way to connect with others as well as to express oneself, but it can also be a very toxic environment for all. For transgender individuals especially it can be harmful by being blocked due to their identity or even receive threatening messages and comments.

“On dating app at me or match me or something... I’m like, ‘I’m trans’ and got blocked immediately. I’m like, ‘alright, well it’s on my profile, so I don’t know why you’re doing that’” T14

“So TikTok horrible as far as posting, but, and, and I've seen other people on TikTok that do post, and I admire them for their, their bravery and their courage because when I read some of the comments when people troll on them, it's like, wow, how could you be so hateful towards someone you've only seen on social media? Like, you don't even know their life. You just know what they post and you're so hateful and wishing them to die.” T13

These two participants (n=2, 12.5%) were the only ones who made statements regarding negative social media experiences. Social media can be hard to avoid as dating applications and other social media applications became even more popular in recent years. Due to this, having social media accounts and posts be such a toxic place is certainly damaging to transgender individuals.

Lack of Resources

Next is the major theme of lack of resources. Resources refer to many different types and aspects of obtaining information and guidance. For instance, the internet can be a helpful resource when used properly because it can also be very misleading and contain false information. This theme looks at the limited number of affirming resources, lack of marketing for available resources, and not having ability to access and use those available resources.

Limited Number of Affirming Groups

Similar to having individuals there to support transgender individuals, it is also important to have safe, affirming groups for transgender individuals. Lack of resources can be challenging because having access to good resources are the primary way of obtaining needs and information.

“There used to be a trans-specific support group. Okay. Um, it was mostly covid that made that fall apart. We did not as a group like Discord. And that's what it became through covid... But there's not a trans-specific one anymore. And I think that is important... If that's the main thing, you need support and you need other

trans only trans people there to feel most comfortable talking about some of these things” T16

Study participants (n=6,37.5%) discussed a few of the same affirming resources and groups, but that is only a few for a whole transgender community in the Birmingham and surrounding areas, making them difficult to get into and more limited in their ability to help. Having only a few affirming and helpful resources makes it difficult for transgender individuals to access, but it is also even more difficult when those individuals live in more rural locations and have to travel to access the resources that are available.

Lack of Marketing, Accessibility, and Representation

Marketing and accessibility are extremely important especially when there are only a limited number of supportive and affirming places for transgender individuals to access. While Birmingham does have a few of these groups, if they are not marketed and advertised well then transgender individuals will not know the resources available.

“Um, I think I just wish there was a lot more, uh, I know there's a lot of resources, but they aren't advertised very much. I really had no idea that there was any kind of gender affirming care in Birmingham, uh, or in Alabama at all. Um, I went to high school in Arab, Alabama and then moved to Birmingham a couple years ago. But, um, I think even just having that, looking up those resources and knowing that they were there is the first part of what made me comfortable starting to explore my gender identity” T5

“It needs to be advertised more. There's, there's no information out there that a new transgender person who is questioning why they're experiencing what they're experiencing, there's nowhere for them to see that, you know, there is help out there. There's no, there's no ads that show, you know, if you, if you're experiencing this or you're experiencing that, call this number or go to this website, there's so much false information going on.” T1

According to the majority of participants (n=10, 62.5%), a strong contributing factor to lack of resources is the lack of marketing, accessibility, and representation. Without these communication factors, then it is even more challenging for transgender individuals to access the limited number of good resources that are available. This is a major problem because marketing, accessibility, and representation help transgender individuals obtain the knowledge and help that they need while also being more acknowledged in society.

Not Having Access to Good Insurance That Will Cover Medical Needs

Insurance is another major issue for transgender individuals for multiple reasons. It can be difficult to have good insurance that will cover common medical needs, but it can be difficult to afford good health insurance and even then, it can be challenging to have insurance cover transgender specific medical procedures.

“Medical coverage... we have good insurance policies and they, they will cover, they will cover the, the s r s [sex reassignment surgery] portion of it, but the, the, the breast augment and any facial stuff to, to feminize the face, they, that's all cosmetic. They won't pay for that at all.” T6

One quarter of participants (n=4,25%) talked about how not having access to insurance that will cover transgender specific medical needs was a significant issue. While some participants had terrible insurance or even no insurance, even the participants with good insurance expressed how insurance would not cover transgender specific procedures. This is problematic because this puts a major financial stress on the individuals as well as a significant hindrance in their transitioning process.

Lack of Medical Education Surrounding Transgender Community

The theme of “lack of medical education surrounding transgender community” was the most prominent theme and causes a significant hindrance on transgender individuals’ basic healthcare needs as well as their overall health and way of living. All individuals expressed how they knew someone or they personally resorted to the internet or friends as their main source medical information and/or obtained hormones for their hormone therapy off the streets rather than a medical facility. Participants also disclosed that when going to medical settings such as hospitals or clinics that they experienced discrimination, biases, and lack of medical treatment due to the deficiency in the medical personnel’s education on transgender health needs.

Limited Number of Accessible HealthCare Providers Educated on Transgender Medical Wants and Needs

While there are some healthcare providers who are affirming and knowledgeable of transgender medical needs, there are certainly not enough to support the number of transgender individuals. There are many contributing factors and subsequent issues that emerge due to the limited number of accessible healthcare providers that are educated on transgender medical wants and needs.

“I think something that would probably help all situations the most is if there was just information that you, that's just standard that you learn when you go to say medical school or nursing school or counseling, you know, to be a counselor, go to school for that. You know, if, if there's just a standard of materials that can be taught to like, just kind of help people understand what they're, what they're dealing with when a trans person comes to them, you know? Because a lot of cis people who are really hateful towards trans people, the reason is because they don't understand. Yes. That's the root of it. If they did understand, hey, you're actually talking about something that's really like, it's a mental health issue for that person in their life and you know, this is the, the way that medical and mental health professionals have determined is the best way to deal with this. If it were

spelled out that way, it's like, it's, it's ridiculous to try to refute it. Almost. Like, okay, so you hate a trans person because it's all confusing to you, but if we help bring that information to you, to light to like, so you understand that this is just a person struggling in their life and they need this medical care, you know, it's that simple.” T16

“most of the time the doctors have been at least educated enough to behave correctly majority of the time in my experience. But like every, you know, any kind of support staff was freaking clueless, um, even when corrected.” T9

Having a standard set of transgender specific materials that are taught in health professional programs at universities would help ensure that students and therefore medical professionals would have the knowledge base to properly help transgender individuals. It is also important to note that healthcare providers include medical personnel outside of just doctors. Transgender individuals, just like cisgender individuals, encounter a variety of medical professionals when going to a doctor’s office including but not limited to nurses, patient care technicians, and receptionists. These all play a role in the experiences people have within the medical community.

“But my experience with [my doctor] is... he might seem off-putting to some people, but I think it's just because he is tired cuz for one, he is one of the few doctors in the area that really knows what he is doing. And it's a very popular clinic for transgender people, for queer people.” T15

This participant makes a great point that while their doctor is affirming and knowledgeable with transgender needs, he is one of the few doctors who is in the Birmingham area from their experience. This can lead the doctor to being overworked and “stretched thin” because people of all gender identities and sexual orientations feel comfortable using him as their doctor.

“okay, so have you experienced any barriers?” Proctor, “Uh, distance and money for me, um, I live, I live in a very, very small town and um, the closest town I could get any support in is 45 minutes to an hour away, depending on which direction. And if I wanna go to Birmingham, which is where I've gotten the most support, it's two hours” T3

This participant points out, as multiple participants did, that distance and money can be a major contributing factor to accessing a knowledgeable and affirming healthcare providers. Participants stated that they have had to travel to other states to obtain the transgender procedures that they needed from a knowledgeable and affirming doctor. As discussed earlier, insurance only pays a limited amount of procedures and treatments, if any, which can put a financial strain on transgender individuals during and post transition.

“my initial appointment I waited three and a half months for give or take, but now it's like, it's on, it's moving now. So I'm not waiting constantly, which that was the most anxious three months I've ever had in my life.” T14

“when I started, I checked into Magic City Wellness, and they told me that it would take six months before I could be seen, and I didn't even know that the gender clinic existed” T1

Since there are a limited number of affirming and transgender knowledgeable doctors in the Birmingham area, coupled with the fact that not all transgender individuals have the ability to travel out of state, it can mean that they have extended waiting periods to see medical personnel that they wish to see.

“What has been damaging the most has been healthcare professionals. Um, specifically mental healthcare professionals. Um, I'm kind of debating whether or not I should get rid of my current therapist because we have been talking about things and he says, well, how much of that is being a woman? Mind you, he

knows that I'm trans. Um, so a lot of things that he has been the most like, detrimental to my daily, like trying to get over things.” T11

“How my first therapist appointment went. So I saw local therapist to get my letters required by insurance in order just to get my hormone treatment. And he was really old like old school. Um, it rude, cut and dry. Um, kind of tried to talk me out of what I was looking for, to a point where I had to tell him, look, this is my fifth visit. Um, I'm not here for you to analyze my psyche. I need you to write a letter. You've already pointed out that I have this, uh, this dysphoria. Write me the letter. And he pushed it out and pushed it out. And then when he finally wrote it, he didn't write it with the pop, the proper, um, the proper wording like as the, what is it? So he didn't write the letter correctly. And when I came back to him was like, Hey, we talked about surgery and we talked about hormones. And he's like, uh, I don't think we did. No, no, no, we did. And then he said, well we can set up a couple more appointments and then I'll see if I can write that letter a little differently” T13

When discussing medical personnel and healthcare providers, it is important to remember to include therapists and other mental health personnel. Participants express how finding a good, supportive, affirming, and knowledgeable therapist can be difficult to find. This is problematic because the current standard process for transitioning is for transgender individuals to see a therapist, be diagnosed with a mental disorder such as gender dysphoria, and obtain a letter from said therapist stating that the individual can proceed with transgender procedures. Not having access to a therapist who is affirming and educated on transgender needs can prolong this process or even cease individuals from proceeding.

This subtheme had the greatest number of participants (n=13, 81.25%) make comments and statements. Due to the limited number of knowledgeable and affirming healthcare providers, transgender individuals who do find them are having to wait extended periods to be seen, having to travel hours and even to different states, and often times cannot afford to see them even with insurance. One specific group of healthcare

providers lacking affirmation and transgender education are therapists. This is especially problematic because transgender individuals have to see a therapist, have a diagnosis of a mental disorder such as gender dysphoria, and obtain a certified letter from the therapist approving them to continue and further pursue their gender transition. The lack of knowledge and affirmation from therapists causes major hurdles and delays in transgender individuals seeking their medical care.

Transgender Individuals Lacking Knowledge about Transitioning and Transgender Needs

Another group of individuals lacking transgender medical knowledge is transgender individuals themselves. Once an individual realizes they might be transgender they start searching the internet for information or use word of mouth to learn about the process and what all it entails. This coupled with the lack of knowledgeable and affirming healthcare workers, it is understandable how transgender individuals may be lacking the education regarding their own medical needs.

“Um, this is probably just me not having the knowledge, um, or education, I guess. Um, so [T13], you said, so we, I'm confused. You would still have to have a mammogram even though you had top surgery?” T9, “Yes, because I still have, there's still, um, there's still tissue. Okay. That could potentially be cancerous.” T13, “So that's everybody that has had top surgery?” T9, “Yeah. From what I understand, yes. Unless you've had, um, um, so like my wife has had a double mastectomy, which was preventative for cancer. Now she no longer needs to worry about a mammogram because they have taken all that tissue out. But I still have breast tissue, like the peck area and such. Sure. Um, so there's still potential for cancer.” T13, “to add to that is that when, um, when they contoured the chest, um, to just give it a more masculine appearance, like if they took all the breast tissue, you'd end up concaved. And so in order to contour to make it like, seem like, you know, make you have some pet, um, yeah, pet, so they leave some, some, um, breast tissue there underneath the skin. And also it aids in healing too. If you like removed everything, then it would be a rough go on the healing process.” Proctor “Oh wow. Well, okay. Thank you for the education, both of y'all. I had no idea.” T9

“It was Google searching and I, and I found a place where I could order stuff on the black market and have it shipped in and, you know, he's taking a big risk with that stuff. So I, I kind of self-medicated for a year before I finally realized, you know, hey, I, I really need to have my stuff monitored by a real doctor.” T6

This was the third largest subtheme overall with participants (n=11, 68.75%) making statements acknowledging the lack of education that they have within their own community. These statements ranged from when transgender individuals are just starting the process to individuals who transitioned years ago and were unaware of medical procedures and processes that they still needed to partake in for screening and to stay healthy.

General Lack of Medical Education and Understanding Regarding Transgender Community

Along with healthcare providers and transgender individuals, all other members of the community also lack education surrounding what it means to be transgender and what all that entails. Participants express how this lack of education leads to misunderstandings that can also lead to negative emotions and responses toward the transgender community.

“Well, and that, you know, I think maybe comes through understanding and, what we're talking about right here is how trans people can gather resources, but it cis people that don't really even try to gather those resources until they know a trans person. And so like, they don't, it's, it's something they don't have to think about on a day-to-day basis cuz they're not trans... Because a lot of cis people who are really hateful towards trans people, the reason is because they don't understand. Yes. That's the root of it. If they did understand, hey, you're actually talking about something that's really like, it's a mental health issue for that person in their life and you know, this is the, the way that medical and mental health professionals

have determined is the best way to deal with this. If it were spelled out that way, it's like, it's, it's ridiculous to try to refute it. Almost. Like, okay, so you hate a trans person because it's all confusing to you, but if we help bring that information to you, to light to like, so you understand that this is just a person struggling in their life and they need this medical care, you know, it's that simple” T16

“finding a way to educate cis people that you're going to interact with, whether it be like on a business, like, you know, just going to a business or whether it's help medically... just the lack of education, a lack of knowledge is just it, I mean, it's bad. I mean, it's what, you know, it's what's causing so many problems.” T9

“it's like, people look at us like we've got some sort of disease. I had a woman tell me one time that she thought that, cause I was transgender, if I talked to her child, her child would become transgender” T1

Over one-third of participants (n=6, 37.5%) demonstrated and stated the lack of transgender knowledge in cis gender individuals and the community as a whole. This can be damaging and lead to misconceptions, biases, and discrimination based on the lack of knowledge and education. Not understanding what it means to be transgender and not having the educational knowledge of what goes into being a transgender individual can make people spread false information as well as increase fear and misunderstandings, which can be very harmful for the transgender community.

Positive Experiences in the Transgender Community

The last major theme that emerged was positive experiences in the transgender community. With all the negative experiences that transgender individuals have shared through this study, there are also positive experiences and recommendations that were shared.

Helpful and Affirming Groups

Though the number may be limited, there are a handful of affirming and supportive groups in the Birmingham area. Magic City Wellness, Magic City Acceptance, Magic City Legal, UAB's Gender Clinic, and a few others are a central and key set of affirming groups that transgender individuals have access to for their needs.

“... Yea, so the Wellness Center and the Magic City Acceptance Center... I've also used the Magic City Legal Center, uh, they helped me with my gender marker change.” T15

“I really, I felt affirmed. I felt that taken seriously. I felt heard there. Um, also, magic City Legal helped me do my name change, um, helped me with my social security and changing all my social security information and my gender marker, which was like another step in the process of affirming me locally” T13

This subtheme was the second largest, with three-quarters of participants (n=12, 75%) acknowledging helpful and affirming groups. The most common places mentioned included the Magic City Wellness Center, Magic City Acceptance Center, Magic City Legal Center, and UAB Gender Clinic, though there were a handful of others as well. These affirming and supportive groups are so important to the transgender community because it provides a helpful and safe place for transgender individuals to go for knowledge, medical needs, and support that they need.

Using Social Media for Support

As mentioned previously, social media can be a toxic place for some people, but for others it can be a healthy place to express oneself. Transgender individuals have

found a few social media outlets where they have been able to have positive experiences expressing themselves and finding support.

“I actually do post a lot on Reddit... But it's like my go-to for like, if I need support, if I need to have like affirmations” T15

A couple of participants (n=2, 12.5%) expressed how they turn to social media outlets for support and as a way for them to express themselves. They stated how it can provide them the opportunity to see helpful ways to learn how to do their make-up, how to better fit clothes to accentuate their bodies how they want, and what other people’s bodies look like during transitioning as well to know what the “norm” is for the process. When used properly, social media can be a good and helpful place for transgender individuals to go.

Future Recommendations

The last subtheme that emerged was Future Recommendations, which encompassed many transgender individuals’ suggestions on steps to help spread awareness and education while also providing better resources and opportunities for those in the transgender community.

“one central place where you can gather information about all of these different parts of your transition and then personal accounts from, you know, other trans people who've done it already. Yeah. Like a big brother, big sister kind of thing would be also really cool. Um, and helpful I think for a lot of people because like I said, so many of these folks are young, but the older trans people exist, they're just, they're not looking for the resources anymore cuz they're already, they know what they're doing. If we could connect those people, that would be great.” T16

“I think something that would probably help all situations the most is if there was just information that you, that's just standard that you learn when you go to say

medical school or nursing school or counseling, you know, to be a counselor, go to school for that. You know, if, if there's just a standard of materials that can be taught to like, just kind of help people understand what they're, what they're dealing with when a trans person comes to them” 16

“What support do you wish was available for you as a transgender adult living in Alabama?” Speaker 1, “the one thing that I could think of that I really wish I had was a incognito gynecologist... it's very hard to go to a gynecologist that is strictly, it, it, it feels weird being a fully male presenting person walking into a gynecologist office.” T10

“Um, yeah, that'd be really nice. If we could have some kind of implementation where in classes, at least on the first day or in a discussion board, whatever it may be, could we please, um, have it, what's it called? Um, I just saw a question in the thing. Uh, could we please have it kind of, okay. Uh, can we please have it that we say our pronouns and at the very least say our pronouns and a discussion board in person? I don't care. But I think it's really helpful for professors to look at that and be able to address me properly. Cuz I've had professors slip up in class and then themselves, then it gets really awkward because now everybody's looking at me.” T11

“What could have been great, especially like at the start of my transitioning, um, would've been my brain goes to like an Alcoholics Anonymous, but for trans people, like just some sort of program where we could all meet, kind of like how we are now in just a way to build community with each other and be able to like actually talk with each other and not feel as alone in the start of our journeys” T2

“Something like that, that also kind of centralized and, and maybe provided a, a comprehensive, um, center of information, um, to, you know, even just to, to know better what to expect in different stages of transition and, and that kind of thing. And, and like she was saying, like that would also give opportunities to meet different trans people at different stages of the process... I think that would be a great resource to have” T4

Half of the participants (n=8, 50%) provided their own recommendations and insight into how to better share educational materials with the transgender community, how to better education current and future healthcare providers, among other things. These are all important to listen to and consider as they are the target population for these changes that they are recommending. Implementing these as well as other

recommendations can help improve the education, process, and lives of transgender individuals.

CHAPTER 5

DISCUSSION AND RECOMMENDATIONS

Summary

The purpose of this study and analyses was to take the data from the primary study and characterize it to look at the personal health literacy and medical professional education challenges experienced by transgender individuals with all aspects of the healthcare system. The study used data collected during focus groups and personal interviews conducted during the research study *Assessment of Needs and support among transgender Adult in Central Alabama*, conducted at UAB. The primary purpose of the larger research study was to identify the general needs for the transgender community in central Alabama. Similarly, this study took a deeper dive into the primary study's secondary questions focusing on healthcare specific needs and knowledge. All research questions can be seen below.

Research Question

Primary research question:

- (1) What are the needs for the transgender community in central Alabama?

Secondary research questions:

- (2) How can transgender medical knowledge be better provided and accessed by healthcare providers as well as transgender individuals?
- (3) How can transgender individuals' experiences in the medical community be improved?

Thesis Question

- (1) Characterize the health literacy and education challenges experienced by transgender individuals engaging in healthcare settings.

Conclusion

The findings of this study matched many of the findings from the scientific literature currently available. There is a noticeable lack of support whether it be family and friends not supporting or there are simply no accessible support groups that are beneficial and helpful for transgender individuals (Korpaisarn and Safe, 2018, pp. 271-275). The study also affirmed the literature is that people's personal beliefs affect their willingness to learn about the transgender community as well as how they treat transgender individuals in general (Stroumsa et al., 2019, pp. 398-407). Similar another study, our group found that transgender individuals have a more difficult time finding a medical provider with the knowledge and understanding of transgender needs which leads to the need for traveling, longer waiting times, and more insurance issues due to the lack of coverage for transgender specific procedures (Glick et al., 2018, pp. 118-126). There is a real need for transgender education in various aspects of the healthcare system to better treat and help transgender individuals (Vasudevan et al., 2022, pp. 981-989). In

contrast, which is still a controversial topic within the transgender community, was a couple of studies comparing the current traditional process for transitioning versus a modern or consent approach using strictly consent for obtaining transgender procedures. The researchers for these other studies pushed for the removal of needing to speak to a therapist and receive a letter from them as well as a mental diagnosis such as gender dysphoria, whereas I found that multiple participants stated that going to a therapist is certainly needed, it is just important to find an affirming one, and that the participants claimed that absolutely had gender dysphoria (Lipshie-Williams, 2020, pp. 1-10) (Schultz, 2018, pp. 72-92).

Discussion

The findings from this study support that there is a need for transgender education to be incorporated into all healthcare profession curricula and a need for training healthcare providers on the job in caring for the needs of transgender individuals. This is seen through the themes and coincides with the scientific literature findings as well. The quote below from one of the study participants demonstrates some of the feelings that were expressed during the focus groups and personal interviews.

“I think something that would probably help all situations the most is if there was just information that you, that's just standard that you learn when you go to say medical school or nursing school or counseling, you know, to be a counselor, go to school for that. You know, if, if there's just a standard of materials that can be taught to like, just kind of help people understand what they're, what they're dealing with when a trans person comes to them” T16

The findings from this study also support that due to personal views and hatred that there is a lack in education for people in general to understand transgender needs. This was discussed by multiple participants and is also supported by the scientific literature. This idea of hate and fear being derived from a lack of understanding and knowledge is very supported in many aspects of life, such as the common quote “fear of the unknown.” A main difference is that information regarding transgender individuals, the process, and the science behind it is well known to an extent and people simply have to have the willingness to take the time to learn.

“a lot of cis people who are really hateful towards trans people, the reason is because they don't understand. Yes. That's the root of it” T16

This quote from one of the participants that captures this finding well because it acknowledges that the lack of understanding is what drives this hatred and misunderstanding about the transgender community.

Another study that had contrasting outcomes was an online and mailed questionnaire to known LGBTQ organizations that through a qualitative content analysis found that there were six major themes that emerged: “gender insensitivity, displays of discomfort, denied services, substandard care, verbal abuse, and forced care” (Heng et al., 2018, pp. 359-378). Participants in this study expressed numerous negative, abusive, and inappropriate experiences within the medical community. These results were disheartening, and for the most part did not align with the participants in the research study conducted at UAB. There were mentioned of misgendering (using dead names and incorrect pronouns) primarily by family members and support staff at medical locations. While these studies had very different focuses, it does raise concerns as to if research

studies that are being conducted are asking the right questions to best service the transgender population.

Implications

The implications for this study come from the findings and the themes that emerged. There is a need for more accessible educational materials, better marketing and advertising, curricula within healthcare programs need to be updated, and there should be more professional development opportunities. With the implications we see that there is a high need for improvement. Even though the transgender community is a small community, the needs within are certainly large and very present. Again, this idea and these implications are seen through the themes discussed earlier.

Recommendations

While future recommendations was one of the subthemes that emerged during the study, here are just a few of the recommendations for research and practice that directly mirror with the implications of the study. For example, a research study can be conducted to identify healthcare locations and other locations that have transgender educational materials to see where the gaps are and similarly, for practice, create a centralized website to help fill in these gaps and make educational materials more accessible. A research study can be conducted using online surveillance of marketing of current resources available and for practice simply find ways to increase the marketing and advertising of those resources that are currently accessible. Similarly, an assessment survey of curricula

for current health professional programs at various types of universities (public, private, online, etc.) and for practice start going ahead and continuing to increase the transgender medical needs into the appropriate courses. Lastly, researchers can conduct a study that captures the amount of professional development and continuous education opportunities as well as what they cover when educating on transgender needs and for practice, start incorporating more of this education in various ways for health professions to better learn and stay up to date on needs.

While there are numerous research studies that can be done, a personal recommendation that I would propose is to target transgender individuals in a specific area (such as Central Alabama to start) to conduct a mixed methods questionnaire containing multiple choice, select all, and open-ended questions to test transgender individuals' knowledge about being transgender. As found during this research study, recruitment can be difficult, so knowing ahead of time that enrollment may be challenging, transgender individuals are the target population and the community that the study is aiming to help, so it is important to start directly with that community. Enrollment should include a variety of gender identities within the transgender community, ages, stages in the transitioning process, is possible then date started and date of "full transition", as well as other demographics. The questionnaire should ask questions regarding medical needs including but not limited to how the process goes, what resources are available, how to obtain and get in contact with those resources, what maintenance and follow-up medical procedures are needed, and other similar questions. I think that this will give researchers a good base line for where transgender individuals are in general and be able to better prioritize the educational materials needed. The

Birmingham community has certainly taken steps in the right direction, we just need to continue to move forward so that everyone can get the respect and care that they deserve.

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