

Facilitators and Barriers in Queer Reproductive Health. A Qualitative Focus Group Study of Members of Sexual and Gender Minority Communities.

Dona Jalili, BS, MS¹, Elaine Avshman, BS², Jason Domogauer, MD, PhD¹, Amani Sampson, BA, MS³, Christina A. Penfield, MD, MPH¹, Gwendolyn Quinn, PhD¹

¹NYU Grossman School of Medicine, New York, NY, USA, ²Texas A&M School of Medicine, Bryan, TX, USA, ³Rutgers New Jersey Medical School, Newark, NJ, USA

INTRODUCTION

- Sexual and gender minority populations (SGM) experience health care disparities limiting access to preventive reproductive care [1, 2]
- SGM individuals have unique risks and outcomes for cancer (e.g., decreased rates of cancer screenings, increased incidences of certain cancers, and higher rates of cancer mortality) [3]
- Transgender individuals are 37% less likely to be up-to-date with Pap tests compared to cisgender individuals [4]
- Barriers to health care include discrimination and negative interactions with clinicians [5]
- 23% of transgender individuals avoided seeing physicians due to fear of mistreatment [6]
- One-third of transgender individuals report at least one negative experience related to their gender [6]
- SGM individuals struggle disclosing identities and/or orientations with clinicians [7]

PURPOSE

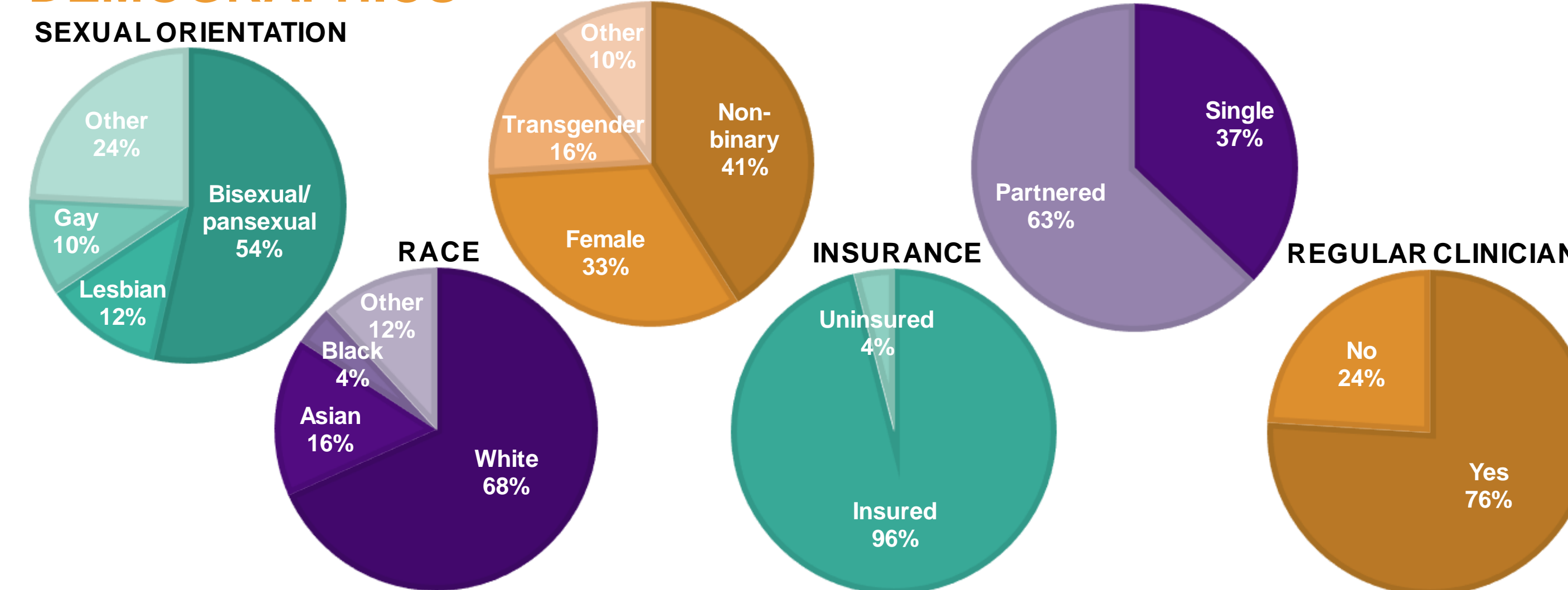
To explore sexual and gender minority community member perceptions of facilitators and barriers to preventative reproductive health care.

METHODS (1)

- Study advertised via social media and university student groups
- 417 completed the screening form containing sexual orientation and gender identity (SOGI) questions.
- Exclusion criteria included identifying as cisgender and heterosexual, and having previously participated or fraudulent behavior
- 67 SGM-identified individuals were recruited from across the U.S.
- A total of 9 online focus groups were completed between September and December 2022 using a semi-structured interview guide
- Demographics collected via a REDCap survey after each focus group session containing additional questions (e.g., relationship status, health insurance status, and access to a regular clinician)
- Verbatim transcripts were created for qualitative analysis, using the constant comparative methods, and open and axial thematic coding

METHODS (2)

DEMOGRAPHICS



RESULTS (1)

OPEN-ENDED COMMENTS

SGM members Experience with Reproductive Health Care Clinicians and Settings

I'm trans and have had a vaginoplasty. So while I now have a vagina, it works entirely different to most women's, and that makes finding information for it incredibly difficult, except at the queer clinic in the nearest big city, which is unfortunately an hour and a half away [...].

There can be invalidation depending on the doctor you're working with, and you know a lot of the languages are gendered, even if they don't intend it to be,

[...] I think when doctors and medical professionals think of sex, they're not thinking of LGBTQ+ individuals [...]. So they're just assuming if you're not having penetrative sex, you're not having sex at all.

[...] I may need PrEP services, even if I'm not as high-risk or sexually active just because of the population I deal with, especially for if you're bisexual or pansexual. And that's another high risk, even as a cis woman, but they'd be like ah, no, not really, you don't need that.

[...] I've had really bad experiences with OBGYN facilities in particular. [...] the emphasis on it all about women, was everything. It was called like Women's care, or like Women's Health Care, or whatever, everything was pink, there were flowers everywhere.

I feel like there are a lot of very subtle things in OBGYN offices that can be very uncomfortable, like filling out intake forms, not having a lot of options for putting who your partners are, or what's your relationship status [...]

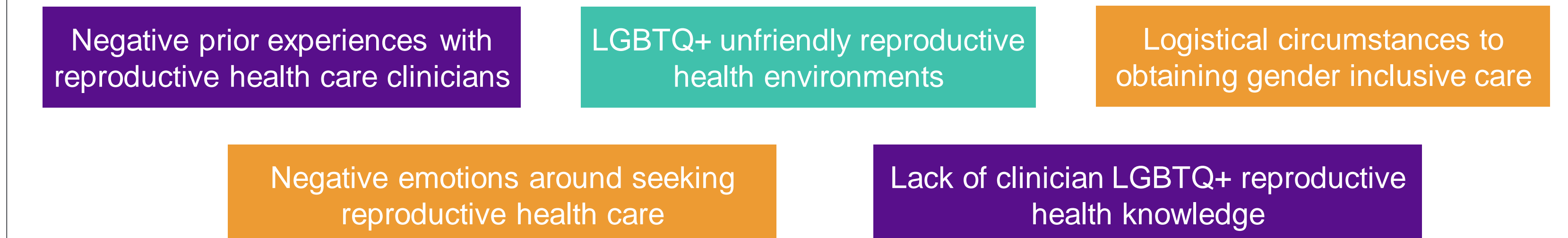
[...] another thing which is kind of small but really big is when people say their pronouns after their name, like, Oh, hi! I'm! Dr. This, my pronouns are this/this and that automatically makes me feel okay - They recognize gender, so like they're probably safe.

Barrier: Assumptions about Sexual Partners/Lack of Obtaining Relevant Information

Facilitator: Clinicians Using Pronouns

RESULTS (2)

Themes based upon participant experiences with reproductive care providers and settings



SGM communities are diverse, and experience multiple facilitators and barriers in accessing reproductive healthcare

Facilitators	Barriers
Clinicians introducing themselves with pronouns	Lack of offer of relevant cancer screenings, HPV vaccine, or fertility counseling
Asking relevant questions about partners	Use of dead names
Not making assumptions	Assumptions about genitalia, sex, gender, and/or sexual partner(s)
Creating safe environments	False flagging/rainbow washing
	Inappropriate contraception counseling

Frequent mention of LGBTQ+ unfriendly environments (e.g., hyper-feminine), and 'False Flagging' / 'Rainbow Washing' – misleading placement of rainbow flags and "friendly" advertising, but lack of trained clinicians and staff, or a true LGBTQ+ friendly environment

CONCLUSIONS

- Limited knowledge of clinicians in reproductive health needs of SGM individuals including from lack of gender inclusive language to knowledge of relevant SGM-relevant reproductive health screenings
- SGM specific reproductive health training should be offered to clinicians
- Lack of education for reducing barriers to reproductive health care for SGM individuals occurs at both patient and clinician levels.
- Need for improved practices to ensure SGM individuals have access to inclusive, competent, tailored, and safe reproductive healthcare

REFERENCES

- Griggs, J., et al., American Society of Clinical Oncology Position Statement: Strategies for Reducing Cancer Health Disparities Among Sexual and Gender Minority Populations. J Clin Oncol, 2017. 35(19): p. 2203-2208.
- Obedin-Maliver, J., Time to Change: Supporting Sexual and Gender Minority People-An Underserved, Understudied Cancer Risk Population. J Natl Compr Canc Netw, 2017. 15(11): p. 1305-1308.
- Cathcart-Rake, E.J., Cancer in Sexual and Gender Minority Patients: Are We Addressing Their Needs? Curr Oncol Rep, 2018. 20(11): p. 85.
- Peitzmeier, S.M., et al., Pap test use is lower among female-to-male patients than non-transgender women. Am J Prev Med, 2014. 47(6): p. 808-12.
- Kano, M., et al., Addressing Cancer Disparities in SGM Populations: Recommendations for a National Action Plan to Increase SGM Health Equity Through Researcher and Provider Training and Education. J Cancer Educ, 2020. 35(1): p. 44-53.
- James, S., et al, The report of the 2015 US transgender survey. 2016.
- Macapagal, K., R. Bhatia, and G.J. Greene, Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. LGBT Health, 2016. 3(6): p. 434-442.