Improving Primary and Gynecological Care for Transmasculine Patients
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Only 26% of transmasculine patients reported receiving gynecological care regularly

53% of respondents stated this was due to dysphoria at the gynecologist

BACKGROUND/SIGNIFICANCE
- Transgender patients require medical intervention to transition
- Many transmasculine patients utilize primary care services for gynecological needs (1)
- Gynecological care is an uncomfortable experience for transmasculine patients → leads to avoidance

PURPOSE/RATIONALE
- To better understand dysphoria-inducing medical evaluations causing distress
- To encourage transmasculine patients to seek and receive preventative gynecological care
- To improve physician knowledge on gender-affirming care and language in this setting

METHODS
- We developed an online survey via Qualtrics
- Sought to understand main causes of discomfort/avoidance of care and how this could be improved
- Recruitment: Local LGBTQ+ friendly healthcare offices and online sites (Reddit, Instagram) over 6 weeks
- Inclusion criteria: transmasculine patients aged 18+ in the U.S.
- Analysis: Qualtrics data was analyzed via SPSS statistical software

RESULTS
- Significant stressors included waiting in the waiting room and dysphoria during gynecologic procedures
- Inclusive language/asking patients preferred language choices, using correct name/pronouns, broader knowledge of HRT-induced genital changes, and small speculums can improve outcomes

DISCUSSION/LIMITATIONS
- Gender dysphoria and severe distress in a sensitive medical setting can be vastly improved by a knowledgeable/compassionate care team
- Our study lacked responses from participants of color, and this project could be expanded in the future by researchers with more diverse backgrounds to aid in trust within the medical community

References

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<th>Causes of Discomfort at the Gynecologist</th>
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<td>Lack of gender-diverse imagery displayed in office</td>
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<td>Waiting in the waiting room</td>
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<td>Assumptions surrounding sexual activity</td>
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<td>Lack of sensitivity surrounding dysphoria-inducing procedures (Pap smear/cheat exam)</td>
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<td>Being misgendered/deadnamed</td>
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<td>Vaginal atrophy due to HRT</td>
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<th>Transition Length vs. Likelihood to Seek Care</th>
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<td>The length of one’s transition negatively correlated with likelihood to seek care.</td>
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Less than 1 year 4% n=19
1-3 years 40% n=201
4-7 years 34% n=168
More than 7 years 29% n=146

χ² (3, N=473, 3) =11.059, Cramer’s V = .153, P = 0.011