

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

Improving Primary and Gynecological Care for Transmasculine Patients

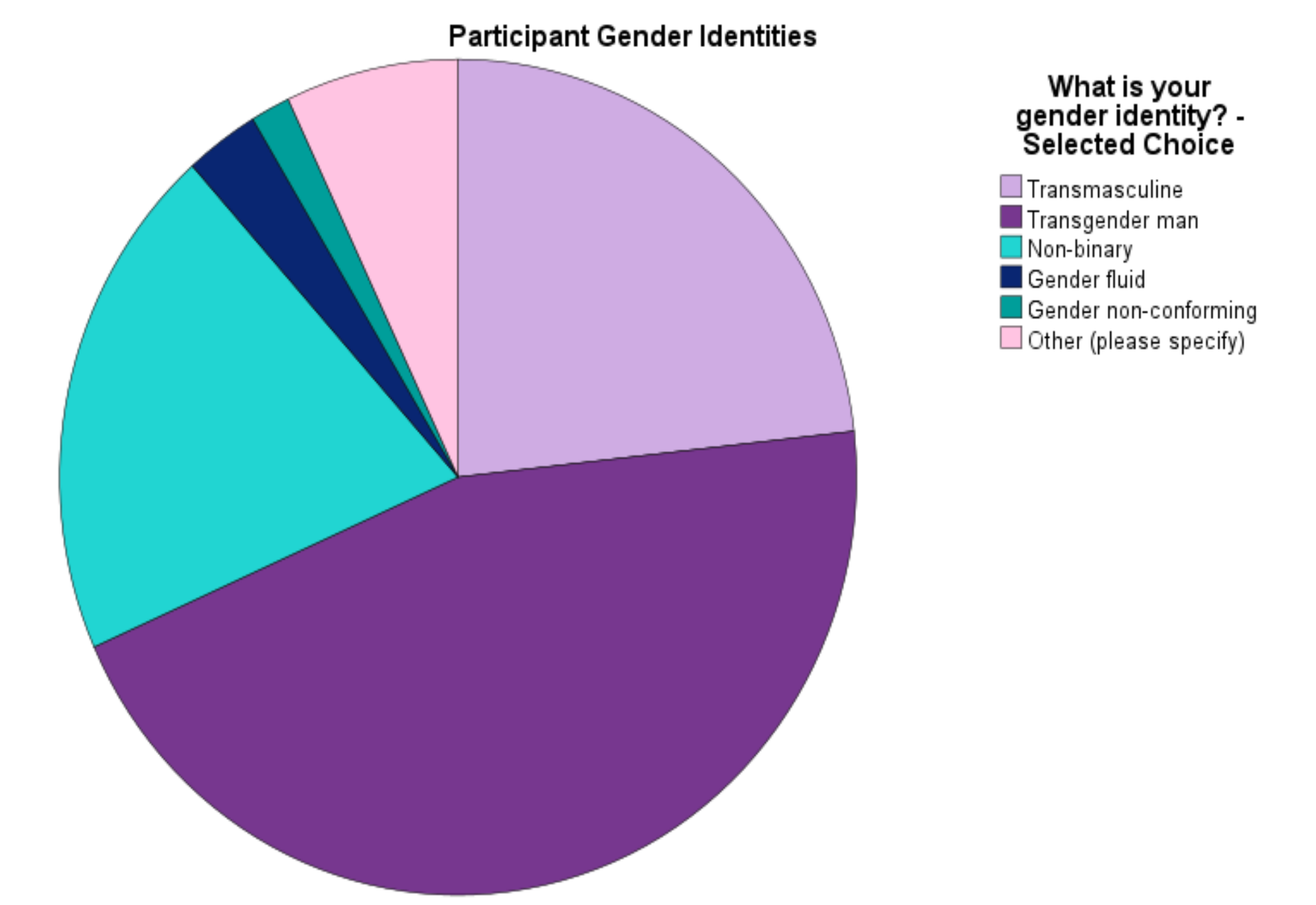
Alison Mautner, OMS-III, Joanna Petrides, Psy.D, MBS

Only **26%** of transmasculine patients reported receiving **gynecological care** regularly



Image Credit: Queer Ivy Art

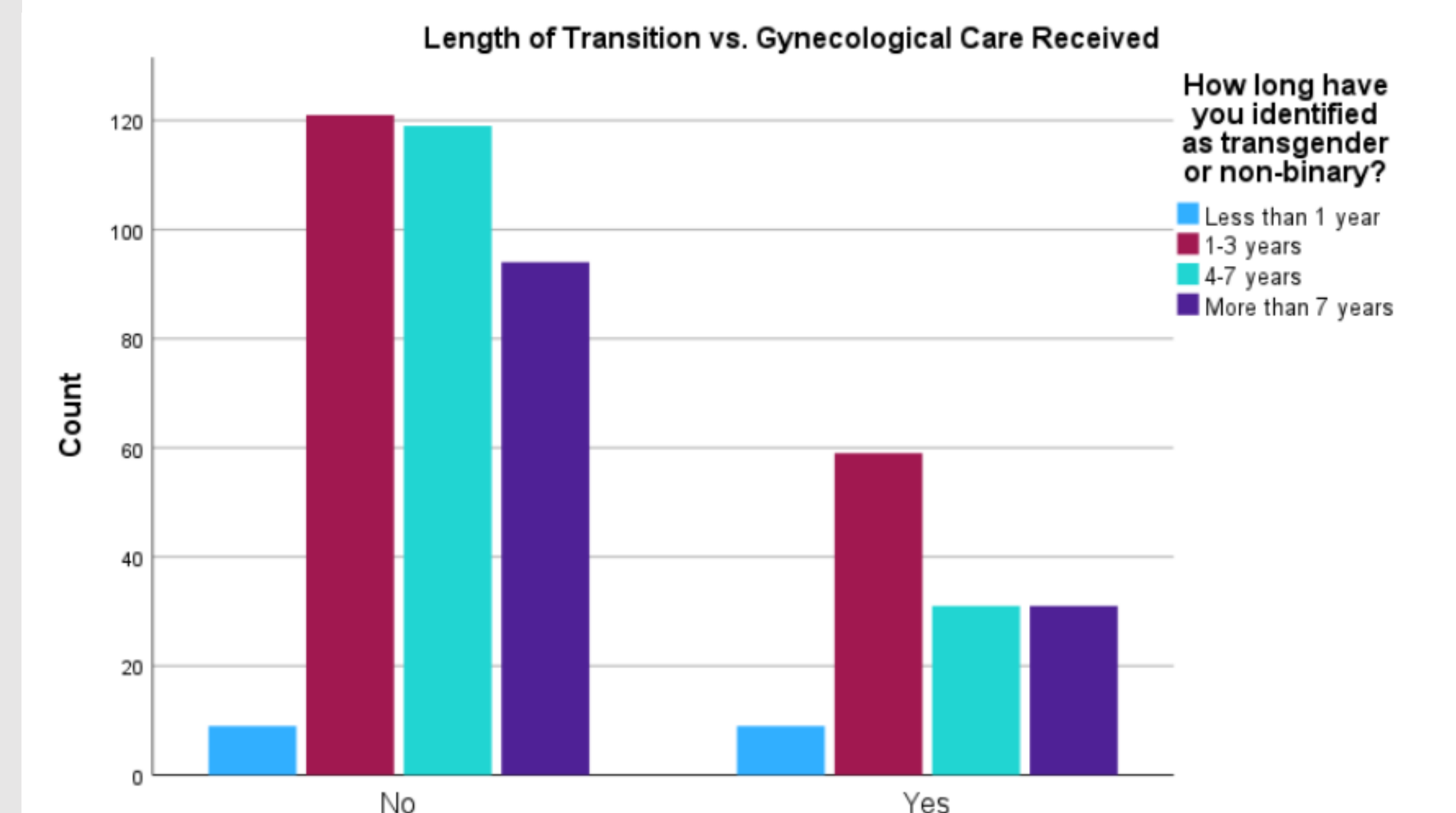
53% of respondents stated this was due to dysphoria at the gynecologist



Gender identities of participants. N=499, Transgender man 51% n=255, Transmasculine 24% n=121, Non-binary 21% n=103, Gender fluid 3% n=15, Gender non-conforming 1.6% n=8, Other 7.4% n=37

Causes of Discomfort at the Gynecologist

Lack of gender-diverse imagery displayed in office	18%
Waiting in the waiting room	18%
Assumptions surrounding sexual activity	17%
Lack of sensitivity surrounding dysphoria-inducing procedures (Pap smear/chest exam)	16%
Being misgendered/deadnamed	15%
Vaginal atrophy due to HRT	10%



$\chi^2 (3, N=473, 3) = 11.059$, Cramer's V = .153, P = 0.011

Transition Length vs. Likelihood to Seek Care. The length of one's transition negatively correlated with likelihood to seek care.

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

References



ROWAN-VIRTUA
 School of
 Osteopathic Medicine