



MRC/CSO Social and Public Health Sciences Unit Consultation Response

<p>Title of consultation</p> <p>Inquiry into sexual and reproductive health rights for trans women, trans men, and non-binary people</p>
<p>Name of the consulting body</p> <p>Scottish Parliamentary Cross-Party Group on Sexual Health and Blood Borne Viruses</p>
<p>Link to consultation</p> <p>www.hiv.scot/forms/trans-health-inquiry</p>
<p>Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?</p> <p>The MRC/CSO Social and Public Health Sciences Unit, University of Glasgow is an interdisciplinary group of sociologists, anthropologists, psychologists, epidemiologists, geographers, political scientists, public health physicians, statisticians, information scientists, trial managers and others. The Unit receives core-funding from the Medical Research Council and the Scottish Government Chief Scientist Office, as well as grant funding for specific projects from a range of sources. We conduct research to understand the determinants of population health and health inequalities, and to develop and test interventions to improve health and reduce inequalities. We use a wide variety of methods including qualitative research, the collection, linkage and analysis of social survey and routinely collected data, evidence synthesis, randomised controlled trials and natural experimental studies.</p> <p>Our current research examines a range of relationships and issues affecting sexual and reproductive health. Our staff are actively involved in the Cross-Party Group that is leading this inquiry. We have ongoing research involving trans and non-binary people, including a study exploring trans and non-binary adults' sexual function and wellbeing. This inquiry represents an opportunity to contribute to the research-based evidence that will inform this area of public policy.</p>
<p>Our consultation response</p> <p>Our position as consultation respondents</p> <p>As a research organisation, our response relates most closely to 'evidence of good or best practice in relation to sexual or reproductive health', including the potential for increasing the volume and breadth of the evidence base.</p> <p>Limitations in existing research produce gaps in planned services, which may be unsuitable for the trans and non-binary people seeking to access them. They also limit the knowledge available to individual health care practitioners, potentially resulting in the provision of inaccurate or unsuitable advice and care.</p> <p>There is a growing body of research into trans and, less often, non-binary people's sexual and reproductive health. In a review of international evidence from 2008 to 2014, sexual and reproductive health was the focus of 22% of trans health studies (Reisner et al., 2016). These</p>

studies mainly concerned HIV and sexual infections in trans women and non-binary people assigned male at birth. A meta-analysis of data published between 2000 and 2011 estimated HIV prevalence in trans women at 19.1% (Baral et al., 2013). The data came from USA, Latin America, Asia and Europe (Italy, Netherlands and Spain). Much less evidence exists in relation to trans men and non-binary people assigned female at birth, in whom estimates of HIV prevalence range between 0-10% (Reisner and Murchison, 2016).

Highly medicalised models and cisnormative measures of sexual function contribute to the invisibility of trans and non-binary people's experiences within research, leaving specific needs unidentified and limiting the quality of evidence. Trans and non-binary people may receive inappropriate advice or care and may be put off accessing services in future.

Quantitative studies have investigated trans and non-binary sexual function and sexual problems (for example Bockting et al., 2005, Wierckx et al., 2014, Djordjevic and Bizic, 2013, Frey et al., 2017). Topics include sexual desire, arousal, lubrication, erectile function, orgasm, pain and satisfaction. These studies primarily recruited participants through gender clinics and reported sexual function as a gender reassignment treatment outcome. Data analysed in these studies have limitations, owing to their primary, clinical purpose. Most measures used were not validated and some were validated but not in trans populations (Rehman et al., 1999, Falcone et al., 2018). The strongest evidence looked at sexual desire problems, estimated to be clinically diagnosable in 5% of trans men and 22-34% of trans(sexual) women (Elaut et al., 2008, Wierckx et al., 2014). Due to studies' measurement of gender reassignment treatment outcomes in the short to medium term, evidence gaps relate to people who have not been in contact with a gender clinic for many years, or not all. Public Health England (2017) conducted a community based questionnaire, including items on problems related to sexual desire, pain and lubrication. Initial findings from respondents in England (n=238) were presented orally, but are currently unpublished (Varney, 2017).

Existing administrative data systems can render trans and non-binary people invisible. A more nuanced approach could feel supportive for individuals. It may also have positive consequences for the potential use of administrative data for future research, although this needs careful consideration.

Administrative data, including health data, provide many possibilities for understanding health at the population level. Sexual health data, therefore, could be used in quantitative research to improve knowledge and evidence relating to the health of trans and non-binary people in Scotland (Thomson and Katikireddi, 2019). The National Sexual Health (NaSH) database is used in sexual health clinics across Scotland, providing a potential data source. However, NaSH has limitations generally in its research application, for example due to incomplete and variable quality of data (McDaid et al., 2013). These limitations can be attributed to the differing purpose and priorities for data collection in the clinical setting. Furthermore, trans and non-binary identities, anatomy, physiology and sexual histories may not fit into the binary categories routinely used in existing, administrative systems for sexual and reproductive health services (Thomson and Katikireddi, 2019). The mismatch between experiences and data systems could further impact the quality of data relating to trans and non-binary people recorded in NaSH, which records instances of same-gender sexual contact as an indicator of sexual risk (McDaid et al., 2013).

Potential ethical and legal constraints on data linkage for future research. A sensitive approach is needed to establish the feasibility of using data for this purpose.

Sexual health is a sensitive and private issue, which can sometimes be difficult to discuss with professionals. Trans and non-binary people may have additional concerns around how their personal data are handled. Reisner and Murchison (2016) argue for engagement, research 'with' not 'on' trans people, and the routine use of the 'two step approach' (recording gender identity separately from assigned sex at birth) in health data systems. This could aid more

consistent recording of clinical data for trans and non-binary people, removing one of the identified limitations of databases, in turn enabling researchers to more efficiently identify data on trans and non-binary people within administrative health datasets, such as NaSH. Facilitating more research could potentially improve the quality and breadth of research-based evidence. However, the estimated proportion of trans and non-binary people in the whole population mean that data sharing and, potentially, linkage means that individuals could be identified within data sets, despite attempts at anonymisation (Thomson and Katikireddi, 2019). Consent for disclosure of transgender status or history is protected in legislation, and research is not specified as a permissible reason for non-consensual disclosure (Gender Recognition Act 2004, Equality Act 2010). In light of the potential for individual identification, the usual 'opt-out' approach may not be possible for using administrative data in this setting. A cautious approach and high levels of engagement with trans and non-binary people are essential to explore the options and opportunities to better understand their sexual and reproductive health needs. Increased knowledge is the basis for developing appropriate interventions and supporting practitioners to improve their confidence and clinical practice. National policy, including the national Sexual Health and Blood Borne Virus Framework, should reflect the needs and concerns affecting trans and non-binary people and the increasing evidence base.

Past, current and future research at SPHSU can contribute to the knowledge base that service planning and clinical practice rely upon. If findings are taken into consideration in service planning and delivery, this geographically relevant research can help to bring about positive change for trans and non-binary people accessing sexual and reproductive health services in Scotland.

Relationship safety should be considered beyond risks related to acquiring or transmitting sexual infection. A small (n=6) qualitative study of transgender adults, undertaken at the MRC/CSO Social and Public Health Sciences Unit, developed a grounded theory to define 'emotional safety' within romantic and sexual relationships (Burrows, 2017). Three key domains were identified within this concept: accepting and being accepted; exposure and vulnerability; following rules and setting boundaries. Participants affected by their own and/or a partner's disability reported that this could reduce feelings of emotional safety within their relationships. One participant had experienced threats to their physical and emotional safety in public and social spaces. They perceived the threats as a response to their disability, and the negative effects on their relationships continued while they were in private spaces. The data from this previous study also touched on participants' sexual experiences and relationship with their body. This has fed into the current Trans and Non-Binary Experiences of Sex study (see below), which is investigating sexual function and wellbeing in adults across the UK. The current study aims to develop more nuanced understanding of trans and non-binary adults' experiences beyond the gender clinic setting. We would welcome further discussions with the Cross-Party Group during this study and as findings are reached.

Recommendations for the Cross-Party Group

- To support the development of high quality research that makes a credible contribution to the evidence base that clinical staff and service planners rely upon.
- To ensure the best available evidence on trans and non-binary sexual and reproductive health is used to develop and update policies and strategies on sexual and reproductive health.
- To take an intersectional approach that recognises multiple forms of oppression and marginalisation, affecting many trans and non-binary people's experiences and needs of sexual and reproductive health.
- To revise the administrative systems so that, firstly, trans and non-binary people feel recognised when accessing services and, secondly, the data can be considered for further use to benefit trans and non-binary communities.

To conduct feasibility work to identify options for maximising appropriate opportunities for expanding the research base. This should include the potential for using administrative and other data, explore the acceptability to trans and non-binary people, and maximise usability to all who may create or use the data. Engagement activities should involve trans and non-binary individuals, support organisations, policy-makers, service planning and delivery staff and academic researchers.

Authors and contributors

George Burrows is the main author for this response, with contributions from Dr. Vittal Katikireddi, Dr. Rachel Thomson, Dr. Ruth Lewis and Prof. Kirstin Mitchell.

When was the response submitted?

24th September 2019

Find out more about our research in this area

Our current research involving trans and non-binary people includes:

- Trans and Non-Binary Experiences of Sex study bit.ly/TNBStudy
- Wellbeing Among Youth across Scotland (WAYS)
<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/relationships/pcsn/ways/>
- Understanding LGBT+ Youth Suicide
<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/relationships/pcsn/understandinglgbtyouthsuicide>

Prof. Kirstin Mitchell and Dr. Ruth Lewis are supervising and undertaking some of the above research. They are also part of the multi-institutional team conducting the fourth National Survey of Sexual Attitudes and Lifestyles (Natsal-4) (KM is Natsal-4 lead for University of Glasgow). The Natsal-4 survey (data collection in 2021) is aiming to provide population estimates of trans people's sexual health experiences (numbers allowing).

Follow us on Twitter [@theSPHSU](https://twitter.com/theSPHSU) and [@SPHSU_SocRels](https://twitter.com/SPHSU_SocRels).

Sign up to receive the MRC/CSO SPHSU newsletter

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/contact/email/>.

Further information about the Unit is available at <http://www.sphsu.mrc.ac.uk/>.

Who to contact about this response

George Burrows: g.burrows.1@research.gla.ac.uk

References

2004. Gender Recognition Act. UK: Her Majesty's Stationery Office.

2010. Equality Act. UK: Her Majesty's Stationery Office.

BARAL, S. D., POTEAT, T., STRÖMDAHL, S., WIRTZ, A. L., GUADAMUZ, T. E. & BEYRER, C. 2013. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13, 214-222.

BOCKTING, W. O., ROBINSON, B. E., FORBERG, J. & SCHELTEMA, K. 2005. Evaluation of a sexual health approach to reducing HIV/STD risk in the transgender community. *AIDS Care*, 17, 289-303.

- BURROWS, G. M. 2017. Transgender people's perceptions of 'emotional safety' within romantic and sexual relationships [Dissertation]. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.
- DJORDJEVIC, M. L. & BIZIC, M. R. 2013. Comparison of Two Different Methods for Urethral Lengthening in Female to Male (Metoidioplasty) Surgery. *JOURNAL OF SEXUAL MEDICINE*, 10, 1431-1438.
- ELAUT, E., DE CUYPERE, G., DE SUTTER, P., GIJS, L., VAN TROTSENBURG, M., HEYLENS, G., KAUFMAN, J.-M., RUBENS, R. & T'SJOEN, G. 2008. Hypoactive sexual desire in transsexual women: prevalence and association with testosterone levels. *European Journal of Endocrinology*, 158, 393-399.
- FALCONE, M., GARAFFA, G., GILLO, A., DENTE, D., CHRISTOPHER, A. N. & RALPH, D. J. 2018. Outcomes of inflatable penile prosthesis insertion in 247 patients completing female to male gender reassignment surgery. *BJU International*, 121, 139-144.
- FREY, J. D. M. D., POUQUIER, G. B. A., CHIODO, M. V. M. D. & HAZEN, A. M. D. 2017. An Update on Genital Reconstruction Options for the Female-to-Male Transgender Patient: A Review of the Literature. *Plastic & Reconstructive Surgery*, 139, 728-737.
- MCDALD, L., DOCHERTY, S. & WINTER, A. 2013. Review of the National Sexual Health IT System (NaSH) in Scotland: The potential for sexual health research. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.
- PUBLIC HEALTH ENGLAND. 2017. *Trans reproductive health survey* [Online]. Available: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n65H4793#> [Accessed 03/10/2017].
- REHMAN, J., LAZER, S., BENET, A. E., SCHAEFER, L. C. & MELMAN, A. 1999. The Reported Sex and Surgery Satisfaction of 28 Postoperative Male-to-Female Transsexual Patients. *Archives of Sexual Behavior*, 28, 71-89.
- REISNER, S. L. & MURCHISON, G. R. 2016. A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults. *Global Public Health*, 11, 866-887.
- REISNER, S. L., POTEAT, T., KEATLEY, J., CABRAL, M., MOTHOPENG, T., DUNHAM, E., HOLLAND, C. E., MAX, R. & BARAL, S. D. 2016. Global health burden and needs of transgender populations: a review. *The Lancet*, 388, 412-436.
- THOMSON, R. & KATIKIREDDI, S. V. 2019. Improving the health of trans people: the need for good data. *The Lancet Public Health*, 4, e369–e370.
- VARNEY, J. 2017. Public Health England survey on trans people's reproductive health. *Trans Health Matters 2017*. London.
- WIERCKX, K., ELAUT, E., VAN HOORDE, B., HEYLENS, G., DE CUYPERE, G., MONSTREY, S., WEYERS, S., HOEBEKE, P. & T'SJOEN, G. 2014. Sexual desire in trans persons: Associations with sex reassignment treatment. *Journal of Sexual Medicine*, 11, 107-118.