

Knowledge and Provision of Care to Transgender People by Obstetrician-Gynecologists in Hawai'i

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Abstract

Obstetrician-gynecologists (OBGYNs) are often involved in caring for transgender patients but may not be equipped with knowledge about transgender-specific care. The aim of this study was to assess the knowledge base and comfort level of OBGYNs in Hawai'i with regard to health care for transgender people. This was a cross-sectional survey of OBGYNs in the American College of Obstetricians and Gynecologists (ACOG) Hawai'i section. The survey was distributed in-person and electronically to a listserv of OBGYNs between October 2017 and August 2018. This survey assessed practice environment, experience with transgender care, and knowledge of health care needs and recommendations for transgender patients. The response rate to this survey was 28%. Approximately half of respondents worked within the University of Hawai'i system and 47% were private practitioners. A majority (79%) of the respondents had unisex restroom facilities in their offices; however, only a fifth of respondents had gender-inclusive intake forms. Respondents were more comfortable providing care for trans men, people who were assigned female sex at birth but identify as male, compared to trans women, people who were assigned male sex at birth but identify as female (53% vs 38%). Knowledge of preventive care was variable. Most respondents had limited knowledge regarding gender-affirming hormone therapy and requirements for gender affirming surgery (67% and 52% respectively). Despite their limited experience, OBGYNs in Hawai'i demonstrated a willingness to provide care for transgender patients. Efforts should be made to educate OBGYNs on quality care for transgender people, particularly gender affirming hormone therapy.

Keywords

Transgender; obstetric-gynecologists; cross-sectional survey; gender-affirming care; health knowledge, attitudes

Abbreviations

ACOG = American College of Obstetricians and Gynecologists
BSO = bilateral salpingo-oophorectomy
LGBTQ = lesbian, gay, bisexual, transgender, and/or questioning
OBGYN = obstetrician-gynecologist
US = United States

Introduction

Transgender is a term used to describe people whose gender identity is discordant from their sex assigned at birth. It is estimated that 1 million people in the United States (US) identify as transgender, which is approximately 1 out of every 250 adults.¹ Transgender people in the US face numerous barriers when seeking health care, including discrimination from providers and staff, socioeconomic limitations, and providers' unwillingness or lack of knowledge on how to properly care for transgender patients.¹⁻⁶

In pre-colonial Hawaiian culture, *mahu*, meaning to be “in the middle,” were transgender people who were accepted and revered in society. In fact, *mahu* were respected and renowned for their role as teachers, usually of hula and chant. Following colonization by Europeans and Americans and the forced acculturation of Native Hawaiians, however, transgender individuals were subject to stigma and oppression that still persists in Hawai'i today.⁷ The most recent data collected in 2019, from Hawai'i's Behavioral Risk Factor Surveillance System reported that approximately 7100 adults (0.7% of the adult population) in Hawai'i identified as transgender.⁸ Hawai'i's 2018 Sexual and Gender Minority Health Report additionally reported that 1260 of Hawai'i's Public High School Students identified as transgender.⁹

There is a growing body of literature demonstrating that physician education on the care of transgender patients is scant and poses a major barrier to comprehensive health care for transgender people.¹⁰⁻¹⁷ Despite the lack of training in care for transgender people, physicians perceive this care to be important and have demonstrated a willingness to learn about health care needs for the trans community. As the medical community becomes more aware of this deficit in knowledge, education on transgender-specific care is increasingly being integrated into medical education.¹⁵⁻¹⁹

As reproductive health experts, obstetrician-gynecologists (OBGYNs) often serve as the entry point to health care for transgender people. In 2011, the American College of Obstetricians and Gynecologists (ACOG) published a committee opinion asserting that OBGYNs should assist transgender patients with necessary referrals, provide routine OBGYN preventive care, and manage gender-affirming hormone therapy and surgical care in partnership with experts in transgender care.⁴ Despite the expectation to provide quality care to transgender individuals, only 29 to 35% of OBGYNs across the US report that they feel comfortable taking care of transgender patients.² In Hawai'i, a needs assessment performed in 2014 demonstrated that one of the largest barriers to care for transgender people is discrimination within the healthcare system, including discrimination in service provision and concerns about how health care providers may react to disclosure of sexual orientation or gender identity/expression.¹⁰ The aim of this study was to assess the knowledge base and comfort level of OBGYNs in Hawai'i with health care for transgender people.

Methods

This study was a cross-sectional survey of OBGYNs who practice in Hawai‘i about their knowledge, experience, and comfort regarding the care of transgender patients. This survey was modeled on a prior survey by Unger et al and adapted for Hawai‘i’s transgender population with permission from the author.² The survey was administered through REDCap software (Vanderbilt University, Nashville, TN) and consisted of questions about the physician’s practice setting, educational experience, patient population, knowledge of surgical and medical recommendations for transgender care, and comfort level in caring for transgender patients (Appendix A). The survey was distributed at in-person meetings of the Hawai‘i ACOG section and electronically to a listserv of practicing fellows and junior fellows of ACOG in Hawai‘i between October 2017 and August 2018. This list was chosen because the majority of OBGYNs in Hawai‘i are members of ACOG.

Statistical analysis was performed using IBM SPSS Statistics software v25 (IBM Corp., Armonk, NY). Categorical variables were analyzed using Pearson’s chi-squared test. This study was approved by the University of Hawai‘i Institutional Review Board (2017-00634).

Results

There were a total of 211 practicing OBGYNs in the ACOG Hawai‘i section at the time that this survey was conducted. A total of 58 OBGYNs responded, with a response-rate of 28%.

Demographics and Practice Setting

Table 1 illustrates the respondents’ demographics, practice environment, current experience with transgender patients in their practice and gender-inclusive office practices. The majority of respondents (97%) were currently in practice, 50% within the University of Hawai‘i system and 47% as private practitioners. Most respondents (91%) practice on the island of O‘ahu. Approximately two-thirds of respondents had been in

practice for 10-30 years. Overall, 12% reported they received education on transgender care during their residency training (data not shown). The majority of respondents (64%) reported that less than 5% of their patients identified as transgender; however, it should be noted that only a fifth of respondents reported having a gender-inclusive gender identity option on their practice’s intake form. Most respondents (79%) had unisex bathroom facilities available in their offices.

Knowledge and Comfort Providing Medical Care for Transgender Patients

Respondents were more comfortable providing care for trans men compared to trans women (53% vs 38% agreed or strongly agreed to being comfortable providing appropriate care for trans man vs being comfortable providing appropriate care for trans women) (**Figure 1**). Respondents agreed or strongly agreed to being comfortable providing cervical cancer screening (88%) and breast exams (85%) for trans men and breast exams for trans women who have undergone breast augmentation. Approximately 70% of respondents also reported being comfortable providing either a hysterectomy (surgical removal of the uterus) or bilateral salpingo-oophorectomy (surgical removal of the fallopian tubes and ovaries) for gender affirming surgery in trans men.

Knowledge and Comfort with Gender-Affirming Therapy

About two-thirds of respondents (67%) were not familiar with gender-affirming hormone therapy (**Figure 1**). Fifty-two percent of respondents reported that they were not familiar with the requirements for gender affirming surgery. Knowledge of preventive care services for transgender people who had undergone or were currently receiving gender-affirming therapy was variable, ranging from 22% of respondents correctly identifying the recommendations for digital rectal exams for trans women, to 72% of respondents correctly identifying breast cancer risk following mastectomy for trans men (**Figure 2**).

Table 1. Demographic Characteristics of Obstetrician-Gynecologists Surveyed about Transgender Care (N=58)

	N (%)
Practice Environment	
Academic institution with residents/trainees	29 (50)
Private practice affiliated with academic institution/residents/trainees	20 (35)
Private practice not affiliated with academic institution/residents/trainees	7 (12)
Not currently practicing	2 (3)
Time in Practice	
Still in residency training	4 (7)
Less than 5 years	7 (12)
5 to 10 years	11 (19)
10 to 20 years	17 (29)
20 to 30 years	17 (29)
More than 30 years	2 (3)
Location of Practice (Island)	
O'ahu	53 (91)
Hawai'i	2 (3)
Maui	2 (3)
Kaua'i	1 (2)
Estimated patient population that identifies as transgender	
None	16 (28)
Less than 5%	37 (64)
5 to 10%	1 (2)
Do not know	4 (7)
Gender-inclusive identity option on office intake forms	
Yes	12 (21)
No	24 (42)
Do not know	13 (23)
Does not use intake forms in office	8 (14)
Missing	1
Unisex bathrooms in office	
Yes	46 (79)
No	11 (19)
Do not know	1 (2)

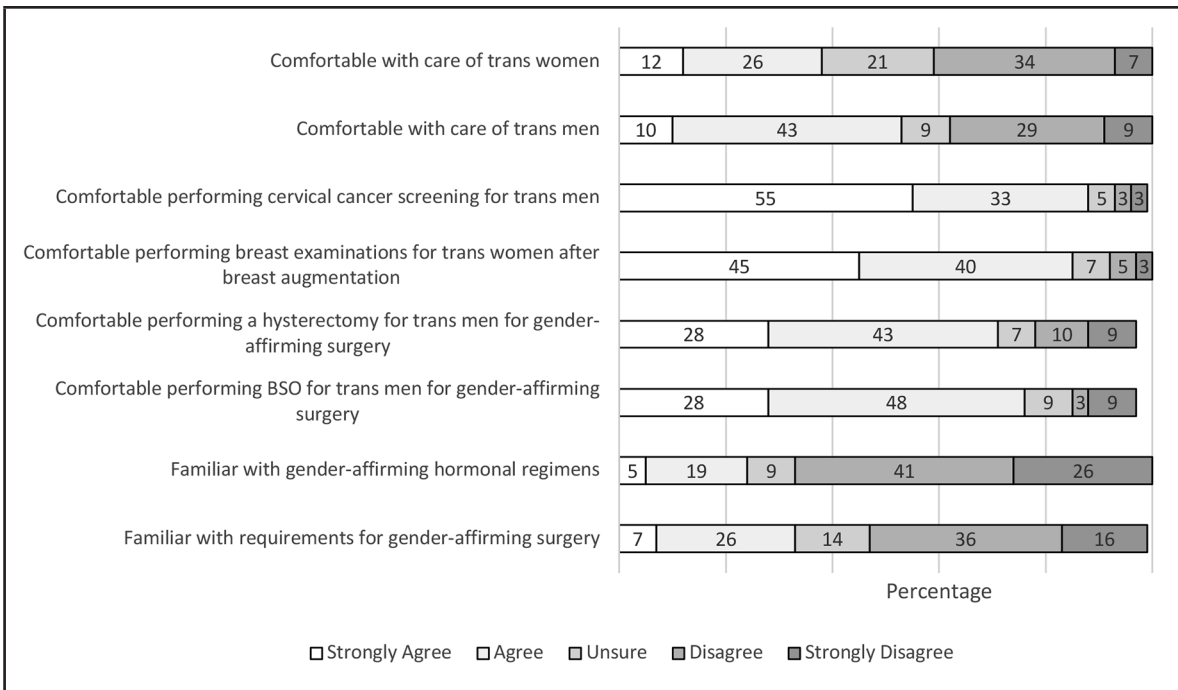


Figure 1. Obstetrician-Gynecologists' Comfort and Familiarity with Gender-Affirming Care

BSO: bilateral salpingo-oophorectomy

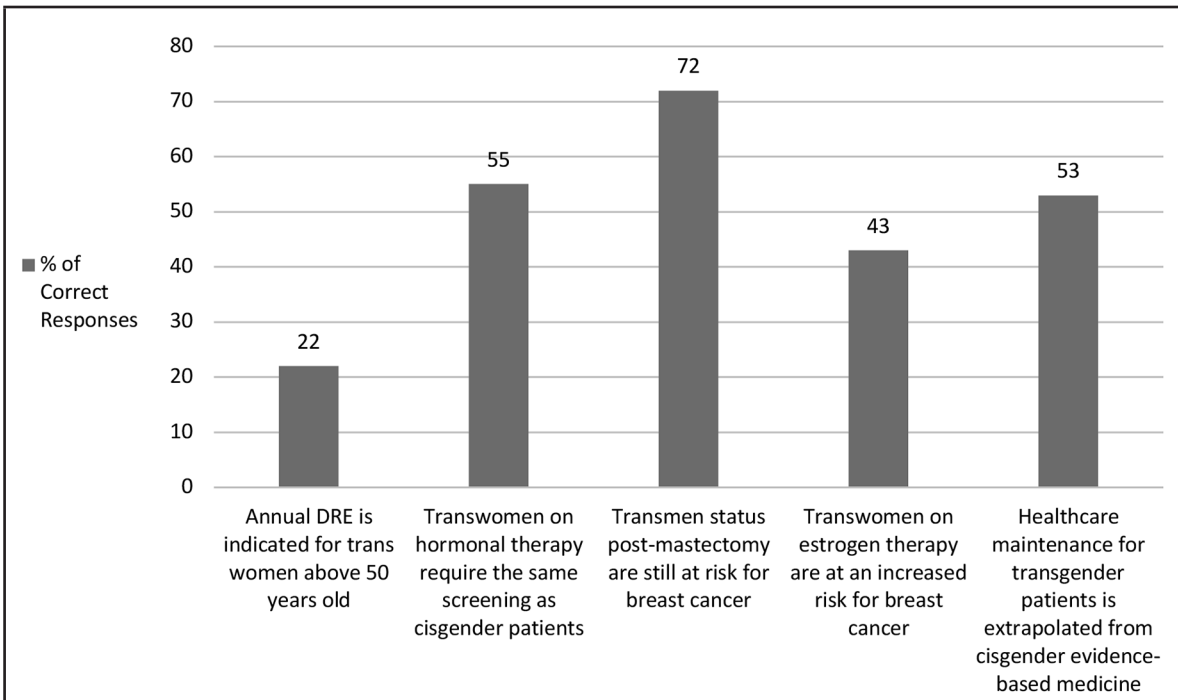


Figure 2. Obstetrician-Gynecologists' Knowledge of Health Care Maintenance and Risks of Gender-Affirming Hormone Therapy for Transgender Patients

DRE: digital rectal exam

Discussion

A major barrier to health care for transgender people is provider knowledge and expertise in caring for this community. This cross-sectional study illustrates that most OBGYNs in Hawai‘i have limited experience in caring for transgender people and limited knowledge about gender-affirming therapies and cancer screening for transgender communities. However, despite their limited experience, OBGYNs in the study demonstrated a willingness to provide health care services for transgender patients, particularly those within the scope of practice of their specialty (eg, cervical cancer screening, breast exams, hysterectomies, and bilateral salpingo-oophorectomies).

OBGYNs reported feeling comfortable providing breast and cervical cancer screening in trans men and overall felt comfortable performing gender-affirming surgeries for this population. This can likely be attributed to OBGYNs’ familiarity with cancer screening guidelines for cisgender women. Certain gender-affirming surgeries such as hysterectomy and bilateral salpingo-oophorectomy are within the scope of practice of general OBGYNs, and the majority of participants were comfortable performing these surgeries for transgender patients.

Although most respondents were comfortable with certain gender-affirming surgeries, many reported that they did not feel comfortable managing gender-affirming hormone therapy for transgender patients and were not familiar with the risks and laboratory monitoring for transgender patients on gender-affirming hormone therapy. This may be due to the fact that the goals of hormone therapy for transgender patients, titrating until the desired physical effects of each individual patient are achieved, are different from those of cisgender female patients with gynecologic conditions that OBGYNs commonly manage (eg, contraception, infertility, and menopause). In addition, guidelines regarding the frequency of routine laboratory monitoring for gender-affirming hormone therapy are not always consistent between professional societies.^{20,21} Although the body of literature on gender-affirming hormone therapy and appropriate monitoring is growing, the most current algorithms are derived from expert opinions or extrapolated from cisgender patients on hormonal therapy.²¹⁻²³ This need for individualized hormonal therapy regimens and conflicting or unclear guidelines may make OBGYNs who are not routinely providing gender-affirming hormone therapy reluctant to take on this component of care for transgender patients without more specific, directed education on this topic.

Another factor that contributes to lesbian, gay, bisexual, transgender and/or questioning (LGBTQ) patients’ access to health care is discrimination in the medical office setting. Evidence suggests a clinical environment that is LGBTQ-inclusive facilitates patient comfort, rapport-building, and willingness to disclose sexual orientation/gender identity.²⁴ Structural aspects of LGBTQ-friendly office environments include inclusive

signage and reading material, inclusive medical intake forms, and at least 1 gender neutral bathroom.^{24,25} OBGYN providers, who traditionally serve a cisgender female population, may not be aware of the changes they could make to their intake forms, materials, and office design to create an inclusive environment for transgender patients. This is especially important in the community in Hawai‘i, where transgender people were an important part of Native Hawaiian communities prior to colonization and the transgender and gender non-confirming population is estimated to be higher than in the US overall.

The results of this study highlight an area for improvement in physician education regarding comprehensive transgender care. While providers are generally comfortable with cancer screening and gender-affirming surgery that is within their typical scope of practice, there is a need for education regarding gender-affirming hormone management for the transgender community. Findings of the study are consistent with Dr. Cecile Unger’s survey findings in that OBGYNs are comfortable providing cancer screening for cancers that occur in cisgender women and are willing to provide hysterectomies and salpingo-oophorectomies for the purpose of gender affirmation.² ACOG states that transgender care, including but not limited to hormonal treatment, surgery, and cancer screening to aid in transition and preventive health care, are within the scope of practice of OBGYNs.⁴

This study has several limitations. First, the response rate is relatively low at 28%. In general, survey study response rates are low due to the voluntary design of the study and the reliance on the willingness of those surveyed to participate. Second, only 5 respondents provided care on islands other than O‘ahu. Although the majority of medical care in the state of Hawai‘i is concentrated on O‘ahu, health care providers on other islands play a key role in serving their communities, and the need for trans-friendly providers may be more pronounced in rural communities. Third, the study was distributed across the ACOG Hawai‘i listserv, and although the majority of OBGYNs in Hawai‘i are ACOG members, this survey did not capture those who are not. ACOG members may be more familiar with current guidelines and updates regarding care, and this may introduce an element of selection bias to the study population.

The study findings demonstrate that OBGYNs in Hawai‘i are comfortable with some aspects of care for transgender patients but are less familiar with other aspects and may not have clinic spaces that are welcoming environments for transgender patients. OBGYNs could benefit from additional education on providing quality care for transgender patients. Prior interventions that have demonstrated success are workshops and educational modules for providers already in practice, and integration of transgender care into medical school and residency education.²⁶⁻²⁸ This study also demonstrates the specific need for education regarding hormonal management for transgender patients. In order to meet this need, special attention should be paid to training OBGYNs on gender affirming hormone therapy. Although

there are many additional disparities in health care access for transgender patients, physician education on providing care for transgender patients is a key component to improving care for the transgender community.

Conflict of Interest

None of the authors identify a conflict of interest.

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Appendix A

Survey Instrument of Knowledge and Provision of Transgender Care among OB/GYNs in Hawaii

1. How would you best describe the environment in which you practice
 - a. I am a gynecologist practicing in an academic institution with resident trainees
 - b. I am a gynecologist practicing in an academic institution without resident trainees
 - c. I am a gynecologist practicing in a private practice which is affiliated with an academic institution/ resident trainees
 - d. I am a gynecologist practicing in a private practice that is not affiliated with an academic institution/ resident trainees
 - e. I am not currently practicing
2. Where in Hawai'i do you primarily practice?
 - a. Oahu
 - b. Hawaii
 - c. Maui
 - d. Kauai
 - e. Molokai
 - f. Lanai
3. How long have you been in practice?
 - a. < 5 years
 - b. 5-10 years
 - c. 10-20 years
 - d. 20-30 years
 - e. > 30 years
 - f. Still in residency
4. In the past year, have you attended a grand rounds addressing transgender health issues?
 - a. Yes
 - b. No
 - c. I don't know
5. During your residency training, was the care of the transgender patient part of your learning curriculum?
 - a. Yes
 - b. No
 - c. I don't know
6. To your knowledge, were there faculty members in your residency program who care for transgender patients?
 - a. Yes
 - b. No
 - c. I don't know

7. What percentage of the patients in your practice identify as transgender?
 - a. None
 - b. < 5%
 - c. 5-10%
 - d. 10-20%
 - e. >25%
 - f. I don't know
8. I am comfortable taking care of male-to-female transgender (trans-feminine) patients in my practice.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
9. I am comfortable taking care of female-to-male transgender (trans-masculine) patients in my practice.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
10. Is there a place for patients to disclose their transgender status on your "new patient" intake forms
 - a. Yes
 - b. No
 - c. We do not use intake forms
 - d. I don't know
11. Are there unisex bathrooms available for patients to use in your office?
 - a. Yes
 - b. No
 - c. I don't know
12. I am comfortable performing routine cervical cancer screening for female-to-male patients who still have a cervix/have not undergone gender confirming surgery
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
13. I am comfortable performing routine office breast examination for male-to-female patients who have undergone breast augmentation.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
14. I am knowledgeable about the requirements transgender patients should meet for gender confirming surgery/sex reassignments surgery.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
15. How many hysterectomies and/or oophorectomies have you performed for transgender patients?
 - a. None
 - b. < 10
 - c. 10-25
 - d. 25-50
 - e. > 50
16. I am comfortable performing a hysterectomy on a female-to-male patient who has undergone all formal requirements for gender confirming/sex reassignment surgery
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
17. I am comfortable performing a BSO for a patient who has undergone all formal requirements for gender confirming/sex reassignment surgery.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
18. I am familiar with the hormonal regimens transgender patients use.
 - a. Strongly agree
 - b. Agree
 - c. Undecided
 - d. Disagree
 - e. Strongly disagree
19. Guidelines for routine health maintenance for transgender people are based on which of the following:
 - a. Evidence-based guidelines specific for transgender people
 - b. Extrapolation from evidence-based guidelines for the general population
 - c. There are no guidelines
 - d. I don't know
20. Male-to-female patients on estrogen therapy are at risk for which of the following:
 - a. Breast cancer
 - b. Ovarian cancer
 - c. Liver dysfunction
 - d. Colon cancer
 - e. Myocardial infarction
21. The best way to screen for prostate cancer in male-to-female patients after for age of 50 is which of the following:
 - a. Annual PSA
 - b. Annual digital rectal exam
 - c. Both annual PSA and digital rectal exam
 - d. None of the above
22. Female-to-male patients who have undergone mastectomy and chest contouring surgery are no longer at risk for breast cancer
 - a. True
 - b. False
 - c. I don't know
23. Male-to-female patients on hormonal therapy require what kind of breast cancer screening
 - a. They do not require breast cancer screening as they are not at risk
 - b. They require the same screening recommended by the American College of Obstetricians and Gynecologists as natal females (cis women)
 - c. They are at high risk for breast cancer and require earlier and more frequent screening compared to natal females (cis women)
 - d. I don't know
24. Does the American College of Obstetricians and Gynecologists have a practice bulletin on the care of the transgender patient?
 - a. Yes
 - b. No
 - c. I don't know
25. If you answered "no" or "I don't know" to the previous question, which of the following responses best represents how you feel about the matter:
 - a. I responded yes
 - b. I believe there should be a Practice Bulletin written about this subject
 - c. I do not believe there should be a Practice Bulletin written about this subject
 - d. I don't know