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Original Research Article

## Care of the transgender population: are the Indian gynaecology residents sufficiently trained?

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### ABSTRACT

**Background:** Over the past few years awareness on gender dysphoria has risen but accessing healthcare as a transgender person (TGP) is still challenging. Deficits in training of residents may contribute to disparities impacting their health. Hence, the pressing priority is to understand the unique need of the TGP and be equipped to offer them competent care. The aim of the current study was to assess the comfort, knowledge and training of the Obstetrics and Gynaecology residents in Tamil Nadu with regard to transgender healthcare.

**Methods:** This was a cross sectional survey sent as a Google Form electronically to 100 residents who had recently completed their residency in obstetrics and gynecology in Tamil Nadu. The questions were designed to assess their knowledge and experience in the care of transgender population. Microsoft Excel software was used to analyze the results

**Results:** The response rate for the survey was 67%. Among them, 47.1% of the residents were unaware of the current recommendations for Gender Reassignment Surgery. The expertise related to transition of people with gender dysphoria and the hormonal regimen wanted for them were lacking. While half of the residents realized their lack of competency in caring for TGP, 98.5% were ready for under going further training to improve their knowledge.

**Conclusions:** It was observed that the residents did not have enough training and competency to adequately care for the TGP though they are ready to upskill their knowledge. Hence, efforts should be made to incorporate training modules for TGP care in Indian OBG residency curriculum and train the upcoming residents to offer quality care to all.

**Keywords:** Transgender, Gender dysphoria, Transition, Residents, Curriculum

### INTRODUCTION

There are over 4.8 million transgender individuals in India. Many of them face discriminations in various aspects of their life. It is still a challenge for Transgender Persons (TGP) to approach hospitals and receive comprehensive and compassionate care.<sup>1</sup> The care of TGP may be different from cis-gender population as they have distinct needs related to their gender identities. In this regard, currently, there are many evidence-based recommendations to guide the clinicians in transition care, hormone therapy, fertility options, gender reassignment surgery etc. Many of the obstetrician and gynaecologists

(OBG), who may be the first point of contact for transmen, haven't received adequate training during residency to furnish the best care for them. This inadequacy in training could have been influenced by factors such as lack of institutional resources and minimal access to this patient population.<sup>1</sup> Negative experiences faced by TGP may put them off preventive care resulting in conditions like unplanned pregnancy, sexually transmitted infections, late-stage cancers, and unmonitored hormone therapy, hence placing their health at hazard.<sup>2</sup> Other challenges that transmen encounter, besides the lack of provider expertise, include the stigma associated with being transgender and the difficulty in approaching women-centric clinics to

explain their unique needs due to the fear of mistreatment they may experience. To reduce the inequality experienced by the TGP, the provision of inclusive healthcare is essential.<sup>3</sup> Therefore, it is the need of the hour that the OBG residents take steps to reduce bias faced by the transgender in accessing healthcare and be familiar with best practices available for their care.

**Objectives**

The present study was conducted as a pilot attempt to assess if the training offered in obstetrics and gynaecology residency in India was sufficient to make them comfortable and competent to provide quality and evidence-based care to transgender people. This was done as a part of quality improvement process which is constantly needed to guide in improving our training programmes.

**METHODS**

This was a cross sectional survey sent as a Google Form electronically in September 2022 to 100 residents who had recently completed their residency in the department of OBG in various academic institutes in Tamil Nadu, South India. A reminder message was sent to all the 100 residents after 24 hours to complete the survey. The participants filled in the Google form after their consent for participation. There were 15 questions in the survey (annexure1) which were designed to assess their competency, personal experience and comfort in the care of transgender population similar to the survey conducted by Qin et al.<sup>1</sup> The response to most of the questions were either yes or no and five questions were recorded as per Likert 3-point scale as yes (score 3), partly yes/maybe (score 2) and no(score1). The response to all the questions were analyzed with composite mean score using Microsoft Excel

**RESULTS**

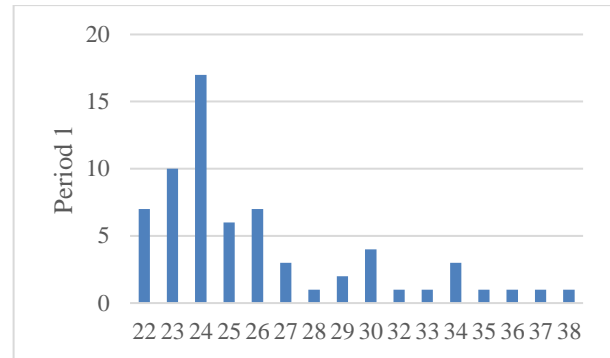
Out of the 100 OBG doctors who received the survey, 67 had responded. The mean age of the respondents was 26.5 years (Figure 1). All of them were cisgenders (Table 1).

**Table 1: Gender distribution of participants.**

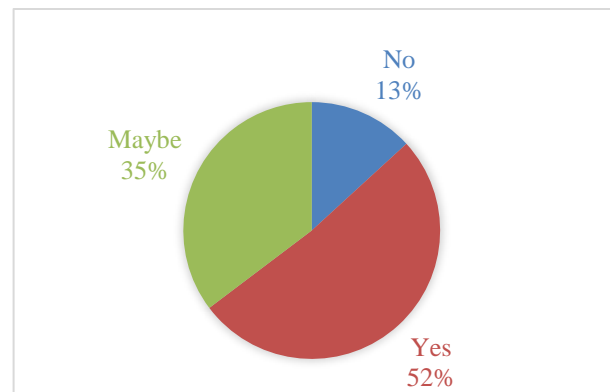
Gender	N
Male	14
Female	86

Out of the respondents, 73.5% had <1 year experience while 14.7% had 1-5 years of experience in the field of obstetrics and gynaecology after finishing their three-year residency. Though, many of the gynaecologist offered consultation to transgender people during various periods of their residency and clinical practice, only 51.5% felt that they were competent enough to do so (Figure 2). The majority of them (86.8%) felt comfortable addressing the TGP with their preferred pronouns, which is crucial

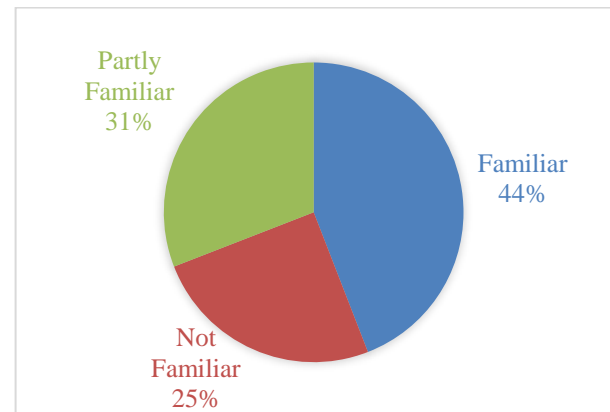
because it is the first step in ensuring that they are at ease enough to continue with the consultation.



**Figure 1: Age distribution of participants.**



**Figure 2: Competency of gynecologist to offer consultation to TGP.**



**Figure 3: Familiarity with hormone regimen.**

Among the respondents, 89.7% of them were comfortable in discussing with the transgenders about their sexual orientation (Mean 2.83±0.50). Cervical cancer screening is mandatory for transgenders with intact cervix and 72.1% were aware of the same showing the reach of screening programmes. Transition to their new role may require hormonal treatment for the TGP and 44.1% doctors were familiar with the various regimes available (Figure 3). There are certain recommendations to be followed before

TGP are offered gender reassignment surgery. More than half the doctors were aware of this (52.9%) and were confident to offer counselling comfortably. The results of the questionnaire indicated that practitioners' knowledge of hormone regimens (M-2.19 SD-0.81) and the therapeutic recommendations (M-2.059 SD-1.0006) were equivocal. This survey also made the doctors realize the gap in their knowledge in TGP care and 98.5% of them were ready to upgrade their knowledge with further training (M- 2.97 SD -0.244). Almost all of them (97%) felt the importance for gynaecologists to be skilled in transgender care to offer quality health care to all (M- 2.95 SD- 0.27).

## DISCUSSION

A person whose gender identity differs from the sex that was assigned at birth is called a transgender. A transman is someone with a male gender identity who had a female sex assigned at birth.<sup>3</sup> The rise in TGP is probably because more people are now willing to disclose their gender identity due to increasing acceptance by the society. The struggles and prejudices the TGP must endure are slowly coming to the attention of the world. There are numerous barriers to health care for transgender individuals with the largest barrier reported by transgender individuals being the paucity of knowledgeable providers.<sup>4</sup> Every person is obligated to lessen these risks, but doctors have a greater obligation. However, many residents themselves have found barriers to their training in transgender medicine.<sup>5</sup> A study from Israel on transgender population showed that some of the factors influencing TGP in approaching doctors include their knowledge, experience and ability to be gender tolerant.<sup>6</sup> It is important to know when and who should treat people with gender dysphoria and what referral system exists for the same. The management of TGP is interdisciplinary involving various medical personnel like the general practitioners, endocrinologists, gynaecologists, plastic surgeons, psychiatrists, speech therapists, urologists, dermatologists etc. Based on the needs and goals of transmen, the gynaecologist might be the first point of contact. However, there is minimal research focused on the ability of OBG residents to care for this unique patient population.<sup>1</sup> The society remains as a unit where being cis gender is considered normal and anyone who doesn't fit in that is a diseased person, hence giving a strong reason for curriculum advancement and training to start from the undergraduate level. It is important to appreciate that being transgender is not a psychiatric condition and an individual's gender identity likely depends on multiple interrelating factors most of which currently are unknown.<sup>7,8</sup> Attempt to integrate resident curriculum with guidelines from available resources may be helpful to improve Indian OBG resident's competency and this study is a small step to encourage further research and curricular development in guiding OBG residents in India.<sup>3,7</sup>

The response rate in our study was 67% which was much higher when compared to similar studies by Qin et al and

Unger et al where the response rate was only 12.6% and 40.1% respectively. In the study by Qin et al, OBG residents felt an intermediate level of comfort and competency in caring for TGP and in our study, the resident's preparedness was also intermediate as assessed by Likert 3-point scale given by M-2.382±0.713.<sup>1,3,9</sup> In a study done in United States of America involving 141 OBG physicians, only one third reported feeling comfortable caring for transgender patients while Indian residents were much more comfortable in addressing and counselling TGP (89.7%).<sup>9</sup> In our study, 55.2% residents have offered consultation to TGP during their residency and 51.5% felt competent to do so. Meanwhile, in a study by Bukowski et al 42% had cared for transgender individual as a resident and only 22% felt competent. The competency has been shown to improve with age.<sup>1,10</sup> All patients with gender dysphoria should be offered counselling and psychotherapy.<sup>7</sup> It is important to identify solutions to indirect barriers for transmen which are not solely due to lack of knowledge.<sup>4</sup> Transmen may have various gynecological complaints and for a good consultation the changes needed starts from the ambience, approach and usage of gender-neutral terms.<sup>3</sup> Some transgender individuals will need both hormone therapy and surgery to alleviate their gender dysphoria, while some require either one of them.<sup>7</sup> Starting gender affirming hormone therapy might be the first step towards aligning their physical appearance with their true gender identity. Given the multidisciplinary needs in the target population seeking hormone therapy, World professional association for transgender health strongly encourages the increased training and involvement of primary care providers in the area of hormone therapy.<sup>11</sup> Though the endocrinologist has a main role in hormone therapy, the gynecologists should also be aware of its implications including its effect on fertility, complications of hormone therapy and need for monitoring. However, more than half of the residents in our study were not sure of the same. Even in residency programs that educate on transgender care only 55% offered gender affirming hormone therapy.<sup>12</sup> Not all transmen will request for gender reassignment surgery. Physicians should ensure to follow established screening guidelines while the transgender person still has the natal organ or tissue even though the TGP might choose to avoid it.<sup>8</sup> Assessment of cancer risk should be ideally performed during planning stages before gender affirming therapy is initiated because though rare, hormone sensitive malignancies may arise.<sup>13</sup> If transmen are on testosterone therapy for more than 4-5 years without a hysterectomy, the gynecologist should be aware that it poses a risk for endometrial cancer and hence, ultrasound screening is done at least 2 yearly for them. Transmen with intact cervix must continue screening for cervical cancer post transition. Our residents being aware of these recommendations shows that the International Cervical Cancer Screening guidelines are well propagated.<sup>3,7</sup> Transmen requesting gender reassignment surgery approaching the gynecologist should have a discussion regarding permanent sterility effect of surgery and gamete preservation. In UK, it was found that despite having

guidelines for cross sex hormone therapy, one in five practitioners were unable to proficiently counsel for the same and electronic module was made available to promote their understanding and overcome knowledge gaps.<sup>7</sup>

Such hesitancy has been seen among Indian residents as shown in our study. Similar to our study, Bukowski et al found that more than 90% residents strongly agreed that it was important for them to receive training in transgender patient care which was more than what Qin et al observed (78.1%).<sup>1,10</sup> In a large Canadian study involving 1152 medical school students fewer than 10% felt they were sufficiently knowledgeable to address TG health concern and 99% of them agreed that it is important for physician to know if his/her patient is suffering from gender identity disorder.<sup>14</sup> Given the high desire among respondents for more training, creation of high-quality educational materials for OB/GYN residents should be a priority for resident programmes.<sup>10</sup>

In a study conducted by Schmidt et al regarding curriculum development, only 22% felt competent to provide trans-relevant services and 90% desired additional clinical training.<sup>2</sup> Hence, they suggested a curriculum which should include the different vocabulary used to address people with non-binary non-conforming gender expansive population and describe all the eligibility criteria for various hormonal and surgical treatments available for them. In a trial attempt to integrate TGP care into medical curriculum, significant (95%) improvement in the knowledge of students was observed.<sup>2</sup> In the study conducted by Tappy et al after a 2.5 hour training program residents felt more prepared to collect TG focused history, provide referral and access additional educational resources.<sup>15</sup>

Steps that can be taken to address the structural, interpersonal, and anticipation barriers to transgender healthcare include enacting policy changes related to insurance coverage for gender-affirming healthcare, reforming medical school curricula to prepare future physicians to provide competent care to transgender patients and continuing education for healthcare providers.<sup>16</sup>

Many educational materials and guidance are available to help the interested residents and the same can be utilized to upgrade the curriculum in TGP care.<sup>3,5,6</sup> These curriculum improvements should be constantly evolving and may help the residents to be comfortable to start consultation with TGP and address their concerns confidently and competently while understanding their unique needs at every step of consultation. Conducting further research on best practices in transgender related care and reflective practice would be helpful to identify and promote lasting structural changes.<sup>16</sup> Further studies should be done to see if such curriculum advances are achieving the desired goal that TGP have access to care

that will allow them to achieve their maximal potential as healthy members of their community.

### **Limitations**

The low number of the study population is one limitation of the study and more wider pan India survey could be more significant.

### **CONCLUSION**

It is time to realize the knowledge gaps in the residents and the need for up skilling them to offer quality care to the TGP. It is hence mandatory that our OBG residents receive more training during their residency in TGP care to make them more comfortable and be familiar with best practices available for their care. Such constant curriculum development is needed to make the residents competent to provide inclusive healthcare to all.

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### **REFERENCES**

1. Qin LA, Estevez SL, Radcliffe E, Shan WW, Rabin JM, Rosenthal DW. Are obstetrics and gynecology residents equipped to care for transgender and gender non conforming patients? A national survey study. *Transgender Health.* 2021;6(4):194-200.
2. Schmidt CN, Stretten M, Bindman JG, Pettigrew G, Lager J. Care across the gender spectrum: A transgender health curriculum in the Obstetrics and Gynecology clerkship. *BMC Med Educ.* 2022;22(1):706.
3. ACOG Committee Opinion. Health care for transgender and gender diverse individuals. *Obstet Gynecol.* 2021;137:e75-88.
4. Safer JD, Coleman E, Feldman J, Garofalo R, Hembree W, Radix A, Sevelius J. Barriers to healthcare for transgender individuals. *Curr Opin Endocrinol Diabetes Obes.* 2016;23(2):168-71.
5. Burgart JM, Walters RW, Shanahan M. Transgender education experiences among obstetrics and gynecology residents: a national survey. *Transgender Health.* 2022;7(1):30-5.
6. Lifshitz D, Yaish I, Wagner-Kolasko G, Greenman Y, Sofer Y, Alpern S, Groutz A, Azem F, Amir H. Transgender men's preferences when choosing

- obstetricians and gynecologists. *Isr J Health Policy Res.* 2022;11(1):12.
7. Price S, McManus J, Barrett J. The transgender population: improving awareness for gynaecologists and their role in the provision of care. *Obstet Gynaecol.* 2019;21:11-20.
  8. Taylor HS, Pal L, Seli E. *Speroff's clinical gynecologic endocrinology and infertility.* 9th ed. USA: Wolters Kluwer; 2020.
  9. Unger CA. Care of the transgender patient: a survey of gynecologists' current knowledge and practice. *J Women's Health.* 2015;24(2):114-8.
  10. Bukowski K, Haymer M, Sridhar A. Training and knowledge of transgender health among obstetrics and gynecology residents. *Obstet Gynecol.* 2017;130:53S.
  11. Primary care initiated gender-affirming therapy for gender dysphoria: a review of evidence based guidelines. Ottawa: CADTH; 2020.
  12. Vinekar K, Rush SK, Chiang S, Schiff MA. Educating obstetrics and gynecology residents on transgender patients: a survey of program directors. *Obstet Gynecol.* 2019;133(4):691-9.
  13. Labanca T, Mañero I, Pannunzio M. Transgender patients: considerations for routine gynecologic care and cancer screening. *Int J Gynecol Cancer.* 2020;30:1990-6.
  14. Chan B, Skocylas R, Safer JD. Gaps in transgender medicine content identified among Canadian medical school curricula. *Transgender Health.* 2016;1(1):42-50.
  15. Erryn T, Katler Q, Cherie M. Outcomes of a transgender care training program in obstetrics and gynecology resident education. *Obstet Gynecol.* 2011;134:50S.
  16. Warner DM, Mehta AH. Identifying and addressing barriers to transgender healthcare: where we are and what we need to do about it. *J Gen Intern Med.* 2021;36(11):3559-61.

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