



How COVID-19 affects transgender health care

Results from the TransCareCovid-19 study

Andreas Koehler, <u>Joz Motmans</u>, Leo Mulió Alvarez, David Azul, Karen Badalyan, Koray Basar, Cecilia Dhejne, Dragana Duišin, Bartosz Grabski, Aurore Dufrasne, Nataša Jokić-Begić, Antonio Prunas, Christina Richards, Kirill Sabir, Jaimie Veale, <u>Timo O. Nieder</u>

Supported by:









































Speaker's Disclosure

Relevant Financial Relationships

None

Relevant Nonfinancial Relationships

None







Supporting Organisations

















































Collaborating Researchers



Karen Badalyan



Jamie Veale



Bartosz Grabski



David Azul



Christina Richards



Koray Basar



Kirill Sabir



Dragana Duišin



Nataša Jokić-Begić



Leo M. Alvarez



Cecilia Dhejne



Aurore Dufrasne



Antonio Prunas



Methods

- **Aim:** to measure health care for transgender individuals during the 1st wave of the COVID-19 pandemic
- no funding
- ethical approval from the Local Psychological Ethics Committee at the University Medical Center Hamburg-Eppendorf (LPEK-0130, 01/04/2020), and from Ghent University Hospital (BC-07607, 15/04/2020)
- Development of a web-based survey & dedicated website
- ➤ open to anyone who identifies, experiences, and/or describes themselves, as a transgender* person, at least 16 years of age

Background info online

Who can take part in this survey?

We recognise the heterogeneity of the trans population, and this survey is open to anyone who identifies, experiences and/or describes themselves as transgender, as long as they are at least 16 years of age. We use the term trans here as an umbrella term that includes many other terms, such as transgender, non-binary, genderqueer, gender-non-conforming, trans men, trans woman, etc. You are able to specify the specific genders you identify with in the survey.



Methods

- In cooperation with 23 community organisations
- Available in 27 languages
 - Arabic, Azerbaijani, Armenian, Bulgarian, Chinese, Croatian, Dutch, English, Farsi, French, Georgian, German, Hungarian, Italian, Kazakh, Kyrgyz, Macedonian, Polish, Portuguese, Romanian, Russian, Serbian, Spanish, Swedish, Tajik, Turkish, Ukrainian
- Recruitment via postings on LGBTI-related social media channels, mailing lists of support groups and LGBTI-related associations, and snowball sampling
- Data collection since May 2020 and still ongoing
 Data presented here are of August 9, 2020



Variables

Demographical data based on Eyssel et al. (2017), Motmans et al. (2017), and Koehler et al. (2018): Age, education, occupational status, country of residence, place of residence, residence status, living situation, financial income, relationship, minority status (person of colour, religious minority, sexual minority, gender minority, minority due to disability status, another minority), sex assigned at birth, and gender

Physical and mental health status

based on Hill et al. (2016), Motmans et al. (2017), and free-text responses

Behavioural risk factors (e. g., smoking)

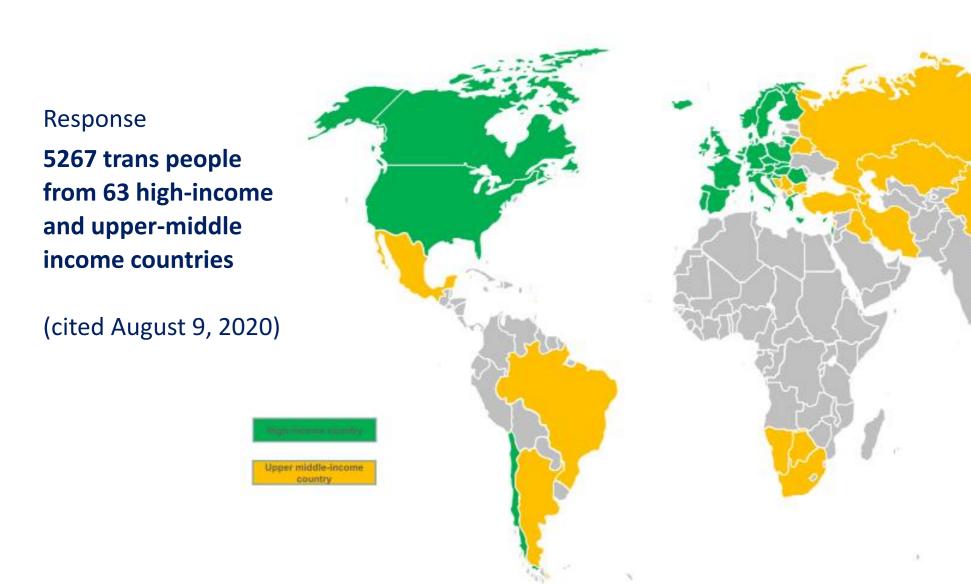
COVID-19 data

Symptoms, contact history, knowledge and concerns about COVID-19 (Wang et al., 2020), plus items addressing trans-related discrimination and avoidance of health care (Motmans et al., 2017)

Influence of the COVID-19 pandemic on access to transgender health care services modified from Eyssel et al., 2017



Sample size





Sample characteristics (N=5267)

Gender

(Trans) man	40.6 %
(Trans) woman	33.4 %
Cross-dresser	0.9 %
Non-binary	21.5 %
Don't know, no preference	2.7 %

Age: 30.70 (12.06)

Advanced educational level: 60.7 %

Minority status

Person of color	10.5 %
Religious minority	17.3 %
Sexual minority	83.8 %
Minority due to disability status	27.3 %
Another minority	19.3 %

Economic stress: 17 % problems to make ends

meet

Partnership: 48.7 % single



Key Results

Change of living situation due to COVID-19: 591 (11.2 %)

Distress due to current living situation: 2045 (38.8 %)

Mental health:

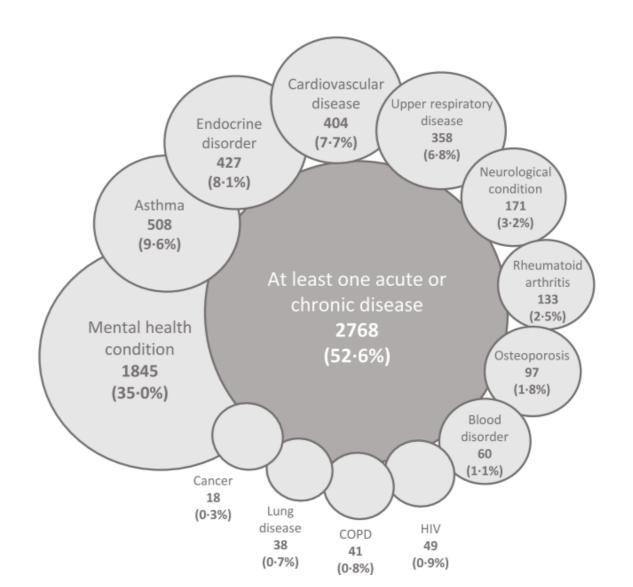
- 1827 (35.1 %) had had **suicidal thoughts** since the beginning of the COVID-19 pandemic
- 168 (3.2 %) have attempted suicide since the beginning of the COVID-19 pandemic



Key Results

Over 50 % of the participants had risk factors for a severe course of a COVID-19 infection

 20 % higher compared to general population of most OECD countries





Key Results

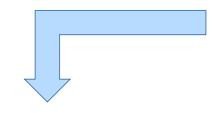
Participants were at a high risk of avoiding testing of a COVID-19 infection due to the fear of mistreatment or discrimination

Avoided COVID-19 testing because of fear of mistreatment	295 (5.6 %)
Avoided COVID-19 testing because of fear of discrimination	356 (6.8 %)
Will avoid COVID-19 testing because of fear of mistreatment	761 (14.4 %)
Will avoid COVID-19 testing because of fear of discrimination	888 (16.9 %)
Actually experienced mistreatment during Covid-19 testing or care	148 (2.8 %)
Actually experienced discrimination during Covid-19 testing or care	147 (2.8 %)



Key Results

Access to transgender health care



Accessed at least one transgender health care procedure 3463 (65.7 %)

Experienced restrictions in access to transgender health care 1706 (49.3 %)

Access to hormones, surgery or aftercare for recent surgery

Access to hormones currently restricted	676 (21.8 %)
Surgery cancelled or postponed	
Yes	454 (15.6 %)
Not yet, but I expect it will	568 (19.5 %)
Problems with aftercare for recent surgery	344 (56.4 %)

Access to counselling or support groups

Access to counseling services limited	2285 (43.4 %)
Alternative options for accessing counseling services	1271 (47.9 %)
Member of a support group	1543 (28.5 %)
Access to support groups limited	1067 (69.2 %)



Key Messages

Transgender people might suffer under the severity of the COVID-19 pandemic even more than the general population due to the intersections between their status as

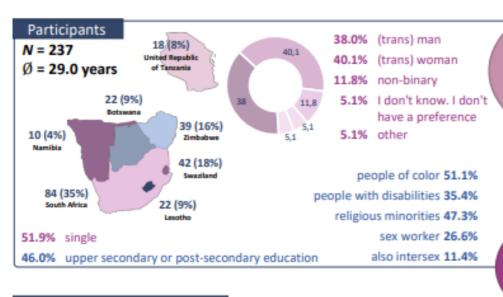
- a vulnerable social group,
- their high amount of medical risk factors,
- and their (possible) need for ongoing trans health care.

The **COVID-19 pandemic can potentiate these vulnerabilities**, add new challenges for transgender individuals, and lead to devastating consequences, like changing housing situation causing stress, restricting access to needed trans care,... which impacts physical or mental health issues, self-harming behaviour, and suicidality.

THE IMPACT OF COVID-19 ON TRANSGENDER HEALTH IN AFRICA

마시 uz GENT UKE

RESULTS OF THE TRANSCARECOVID-19 STUDY (www.transcareCovid-19.com)



23.2%
are afraid that
COVID-19 will
affect their access
to hormones in the
future

1.3% Expect that an appointment for surgery will be cancelled

2.1%
An appointment for surgery was canceled

0.4%
Aftercare of a recent surgery is

condition Health Risks
21.1% Back problems

Chronic

34.6%

Smoker

Ę

12.2%

Currently taking

medication

that

suppresses

the immune system 15.2% HIV

14.3% Upper respiratory disease

13.1% Knee problems

10.5% Asthma

7.6% Cardiovascular disease

4.2% Endocrine disorder

2.1% Infectious disease

1.7% Rheumatoid arthritis

1.7% Osteoporosis

1.3% COPD

0.8% Neurological conditions

0.8% Blood disorder

Barriers to healthcare

Restricted access to hormones? YES 8.9%

- 3.0% I can't get an appointment with my hormone prescriber
- 2.1% I can't get a prescription
- 1.7% My hormones cannot be supplied
- 1.7% An appointment was postponed
- 1.3% I'm afraid to go to a medical provider or a hospital
- 1.3% An appointment was cancelled

Access to	restricted?
Medical material that is important after surgery (e.g., vaginal dilators)	15.6%
Binders or packing material	37.6%
Non-medical supplies (e.g., wigs, shaving supplies)	36.7%

Impact of COVID-19 on transgender health care worldwide

- Over 50% of participants had risk factors for severe course of a COVID-19 infection
 - 20% higher risk compared to general population of most OSCE countries
- Participants were at a high risk of avoiding testing or treatment of a COVID-19 infection due to the fear of mistreatment or discrimination
- Access to transgender health care services was restricted due to the COVID-19 pandemic for 50% of the participants.

WE THANK ALL PEOPLE
WHO PARTICIPATED IN THE STUDY!

COVID-19: Experiences and Concerns

- 25.3% would avoid COVID-19 testing because of fear of discrimination, even if they had shown COVID-19 symptoms
- 22.8% had avoided COVID-19 testing or care because of fear of discrimination
- 13.1% had contact with a person who was diagnosed with or is suspected to have COVID-19
- 2.1% were diagnosed with COVID-19



















































Thank you!

Priv.-Doz. Dr. Timo O. Nieder & Andreas Koehler

<u>t.nieder@uke.de</u> <u>an.koehler@uke.de</u>

University Medical Center Hamburg-Eppendorf

Institute for Sex Research, Sexual Medicine and Forensic Psychiatry Interdisciplinary Transgender Health Care Center

Martinistraße 52 | D-20246 Hamburg | www.uke.de

Prof. Dr. Joz Motmans

Joz.Motmans@uzgent.be

Ghent University Hospital

Transgender Infopunt

C. Heymanslaan 10 | 9000 Gent | www.uzgent.be