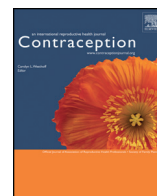




Contents lists available at ScienceDirect

Contraception

journal homepage: [www.elsevier.com/locate/con](http://www.elsevier.com/locate/con)

Original research article

## Family planning and contraception use in transgender men ☆☆☆

Alexis Light <sup>a,\*</sup>, Lin-Fan Wang <sup>b</sup>, Alexander Zeymo <sup>c</sup>, Veronica Gomez-Lobo <sup>a,d</sup><sup>a</sup> Department of Women's and Infants' Services, MedStar Washington Hospital Center, 110 Irving St NW, Washington, DC 20010, USA<sup>b</sup> Mazzoni Center, 1438 Bainbridge St, Philadelphia, PA 19147, USA<sup>c</sup> Department of Biostatistics and Biomedical Informatics, MedStar Health Research Institute, 6525 Belcrest Rd #700, Hyattsville, MD 20782, USA<sup>d</sup> Director of Pediatric and Adolescent Gynecology, Children's National Health System and MedStar Washington Hospital Center, 110 Irving St NW, Washington, DC 20010, USA

## ARTICLE INFO

## Article history:

Received 6 November 2017

Received in revised form 10 June 2018

Accepted 15 June 2018

Available online xxxx

## Keywords:

Transgender  
Contraception  
Family planning  
Female-to-male  
Transman

## ABSTRACT

**Objectives:** Female-to-male (FTM) transgender men (affirmed males) can experience planned and unplanned pregnancy during and after testosterone therapy. We conducted an exploratory study to understand current contraceptive practices and fertility desires among transgender men during and after transitioning.

**Study design:** Self-identified transgender and transmasculine individuals assigned female at birth, ages 18–45, completed an anonymous online survey derived from standardized family planning surveys. We recruited participants from LGBT health centers, online listservs, and online groups for transgender men and used a mixed-methods analysis to evaluate quantitative and qualitative data.

**Results:** Of the one hundred and ninety-seven participants included in the study, the median age was 30 years old, most respondents were white, and 86% were taking masculinizing hormones (testosterone). Of the 60 pregnancies reported, 10 (17%) pregnancies occurred after stopping testosterone, 1 (1.6%) while taking testosterone irregularly, and 5 of 7 abortions occurred in participants who had been using testosterone in the past. Over half of the respondents desired at least one child, and a quarter reported fears of not getting pregnant. The majority of participants reporting using contraception ( $n=110$ , 60.1%), with condoms and pills used most commonly ( $n=90$ , 49.2% and  $n=62$ , 33.9% respectively). Methods of contraception used did not differ between testosterone users and non-users, except for hormonal IUDs (20% testosterone versus 7% non-testosterone). Thirty participants (16.4%) believed that testosterone was a form of contraception, and 10 (5.5%) participants reported that their healthcare providers advised testosterone as contraception.

**Conclusion:** Transgender men use contraception and can experience pregnancy and abortion, even after transitioning socially and hormonally. Transgender men need counseling and care regarding reproductive health, including contraceptive and conception counseling.

**Implications:** Providers should be aware that transgender men may desire pregnancy and use contraception; this study highlights the need for further research regarding fertility, fertility desires, and optimal contraception among transgender men.

© 2018 Elsevier Inc. All rights reserved.

## 1. Introduction

Transgender men, individuals assigned female at birth who identify as men or on the masculine spectrum, have unintended pregnancy rates comparable to the general United States population, with some reporting pregnancies while using testosterone therapy [1]. Furthermore, a study of 26 transgender men presenting to a clinic for sex workers found that the majority desired to avoid pregnancy. The study also reported that 27% (3 of 11) of participants with a uterus

who reported receptive vaginal sex were not using contraception [2]. The current standard of care is to discuss fertility desires with transgender individuals prior to medical or surgical transitioning [5]. There is little guidance on how to subsequently counsel these patients throughout their reproductive years. Due to potential teratogenicity from exogenous testosterone during pregnancy [3] and the association of unintended pregnancy with adverse medical, social, and economic outcomes [4], we seek to gain a better understanding of the current family planning practices and pregnancy desires within this community.

## 2. Materials and methods

We created an anonymous survey using questions from the Guttmacher Institute's 2008 Abortion Patient Survey [6] and the CDC's National Survey of Family Growth [7]. Questions covered demographic

☆ The authors report no conflict of interest.

☆☆ Financial support for this research came from the Medstar Washington Hospital Center Office of Graduate Medical Education.

\* Corresponding author. Tel.: +1 310 415 3654.

E-mail address: [Alexis.D.Light@gmail.com](mailto:Alexis.D.Light@gmail.com) (A. Light).

characteristics, fertility desires, contraceptive use, pregnancy, abortion history, and experiences with healthcare providers. Three experts in gynecology and transgender care as well as two members of the transgender community reviewed and modified the survey ensuring the relatedness and understandability of the questions within our target population.

Eligibility criteria included being 18–45 years old, assigned female at birth and self-identified along the masculine spectrum (e.g. transgender, transman, transmasculine, female-to-male), able to answer an approximately 20 min questionnaire in English, and willing to answer a survey regarding general health, use of masculinizing hormones (testosterone) and contraceptives, fertility, and pregnancy history. The survey was distributed between July and October 2016 to physician management at six LGBT health centers throughout the United States, twenty-six transgender healthcare providers with whom we have professional contact, and fourteen online listservs and Facebook groups for transgender men. We encouraged healthcare providers and initial study participants to pass the survey on to those others they knew met eligibility criteria. Once the responses slowed to less than 1 response per week, and we noted duplicate submissions from previous respondents, we stopped data collection.

We collected data through REDCap [8], an encrypted and secure online survey platform provided by our institution. Informed consent was implied for all participants who completed the survey, and no identifying information was collected. At the end of the survey, participants had the option to enter personal information in a second survey in order to qualify for a raffle for one of three \$25 Amazon gift cards.

The Medstar Washington Hospital Center Institutional Review Board approved this study.

### 3. Results

At the time of survey closure, we had 211 responses. Of the 211 participants who participated, we included 197 (93%) in the analysis. We excluded four participants for not answering enough questions for analysis, five for reporting both gender identity and sex assigned at birth as female without use of male pronouns or masculinizing hormone use, one for being under 18 years old, and four duplicate entries. The median age of the sample is 30 years old, and most respondents identify as white (87.8%). Most of the participants ( $n=171$ , 86%) report having previously taken or currently taking testosterone. Further demographic information is outlined in Table 1.

There were 60 lifetime pregnancies reported among 32 respondents (17% of total participants). Participants who had never taken hormones were nearly 3 times more likely to have been pregnant than those who have taken testosterone (36% to 13.8%). Data regarding testosterone use at the time of conception and pregnancy outcomes from participants up to their 4th pregnancy are displayed in Figs. 1 and 2 respectively. A participant who reported taking testosterone irregularly during conception discontinued it after he decided to continue the pregnancy. Five of the 7 abortions occurred in participants previously using testosterone, although they were not using testosterone at the time of conception. Six participants reported bleeding during their pregnancies.

Most of our study participants desired becoming parents; the majority would consider adoption and a quarter expressed a desire to carry a pregnancy (Fig. 3). While most participants were not afraid of pregnancy ( $n=130$ , 69.5%), over one in four ( $n=53$ , 28.3%) were afraid of not achieving desired pregnancy. Most of those participants reported that these fears predated the start of hormones ( $n=31$ , 58.5%), but about one-third ( $n=18$ , 34%) reported that the fears did begin after initiating hormones. About half (67/130, 51%) reported that their healthcare providers had not asked about their fertility desires.

Most of the 183 participations, who responded to contraception specific questions, reported using contraception ( $n=110$ , 60.1%). The contraceptive methods reported by participants versus the methods recommended by providers were similar; comparisons can be seen in

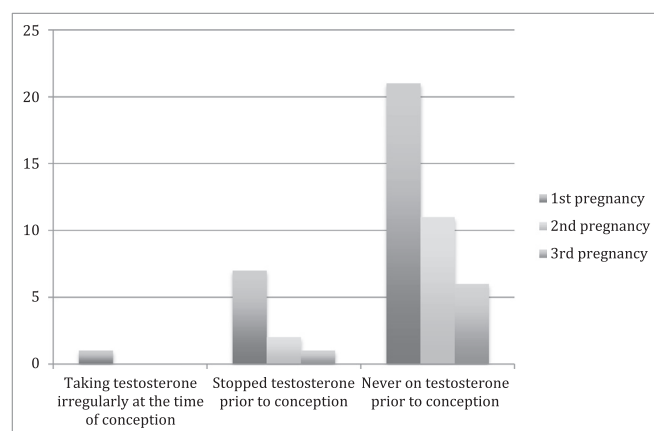
**Table 1**  
Demographic characteristics of 196 transgender men who responded to an online survey regarding their contraceptive behaviors

Variable	Total (n=196)
Age – mean (S.D.)	31 (8)
Race/Ethnicity, n(%) <sup>1</sup>	
White	173 (88.2)
Hispanic	12 (6.1)
Multiracial	10 (5.1)
Other <sup>2</sup>	19 (9.7)
Education – n(%)	
High School, GED, or less	22 (11.2)
Some College/Associate's	66 (33.7)
BA/BS or more	108 (55.1)
Marital Status – n(%)	
Single	76 (38.7)
Partnered <sup>3</sup>	104 (53.1)
Other (Separated <sup>4</sup> /Widowed)	5 (2.5)
Did not answer	11 (5.6)
Insurance – n(%)	
None	18 (9.2)
Medicaid	23 (11.7)
Private	98 (50)
Parent's Insurance	27 (13.8)
Other <sup>5</sup>	30 (15.3)
Gender – n(%)	
Male	73 (37.2)
Transman, FtM	66 (33.7)
Bigender	14 (7.1)
Other	5 (2.6)
Did not answer	38 (19.4)
Pronoun – n(%)	
He	169 (86.2)
She	1 (0.5)
Them	23 (11.7)
Other <sup>6</sup>	3 (1.5)

<sup>1</sup> Participants could select multiple options, total >100%; <sup>2</sup> Includes all categories with <5% response rate: "Asian", "Black", "American Indian", "Native Hawaiian/Pacific Islander", and "other" categories; <sup>3</sup> Includes "Married" & "living with partner" categories; <sup>4</sup> Separated includes "separated" and "divorced"; <sup>5</sup> Includes the 4 least common choices: "national health care", "disability/Medicare", "military/VA", and "student health insurance"; <sup>6</sup> Includes those who selected "Ze", "It" and "Other" categories.

Fig. 4. Condoms were the most commonly reported form of contraception ever used, followed by pills. Of the 90 respondents who reported having used condoms, nearly half ( $n=42$ , 46.7%) reported still using them (Table 2). The reason for stopping any method was usually an "other" reason ( $n=37$ , 41.1%), particularly that contraception was no longer relevant because they had a hysterectomy ( $n=21$ ) or were no longer engaging in intercourse that could lead to pregnancy.

Contraceptive methods used by respondents are listed in Table 2. Sixty-two participants reported ever using some type of pills (COCs,



**Fig. 1.** Number of men reporting testosterone use at the time of conception based on pregnancy order.

Download English Version:

<https://daneshyari.com/en/article/10219720>

Download Persian Version:

<https://daneshyari.com/article/10219720>

[Daneshyari.com](https://daneshyari.com)