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The Health and Well-Being of Transgender High School Students: Results From the New Zealand Adolescent Health Survey (Youth'12)[☆]

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A B S T R A C T

Purpose: To report the prevalence of students according to four gender groups (i.e., those who reported being non-transgender, transgender, or not sure about their gender, and those who did not understand the transgender question), and to describe their health and well-being.

Methods: Logistic regressions were used to examine the associations between gender groups and selected outcomes in a nationally representative high school health and well-being survey, undertaken in 2012.

Results: Of the students ($n = 8,166$), 94.7% reported being non-transgender, 1.2% reported being transgender, 2.5% reported being not sure about their gender, and 1.7% did not understand the question. Students who reported being transgender or not sure about their gender or did not understand the question had compromised health and well-being relative to their non-transgender peers; in particular, for transgender students perceiving that a parent cared about them (odds ratio [OR], .3; 95% confidence interval [CI], .2–.4), depressive symptoms (OR, 5.7; 95% CI, 3.6–9.2), suicide attempts (OR, 5.0; 95% CI, 2.9–8.8), and school bullying (OR, 4.5; 95% CI, 2.4–8.2).

Conclusions: This is the first nationally representative survey to report the health and well-being of students who report being transgender. We found that transgender students and those reporting not being sure are a numerically small but important group. Transgender students are diverse and are represented across demographic variables, including their sexual attractions. Transgender youth face considerable health and well-being disparities. It is important to address the challenging environments these students face and to increase access to responsive services for transgender youth.

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IMPLICATIONS AND
CONTRIBUTION

This nationally representative survey is the first to report on the overall health and well-being of transgender young people. It is important that population-based surveys recognize that not all people assume the gender of their natal sex. Schools, health services, and communities must consider that transgender youth represent an important population that has specific needs.

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The word “transgender” is an umbrella term used to refer to people whose gender identity and natal sex differ [1]. Scientists studying the gender expression and sex diversity of various species have long challenged the notion of a conventional sex or gender binary [2–5] in which all animals can be only entirely male or entirely female. In humans, there has also been a gradual acceptance of gender diversity in many societies around the

world [6]. However, most transgender youth “remain invisible” [7] (p. 139) in Western cultures and they must work strategically to appear indistinguishable from their non-transgender peers [7] to avoid abuse [7]. People are expected to assume the gender typically associated with their assigned sex category, and to adopt the gender roles and expectations associated with this [8]. Those who challenge these expectations experience “antagonistic, unwelcoming, and unsafe” [9] (p. 472) environments.

It is difficult to determine the proportion of adolescents from the overall population who are transgender, because definitions and the way in which samples are estimated vary considerably. To date, research on prevalence rates have tended to focus on people, typically in the adult population, who present for gender transition-related care (e.g., for sex reassignment surgery or for hormone therapy) at specialist gender clinics [10], where rates have been as low as 1:2,900 to 1:400,000 [11]. However, Olyslager and Conway [12] estimated that the number of people who identify as transgender is likely to be at least 1:100.

To the best of our knowledge, no prior nationally representative survey has published results pertaining to the overall health and well-being of transgender adolescents. In fact, transgender people are “virtually absent” [13] (p. 4) from large-scale, population-based surveys, and to date, most studies among this group are small-scale (e.g., case reports [8,13]). A population-based study from the United States surveyed young people about whether they were transgender, and found that 17 adolescents reported being transgender (from a total of 1,253) [14]. This same study combined transgender students with lesbian, gay, and bisexual (LGB) young people and found that this broad group was at significantly increased risk of depression, self-harm, and suicidal ideation. Studies using convenience samples have also suggested increased mental health concerns for transgender young people. For instance, Grossman and D’Augelli [15] reported that 26% ($n = 14$) of transgender participants in their study had attempted suicide.

Evidence is emerging that transgender young people may also be at particular risk of violence [16], but little else has been published on their health and well-being needs [16]. Transgender adolescents may be considerably different from LGB adolescents, but to date, researchers have often combined LGB youth with transgender youth. Presumably this is to create the largest group possible for quantitative analyses. However, combining transgender young people with LGB youth does not allow for a more detailed study of the needs of the individual groups under the LGB-transgender spectrum.

The overall aims of this study were to report the proportion of self-reported transgender high school students and to create an overview of their health and well-being.

Methods

We used data collected in Youth’12, a national, cross-sectional, population-based youth health and well-being survey of New Zealand secondary school students. Detailed descriptions of the survey methods of Youth’12 are available elsewhere [17,18]. In summary, 8,500 randomly selected secondary school students from 91 randomly selected high schools completed the survey, accounting for 3% of the total 2012 secondary school roll in New Zealand. Response rates for schools and students were 73% and 68%, respectively. The anonymous, comprehensive, 608-question multimedia survey was administered using Internet tablets [19]. Written consent was required

from each participating school and each student provided consent before being able to access the Youth’12 survey. Ethics approval was gained from the University of Auckland Human Participants Ethics Committee.

Whether a student was transgender was measured by the question, “Do you think you are transgender? This is a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g., Trans, Queen, Fa’faffine, Whaka-wahine, Tangata ira Tane, Genderqueer)?” Students were categorized into one of four gender groups: those who reported being non-transgender, those who reported being transgender, those who reported being not sure of their gender, and those who did not understand the question. Data were analyzed for each of these four groups, because it was hypothesized that there were meaningful differences in the health and well-being of each group.

Measures

Demographic information. Before being asked the question about whether a student was transgender, participants were asked (at the start of the survey), “What sex are you?” (with response options of “male” or “female”) and were asked their age in years. Students indicated the ethnic groups that they belonged to, using the New Zealand Census standard 2001/2006 ethnicity questions [20]. The number of participants by age for certain gender groups was small; therefore, age was categorized as ≤ 15 years and ≥ 16 years. Participants who chose more than one ethnicity were assigned a single ethnic group based on the Statistics New Zealand ethnicity prioritization method [21]. For data analyses, ethnicity was grouped as New Zealand European, Māori, Pacific, Asian, and other. Socioeconomic deprivation was measured using the New Zealand Deprivation Index (NZDep2006 [22]) for the census area unit in which the student lived. The New Zealand Deprivation Index combines eight dimensions of deprivation derived from the New Zealand Census [22]. For data analyses, students were grouped into one of three deprivation bands indicating lower deprivation (New Zealand Census deprivation deciles 1–3), medium deprivation (deciles 4–7), and higher deprivation (deciles 8–10). Sexual attraction was measured with the question “Which are you sexually attracted to?” Participants selected whether they were attracted to the opposite sex, the same sex, or both sexes; whether they were not sure, or whether they were attracted to neither sex. Because of the small number of participants according to the gender groups and the five potential groups for the question, those who were attracted to the same or both sexes, were not sure of their sexual attractions, or were attracted to neither sex were combined into a single category (not exclusively opposite-sex attracted). Those who were opposite-sex attracted were classified as exclusively opposite-sex attracted, and those who did not understand the question were classified as “don’t understand the question.”

Awareness of being transgender and disclosure about being transgender. Possible responses to “How old were you when you wondered about being transgender?” were aggregated to < 8 years of age, 8–11 years of age, and ≥ 12 years of age. Twelve years of age or older was selected for the older age group because all the participants in the study were at least this age at the time they completed the survey. Transgender participants were also asked, “Have you told some people close to you about being

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