



Contraceptive use and pregnancy intentions among transgender men presenting to a clinic for sex workers and their families in San Francisco[☆]

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Abstract

Purpose: Although many transgender men may be able to conceive, their reproductive health needs are understudied.

Methods: We retrospectively reviewed charts of transgender men presenting to a clinic for sex workers to describe the proportion at risk for pregnancy, pregnancy intentions, and contraceptive use.

Results: Of 26 transgender men identified, half were at risk for pregnancy. Most desired to avoid pregnancy but used only condoms or no contraception. Two individuals desired pregnancy, were taking testosterone (a teratogen), and not using contraception.

Conclusion: Further research is needed to explore how to best provide family planning services including preconception and contraception care to transgender men.

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1. Introduction

The reproductive health needs of transgender men are understudied, and research to date often focuses on sexually transmitted infection prevalence and risk factors in this population [1]. Transgender men are individuals who identify as male but were assigned female sex at birth, and may use hormonal therapy (testosterone) and surgery to affirm their gender identity [2]. While data are limited on testosterone's effects on fertility, pregnancies and birth outcomes, reports demonstrate transgender men using

testosterone who have not undergone hysterectomy are able to conceive [3,4]. Though unlikely to be representative of most transgender men due to the population sampled, one survey reported even after sexual reassignment surgery, 54% of transgender men desired parenthood, suggesting the potential need for not only comprehensive contraceptive services, but also preconception counseling if a transgender man chooses to carry the pregnancy [5].

No literature describes contraception use in the setting of pregnancy intentions among transgender men. The purpose of this study is to report pregnancy desires as well as past and current contraceptive use among a sample of transgender men presenting to a clinic for sex workers and their families. Results of this study are meant to highlight the reproductive health needs of this population and may form the basis for future study and interventions to deliver inclusive family planning care to transgender people.

[☆] Conflict of Interest: None.

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2. Material and methods

We conducted a retrospective chart review of transgender men presenting to St. James Infirmiry, a San Francisco-based clinic for current and former sex workers and their families. We reviewed records of transgender men younger than 50 years old presenting to the transgender clinic between 2012 and 2015. Clients indicated their gender by choosing female, male, male-to-female transgender, female-to-male transgender, or intersex options at presentation. We collected information on demographics, obstetric and gynecologic history, and testosterone and contraception use. Clients responded to the following questions regarding pregnancy intentions on intake forms: “Are you planning to get pregnant in the next 2 years?” We categorized “yes” or “maybe” responses as desiring pregnancy. Clients who responded, “No” were asked, “How important is it for you to avoid pregnancy now?” We categorized responses of “very” or “somewhat important” as desiring to avoid pregnancy.

Descriptive statistics report the proportion of people “at-risk” for pregnancy, those desiring pregnancy avoidance, and those using contraception. We defined subjects as “at-risk” for pregnancy if they had not had a hysterectomy and reported receptive vaginal intercourse with a cisgender man — an individual who identifies as male and was assigned male sex at birth — or transgender woman — an individual who identifies as female but was assigned male sex at birth.

3. Results

Twenty-six transgender men presented to St. James during the study period and 16/26 (61%) subjects reported current or past sex work. Thirteen of 26 (50%) were currently using testosterone, of whom 69% (9/13) were amenorrheic. While 15 (58%) of 26 had used condoms in the past, 42% (11/26) reported no current contraceptive method (Table 1).

Half of the sample had a uterus and reported receptive vaginal sex with a cisgender man or transgender woman in the prior year, making them “at risk” for pregnancy (Table 2). Two of these 13 individuals desired pregnancy (15%), both of whom were taking testosterone and not using contraception.

Of the 13 transgender men “at-risk,” 11 (85%) wanted to avoid pregnancy. Among these individuals, 36% (4/11) used testosterone, of whom 75% (3/4) were amenorrheic. The 11 transgender men “at risk” for pregnancy who wanted to avoid pregnancy reported condoms more than any other contraceptive method (63%). Of these seven condom users, 71% (5/7) affirmed consistent use. Of the 27% (3/11) subjects not using contraception despite desiring pregnancy avoidance, 67% (2/3) were using testosterone, one of whom (50%) was amenorrheic.

4. Discussion

These data demonstrate half of transgender men presenting to St. James Infirmiry are “at-risk” for pregnancy and have varied

Table 1

Characteristics of transgender men presenting to St. James Infirmiry ($n=26$).

Characteristic	N (%) [*]
Characteristic	
Age, years (median, IQR)	27.5 (24–30.5)
Race/Ethnicity	
White, Non-Hispanic	16 (62)
Black/African American	2 (8)
Hispanic/Latino	4 (15)
Asian	3 (12)
Other	1 (4)
Primary language	
English	25 (96)
Spanish	1 (4)
Household income	
< \$21,660	24 (92)
\$21,661–\$29,140	2 (8)
Housing [†]	
Stable	13 (50)
Unstable/homeless	3 (12)
Not reported	10 (38)
Any history of violence [‡]	9 (35)
Sexual history	
Sex work	
Past or current sex work	16 (62)
Denies past or current sex work	2 (8)
Not reported	8 (31)
Any receptive vaginal sex in the past 12 months	17 (65)
Partner is cisgender man or transgender woman [§]	16 (62)
History of sexually transmitted infection	13 (50)
Reproductive health	
Prior hysterectomy	2 (8)
History of pregnancy [¶]	2 (8)
Pap smear in past 5 years	18 (69)
Amenorrheic	10 (38)
Current testosterone use	13 (50)
Past birth control methods	
None	6 (23)
Condoms	15 (58)
Same sex partner [#]	7 (27)
Emergency contraception	6 (23)
Oral contraceptive pills	5 (19)
Diaphragm	1 (4)
Intrauterine device	1 (4)
Partner vasectomy	1 (4)
Current birth control methods	
None	11 (42)
Condoms	10 (38)
Always use condoms ^{**}	7 (70)
Same sex partner	5 (19)
Partner vasectomy	1 (4)

* Some proportions do not add up to 100% due to missing data or potential for multiple concurrent answers.

[†] Housing categories based on definition used by the Department of Health and Human Services which defines homelessness as unstable housing, living on the streets ($n=2$), hotel/single room occupancy ($n=1$), or shelter ($n=0$). Stable housing refers to owning/renting a house/apartment ($n=13$).

[‡] Any form of violence, threats, or forced sex by intimate partner, commercial partner, or other persons during their lifetime.

[§] Response to question “In the last 12 months, have you had sex with (check all that apply): Men, Women, TransMen, TransWomen, Intersex”.

[¶] Refers to an individual having had one or more prior pregnancies.

[#] Intake questions did not specify the gender identification or assigned sex of same sex partners.

^{**} Self-reported use pattern on 3-point scale in response to “How often do you use condoms?”

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