

# **Transgender youth are as likely to become pregnant as other adolescents**

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UBC professor Elizabeth Saewyc is pictured. Credit: UBC

Sexually active transgender youth have pregnancy rates similar to their non-transgender peers—dispelling the notion that trans youth are less at risk for pregnancy, according to new UBC research.

In the first study of its kind, researchers used data from the 2014 Canadian Transgender Youth Health Survey, focusing on a subset of 540 [youth](#) aged 14-25 who had previously had sex. They found that five per cent (26) had been involved in a pregnancy at least once - comparable to B.C.'s pregnancy rate of about five per cent among sexually active young people.

"It's often assumed that trans youth don't get pregnant or get someone pregnant, perhaps because they're receiving hormones that tend to reduce fertility, or because people assume they aren't sexually active. This study shows otherwise," said lead author Jaimie Veale, who conducted the research as part of her postdoctoral fellowship at UBC.

"There were no differences in hormone use and living in their felt gender between youth who had experienced pregnancy and those who hadn't," added Veale, currently a lecturer at the University of Waikato in New Zealand. "In other words, there is no evidence to support assumptions that pregnancy only occurs in those who are yet to transition."

The finding highlights the need for more supportive sex education and [sexual health](#) care for transgender youth, said Elizabeth Saewyc, a UBC nursing professor and the study's senior author.

"Clinicians should ask trans or non-binary youth about their sexual health and behaviours," said Saewyc. "They should ensure this group know how to protect themselves from [unintended pregnancy](#) or [sexually transmitted infections](#)."

**More information:** Jaimie Veale et al, Prevalence of pregnancy involvement among Canadian transgender youth and its relation to mental health, sexual health, and gender identity, *International Journal of Transgenderism* (2016). [DOI: 10.1080/15532739.2016.1216345](https://doi.org/10.1080/15532739.2016.1216345)

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