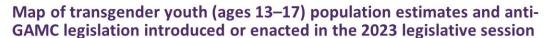
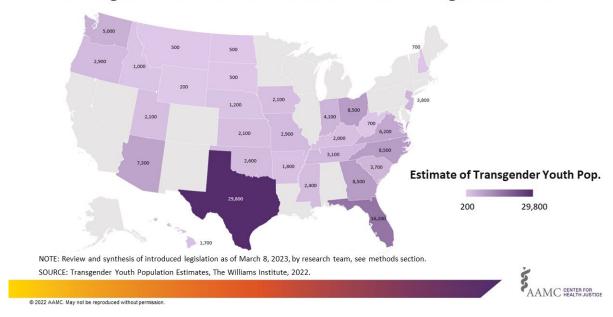


Scientific evidence supports lifesaving health care for transgender youth, researchers say

March 29 2023, by Kelly Blake





Credit: University of Maryland

Since January, lawmakers in more than 30 U.S. states have proposed or enacted legislation to ban or criminalize gender-affirming medical care for adolescents and young adults. A new policy brief, which includes two researchers with the University of Maryland School of Public Health as co-authors, argues that policies that limit access to gender-affirming care ignore scientific evidence and pose a grave threat to the mental health,



well-being and futures of transgender youth.

Major medical bodies including the American Academy of Pediatrics and American Medical Association have recognized gender-affirming care as necessary, said Jessica Fish, assistant professor of family science, deputy director for research and evaluation with UMD's Prevention Research Center and one of nine co-authors of the Association of American Medical Colleges' Center for Health Justice policy brief.

"For the youth who cannot access gender-affirming care, it can create incredible psychological distress, as well as for the caregivers," said Fish.

Researchers estimate that approximately 300,000 (1.4%) adolescents ages 13–17 in the United States are transgender. These youth experience social discrimination, stigma and gender dysphoria—distress over the mismatch between biological traits and gender identity—putting them at higher risk for anxiety, depression and suicidal thoughts and attempts. Yet, as the brief shows, transgender youth who receive gender-affirming medical care experience improved mental health and quality of life.

Arguments in favor of criminalizing gender-affirming care have been based on misinformation and politically motivated agendas, the authors said. The AAMC Center for Health Justice brief clarifies appropriate gender-affirming care for different age groups: Care for prepubescent adolescents includes support for social transitions such as changes in name, pronouns, appearance (e.g., hair, dress) and the use of gendered spaces such as bathrooms and locker rooms.

When they reach puberty and in consultation with their doctors and mental health providers, some adolescents and their caregivers may consider gender-affirming hormone therapy such as puberty blockers or, subsequent to that, medications that help to align secondary sex characteristics with gender identity.



In opposition to the broader trend, lawmakers in some states are protecting access to gender-affirming <u>medical care</u>. Earlier this month, the Maryland House of Delegates passed the Maryland Trans Health Equity Act, which is expected to be approved by the Senate and signed by Gov. Wes Moore.

The legislation makes gender-affirming care more affordable because it will be covered by the state's Medicaid insurance program. In Minnesota, the recently passed Trans Refuge Bill aims to protect trans patients and providers of gender-affirming care from <u>legal action</u> in other states where such care is banned or restricted.

Yet as of late March, 11 states—Alabama, Arizona, Arkansas, Florida, Georgia, Iowa, Mississippi, South Dakota, Tennessee, Texas and Utah—had already issued laws or policies banning gender-affirming care (including medication and surgical services) for transgender youth, and dozens more are considering similar measures. Like the restrictions on abortion in many states, these bans make lifesaving care harder and more expensive to access, the brief argues.

"There is messaging around the country about these issues being up for debate, but there is no controversy," said co-author Meg Bishop, postdoctoral research fellow in the Department of Family Science. "The care is effective, indicated and not up for debate. The bans are a 'solution' without a problem."

More information: Policy brief: www.aamchealthjustice.org/news... icy/gamc-trans-youth

Provided by University of Maryland



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