

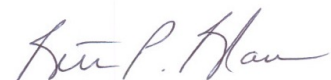
Critique on the Use of Language Regarding Transgender Health in U.S. Women's Health
Publications since the Advent of Healthy People 2020

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Abstract

The LGBTQ community has long been underrepresented in published research, with research pertaining to transgender populations particularly scarce. I chose to examine the language used in obstetric and gynecologic care, which has the potential for neglecting to acknowledge the identities of transgender individuals and their need for care, contributing to the health disparities faced by this population. The purpose of this critique is to determine how women's health publications discuss transgender health, and the extent to which transgender health topics were covered since 2010, the start of Healthy People 2020. My literature search in CINAHL revealed thirty-one articles published in the *Journal of Midwifery and Women's Health*, the *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, the *American Journal of Maternal-Child Nursing*, the *American Journal of Obstetrics and Gynecology*, and the *Journal of Women's Health* between January 2010 and December 2017. Two journals, *Birth: Issues in Perinatal Care* and the *Journal of Perinatal and Neonatal Nursing*, yielded no related search results. Of the thirty-one articles identified, twenty-three addressed transgender individuals beyond their inclusion within the LGBTQ acronym. The language analyzed regarding transgender health within women's health disciplines was uniformly inadequate, using inappropriate pronouns and gendered language, outdated terminology and definitions, and inappropriate and pejorative terminology. This critique on language revealed the limited resources available for women's health professionals to obtain current information that uses accurate, appropriate, accessible language that does not alienate or exclude transgender patients from the conversation.

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The transgender community has a long history of living with discrimination, mistreatment, poverty and violence, facing significant disparities within “the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community” (James et al., 2016, p. 2). The medical community contributes to these conditions, and discrimination and lack of knowledge continue to present a significant barrier in access to adequate, affirmative healthcare for transgender persons. According to the 2015 U.S. Transgender Survey Report, 33% of transgender individuals “who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity”, 23% reported not seeking health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it (James et al., 2016, p. 3). Lack of awareness of issues faced by the transgender community, however, is no longer an acceptable reason for health care providers to make care inaccessible, or providing substandard care to transgender persons.

In response to the relative deficit of research related to factors contributing to health disparities within the LGBT (lesbian, gay, bisexual, transgender) community highlighted by the LGBT companion document to Healthy People 2010, Healthy People 2020 set a goal to improve the health, safety, and well-being of LGBT individuals (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2014). I chose to examine the literature published related to transgender health within the field of “women's health,” a field which has historically been gendered and narrow in scope. Transgender men who have not

undergone genital reassignment or gender affirmation procedures require routine gynecologic care, often deemed “well woman care,” which erases, excludes, and alienates individuals who need access to sexual and reproductive care. The language used in obstetric and gynecologic care neglects to acknowledge the identities of transgender individuals and their need for care, contributing to the health disparities faced by this population. Providers need to work to undo their own assumptions, and take an active role in educating themselves in order to provide adequate, accessible, and affirmative obstetric and gynecologic care to all who require their services.

Background

A Brief Overview of DSM Classification and Terminology

The Diagnostic and Statistical Manual of Mental Disorders (DSM) provides a common language guiding the way healthcare professionals classify and diagnose mental disorders. The first edition of the DSM (DSM-I), published in 1952, outlined the diagnosis of *sexual deviation*, with a note to “specify the type of pathologic behavior,” listing homosexuality and *transvestitism* alongside *fetishism*, *pedophilia*, and *sexual sadism* (American Psychiatric Association, 1952, p. 38-39). The DSM-II, published in 1968, introduced new, detailed subdivisions of *sexual deviation*, now listing homosexuality and transvestitism as specific diagnoses as well as those categories included in the DSM-I (American Psychiatric Association, 1968, p. 44).

The DSM-III-R (revised edition), published in 1987, introduced Gender Identity Disorders, a new category classified under “Disorders usually first evident in infancy, childhood, or adolescence.” Homosexuality, *transvestism*, and *trans-sexualism* were all included under the classification of “Sexual deviations and disorders,” with this edition including definitions for each. The category or diagnosis of *ego-dystonic homosexuality* was eliminated from DSM III to

DSM III R, because individuals thought it suggested homosexuality to be a disorder (American Psychiatric Association, 1985).

In the DSM IV TR (text revision), published in 2000, homosexuality was no longer listed as a paraphilia or sexual disorder. The diagnoses of “Gender Identity Disorder,” “Transvestic Fetishism,” and “Gender Identity Disorder Not Otherwise Specified” were all included in this edition, with additional description of each. Additionally, the DSM IV TR specified whether the patient’s sexual attraction is to males, females, both, or neither, showing a recognition of the distinction between gender identity and sexual orientation (American Psychiatric Association, 2000). The current edition, the DSM V, published in 2013, eliminated the diagnosis of Gender Identity Disorder, and included the diagnoses of gender dysphoria, unspecified gender dysphoria, and other specified gender dysphoria in their text, with detailed descriptions of each (American Psychiatric Association, 2013).

Notably, the progression of language used in the DSM in the past 66 years regarding *homosexuality* and sexual orientation (same-gender attraction, “a person's enduring physical, romantic, and/or emotional attraction to another person” (“GLAAD Media Reference Guide - Transgender,” 2017)) is much more rapid than with language regarding gender identity (“a person’s internal sense of self and how they fit into the world, from the perspective of gender” (Center of Excellence for Transgender Health, 2016, p. 15)). The third revised edition of the DSM acknowledged the implication of including *homosexuality* as a disorder; however it was not until 2013 with the publication of the DSM V that non-cisgender gender identities were eliminated as psychiatric diagnoses (American Psychiatric Association, 2013). [Note: specific definitions of terms are in a subsequent subsection, p.11-19]

LGBTQ Health and Healthy People 2020

The LGBTQ acronym, Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning has often been used as a collective or umbrella term, as seen in the common phrase “LGBTQ community.” Although this use of language is unifying for a historically marginalized community, such reduction in healthcare to this heteronormative “other” erases the varying health needs and issues unique to each of these identities individually. Eliason’s important paper *Nursing’s Silence on Lesbian, Gay, Bisexual and Transgender Issues*, published in 2010, tackles the persistent silence surrounding the coverage of LGBTQ health issues overall, but the sentiment can be applied to issues regarding gender identity healthcare just the same.

When health care needs of one subset of the population are not named, they are not addressed, and the members of that population are at risk for negative health consequences ranging from diminished health care, delaying or not seeking routine medical care, to poor quality of care or discriminatory treatment. (Eliason et al., 2010, p. 207)

A goal to improve lesbian, gay, bisexual and transgender health on a national level was established by Healthy People 2020 by the Secretary’s Advisory Committee of the U.S. Department of Health and Human Services. The Healthy People program sets science-based, ten-year measurable goals and objectives to reduce health disparities and improve health through a variety of measures. The objectives relating specifically to LGBT health focus on data collection, both improving data collection methods and increasing their use, in order to better identify health disparities and their contributing factors as well as generate evidence for developing best practice guidelines at a national level (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2014). The health needs of LGBTQ individuals are not unanimous, and to treat them as a collective erases the unique needs and experiences of these

individual identities. Although the improvement in LGBT inclusion in healthcare literature is promising, strides can still be made in acknowledging and addressing the broad spectrum of identities it encompasses, particularly with those relating to gender identity.

UCSF Center of Excellence for Transgender Health

The Center of Excellence for Transgender Health is a collaborative effort of the Pacific AIDS Education and Training Center and the Center for AIDS Prevention Studies at the University of California, San Francisco. Their mission is to “increase access to comprehensive, effective, and affirming health care services for trans communities” (“Center of Excellence for Transgender Health: About Us,” n.d.), part of which is accomplished through the development of their *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, to which I will refer as the *Primary Care Guidelines*. The second edition of the *Primary Care Guidelines*, published June 2016, are intended to inform, educate, and enable primary care providers and health systems to effectively meet the health needs of transgender and gender nonconforming patients. Serving as a complement to the *Standards of Care and Endocrine Society Guidelines* established by the World Professional Association for Transgender Health (WPATH), the *Primary Care Guidelines* are intended for “implementation in every day evidence-based primary care” (Center of Excellence for Transgender Health, 2016, p. 2).

GLAAD

Founded in 1985, GLAAD, formerly known as the Gay & Lesbian Alliance Against Defamation, has been a leader in cultural change, working to promote acceptance for the LGBTQ community for more than thirty years, and is an organization that “rewrites the script for LGBTQ acceptance” (About GLAAD, 2017). GLAAD developed their Transgender Media Program with the knowledge that many Americans’ exposure to transgender people comes

through the media, and when the media discusses transgender issues, “it is imperative that they get it right” (“GLAAD Transgender Media Program,” 2017). Through GLAAD’s “Transgender Resources,” “Transgender FAQ,” “Resources for Media Professionals,” “Tips for Allies,” and other programming, GLAAD works to promote the use of accurate terminology and information within media representations of transgender individuals, as well as provide resources for transgender individuals and their allies (“GLAAD Transgender Media Program,” 2017). GLAAD works closely with transgender people and advocacy groups to promote awareness of transgender issues, empowering transgender people to share their stories and have their voices heard in the media (“GLAAD Transgender Media Program,” 2017).

Trans Student Educational Resources

Trans Student Educational Resources, or TSER, was founded in 2011 by two transgender women, Eli Erlick and Alex Sennello, and is the only national organization to be run by transgender young people. (“History-Trans Student Educational Resources,” n.d.). TSER is “a youth-led organization dedicated to transforming the educational environment for trans and gender nonconforming students through advocacy and empowerment” (“Mission-Trans Student Educational Resources,” n.d.). TSER publishes material relevant to transgender students, organizing, and education in the form of infographics, model policies, and online resources, as well workshops and other programming (“Publications-Trans Student Educational Resources,” n.d.). The TSER “LGBTQ+ Definitions” section is “updated as often as possible to keep up with the rapid proliferation of queer and trans language,” as terminology is “always changing in the LGBTQ+ community” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).

Methods

The purpose of this paper is to identify the coverage of transgender health topics in women's health literature since the advent of Healthy People 2020, and to critique the use and evolution of language regarding transgender health topics in this timeframe, following the Primary Care Guidelines published by the Center of Excellence for Transgender Health at the University of California, San Francisco (Center of Excellence for Transgender Health, 2016).

I used the InCites Journal Citation Reports to aid in the journal selection process, taking into account the journal impact factor and rankings for each. From this process, I selected five nursing journals, one medicine journal, and one women's studies journal, to compare the coverage of transgender health topics and related use of language in additional women's health disciplines/perspectives. The nursing journals, ranked by the 2016 journal impact factor, are: *Birth: Issues in Perinatal Care* (2.518), the *Journal of Midwifery and Women's Health* (1.500); *Journal of Obstetric, Gynecologic, and Neonatal Nursing* (1.261); *MCN: The American Journal of Maternal-Child Nursing* (0.940) and the *Journal of Perinatal and Neonatal Nursing* (0.937). Additionally, I selected the *American Journal of Obstetrics and Gynecology*, ranked second in the Obstetrics and Gynecology category of the 2016 InCites Journal Citation Reports based on its journal impact factor of 5.226, and the *Journal of Women's Health*, ranked third in the Women's Studies category of the 2016 InCites Journal Citation Reports based on its journal impact factor of 2.332 (InCites Journal Citation Reports, 2017).

In order to provide context and comparison for the coverage of transgender health topics among other clinical interests and academic disciplines, I selected four additional journals. The *Journal of Emergency Nursing* (0.795), provides a nursing perspective on patients' entry into the health system. The *Journal of the Association of Nurses in AIDS Care*, journal impact factor 1.314, provides a nursing perspective of historical significance in presenting issues of interest to

gay men and other marginalized persons affected by HIV/AIDS. I aim to provide a larger anthropologic and sociologic perspective for comparison with the inclusion of *Social Science and Medicine*, ranked fifth in the Social Sciences: Biomedical category based on its journal impact factor of 2.797 and *Medical Anthropology Quarterly*, ranked thirteenth in the Social Sciences: Biomedical category based on its journal impact factor of 1.831, (InCites Journal Citation Reports, 2017).

I searched the literature and identified journal and journal article selections using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) database. I selected search terms related to transgender health consistent with the “Terminology and definitions” and “Approach to genderqueer, gender non-conforming, and gender nonbinary people” sections of the Primary Care Guidelines published by the Center of Excellence for Transgender Health at the University of California, San Francisco (Center of Excellence for Transgender Health, 2016, p. 15-16, 69). Additionally, I included language now considered out of date or no longer appropriate in order to capture all potential journal articles that discussed trans health, even if not done optimally. The search terms were as follows: “Transgender* OR transsexual* OR transvestit* OR “trans man” OR “trans male” OR “trans masculine” OR “trans woman” OR “trans female” OR “trans feminine” OR “gender queer” OR “gender fluid” OR “gender ambiguous” OR pangender OR agender OR “gender nonbinary” OR “gender non-binary” OR "gender nonconform*" OR “gender non-conform*” OR "gender identity" OR "gender minority" OR "gender atypical" OR "gender dysphoria" OR “gender dysphoric” OR androgyn*.” I conducted searches for each journal individually, with the above trans criteria in box 1, and the journal name, listed as the “SO publication name,” in box 2. Additional search criteria included

articles published in the US, written in English, and published between January 2010 and December 2017, to capture articles written within the Healthy People 2020 parameters.

In my analysis, I identified which of three categories the articles captured with the above listed search terms fell within. The categories were as follows: articles that made no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity,” articles that discussed elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically, and articles that addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

I used three sets of criteria to assess the quality of the language used in each article: 1) whether appropriate pronouns are used; 2) if the terminology is up to date; and 3) if any terms used were offensive, inappropriate, or inaccurate. Importantly, while noting language and terminology are ever evolving to better meet the needs of the groups who use them, I adhered to the recommendations set by the Primary Care Guidelines, GLAAD, and Trans Student Educational Resources. I indicated terminology obtained from the articles and terminology recommended by the Primary Care Guidelines, GLAAD, and Trans Student Educational Resources using italicized font. Additionally, I used the current language recommendations made by these organizations to determine whether terminology is up to date, and if terms used are offensive, inappropriate, or inaccurate. I considered whether an article’s sources for definitions and terminology were within five years of the article’s publication date, which provides context and insight as to whether the authors attempted to be current in their use of language at the time of publication. I also discussed the subject matter of each article, intended to provide a

background in which topics are being researched and published, and which areas may still be lacking.

Terminology and Definitions

Terminology considerations for this paper follow the recommendations made by the “Terminology and definitions” section of the Primary Care Guidelines. Because the Primary Care Guidelines state that a detailed discussion of terminology extends beyond their scope (Center of Excellence for Transgender Health, 2016), I supplemented their terminology and definitions with those published in GLAAD’s “Media Reference Guide - Transgender,” and in the Trans Student Educational Resources’ “LGBTQ+ Definitions” (Table 1)

Term	Definition(s)
AFAB/AMAB	“Acronyms meaning “assigned female/male at birth” (also designated female/male at birth or female/male assigned at birth). No one, whether cis or trans, gets to choose what sex they’re assigned at birth. This term is preferred to “biological male/female”, “male/female bodied”, “natal male/female”, and “born male/female”, which are defamatory and inaccurate” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)
Agender	“An umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)
Bigender	“Refers to those who identify as two genders. Can also identify as

	<p>multigender (identifying as two or more genders). Do not confuse this term with Two-Spirit, which is specifically associated with Native American and First Nations cultures.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
<p>Cisgender</p>	<p>“A non-transgender person” (Center of Excellence for Transgender Health, 2016, p. 15)</p> <p>“Adjective that means ‘identifies as their sex assigned at birth’ derived from the Latin word meaning ‘on the same side.’ A cisgender/cis person is not transgender. ‘Cisgender’ does not indicate biology, gender expression, or sexuality/sexual orientation. In discussions regarding trans issues, one would differentiate between women who are trans and women who aren’t by saying trans women and cis women.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
<p>Cross-dresser / drag king/queen</p>	<p>“While anyone may wear clothes associated with a different sex, the term cross-dresser is typically used to refer to men who occasionally wear clothes, makeup, and accessories culturally associated with women. Those men typically identify as heterosexual. This activity is a form of gender expression and not done for entertainment purposes. Cross-dressers do not wish to permanently change their sex or live full-time as women. Replaces the term ‘transvestite’” (“GLAAD Media Reference Guide - Transgender,” 2017).</p> <p>“The act of dressing and presenting as a different gender. One who considers this an integral part of their identity may identify as a cross-</p>

	<p>dresser. “Transvestite” is often considered a pejorative term with the same meaning. Drag performers are cross-dressing performers who take on stylized, exaggerated gender presentations (although not all drag performers identify as cross-dressers). Cross-dressing and drag are forms of gender expression and are not necessarily tied to erotic activity, nor are they indicative of one’s sexual orientation or gender identity.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
Gender/ gender identity	<p>“A person’s internal sense of self and how they fit into the world, from the perspective of gender” (Center of Excellence for Transgender Health, 2016, p. 15).</p>
Gender affirming surgery / genital reassignment / reconstruction	<p>“Refers to surgical alteration, and is only one part of some trans people’s transition.” “Only the minority of transgender people choose to and can afford to have genital surgery. The following terms are inaccurate, offensive, or outdated: sex change operation, gender reassignment/realignment surgery (gender is not changed due to surgery), gender confirmation/confirming surgery (genitalia do not confirm gender), and sex reassignment/realignment surgery (as it insinuates a single surgery is required to transition along with sex being an ambiguous term)” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).</p>
Gender binary	<p>“A system of viewing gender as consisting solely of two, opposite categories, termed “male and female”, in which no other possibilities for gender or anatomy are believed to exist. This system is oppressive to anyone who defies their sex assigned at birth, but particularly those who are</p>

	<p>gender-variant or do not fit neatly into one of the two standard categories” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
Gender dysphoria	<p>“In 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) which replaced the outdated entry ‘Gender Identity Disorder’ with Gender Dysphoria, and changed the criteria for diagnosis. The necessity of a psychiatric diagnosis remains controversial, as both psychiatric and medical authorities recommend individualized medical treatment through hormones and/or surgeries to treat gender dysphoria. Some transgender advocates believe the inclusion of Gender Dysphoria in the DSM is necessary in order to advocate for health insurance that covers the medically necessary treatment recommended for transgender people” (“GLAAD Media Reference Guide - Transgender,” 2017).</p>
Gender expression	<p>“The outward manner in which an individual expresses or displays their gender. This may include choices in clothing and hairstyle, or speech and mannerisms. Gender identity and gender expression may differ; for example a woman (transgender or non-transgender) may have an androgynous appearance, or a man (transgender or non-transgender) may have a feminine form of self-expression” (Center of Excellence for Transgender Health, 2016, p. 15)</p> <p>“External manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics. Society identifies these cues as masculine and feminine, although what is</p>

	considered masculine or feminine changes over time and varies by culture.” (“GLAAD Media Reference Guide - Transgender,” 2017)
Gender fluid	“A changing or “fluid” gender identity.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)
Gender nonconforming	“A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming. Many people have gender expressions that are not entirely conventional – that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender does not make someone gender non-conforming. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as gender non-conforming” (“GLAAD Media Reference Guide - Transgender,” 2017).
Genderqueer	“An identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the binary gender boxes, or may simply feel restricted by gender labels.” “Not everyone who identifies as genderqueer identifies as trans or nonbinary.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)
Intersex	“Describing a person with a less common combination of hormones,

	<p>chromosomes, and anatomy that are used to assign sex at birth. There are many examples such as Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. Parents and medical professionals usually coercively assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant’s genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term intersex is not interchangeable with or a synonym for transgender (although some intersex people do identify as transgender).” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
<p>Nonbinary</p>	<p>“Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as non-binary and/or genderqueer” (“GLAAD Media Reference Guide - Transgender,” 2017)</p>
<p>Sex</p>	<p>“Historically has referred to the sex assigned at birth, based on assessment of external genitalia, as well as chromosomes and gonads. In everyday language is often used interchangeably with gender, however there are differences, which become important in the context of transgender people” (Center of Excellence for Transgender Health, 2016, p. 15)</p>
<p>Sex assigned at</p>	<p>“The assignment and classification of people as male, female, intersex, or</p>

birth	another sex assigned at birth often based on physical anatomy at birth and/or karyotyping” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)
Sexual orientation	“Describes a person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same.” (“GLAAD Media Reference Guide - Transgender,” 2017)
They/them/their	“Neutral pronouns used by some who have a nonbinary or nonconforming gender identity” (Center of Excellence for Transgender Health, 2016, p. 15)
Transgender/trans	<p>“An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms - including transgender.” “Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures” (“GLAAD Media Reference Guide - Transgender,” 2017)</p> <p>“The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p> <p>“A transgender man is someone with a male gender identity and a female</p>

	<p>birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex” (Center of Excellence for Transgender Health, 2016, p. 15)</p>
Transition	<p>“Altering one's birth sex* is not a one-step procedure; it is a complex process that occurs over a long period of time. Transition can include some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person. Avoid the phrase ‘sex change’” (“GLAAD Media Reference Guide - Transgender,” 2017).</p> <p>*More appropriately, “sex assigned at birth” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).</p>
Trans-masculine/ trans-feminine	<p>“Terms to describe gender non-conforming or nonbinary persons, based on the directionality of their gender identity. A trans-masculine person has a masculine spectrum gender identity, with the sex of female listed on their original birth certificate. A trans-feminine person has a feminine spectrum gender identity, the sex of the male listed on their original birth certificate” (Center of Excellence for Transgender Health, 2016, p. 15)</p>
Transsexual	<p>“A more clinical term which had historically been used to describe those transgender people who sought medical intervention (hormones, surgery) for gender affirmation. Term is less commonly used in present day,</p>

	<p>however some individuals and communities maintain a strong and affirmative connection to this term” (Center of Excellence for Transgender Health, 2016, p. 15-16)</p> <p>“Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender. It is best to ask which term a person prefers. If preferred, use as an adjective: transsexual woman or transsexual man” (“GLAAD Media Reference Guide - Transgender,” 2017)</p> <p>“A deprecated term that is often considered pejorative similar to transgender in that it indicates a difference between one’s gender identity and sex assigned at birth.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>
Transvestite*	<p>“No longer used in the English language and is considered pejorative” (Center of Excellence for Transgender Health, 2016, p. 16)</p> <p>*See cross-dresser.</p>
Two-spirit	<p>“An umbrella term indexing various indigenous gender identities in North America.” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.)</p>

Women’s Health Journals

Birth: Issues in Perinatal Care

According to the author guidelines published in the Wiley Online Library, the aim of *Birth: Issues in Perinatal Care* is to cover topics that improve the birth experience for women with low-risk pregnancies, who constitute the majority of individuals who experience pregnancy

and childbirth. Their focus does not include high-risk pregnancies, and *Birth* does not “accept case reports or comparisons of drugs, products, or technologies” (“Birth: Author Guidelines,” n.d.). In the literature search, I found 0 search results pertaining to the trans health search terms in *Birth: Issues in Perinatal Care* between the years of 2010 and 2017.

The Journal of Midwifery and Women’s Health

According to the author guidelines published in the Wiley Online Library, the aim of the *Journal of Midwifery and Women’s Health*, or *JMWH* is to present research and current knowledge on topics regarding maternity care, gynecology, primary care for women and neonates, health care policy, public health, and global health, with a focus on evidence-based practice and improving care for women across their lifespan (Journal of Midwifery and Women’s Health: Overview,” n.d.). In the literature search, I found eight search results pertaining to the trans health search terms in *JMWH* between the years of 2010 and 2017. Seven of the eight articles addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym; one addressed elements of LGBTQ health but did not address transgender individuals specifically. Additionally, one article was published simultaneously in the *Journal of Obstetric, Gynecologic, and Neonatal Nursing*.

In the Special Report “Current Resources for Evidence-Based Practice, November/December 2017,” simultaneously published in *JMWH*, Carlson discussed the significant barrier to care faced by LGBTQ patients due to the current lack of informed, knowledgeable healthcare providers, and UCSF’s attempt to bridge this knowledge deficit through the Population Research in Identity and Disparities for Equality (PRIDE) study, the first longitudinal study on LGBTQ individuals and health. The author used appropriate pronouns throughout the paper and discussed LGBTQ individuals as a collective entity. The term

transgender is included in the subheading “Evidence-Based Care of Individuals Who are Lesbian, Gay, Bisexual, Transgender and/or Queer/Questioning (LGBTQ),” and in the phrase *lesbian or transgender women*, however transgender individuals are not specifically discussed beyond this limited inclusion (Carlson, 2017, p 760).

In “Hormonal Management of the Female-to-Male Transgender Patient,” Steinle (2011) provided an overview of testosterone hormone management in “female-to-male” transgender patients directed at certified nurse-midwives (CNMs) and women’s health nurse practitioners (WHNPs). The author discussed current recommendations for pre-screening prior to hormone initiation, testosterone selection, monitoring for effectiveness, and the potential for adverse effects and benefits of testosterone therapy, as well as discussion of barriers to care and follow-up recommendations. The author used appropriate pronouns consistently throughout the paper; however, the author consistently used outdated, using sources from 2008 and 1997 in defining terminology related to transgender individuals, three and fourteen years prior to the article’s publication date respectively (Steinle, 2011). For instance, the author used the phrase *FTM patients* throughout the article, although the term *trans men* is more appropriate in referring to this group. The author noted in the terminology section that the term *female-to-male* or *FTM* is “more appropriately, transman ” because it “recognizes the ultimate gender identity of the individual through inclusion of the word *man*” (Steinle, 2011, p. 294), however Steinle then used the phrase *FTM patient* for the remainder of the paper.

Furthermore, use of the term transgender is inappropriate and inaccurate in describing drag kings/queens, and cross-dressers, as the author did in the terminology section. Cross-dressing is considered to be a form of gender expression but not gender identity, and cross-dressers are not considered to be transgender (“LGBTQ+ Definitions-Trans Student Educational

Resources,” n.d.). A more appropriate term for *gender variant* is “gender nonconforming,” which is less clinical in nature. The author referenced the DSM-IV *gender identity disorder* diagnosis, which was current for the time of publication, and acknowledged the proposed revisions for the DSM-V, which include “renaming the disorder gender incongruence” and revising diagnostic criteria (Steinle, 2011, p. 293). Language implying a disease or disorder state in reference to gender identity is no longer appropriate. The term *gender incongruence* is a misnomer, as transgender people do not have an incongruence with their gender, but rather with the sex they were assigned at birth (Steinle, 2011). Terminology such as *biological sex*, *natal female sex*, *natal men*, and *born male* (Steinle, 2011) are considered inappropriate and inaccurate, and should be replaced with “sex assigned at birth,” “assigned female at birth” or “assigned male at birth” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The phrase *original sex* is inaccurate and inappropriate, as it implies that the individual was previously a “different sex”, when more accurately, a transgender person’s gender identity is one that does not align with the sex they were assigned at birth by a healthcare provider or other outside entity.

The author’s statement “testosterone is considered a foreign hormone in the female body and therefore possibly harmful to an FTM individual” (Steinle, 2011, p. 296-297) was not only misgendering with the use of the term *female body* in reference to transgender men, it was also inaccurate. Testosterone is produced by the ovaries, adrenals, and peripheral tissues as an estrogen precursor (i.e., it is present in all bodies) (Mayo Foundation for Medical Education and Research, n.d.). The author used the terms *male value* and *male range* in reference to the goals for testosterone levels in trans men, however the phrase *female reference value* was also used in reference to trans men, with the caveat that “an explanation may be given to the patient regarding

the purpose of laboratory coding for interpretation of particular tests” (Steinle, 2011, p. 301), coding convenience provided as an excuse for unnecessary misgendering. The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Other Literature of Interest” published in the Updates from the Literature column, Bond (2013) reviewed three articles that did not make it into volume 58, issue 5 of the *Journal of Midwifery and Women’s Health*, under the topic headings “Transgender care,” “Trends in preconception health indicators,” and “An examination of legal cases against pregnant women from 1973 to 2005” (Bond, 2013, p. 578). The author used gender neutral language in her brief description of the 2013 article titled “Management of Transgenderism.” The term *transgenderism* within the reviewed article’s title was inappropriate and should be avoided. According to GLAAD, a more appropriate phrase to use is *being transgender*, as *transgenderism* is not “commonly used by transgender people” and is “used by anti-transgender activists to dehumanize transgender people and reduce who they are to ‘a condition’” (“GLAAD Media Reference Guide - Transgender,” 2017). This concept was reinforced by the title of the article “Management of Transgenderism,” which implied that being transgender was a condition that needs to be managed or treated (Bond, 2013, p. 578). While the author used mostly appropriate terminology in discussing transgender patients and providing *gender transition care*, the *gender identity disorder* diagnosis was removed from the DSM V in 2013, and is no longer considered appropriate. Additionally, the statement “male-to-female and female-to-male cases” is very clinical, and the phrase “transgender women and transgender men” would be more appropriate (Bond, 2013, p. 578). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Breast Care in the Transgender Individual,” Maycock and Kennedy (2014) conducted a literature review on breast care related to hormone therapy, breast binding, mastectomy, and/or breast augmentation in transgender individuals. The authors used appropriate pronouns, however they used consistently gendered language throughout the paper. Maycock and Kennedy used somewhat appropriate terminology, and obtained terminology and definitions from a source within five years of the article’s publication date. For instance, the authors used the phrase *nontransgender populations* to describe cisgender populations, a positive framing of language that does not place transgender individuals in the “other” category (Maycock & Kennedy, 2014).

The authors defined being transgender “for the purposes of this article” as “those persons actively engaged in anatomically and/or physiologically transitioning from their biologic sex to their actual sex” (Maycock & Kennedy, 2014, p. 74), however “not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures” (“GLAAD Media Reference Guide - Transgender,” 2017). This statement acknowledged the authors’ awareness of a person’s gender identity being their actual *sex*, a term often used interchangeably with *gender* (Center of Excellence for Transgender Health, 2016). Terminology such as *biological sex*, *genetic sex*, *genetic females*, *biologic females*, *biologic women*, and *born male* are considered inappropriate and inaccurate, and should be replaced with *sex assigned at birth*, *assigned female at birth* or *assigned male at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).

Assigning gender to body parts, as in the terms *male breast* and *female breast*, does not provide much clarity in discussing physiologic properties in this context, where individuals with non-cisgender identities are being discussed (Maycock & Kennedy, 2014). The authors misgendered transgender women in the phrase “MtF persons typically receive higher doses of

estrogen than cisgender females, who lack male levels of testosterone,” referring to transgender women as having “male levels” (Maycock & Kennedy, 2014, p. 76). The more appropriate term is *assigned male at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). A suitable replacement for this phrase would read “cisgender women, who lack the testosterone levels present in individuals assigned male at birth.” Additionally, the phrase “treated with attention to their genetic sex, but also to the sex they are assuming” (Maycock & Kennedy, 2014, p. 80) was inappropriate. The word *assume* implied that a person’s gender identity took on or adopted the role of someone or something they were not (Oxford University Press, n.d.), and a more appropriate term for *genetic sex* is *sex assigned at birth*. There are a variety of intersex conditions that present with “less common combination of hormones, chromosomes, and anatomy” that made this a less straightforward/meaningful designation (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Men in Midwifery: A National Survey,” Kantrowitz-Gordon, Adriane Ellis and McFarlane (2014) conducted a survey of the experiences of men and transgender individuals in midwifery, including challenges, barriers, and attitudes toward their practice. The authors identified themes of being singled out, degree of social support, exclusion, gender reading, invisibility, and loneliness, among others. The authors used appropriate pronouns, however they used inappropriate and inaccurate language and terminology throughout the paper. For instance, the authors refer to *transgendered nurses* (Kantrowitz-Gordon, 2014, p. 517); however the term *transgender* is an adjective, not a verb, and should not be written as *transgendered*.

In the survey, the authors provided options of *male, female, transgender or transsexual, intersex, or other* in response to the question “From the responses below, please select how you

identify your gender.” They weeded out respondents who were female, in favor of collecting responses from midwives who “identified as men or transgender” (Kantrowitz-Gordon et al., 2014, p. 518). The option *transsexual* is considered an outdated term, to be used as an adjective only if preferred by the patient. It is not a synonym for transgender, and is often considered pejorative, and \should be used with caution (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Although the authors acknowledged that the transgender option “did not specify identification as male or female” (Kantrowitz-Gordon, 2014, p. 518), by structuring their survey in this manner, they negated the identities of transgender men and women, who, by definition, are both transgender and male, or transgender and female. *Transgender* is not necessarily a separate gender from *male* or *female*. It is an adjective used to describe individuals whose gender identity do not align with the sex they were assigned at birth, who may identify as male, female, or somewhere outside the gender binary, just as *cisgender* is an adjective used to describe individuals who do identify with the sex they were assigned at birth. It would be more appropriate to provide options for *cisgender women*, *cisgender men*, *transgender women*, and *transgender men*, if the authors had intended for the “male” and “female” categories to capture cisgender participants only. *Transgender* and *other* should be included to encompass individuals who do not identify within the gender binary of male or female.

The authors provided an inaccurate definition of *intersex* within their survey, defining *intersex* individuals as “those who were born with physical characteristics of both genders and do not identify as exclusively male or female” (Kantrowitz-Gordon et al., 2014, p. 518). Although intersex individuals do have a “less common combination of hormones, chromosomes, or physical anatomy” at birth, the authors incorrectly stated that intersex individuals “do not identify as exclusively male or female” (Kantrowitz-Gordon et al., 2014, p. 518). *Intersex* is not

considered a synonym for *transgender* and does not refer to gender identity (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Terms such as (but not limited to) *nonbinary*, *genderqueer*, and *gender nonconforming* are more appropriate to refer to a person who does not “identify as exclusively male or female” (Kantrowitz-Gordon et al., 2014, p. 518).

Additionally, the phrase “born with female sex but identifying as male” is inaccurate, with the implication that the individual in question is both of the *female sex* and male gender identity, as opposed to having been mis-identified at birth in the sex they were assigned by a medical provider or other outside entity (Kantrowitz-Gordon, 2014, p. 520). A more appropriate term is *assigned female at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The phrase “adopting a more male appearance” and other commentary on a person’s appearance were unnecessary, as gender identity is not performative or dictated by means of gender expression, which should be referred to as *masculine* or *feminine* if gendered language is used (Center of Excellence for Transgender Health, 2016, p. 15). Kantrowitz-Gordon and colleagues addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Conception, Pregnancy, and Birth Experiences of Male and Gender Variant Gestational Parents: It’s How We Could Have a Family,” Ellis, Wojnar and Pettinato (2015) conducted a pilot qualitative study using grounded theory methodology to gain knowledge and perspective on the experiences of conception, pregnancy and birth for transgender and *gender-variant* individuals. This study attempted to fill the knowledge gap regarding the needs, preferences, and experiences of trans individuals in conception, for the purpose of improving care. The authors used appropriate pronouns and gender neutral language, and used mostly appropriate terminology, obtaining terminology and definitions from sources within five years of

the article's publication date. The authors used the terms *male gender marker* and *female gender marker* in reference to the gender written on study participants' legal identification, which showed an awareness of the potential for disconnection between documentation and a person's gender, that legal documents do not determine gender identity (Ellis et al., 2015).

The authors' phrase "male-identified and gender-variant natal females" (Ellis et al., 2015, p. 62) was inaccurate and inappropriate with the implication that the individual in question is both a *natal female* and *gender variant* or of the male gender identity, as opposed to having been mis-identified at birth in the sex assigned to them by a health care provider or other outside entity ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). Transgender men are male and should be referred to as such. Terminology such as *natal female* and *natal sex* are inappropriate and inaccurate, should be replaced with *assigned female at birth* and *sex assigned at birth* ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). A more appropriate term for *gender variant* is *gender nonconforming*, which is less clinical in nature. The authors later used the more appropriate "male and gender-variant gestational parents," which is gender neutral in relation to the ability to carry a pregnancy, and accurately identified the genders of individuals in question (Ellis et al., 2015, p. 62). The authors acknowledged the barriers to care presented by language, with "dominant social norms that define a pregnant person as *woman* and a gestational parent as *mother*" (Ellis et al., 2015, p. 64). However, the authors' phrases "undertake pregnancy" and "use their bodies to bear children" were clinical and negatively weighted, and further detracted from the experience of pregnancy in transgender men as an experience that is natural, in intimate relation with their bodies (Ellis et al., 2015, p. 62, 68).

The decision to “come-out” is an intensely personal and individual one, and the authors’ reference to someone in *active nondisclosure* as “hiding” was inappropriate and inaccurate (Ellis et al., 2015). Transgender individuals do not owe explanations or announcements to the people around them, be it for safety considerations or simply a lack of desire to disclose personal information to others, or a variety of other reasons. The author’s use of language such as “being open” in defining *active self-disclosure* again was inappropriate, with the implication that individuals who do not actively self-disclose were then being “deceptive” (Ellis et al., 2015). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Educational Strategies to Help Students Provide Respectful Sexual and Reproductive Health Care for Lesbian, Gay, Bisexual, and Transgender Persons,” Walker, Arbour, and Waryold (2016) provided educational strategies for including LGBT health into graduate medical, nursing, and midwifery curriculum. The authors provided *targeted education* strategies for LGBT individuals, particularly women, without differentiating the needs of the individuals in each of these groups related to sexual and reproductive health, describe the PLISSIT model for sexual health interviewing and provide sample case studies for teaching topics regarding gynecologic care and same-sex female relationships. The authors used appropriate pronouns and gender neutral language, however, the authors used consistently outdated terminology, obtaining terminology and definitions from a 2003 source, thirteen years before the article’s publication date.

Terminology within the authors’ paper itself was generally more accurate and appropriate, using sources within five years of the article’s publication, however the authors did use some inappropriate terminology. For example, the phrase “biologic sex development refers

to the chromosomes, XX or XY, that differentiate the sexes biologically” (Walker et al., 2016, p. 738) was inaccurate, because there are a variety of genetic conditions that result in intersex conditions that present with “less common combination of hormones, chromosomes, and anatomy” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The term *biologic sex*, as well as *physical sex*, were inappropriate and inaccurate, and should be replaced with *sex assigned at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).

The terminology and definitions provided within “Table 1. Terminology for Use When Working With LGBT Clients” were significantly inaccurate and outdated (Walker et al., 2016, p. 739). The authors included *intergendered* as the second “I” within LGBTIQ. *Intergendered*, written in the same style as *intersex*, which as an adjective to describe an individual should not be written as a verb, is not a term typically included within the extended LGBTQIA acronym, which includes “intersex” and “asexual.” *Intergender*, when used as an identity, has been defined by AllWords as being “midway between female and male,” however this term had not been seen elsewhere (AllWords.com, n.d.).

The authors referred to “*social gender*,” within the confines of the gender binary, as “levels of masculinity and femininity” (Walker et al., 2016, p. 739), however a more appropriate term is *gender* or *gender identity* (Center of Excellence for Transgender Health, 2016, p. 15). The author’s definition of transgender as an “umbrella term for transsexuals, cross-dressers, transgenderists, genderqueers” is inaccurate and inappropriate (Walker et al., 2016, p. 739). *Transsexual* and *genderqueer* should be used as adjectives if preferred by the individual, as in “transsexual man” or “genderqueer person,” and not the author’s “a transsexual” (Walker et al., 2016). The term *transsexual* is often considered pejorative, and should be used cautiously (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). *Transgenderist* is not a

recognized term, and like *transgenderism* is inappropriate and inaccurate, and should not be used. Additionally, cross-dressing is considered to be a form of gender expression but not gender identity, and cross-dressers are not considered to be transgender (“GLAAD Media Reference Guide - Transgender,” 2017). The authors define *transsexual* as “a person who experiences a mismatch of the biological sex they were born as and the biological sex they identify as. A transsexual sometimes undergoes medical treatment to change his/her physical sex to match his/her sex identity through hormone treatments and/or surgically” (Walker et al., 2016, p. 739). However as previously stated, a more appropriate term for “*biological sex*” is “*sex assigned at birth*.” The term “*sex identity*” is inaccurate, and a more accurate and appropriate term for the concept the authors refer to here is “*gender identity*” (Center of Excellence for Transgender Health, 2016, p. 15).

The authors provided an inaccurate definition of *sex*, referring to *sex terms* that include “male, female, transsexual, and intersex” (Walker et al., 2016, p. 739). *Transsexual* is considered an outdated gender identity, and should not be included in a definition of *sex* (“GLAAD Media Reference Guide - Transgender,” 2017). *Sex* is a vague term often used interchangeably with *gender*, however the term *sex identity* should be used to refer to the “label people adopt to signal to others who they are as a sexual being, particularly regarding sexual orientation” (Grollman, 2010). The author’s definition “the sex that a person sees themselves as. This can include refusing to label oneself with a sex,” mirroring that of *gender identity*, was not accurate (Walker et al., 2016, p. 739). The authors defined gender identity within the narrow context of the gender binary, “self-awareness or fundamental sense of being masculine or feminine, and male or female” (Walker et al., 2016, p. 739). The statement/commentary “gender identity originated as psychiatric term and is commonly used to protect transsexual or transgender employees,

particularly those who transition from one sex to another on the job” was unnecessary, inappropriate, and inaccurate (Walker et al., 2016, p. 739). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Provision of Patient-Centered Transgender Care,” Selix and Rowniak (2016) conducted a review of the limited literature available regarding the specific health needs of transgender individuals, and the provision of culturally competent health care services for transgender populations. They provided an overview of general primary care needs, mental health needs, hormone therapy, and surgical treatments, and differentiate health needs specific to trans men and trans women, looking at the health impact and care considerations for individuals across transition. The authors used gender neutral language in regards to pronouns, and used mostly appropriate terminology, obtaining definitions and terminology from a source within five years of the article’s publication date. However, the term *transvestite*, included in the authors’ terminology section as “transvestite (e.g. cross dressing)” is considered pejorative and should not be used. It is more appropriate to use the term *cross-dressing* in reference to an “individual who dresses as the opposite gender but does not necessarily have a gender identity different from their sex at birth” (Selix & Rowniak, 2016, p. 745).

The authors recommended including a “section on patient health data forms for gender identity as male, female, or transgender,” and appeared to use the terms *transgender* and *gender-variant* interchangeably, referring to “male, female, and gender-variant patients” at the end of the same sentence (Selix & Rowniak, 2016, p. 745). A more appropriate term for *gender variant* is *gender nonconforming*, which is less clinical in nature. Additionally, *gender nonconforming* is not a synonym for *transgender*, as “not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming” according to GLAAD’s

Media Reference Guide - Transgender (2017). The authors correctly define *transgender* as an umbrella term that referred to “any individual who does not identify with the gender they were assigned at birth” (Selix & Rowniak, 2016, p. 744). However, by structuring the gender options as “male, female, or transgender,” Selix and Rowniak (2016, p. 744) negated the identities of transgender men and women, who, by definition, are both transgender and male, or transgender and female. The authors later recommended that clinical settings “include a section on patient health data forms for gender identity as male, female, transgender, trans man, or trans woman,” which was more appropriate in addressing the gender identities of their patients (Selix & Rowniak, 2016, p. 749). The phrase “more accommodating” within the heading “Approaches That Make Clinical Settings More Accommodating to Transgender Individuals” implied that transgender patients had needs in excess of what cisgender patients required, and that clinical settings were exceeding expectations by meeting some needs but not all (Selix & Rowniak, 2016, p. 749). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

Journal of Obstetric, Gynecologic, and Neonatal Nursing (JOGNN)

According to the “about JOGNN” section published in the *JOGNN* website, *JOGNN* takes a focus on nursing practice in the care of women, neonates, and the childbearing family. They are known for publishing groundbreaking articles on important issues, with an emphasis on research evidence and clinical practice (“About JOGNN: the Journal of Gynecologic and Neonatal Nursing,” n.d.). In the literature search, my search captured seven articles pertaining to the trans health search terms in *JOGNN* between the years of 2010 and 2017. Of the seven articles captured, six addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym and one addressed elements of LGBTQ health but did not address

transgender individuals specifically. Additionally, one article was published simultaneously in the *Journal of Midwifery and Women's Health*.

In the editorial “Improving the Care of Lesbian, Bisexual, and Transgender Populations,” Harner (2014) examined three articles related to LBT populations and health. The articles addressed factors affecting sexual safety and security in women who have sex with men and women, the nursing role in treatment and care of LBT women in education, practice, certification, and licensure, and the effects of language surrounding motherhood on the maternal role for the non-birth partner in lesbian relationships. The author used consistently appropriate pronouns throughout the paper, and mostly appropriate language, however she used the phrase “lesbian, bisexual, and transgendered” in defining LBT populations (Harner, 2014, p. 507). *Transgender* is an adjective and not a verb, and should not be written as *transgendered*. The editorial did not address transgender health beyond its inclusion in the LGBT/LBT acronyms (Harner, 2014).

In “Increasing Self-Awareness in Nursing Students to Promote Culturally Competent Care Within a Lesbian Population”, Adams and Turner (2016) described a poster presentation proposing a two-pronged didactic and clinical approach to promote awareness in nursing students of the impact of gender expression and identity, and sexual orientation, on healthcare needs in the lesbian childbearing family. The authors used appropriate pronouns and language throughout the paper. The poster presentation description did not address transgender health beyond its inclusion in the LGBT acronym (Adams & Turner, 2016).

In the “Systematic Review of Sexual and Reproductive Health Care Content in Nursing Curricula”, Cappiello, Coplon, and Carpenter (2017) conducted a systematic review of the literature to determine the extent of sexual and reproductive health (SRH) education being

delivered in pre-licensure nursing programs. Of the thirteen articles reviewed, three covered LGBTQ topics, largely with a focus on sexuality and sexual health as opposed to gender identity, and two that merited mention but did not meet inclusion criteria discussed LGBTQ and “intersexed” healthcare, and transgender health curriculum concepts (Cappiello et al., 2017). The authors used appropriate pronouns throughout the paper, and used mostly accurate terminology, although the term *intersex* is an adjective, describing a component of a person’s identity, and should not be used as a verb, as seen in the authors’ phrase “intersexed healthcare” (Cappiello et al., 2017, p. e163) The article contained primarily gendered, woman-centric language, referring to women’s health and its relation to sexual and reproductive health, pregnancy, and family planning throughout the article. The authors addressed this, and stated they used a “broad definition of sexual and reproductive health; however, some studies were based on the more narrow definition of women’s health care and thus did not address men’s health issues or transgender health care” (Cappiello et al., 2017, p. e162). The term *transgender* was included as a component of the LGBTQ acronym in the phrase “medical needs of transgender people,” and in referencing the development of a “transgender health curriculum”; however transgender individuals were not discussed beyond this limited inclusion and a statement on the authors’ definition of sexual and reproductive health (Cappiello et al., 2017, p. e161, e163).

Carlson’s Special Report “Current Resources for Evidence-Based Practice, November/December 2017,” was published simultaneously in JMWH (Carlson, 2017). See entry listed under the *Journal of Midwifery and Women’s Health* section for analysis.

In “Improving Nursing Care for Lesbian, Bisexual, and Transgender Women,” Zuzelo (2014) examined the inadequate inclusion of healthcare needs specific to LBT women in the education and practice of nurses and other healthcare team members, and the resulting negative,

non-affirming, and even hostile, unsafe healthcare encounters experienced by this population, due to provider bias, systems issues, and lack of knowledge. The author mentioned an extensive glossary of LGBT terminology published by the Joint Commission in 2011 and resources from the National LGBT Health Education Center in 2013 for terminology and language guidance. However, these resources were not used consistently. Some definitions and terminology used in the paper came from a 2008 source, six years prior to the article's publication date, which led to inconsistencies in the author's use of both appropriate and outdated language. The author used gender neutral language in regard to pronouns and was inconsistent in using the terms *sex* and *gender*, often using them interchangeably, "however there are differences [between sex and gender], which become important in the context of transgender people" (Center of Excellence for Transgender Health, 2016, p. 15). The author showed purposeful inclusion of both sexual orientation and gender identities in the term "LBT women" (Zuzelo, 2014).

Defining transgender using the term *birth sex* was inaccurate and inappropriate, and it would be more appropriate to use *sex assigned at birth* ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). The term *anatomic sex* was also inaccurate, as there are a variety of intersex conditions that present with "a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth" ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.), and anatomy does not follow the strict gender binary and is not indicative of gender identity. In discussing transition, the term *gender reassignment* was inaccurate, as "gender is not changed due to surgery" ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). More appropriate, accurate terms are *gender affirmation* or *genital reassignment* ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.).

The author defined *transsexual* as “individuals who pursue medical therapies to establish congruency between their physical bodies and intrinsic, sexual self knowledge” (Zuzelo, 2014, p. 521). However, the term *transsexual* is outdated and is often considered pejorative, and individuals who choose to pursue “medical therapies” are more appropriately considered *transgender* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The author’s phrase “sexual self knowledge” was an example of equating sex with gender in a way that left the reader unclear of the intended meaning, as the phrase could have also been referring to a person’s sexual orientation or sexual preferences (Zuzelo, 2014). The author defined *gender variant*, as being *sexually nonconforming*, however this term refers to gender identity, not sexuality, and a more appropriate term is *gender nonconforming*, which is more accurate and less clinical in nature (“GLAAD Media Reference Guide - Transgender,” 2017). The author included transgender individuals within their definition of *intersex*, however the “term intersex is not interchangeable with or a synonym for transgender,” and should not be included within this definition (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Demonstrating some awareness of appropriate language, the author provided terms to be avoided, *‘real’ man or woman*, in differentiating cisgender and transgender men and women (Zuzelo, 2014, p. 521). “Real” is a subjective, vague term, insinuating that one identity is more legitimate than the other, and as the author noted, should not be used. The author discussed the negative impact of homophobia and heterosexism, however the impact of transphobia and cissexism were not included (Zuzelo, 2014). Zuzelo addressed transgender individuals specifically, beyond their inclusion within the LGBTQ acronym (2014).

The fifteen question post-test “Improving Nursing Care for Lesbian, Bisexual, and Transgender Women” was related to the above article of the same name (Zuzelo, 2014). It

contained one question related to transgender health, “A person who utilizes medical interventions to alter his/her physical sex to achieve congruency with sexual self knowledge is labeled as _____” (Zuzelo, 2014, p. e40). The author provided outdated and/or inappropriate answer choices, *gender variant*, *transsexual*, and *transvestite* (Zuzelo, 2014, p. e40).

Terminology in this article came from a 2008 source, demonstrated in the use of the term *transsexual*, which is generally considered an outdated term, as is the definition provided for it. It should be used as an adjective if preferred by the individual, however, caution should be used as *transsexual* is often considered pejorative (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Additionally, the term *transvestite* is considered pejorative and should not be used (Center of Excellence for Transgender Health, 2016, p. 16), and a more appropriate term for *gender variant* is *gender nonconforming*, which is less clinical in nature. The post-test addressed transgender individuals specifically, beyond their inclusion within the LGBTQ acronym.

In “Providing Family-Centered Care to the Transgender Community,” Kester and Viloría (2017) described a poster presentation intended to promote transgender inclusive programming as a component of family centered care, with implementation of comprehensive, gender affirmative education for staff, use of gender-neutral language and signage, and identification of implications for nursing practice. The authors used gender neutral, current terminology throughout the paper, for example, “gender-affirming surgical masculinizing procedures” in reference to transition related surgeries, and the gender neutral term *chestfeeding* (i.e., *breastfeeding*) (Kester & Viloría, 2017, p. s22). Kester and Viloría addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym .

MCN: The American Journal of Maternal/Child Nursing

According to the “about the journal” section published on the Wolters Kluwer website, the focus of *MCN: The American Journal of Maternal/Child Nursing* on current major issues and high priority problems related to maternal/child nursing, women’s health, and family nursing. Their articles include topics such as disease updates, health promotion, patient and family behavior, physiology and pathophysiology findings, clinical investigations and research for evidence-based nursing practice (“About the Journal: MCN,” n.d.). In the literature search, I found 5 results pertaining to the trans health search terms in *MCN*, between the years of 2010 and 2017. Of the five articles captured, four addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, and one addressed elements of LGBTQ health but did not address transgender individuals specifically.

In “Anxiety Disorders, Gender Nonconformity, Bullying and Self-Esteem in Sexual Minority Adolescents: Prospective Birth Cohort Study,” published in the Toward Evidence-Based column of *MCN*, Capitulo (2017) reviewed a study published in the *Journal of Child Psychology and Psychiatry*, discussing the relation between non-heterosexual orientation and reported gender nonconformity, adolescent anxiety, self-esteem, and bullying. The author used gender neutral language and mentions the experience of “sexual minority adolescents” and the relation to “early-childhood gender nonconformity” but otherwise did not discuss transgender health in this brief comment (Capitulo, 2017, p. 364).

In “If Transmen Can Have Babies, How Will Perinatal Nursing Adapt?,” Adams (2010) examined the role of perinatal nurses in providing obstetric care for transgender men and their partners, through an introduction to transgender issues, a case exemplar, and a discussion of the healthcare needs of transgender individuals and the clinical implications for perinatal nurses caring for them in the ante-, intra-, and postpartum periods. The author used consistently

appropriate pronouns, aside from one instance of in referring to a trans man having “legally changed her gender to male”, however other gendered language was not used appropriately (Adams, 2010, p. 28). For example, the description of a trans man being “outwardly female but inwardly was gender confused” (Adams, 2010, p. 28) was inaccurate, as a person’s gender identity is not based on how they appear to other people or their methods of gender expression (Center of Excellence for Transgender Health, 2016). The author referenced the DSM-IV *gender identity disorder* diagnosis (Adams, 2010), which was current for the time of publication, however this diagnosis is no longer appropriate and was not included in the DSM-V (American Psychiatric Association, 2013).

The author’s use of terminology was consistently outdated and inappropriate. For instance, the article’s title “if transgender men can have babies, how will perinatal nursing adapt?” placed the focus on perinatal nurses and their experience, instead of focusing on the experience of the patient, and the word *if* implied that transgender men were less capable of bearing children (Adams, 2010, p. 26). The author placed an emphasis on identity related to *biologic sex*, *biological sex at birth*, being *born biologically female* or *born female* and being *biological women*, and individuals who had “maintained their female reproductive organs” (Adams, 2010, p. 29) as opposed to the person’s identified gender. These terms are considered inaccurate and inappropriate, and instead *sex assigned at birth*, and *assigned female at birth* should be used (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Additionally, the term *transitioned* within “biological sex or transitioned gender” (Adams, 2010, p. 31) was unnecessary, and would be more appropriately *gender* or *gender identity* (Center of Excellence for Transgender Health, 2016).

The term *transgender* should not be used as a noun, as seen in the author's phrase "reading a transgender's chart" (Adams, 2010, p. 29). *Transgender* should be used as an adjective, changing the above phrase to "reading a *transgender individual's* chart," substituting other nouns as appropriate to the situation ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). Additionally, it was inappropriate and grammatically incorrect to use the term *transgendered*, as seen in the author's phrases *transgendered man*, *transgendered individual*, and *transgendered obstetric patient* (Adams, 2010), as transgender is an adjective and should not be used as a verb. Use of the term *transgenderism* and the phrase "transgenderism and its concomitant sequelae" (Adams, 2010, p. 29) implied the experience of being transgender to be a disease state or disorder, with *sequela* defined as "an aftereffect of a disease, condition, or injury" by Merriam-Webster (Merriam-Webster, Incorporated, n.d.). The term *transgenderism* is inappropriate and should be avoided. According to GLAAD, a more appropriate phrase to use is *being transgender*, as *transgenderism* is not "commonly used by transgender people" and is "used by anti-transgender activists to dehumanize transgender people and reduce who they are to 'a condition'" ("GLAAD Media Reference Guide - Transgender," 2017).

The author used inaccurate and inappropriate terminology regarding transition, referring to individuals who had "partially transitioned to the male gender via hormones" and a man that "had not had his uterus or ovaries surgically removed and his transition to the male gender was therefore not complete," which attempted to delegitimize and impose restrictions on individuals' ability to identify as transgender (Adams, 2010, p. 27, 28). The process of transitioning "is a complex process that occurs over a long period of time" which may involve a variety of "personal, medical, and legal steps," however, "not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical

procedures” (“GLAAD Media Reference Guide - Transgender,” 2017). The author’s statements that “transition can be temporary or permanent” and “once the change in gender has been made, whether temporary or permanent” were inappropriate, with the implication that a person’s gender identity was a choice that may be undone, and detracted from of the complexity and significance of the difficult process of coming out and transitioning (Adams, 2010, p. 27, 28). “Patients who have not changed their gender” should have been referred to as cisgender, or non-transgender, as the phrase implied the misconception that transgender individuals were “changing” their gender (Adams, 2010, p. 31). More accurately, a transgender person’s gender identity is one that does not align with the sex they were assigned at birth by a medical provider or other outside entity (“GLAAD Media Reference Guide - Transgender,” 2017). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Gender Nonconforming Children,” published in the Hot Topics in Pediatric Nursing column of *MCN*, Beal (2015) provided information for healthcare providers regarding transgender youth, discussing the “emergence of the issue involving gender nonconformity in children and adolescents,” DSM criteria and issues related to healthcare access, and new research suggesting a “complex set of factors for gender nonconformity” in pediatric patients (Beal, 2015, p. 395). The author used mostly appropriate terminology regarding gender nonconformity and transgender youth. However, Beal was inconsistent with pronoun use and gendered language, adhering strictly to the gender binary despite discussing *gender nonconformity*. This led to the inaccurate statements “adolescent girl who identifies as a boy,” “boy who wants to go to school as a girl,” or using “she” to describe a child “wanting to be a boy,” that could have been avoided with gender-neutral language (Beal, 2015, p. 395). Additionally, the term *gender reassignment* was inaccurate as “gender is not changed due to surgery,” and a more appropriate term is *gender*

affirmation surgery or *genital reassignment* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Beal addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Transgender Men and Lactation: What Nurses Need to Know,” Wolfe-Roubatis and Spatz (2015) conducted a three-case exemplar in response to the Healthy People 2020 goals of increasing lactation and breastfeeding, and improving healthcare for transgender individuals. The authors aimed to promote awareness of the role of the perinatal nurse in providing knowledgeable care and support for trans patients, by addressing the current gaps in care and providing perinatal nurses with suggestions for creating a welcome environment, developing relationships and educating themselves, and provided additional resources for caring for transgender patients. The authors used consistently appropriate pronouns and gendered language throughout the paper. The authors used mostly appropriate terminology throughout, with gender neutral terms such as *human milk* and *chestfeeding*, and used sources that were within five years of the article’s publication date (Wolfe-Roubatis & Spatz, 2015); however, it was inappropriate and grammatically incorrect to use the term *transgendered*, as in the phrase “transgendered and GNC patients” (Wolfe-Roubatis & Spatz, 2015, p. 37), as transgender is an adjective and should not be used as a verb. Additionally, while the authors used the phrase *birth assigned anatomical sex* (Wolfe-Roubatis & Spatz, 2015, p. 33), the current recommendation is *sex assigned at birth*, which places less emphasis on a patient’s “anatomy,” and places the responsibility for this mis-designation back on the provider who assigned it (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

In “Healthcare for Transgender Youth: Still Inadequate...Still at Risk,” published in the Hot Topics in Pediatric Nursing Column of *MCN*, Beal (2017) examined several studies of transgender youth, and identified a repeated concern regarding a lack of access to healthcare services. Participants within these studies made recommendations for healthcare providers to focus on training to promote gender-affirming protocols and cultural humility, and adhere to well-established protocols and current best practice for pediatric hormone therapy, as well as establish programs to provide resources for caregivers with transgender children and group programs to promote self-esteem and resilience in trans youth. The author used gender-neutral language throughout the paper, and used an outdated and inaccurate definition of the term *transgender*, pulling from sources published in 2006 and 1997. *Transsexual* is considered to be an outdated term and should be used as an adjective if preferred by the patient, as in the phrase “transsexual *individuals*” as opposed to the author’s use, *transsexuals* (“GLAAD Media Reference Guide - Transgender,” 2017). Caution should be used, as *transsexual* is often considered pejorative (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The authors also included cross-dressing within the transgender umbrella, however, cross-dressing is considered to be a form of gender expression but not gender identity, and cross-dressers are not considered transgender (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Additionally, the word “purposefully” within the author’s phrase “individuals who purposefully present with ambiguous gender identity” was unnecessary, and implied that a person’s gender presentation and identity are chosen and “performed” for the benefit of the people observing and interacting with them (Beal, 2017, p. 296). The article addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

Journal of Perinatal and Neonatal Nursing

According to the “about the journal” section published on the Wolters Kluwer website, the perinatal focus of the *Journal of Perinatal and Neonatal Nursing*, or *JPNN* is specific to labor and delivery and intrapartum services, and covers general perinatal services more broadly. The neonatal focus is specific to neonatal intensive care, and care outcomes for neonates and infants. The *Journal of Perinatal and Neonatal Nursing* produces issues that are topic based, with all content related to a specific topic (“About the Journal: the Journal of Perinatal and Neonatal Nursing,” n.d.). In the literature search, I found 0 search results pertaining to trans health in *JPNN*, between the years of 2010 and 2017.

American Journal of Obstetrics and Gynecology: Medicine Perspective

According to the “aims and scope” section published on the *American Journal of Obstetrics and Gynecology*, or *AJOG* website, the aim of *AJOG* is to cover topics that have an impact on current understanding of health and disease, and have the potential to change women’s healthcare practices. Through research, reviews, opinions, videos, podcasts, and interviews, *AJOG* focuses on reproduction, and obstetrical and gynecological disorders, and their subsequent diagnosis, treatment, prediction and prevention (“American Journal of Obstetrics and Gynecology: Aims and Scope,” n.d.). In the literature search, I found six results pertaining to the trans health search terms in *AJOG* between the years of 2010 and 2017. Of the six articles captured, five addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, and one discussed elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically.

In “Reproductive coercion: uncloaking an imbalance of social power,” Park and colleagues (2016) provided an overview of reproductive coercion, including birth control sabotage and pregnancy pressure, and its relation to interpersonal violence. The authors provided

clinical implications and strategies for identification and intervention for clinicians regarding individuals experiencing reproductive coercion, discussed in the context of women experiencing domestic violence, adolescents, LGBT individuals, and men. The authors used appropriate pronouns throughout the paper, and placed significant emphasis on the experiences of straight, cisgender women, with limited discussion of the experiences of women in same-sex relationships and cisgender men in heterosexual relationships. The article did not address transgender individuals beyond their inclusion in the LGBTQ acronym (Park et al., 2016).

In “Gynecologic malignancies in female-to-male transgender patients: The need of original gender surveillance,” Urban, Teng, and Kapp (2011) presented two case reports in which female-to-male transgender patients undergoing hormone therapy had uterine or invasive cervical cancer discovered incidentally during *sex reassignment surgery*. The authors used consistently appropriate pronouns within the case studies, however they were inconsistent with their use of gendered language throughout the paper, referring to *female-to-male transgender patients* as “women” in the statistic “approximately 1 in 30,000 women per year undergo sex reassignment treatment” (Urban et al., 2011, p. e10). The authors used primarily outdated language throughout the paper. For instance, the terms *sex reassignment*, *sex reassignment surgery*, *female-to-male reassignment*, and *female-to-male transgender surgery* (Urban et al., 2011) were considered outdated and inaccurate, as they implied “a single surgery is required to transition along with sex being an ambiguous term” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The terms *gender affirmation* or *genital reassignment* are more appropriate to describe procedures involving the removal of the uterus, cervix and ovaries (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).

The phrase *original gender* within the article's title was inaccurate and inappropriate, as it implied that the individual was previously a "different gender," when more accurately, a transgender person's gender identity is one that does not align with the sex they were assigned at birth by a medical provider or other outside entity ("GLAAD Media Reference Guide - Transgender," 2017). Additionally, the phrase *female to male* should be used as an adjective to describe transgender individuals, and should not have been written plural in the author's use *females to males* (Urban et al., 2011, p. e9). More appropriate are the terms *transgender men*, or *female to male transgender individuals*. *Transgender* is an adjective and should not be used as a verb, as seen in the author's phrase "female-to-male transgender process" (Urban et al., 2011, p. e10). The term *transition* would be more appropriate in this context. The term "*transsexual male*" (Urban et al., 2011, p. e9) is considered to be an outdated term, and should be used as an adjective if preferred by the patient ("GLAAD Media Reference Guide - Transgender," 2017). Caution should be used, as *transsexual* is often considered pejorative ("LGBTQ+ Definitions- Trans Student Educational Resources," n.d.).

The authors used the phrase "the diagnosis of cancer of the female organs" in reference to the transgender men, however this could be made more appropriate and less gendered by being specific, as in the later "diagnosis of cervical or uterine cancer" (Urban et al., 2011, p. e10). The phrase "providers, who were aware of the patient being transgender because of the patient's outward male appearance" (Urban et al., 2011, p. e10) equated gender identity with gender expression, which should be avoided (Center of Excellence for Transgender Health, 2016). Providers should not assume a patient's gender based on appearance. Urban, Teng and Capp addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym in this article (2011).

In “Care of the transgender patient: the role of the gynecologist,” Unger (2014) discussed the role of the gynecologist in transgender healthcare, at all stages in the process of transition. The author used gender neutral language in regards to pronouns, and used gendered language throughout, adhering strictly to the gender binary in discussion of sex and gender, considering only the possibility of “being male or female,” with references to the “female or male brain” and feminine vs. masculine characteristics (Unger, 2014, p. 16, 17). The author’s use of terminology was consistently outdated and inappropriate throughout the paper, using sources published between 1973 and 2013 to define terminology (Unger, 2014).

Unger recognized the DSM-V’s attempt to “depathologize gender identity,” however her use of the term *transgenderism* and the phrases “manifestation of transgenderism” and “etiology of transgenderism” (Unger, 2014, p. 16, 17) implied the experience of being transgender to be a disease state or disorder, with manifestation defined as “a symptom of an ailment” by Oxford Living Dictionaries (Oxford University Press, n.d.). The term *transgenderism* is inappropriate and should be avoided. According to GLAAD, a more appropriate phrase to use is *being transgender*, as *transgenderism* is not “commonly used by transgender people” and is “used by anti-transgender activists to dehumanize transgender people and reduce who they are to ‘a condition’” (“GLAAD Media Reference Guide - Transgender,” 2017). The suffix -ism should not be added to adjectives, as seen in the author’s terminology entries *transsexualism* and *transvestitism* (Unger, 2014) the root of which, *transvestite*, is considered pejorative and should not be used (Center of Excellence for Transgender Health, 2016). The author used the affirmative term *transman*, however she also used the phrase “female-to-male transsexual patients” in describing transgender men (Unger, 2014, p. 22). The term transsexual is considered outdated and should be used as an adjective if preferred by the patient (“GLAAD Media

Reference Guide - Transgender,” 2017). Caution should be used, as *transsexual* is often considered pejorative (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.).

The author’s terms *natal women*, *natal sex* and *birth gender* are considered inappropriate and inaccurate, and should be replaced with *assigned female at birth* and *sex assigned at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Gender is an “internal sense of self,” to which an infant cannot communicate at birth (Center of Excellence for Transgender Health, 2016, p. 15). The author did recognize that a person’s *sex* is bestowed upon them “without regard to one’s own identity” (Unger, 2014, p. 17). However, using terms such as *self-identified gender* had the implication that this gender identity was not recognized or honored by outside individuals (Unger, 2014, p. 16). The term *gender incongruence* was a misnomer, as transgender people do not have an incongruence with their gender, but rather with the sex they were assigned at birth (Unger, 2014). A more appropriate term for the author’s terms *desired sex* or *current gender* (Unger, 2014) is *gender* or *gender identity*, as *current gender* implied that a person was previously “something else” (Center of Excellence for Transgender Health, 2016, p. 15). Additionally, the phrase “sexual identities or lifestyle choices” (Unger, 2014, p. 21) was inaccurate and inappropriate, as a person’s sexual orientation and gender identity are not choices or optional, they are innate components of a person’s identity and sense of self.

The author discussed the inaccurate concept of *complete* and *partial* transition in the statements “Patients may simply live their lives as members of the opposite sex, they may choose to undergo partial transition with hormonal therapy and/or some minor physical changes, or complete the transition with genital reassignment surgery” and “sex reassignment surgery is an option for patients who wish to transition completely” (Unger, 2014, p. 16). This reflected the author’s use of inaccurate and outdated definitions of the term *transgender*, one of which stated

“individuals who identify with the opposite sex rather than their natal sex, who have not achieved reassignment to the desired sex or only want partial adaptation” (Unger, 2014, p. 17). This was used in conjunction with the outdated term *transsexual*, defined as “a specific term” to describe “individuals who desire to achieve reassignment and have committed to transitioning to their desired sex” (Unger, 2014, p. 17). The author restated these concepts at multiple points. These definitions were inaccurate and inappropriate, and attempted to delegitimize and impose restrictions on individuals’ ability to identify as transgender. The process of transitioning “is a complex process that occurs over a long period of time” that may involve a variety of “personal, medical, and legal steps,” however, “not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures” (“GLAAD Media Reference Guide - Transgender,” 2017). Use of the term *sex reassignment surgery* (Unger, 2014) was not accurate, “as it insinuates a single surgery is required to transition along with sex being an ambiguous term” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). *Male-to-female reassignment surgery* (Unger, 2014) was also inappropriate, as “gender is not changed due to surgery” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The terms *genital reassignment* and *gender affirmation* surgery are more accurate and appropriate in describing transition related procedures (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). It was inappropriate for the author to refer to transgender individuals as *preoperative* (Unger, 2014), as surgery does not determine a person’s gender identity (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The author used gendered language regarding a person’s organs and genitalia, with discussion of *male external genitalia*, *female external genitalia*, and *female pelvic organs*, which could be made more accurate with using the specific names of these body parts (Unger, 2014, p. 19, 20). Unger

addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (2014).

In the letter to the editor “Transgender patients care,” Weiss and Green (2014) provided clarification on the 2011 WPATH guidelines for the hysterectomy process for transmen, and discussed the need to address fertility preservation at the time of hysterectomy (Weiss & Green, 2014). The authors used gender-neutral language and appropriate terminology in their letter to the editor, referring to *transmen*, *transgender* and *gender non-conforming* patients. Weiss and Green addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym in this letter to the editor (2014).

In the reply to the letter to the editor titled “Transgender patients care,” Unger (2014) responded to Weiss and Green’s clarification on the 2011 WPATH guidelines and question posed regarding fertility preservation. The author used gender neutral language and appropriate terminology in the reply, and addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (Unger, 2014).

In the description of a poster presentation titled “Welcoming transgender patients to the gynecologist’s office,” Mihalov (2016) provided strategies for respectful, compassionate care by gynecologists including a review of “possible gender identity descriptions, pronoun preferences, sexual behaviors, and relevance to gynecologic health” (Mihalov, 2016, p. s502) The poster was intended to improve the “cultural competency” of providers caring for transgender and gender nonconforming patients, individuals who may have been excluded or alienated in the past and would benefit from gynecologic care (Mihalov, 2016). The authors used gender neutral language and appropriate terminology in this description of a non-oral poster, in reference to *transgender* and *gender non-conforming* patients, *gender identity*, *gender-affirming surgery*, and *gender*

transition. Mihalov addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (2016).

Journal of Women's Health: Women's Studies Perspective

According to the “aims and scope” section published on the Mary Ann Liebert, Inc. publishers website, *Journal of Women's Health*, or *JWH* aims to meet the challenges of providing women's healthcare across the lifespan, through “cutting edge advancements in diagnostic procedures,” protocols for disease management, and research in “gender-based biology” and medicine (“Journal of Women's Health: Aims & Scope,” n.d.). In the literature search, I found 6 results pertaining to trans health in *JWH*, between the years of 2010 and 2017. Of the six articles captured, three addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, one discussed elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically, and two made no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity.”

In “Scientific excellence in applying sex- and gender-sensitive methods in biomedical and health research,” Nieuwenhoven and Klinge (2010) aimed to introduce the basics of sex- and gender-sensitive research methods to researchers in the biomedical and health fields, through illustrative examples and a tool for detecting sex and gender bias in the research process. The authors used a significant amount of gendered language, and attributed sex to be biological and gender to be behavioral and/or social, with a strict adherence to the gender binary. This article did not discuss transgender or LGBTQ health, and was included due to a different use of the term *gender identity*, in the context of the phrase:

Gender, on the other hand, refers to the social and cultural influences that lead to differences between women and men. It is a process and a continuum: people may develop a strong or less strong gender identity and may adhere to perceived gender roles to a different extent. As an example: only women can give birth to children (sex difference), but it is not biologically determined if the man or the woman should raise these children (gender roles). (Nieuwenhoven & Klinge, 2010, p. 314)

In “Embedding Concepts of Sex and Gender Health Differences into Medical Curricula,” Miller et al. (2013) summarized proceedings and recommendations from the 2012 Mayo Clinic workshop on integrating sex- and gender-based content into medical education and training, which included identifying current gaps, considering strategies for incorporating these concepts, and identifying existing resources to implement the new curriculum components. The authors used a significant amount of gendered language, describing “sex, [as] a biological variable, and gender, a cultural variable,” and strictly adhered to the gender binary (Miller et al., 2013, p. 194). This article did not discuss transgender or LGBTQ health, and was included because the term *gender identity* within the “minor subjects” heading of the article’s detailed record in CINAHL. The term was not used within the paper itself (Miller et al., 2013).

In “The Role of Violence Against Women Act in Addressing Intimate Partner Violence: A Public Health Issue,” Modi, Palmer, and Armstrong (2014) examined the role of legislation in combating interpersonal violence, and addressed proposals for helping victims of IPV in this review of the 2013 provisions of the Violence Against Women Act (VAWA). These provisions addressed IPV in Native Americans, LGBTQ individuals, and victims of human trafficking; however VAWA 2013 missed a significant subset of IPV in America’s immigrant population. The authors used appropriate pronouns and terminology throughout the paper, and did not

address transgender individuals beyond their inclusion in the LGBTQ acronym (Modi et al., 2014).

In “Care of the Transgender Patient: A Survey of Gynecologists’ Current Knowledge and Practice,” Unger (2015) conducted a cross sectional survey of obstetrics and gynecology (OBGYN) providers to determine “gynecologists’ preferences and knowledge base” regarding transgender healthcare (Unger, 2015, p. 114). The survey had a 40.1% response rate, and of the 141 respondents, 80% did not receive training in residency related to transgender patient care, and more than half of the providers did not know the criteria and/or recommendations for routine health maintenance, breast cancer screening, or gender reassignment surgeries. The author used gender neutral language in regards to pronouns, and used some inappropriate terminology throughout the paper. The author did not provide a formal terminology and definitions section (Unger, 2015).

The author recognized the disconnection in care for sexual minority and gender minority individuals and within the survey questions regarding treatment of LGBT patients, Unger divided the acronym into “LGB” and “transgender” to address more identity-specific concerns (Unger, 2015). However, the phrase “gender and sex practices” should be avoided, as it implied that sexual orientation and gender identity are actions or choices and would more appropriately be referred to as “gender identity and sexual orientation” (Unger, 2015, p. 116). In defining the term *transgender*, terminology such as *natal sex* and *biologic sex* (Unger, 2015) are considered inappropriate and inaccurate, and should be replaced with *sex assigned at birth* (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The term *transgenderism* should be avoided, and according to GLAAD, a more appropriate phrase to use is *being transgender*, as *transgenderism* is not “commonly used by transgender people” and is “used by anti-transgender

activists to dehumanize transgender people and reduce who they are to ‘a condition’” (“GLAAD Media Reference Guide - Transgender,” 2017). The author refers to *transsexual patients*, an outdated term that should be used as an adjective if preferred by the patient (“GLAAD Media Reference Guide - Transgender,” 2017); however this term is often considered pejorative, and caution should be used (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Furthermore, discussing a person’s “self-identified gender” had the implication that this gender identity was not recognized or honored by outside individuals (Unger, 2015, p. 114), and a more appropriate term is *gender* or *gender identity* (Center of Excellence for Transgender Health, 2016, p. 15).

The author acknowledged that “transition exists on a spectrum,” however she later contradicted this statement with the phrase “patients who had undergone all formal requirements for gender- reassignment surgery,” which was inaccurate, as there are no “formal requirements” for transition or gender affirmation (Unger, 2015, p. 114, 116). Additionally, the term *gender-reassignment surgery* (Unger, 2015) was inaccurate, as a person’s “gender is not changed due to surgery” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). The term *gender affirmation surgery* is more accurate and appropriate (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Unger addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (2015).

In the editorial “Time for OBGYNs to Care for People of All Genders,” Obedin-Maliver (2015) discussed the health disparities faced by transgender people, and Dr. Unger’s 2015 study, which pointed to OBGYNs as the ideal provider for transgender patients, having the skill set to perform many of the organ specific procedures and surgical and medical management of the reproductive system. The author used gender-neutral language in regards to pronouns, and used

some appropriate terminology in referring to transgender individuals and transition, obtaining definitions and terminology from sources within five years of the article's publication date. The author used the inappropriate phrase *natal or birth sex* in their definition of *transgender*, and used similar language in defining *trans men*, *trans women*, and *cisgender* individuals (Unger, 2015, p. 109). A more accurate and appropriate term is *sex assigned at birth* ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). Additionally, referring to "sex specific organs" (Unger, 2015, p. 110) was vague and inaccurate, as there are a variety of intersex conditions that involve a "less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth" (Center of Excellence for Transgender Health, 2016) and the author used the term *sex* interchangeably with *gender*, which is not determined by the presence or absence of different organs (Center of Excellence for Transgender Health, 2016). More accurate is the use of specific names for the organs, which is unambiguous. The author referred to "omnisex bathroom facilities," which I inferred to mean *unisex* bathroom facilities, however the author did not provide explanation of the term (Unger, 2015, p. 110). *Omnisex* was not listed in the Oxford Dictionary, however *omnisexual* was defined as "involving, related to, or characterized by a diverse sexual propensity" (Oxford University Press, N.D.). The terms *unisex* or *gender-neutral* are more accurate to describe these bathroom facilities. Obedin-Maliver addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (2016).

In "LGBT Identity, Untreated Depression, and Unmet Need for Mental Health Services by Sexual Minority Women and Trans-Identified People," Steele and colleagues (2017) conducted a cross sectional internet study to identify untreated depression and unmet need for mental healthcare resources in the groups with the highest documented need, bisexual women

and transgender people. This study examined four groups, cisgender heterosexual women, cisgender lesbians, cisgender bisexual women, and transgender people, and found that the rates of unmet need and undiagnosed depression were greater in trans people and bisexual women than in cisgender, heterosexual women. Although this study was conducted in Canada and therefore the research itself was outside the reach of Healthy People 2020, I included it due to its publication in a US based women's health journal. The authors used gender-neutral language in regards to pronouns, and used consistently appropriate gendered language throughout the paper. The authors used mostly appropriate terminology throughout, and defined terminology using a source within five years of the article's publication date.

The authors provided separate definitions for *trans* and *transgender*, however the terms should be considered interchangeable, as *trans* is a shortened version of the word *transgender*. The term *cisgender* is an adjective and not a verb, and should not have been written *cisgendered* (Steele et al., 2017). Additionally, the term *gender reassignment* is considered inaccurate, as a person's "gender is not changed due to surgery," and instead the term *gender affirmation* should be used ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). The authors referred to women and transgender people as separate groups, as in the phrase "all women and all trans-identified (TRANS) participants," which negated the identity of transgender women, who by definition are both women and transgender (Steele et al., 2017, p. 118). The authors used the terms *male-to-female spectrum transgender people* and *female-to-male spectrum transgender people* (Steele et al., 2017, p. 116) which appeared to encompass trans women and trans men, as well as *trans-feminine* and *trans-masculine* identities (Center of Excellence for Transgender Health, 2016, p. 15). Additionally, the authors provided the terms *woman of trans experience* and *man of trans experience* in addition to *trans woman* and *trans man* in their survey (Steele et al.,

2017, appendix 1). Instead of providing an “other” option, the authors provided the option “You don't have an option that applies to me. I identify as (please specify),” which placed the responsibility for not adequately addressing an individual’s gender identity or sexuality on the authors, instead of further marginalizing the individual as being “other” (Steele et al., 2017, appendix 1). Additionally, it is more appropriate to ask for someone’s pronouns as opposed to their *preferred pronoun[s]* (Steele et al., 2017, p. 117), as the term *preferred* “can accidentally insinuate that using the correct pronouns for someone is optional” (“LGBTQ+ Definitions-Trans Student Educational Resources,” n.d.). Steele and colleagues addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym (2017).

Comparison to Other Disciplines

I selected four additional journals, in order to gain a wider perspective of the coverage of transgender health topics in other disciplines, and to see how women’s health compares. I searched CINAHL using the search terms described in the methods section “AND” the title of the journal in question, restricting the search to those published in the US between 2010 and 2017. I read the abstracts/detailed records of the articles identified to determine which of three categories was most applicable: articles that make no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity,” articles that discuss elements of LGBTQ health and/or define transgender as a component of the LGBTQ acronym, but do not address transgender individuals specifically, and articles that address transgender individuals specifically beyond their inclusion within the LGBTQ acronym. If the abstract or detailed record was unclear in its inclusion of LGBTQ or transgender individuals, I read the article to clarify.

Other Clinical Interests

I selected the *Journal of Emergency Nursing (JEN)* to look at the coverage of transgender health topics at the entry point into the healthcare system, and the *Journal of the Association of Nurses in AIDS Care (JANAC)* to examine the perspective of an organization that holds close historical ties with the gay community as a function of the HIV/AIDS epidemic.

According to the “about the journal” section published on the Journal of Emergency Nursing website, *JEN* publishes “clinical topics, integrative or systematic literature reviews, research, and practice improvement initiatives” relevant to emergency nursing practice, with focus sections on “case studies, pharmacology/ toxicology, injury prevention, trauma, triage, quality and safety, pediatrics and geriatrics” (“Journal of Emergency Nursing,” n.d.). As the official journal of the Emergency Nurses Association (ENA), *JEN* aims to promote “community, governance and leadership, knowledge, quality and safety, and advocacy” (“Journal of Emergency Nursing: About the Journal,” n.d.). In the literature search, I found 2 results pertaining to the trans health search terms in *JEN*, between the years of 2010 and 2017. The two articles captured addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym.

According to the “aims and scope” section published on the Elsevier website, the focus of the *Journal of the Association of Nurses in AIDS Care*, or *JANAC*, is on “prevention, evidence-based care management, interprofessional clinical care, research, advocacy, policy, education, social determinants of health, epidemiology, and program development” in relation to the global HIV epidemic (“Journal of the Association of Nurses in AIDS Care,” n.d.). In the literature search, I found 23 results pertaining to the trans health search terms in *JANAC*, between the years of 2010 and 2017. Of the twenty-three articles captured, twenty addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, one discussed

elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically, and two made no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity.”

Eleven articles came from the May 2010 “Special Issue: Transgender Health and HIV Care Part II” (Table of Contents, 2010).

Wider Anthropological and Sociological Perspective

In order to gain a wider clinical, anthropological, and sociological perspective on the coverage of transgender health topics, I selected *Social Science and Medicine*, and *Medical Anthropology Quarterly*.

According to the “aims and scope” section published on the Elsevier website, *Social Science and Medicine* publishes original research, reviews, position papers, and commentaries to inform the “research, policy and practice” of “social scientists, health practitioners, and policy makers.” *Social Science and Medicine* covers health topics from the perspective of social science disciplines, including anthropology, economics, epidemiology, geography, policy, psychology and sociology, and social science topics from the perspectives of health professions and health care, clinical practice, and health policy (“Social Science and Medicine,” n.d.). In the literature search, I found twenty-six results pertaining to the trans health search terms in *Social Science and Medicine*, between the years of 2010 and 2017. Of the twenty-six articles captured, eight addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, three discussed elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically, and fifteen made no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity” or “gender nonconformity.”

According to the “aims and scope” section published on the AnthroSource website, *Medical Anthropology Quarterly* publishes original and empirical research, review articles, and book reviews, with the goal to stimulate development of theory, methods, and debate within the medical anthropology field, and explore connections to anthropology and “neighboring fields in the humanities, social sciences, and health-related disciplines, including public health and clinical medicine.” (American Anthropological Association, n.d.). In the literature search, I found nine results pertaining to trans health in *Medical Anthropology Quarterly*, between the years of 2010 and 2017. Of the nine articles captured, one addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, and eight made no mention of transgender or LGBTQ health and were captured due to a different use or definition of “gender identity.”

Discussion

Language has the power to empower and embrace the perspectives and experiences of those around us; the language we use has the power to alienate and exclude individuals from taking part in the conversation. The stakes are high in healthcare, where inadequate or exclusionary care can have a significant, serious impact to the detriment of a person’s physical and mental health and wellbeing. Journals are a resource for disseminating new information, ideas, research, knowledge, and concepts to healthcare professionals, for application to their practice. It is imperative that the language used and concepts conveyed are accurate, because providers shape their practices from these sources.

Review of Findings

Eight years after Eliason’s notable work “Nursing’s Silence on Lesbian, Gay, Bisexual, and Transgender Issues,” limited progress has been made in breaking the silence on LGBTQ

health issues, particularly in regards to transgender health. Across five women's health nursing journals, one women's health medicine journal, and one women's health women's studies journal, thirty-one articles were published in the eight-year span between 2010 and 2017, relevant to the transgender terminology outlined in the methods section. Of these thirty-one articles, twenty-three addressed transgender individuals specifically, beyond their inclusion within the LGBTQ acronym. The remaining eight discussed elements of LGBTQ health and/or defined transgender as a component of the LGBTQ acronym, but did not address transgender individuals specifically, or made no mention of transgender or LGBTQ health and were captured due to a different use or definition of "gender identity."

Of the twenty-three articles that addressed transgender individuals beyond their inclusion within the LGBTQ acronym, four conducted original research in the form of two surveys, "Care of the Transgender Patient: A Survey of Gynecologists' Current Knowledge and Practice" and "Men in Midwifery: A National Survey," one cross-sectional internet study "LGBT Identity, Untreated Depression, and Unmet Need for Mental Health Services by Sexual Minority Women and Trans-Identified People" conducted outside of the US, and one pilot qualitative study "Conception, Pregnancy, and Birth Experiences of Male and Gender Variant Gestational Parents: It's How We Could Have a Family." Of these, two include transgender individuals within their research focus/participants and one looks at providers' experiences in having LGB and transgender patients. Only one of the studies was conducted on transgender and gender variant individuals specifically. Additionally, two literature reviews were included within the twenty-three articles that addressed transgender individuals specifically, one providing an overview of topics related to transgender individuals and healthcare, and the other specific to breast care. Without research specific to transgender individuals, the field of women's health fails to

adequately address the health concerns and experiences of transgender individuals, and fails to recognize the unique experiences and needs of this group, because their experience isn't being studied and documented and heard.

In the same eight-year span, thirty-five articles were published in *Social Science and Medicine* and *Medical Anthropology Quarterly* pertaining to the trans health search terms. Nine addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, three discussed elements of LGBTQ health, and the remaining twenty-three made no mention of transgender or LGBTQ health and were captured due to a different use or definition of "gender identity." While this selection of social science and anthropology journals displayed an increased rate of publication related to transgender individuals, the overall trend had a significant focus on the role of gender roles and gender identity.

Twenty-five articles related to the trans health search terms were published in the two nursing journals chosen as additional clinical interests *JANAC* and the *Journal of Emergency Nursing*. Twenty-two transgender individuals specifically beyond their inclusion within the LGBTQ acronym, one discussed elements of LGBTQ health, and the remaining two made no mention of transgender or LGBTQ health and were captured due to a different use or definition of "gender identity." Most significantly, *JANAC* alone published twenty articles that addressed transgender individuals specifically beyond their inclusion within the LGBTQ acronym, nearly equal to the twenty-three published across the seven women's health journals combined. Eleven of these articles were published within *JANAC*'s May 2010 "Special Issue: Transgender Health and HIV Care Part II" (Table of Contents, 2010). *JANAC* recognized a gap in the literature pertaining to transgender individuals and made them a priority, and continued to do so in the years following, publishing nine additional articles as of December 2017. The field of Women's

Health could make significant strides in addressing health disparities faced by transgender individuals within sexual and reproductive care in following this approach, establishing themselves as a resource for healthcare professionals and the transgender community.

Language and Terminology

The language analyzed here about transgender health in women's health disciplines was notably and uniformly inadequate, with limited resources available for women's health professionals to obtain current information that uses accurate, appropriate, accessible language that does not alienate or exclude transgender patients from the conversation. Articles used inappropriate pronouns and gendered language, outdated terminology and outdated sources for terminology and definitions, inappropriate and pejorative terms, and inaccurate definitions in discussion and terminology sections.

Ideal language would come from a current source, published within the past five years. Language and terminology are fluid and "always changing [with]in the LGBTQ+ community" ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). Language and terminology should be based in affirming identity, and for this reason, it is especially important to use primary sources that are "updated as often as possible to keep up with the rapid proliferation of queer and trans language" ("LGBTQ+ Definitions-Trans Student Educational Resources," n.d.). An additional step is to seek resources produced by people and organizations knowledgeable of or are part of the LGBTQ community to ensure language recommendations are informed and accurate, appropriate, applicable and preferred by the individuals to which they refer. When speaking about a specific person or group, it is important to confirm that any language and terminology used aligns with the preferences of that group. Identity is individual, and language that is technically accurate and current in definition or use can still be inappropriate if it is not

applicable, used, or recognized by that person or group in encompassing their experience(s). Authors need to recognize and acknowledge that while their use of language and terminology may be as current as possible for the time of writing and publication, the fluid nature of language can soon leave these terms or definitions outdated, irrelevant, or no longer appropriate.

Conclusion

The language currently used regarding “women’s health” and sexual/reproductive health is inherently gendered. Postpartum units are referred to as the “mother-baby unit,” labor and delivery and gynecology/oncology units are located in an agency’s “women’s hospital,” and OB-GYN and midwifery clinics boast claims of having “all female staff.” Not all women have vaginas, ovaries, and/or uteruses, and not all people with vaginas, ovaries and/or uteruses are women. The use of such language erases, neglects, and alienates individuals who need access to sexual and reproductive care. It also does not account for the unique intersection and needs of individuals in transition or undergoing hormone therapy, and the ways in which hormone therapy may impact their reproductive organs long-term. This adherence to binary language leads to sensationalized stories that dehumanize and make a spectacle out of trans individuals in mainstream media. It lends them the spotlight only as entertainment, with the media conundrum of the “pregnant man,” instead of acknowledging the issues, needs, and triumphs of the transgender community. The relative lack of publication related to transgender individuals in the span of the eight years following Healthy People 2020 sends the message that the health of transgender individuals is not a priority, that they are not even considered part of the conversation.

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