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Transgender youth inclusion in healthcare in Southeast Asia: Insights from Indonesia, Thailand, and the Philippines

ALEGRA WOLTER, MD AND BENJAMIN HEGARTY, PHD

Executive summary

Overview

This report is a situational analysis of transgender youth access to healthcare in three countries; Indonesia, the Philippines, and Thailand. It is based on two methods: 1) an online survey (qualitative/mixed-methods) for a) transgender youth, b) healthcare providers, and c) family members of transgender youth; and 2) a desk review of policies and regulations relevant to transgender youth access to healthcare in three countries. These are broken down by country into sections and outlined below. The survey was translated and made available to participants from each country, who were able to select from Bahasa Indonesia, Thai, Tagalog, or English. The survey was open between December 2022 and February 2023. The survey was promoted via social media channels, emails, and direct communication apps. A total of 64 transgender youth (aged 18-30), 15 healthcare providers, and 5 parents/families/legal guardians completed the survey. Only those who completed the survey were included in the final analysis.

Responses varied widely between countries, with the largest number from Indonesia, the second from the Philippines, and the smallest from Thailand. Thus, results should be interpreted with this bias in mind; the research results for Thailand in particular are so small as to be difficult to be representative. Additionally, when reading the research findings, it must be remembered that the majority of data is from Indonesia. Data has not been weighted to account for this difference between survey responses between the three countries. Where possible, data is broken down between countries and between gender identities, in order to give a more accurate understanding of the findings. The desk review is presented as a table broken down into sections relevant to it. Given limited scholarly sources (which have been cited where possible) on the topic of transgender health, the desk review draws on reports, regulations, and in some cases media reports. It should therefore be seen as a general overview of the policy situation. However, the information cannot be fully verified as accurate according to scholarly standards. This suggests the need for further research on this topic. A brief summary of the most relevant findings from the survey is included per population group below. A detailed presentation of data and analysis can be found in the following section, with results broken down according to country and identity category, where relevant.

Young transgender people

Despite high rates of discrimination in access to healthcare, a significant number of transgender youth (68.75%) self-reported their physical health condition as good (n=25) or very good (n=19). However, respondents reported struggling with mental health issues for an average of 11.17 days in the last 30 days, close to one-third of the month, reflected in responses related to mental health conditions. Around 71% of respondents reported that they experienced having a mental health problem (n=28), and the highest responses related to depression (n=21) and anxiety (n=20). In addition, the proportion of respondents who reported a mental health condition was similar across trans masculine, trans feminine, and non-binary respondents. This suggests that any programs related to transgender health for transgender youth should include a specific focus on mental health, particularly depression and anxiety.

Over half of the respondents reported that they were undertaking hormonal therapy, with the average age of commencing hormone therapy at 21 years old. This suggests that a primary target of transgender healthcare programs and information pertaining to literacy should be young adults. In each country, a proportion of differences between countries were pronounced. In Indonesia and the Philippines, most respondents reported using hormonal therapy without medical supervision (81.25%; n=13 and 47.06%; n=12, respectively), whereas in Thailand, four out of five participants reported taking hormonal therapy with medical supervision (80%). Overall, trans-masculine-identified respondents were more likely to seek medical supervision while undergoing hormonal replacement therapy compared to respondents within the trans-feminine categories. Many trans youth resorts to their peers (44.12%; n=34) and the internet (38.24%; n=27) for information on hormonal therapy. This makes peer-based education and support programs for hormonal therapy an important priority. The DIY use of hormones, reflecting the challenges of access in Indonesia in particular, suggests the need for targeted harm reduction and transgender health literacy campaigns focusing on transgender youth, addressing the needs in all identity spectrums.

The findings captured multiple barriers to care, including the lack of available services, providers' lack of knowledge, financial cost, difficulty in pathways, and discrimination. The lack of services and proper pathways was evident from 55 respondents who reported on the absence of specific gender clinics that could provide high-quality gender-affirming care. This study further highlights how out-of-pocket expenditure remained the primary health financing method for transgender individuals accessing health services (56.17%; n=50), suggesting the need for further investigation into the dynamics of universal health coverage, gender equality, and social protection within the context of transgender health. In this vein, the survey captured the high levels of discrimination that trans youth experience when accessing healthcare, with the most common being the intentional use of a wrong name or misgendering (33.68%; n=32), refusal to provide transition-related healthcare (14.74%; n=14), and the use of harsh and abusive language (14.74%; n=14). Four respondents also reported instances of unwanted sexual contact and one reported experiencing physical abuse. The speculation that Thailand is a destination for gender-affirming care from other nations in Southeast Asia is indirectly reflected in the results, which revealed that a majority of respondents from Indonesia (55.56%; n=20) and the Philippines (68.18%; n=15) preferred to access surgeries overseas, whereas all respondents from Thailand reported that they would like to access surgeries in their own country (n=6).

Healthcare providers

Of the healthcare providers who responded to the survey, the majority appeared to hold non-discriminatory attitudes towards transgender people and a willingness to learn, given that a majority had learned about providing transgender healthcare based on their own initiative (n=10). Some professional barriers listed by healthcare providers in treating transgender patients include the lack of training on transgender health (n=11), lack of knowledge about transgender care among other healthcare staff (n=9), lack of exposure to transgender patients (n=7), lack of familiarity with current guidelines (n=6), and lack of regulation or guidance (n=5). These findings correspond with the desk review on transgender health guidelines and policies in the three countries. Despite the lack of training, healthcare providers responded that they could provide routine care for transgender patients. Regardless, healthcare providers reported certain limitations in the type of care they provided and their willingness to refer patients for certain services. Healthcare providers expressed less willingness to provide or refer for certain types of care, such as hormonal treatment (especially for those under 18), surgery referrals, and legal support.

In addition to strengthening and aligning policies, guidelines, and regulations, there is a need for greater education and advocacy for healthcare providers to enhance their confidence, ability, and cultural competency in providing gender-affirming care; especially based on the principles of informed consent approach. Such needs were evident through 15 recorded responses that mentioned social barriers in providing gender-affirming care; for example, the fear of being sued for providing care, fear of what other professionals or people might think, and other cultural, social, personal, and religious beliefs. Furthermore, information delivery models should be considered in sharing transgender health information, including community and professional sharing sessions (n=11), the use of medical guidelines (n=9), health conferences or seminars (n=9), training workshops (n=8), university lectures (n=8), and online webinars or courses (n=7).

Family

Five responses for this survey were received, the majority from Indonesia; 3 from Indonesia, 1 from Thailand, and 1 from the Philippines. The majority of respondents reported either being fully accepting or neutral towards the young transgender person they referred to, with only one describing that they were not accepting of the young person's identity. "Fear for my child's future" remained a top barrier for parents, legal guardians, or family members to fully accept their transgender youth (n=4), followed by religious beliefs (n=3), fear of others' opinions (n=3), other personal beliefs (n=2), and safety concerns (n=1). Additionally, there seemed to be a higher response for those who "would not allow" surgery-related interventions for their youth, compared to other gender-affirming practices, such as hormonal therapy or social transition (e.g., names, pronouns, clothes).

All respondents reported preferring medical supervision for the transition of their youth, which sits at odds with the finding that a majority of trans youth respondents use hormones without medical supervision. Public hospitals were the top type of healthcare facility accessed by youth and their families (n=4). This suggests that public hospitals and other healthcare facilities should remain a priority for efforts to improve education and advocacy. Similar to responses from transgender youth, discrimination towards transgender youth experienced by parents included the use of the wrong name (misgendering) and abusive or discriminatory language, as well as barriers related to cost; similar to youth, most respondents accessed healthcare using the out-of-pocket cost (n=4), and only one responded on the use of government insurance. Furthermore, four out of five family respondents reported the expectation of access to universal healthcare coverage which incorporates transgender health. This resonates with the finding for transgender youth, who also reported a high preference for transgender health to be included within universal health coverage or public insurance.

Moving forward, rigorous efforts in improving quality healthcare for transgender individuals should include the component of trans advocacy, which brings forth a collaborative medium between providers, communities, and their families. Most parents, family members, and legal guardians would prefer online deliveries as the primary methods of receiving transgender health information, such as social media, online groups, websites, videos or podcasts, emails, and chat applications, while some do prefer seminars and gatherings.

Analysis

This report emphasizes the need to align transgender healthcare with the country and cultural context in Southeast Asia by involving a participatory approach involving community leaders and experts, in developing healthcare policies, guidelines, and regulations. It suggests that there are significant variations between countries in understanding gender and transgender health guidelines, making it crucial to develop trans-inclusive health policies and clinical pathways, including for people under 18 years of age.

Universal healthcare coverage and insurance, inclusive of gender-affirming care, mental health, and general healthcare, is a top priority for transgender individuals in their social safety net. Many respondents pay for transgender healthcare privately, indicating a structural barrier to access, especially for economically disadvantaged populations. Healthcare inclusion for trans individuals should be guaranteed using a human rights-based approach, with availability, accessibility, acceptability, and quality being of utmost importance.

The study found that transgender young people were accessing hormonal treatment without medical supervision, which is attributed to discrimination and lack of access to quality care and poses a danger to their health. To address this, information on hormones and gender-affirming care could be distributed via peer-led pathways, relevant to each country's context, following a harm reduction approach. Transgender youth, families, and providers can also benefit from online and peer-supported information about diversity and gender-affirming care. Proper social and behavior change communication strategies should be developed to support those who choose to medically transition by themselves. Approaches to transgender health should move beyond gatekeeping and stigma towards a basis of consent and empowerment.

This research highlights the need for quality healthcare for transgender individuals delivered in discrimination-free environments and via an integrated service delivery model that offers a range of necessary gender-affirming services. Monitoring and evaluating the quality of transgender health services is important, with a focus on clinical outcomes and quality of life. This report also stresses the need to educate the health workforce as a whole, including those in supporting roles, and to consider country-specific guidelines and engagement with professional organizations, accreditation bodies, and training providers. Community engagement efforts can also improve the quality and acceptability of care, including the involvement of transgender individuals in healthcare delivery, professional exchange between providers and caregivers, and the addition of transgender advocacy programs, community advisory boards, and health insurance.

Although the number of responses to the family survey was low, those responses highlighted that parents were worried about their child's future after transitioning, which could potentially affect their acceptance. Therefore, it is recommended that parents, legal guardians, and family members of transgender youth receive support in navigating the transition journey as well, through forms of peer support and education. Collaboration between transgender communities, family members, and healthcare providers is also crucial in advocating for the needs of transgender individuals.

Future research

This research is a preliminary situational analysis of the context for transgender youth access to healthcare in the three countries, with findings serving as an essential starting point for further, more detailed research. Specifically, there is a need for qualitative and quantitative research focusing on specific impacts of national policies and regulations (or their absence), exploration of social and behavioral patterns, and dimensions of universal health coverage for transgender individuals. Additionally, community empowerment and education of healthcare providers, trans youth, and families are also critical. Although not in the scope of this research, future research could work on identifying factors that influence parental acceptance and ways to advocate for greater family acceptance.

Future research should focus specifically on each country rather than on Southeast Asia as a whole, given the significant differences and the need for linguistic and cultural expertise when researching each setting. Any more detailed research undertaken should include members of the transgender community in the specific country context in the research process and dissemination plans.

Limitations

The most significant limitation of this study was the initially short time frame given for conducting a situational analysis of three different countries, although the data collection and analysis phase were extended. This had implications for data collection and analysis. With respect to data collection, it was not possible to spend time on survey design and testing translations or accessing networks widely in order to ensure the even distribution of the survey in each of the three countries. The biggest implication of the timeframe was the uneven distribution of responses to the survey, particularly for the largest group, transgender youth respondents (n=64). There were 36 trans youth respondents from Indonesia, 22 from the Philippines, and only 6 from Thailand. Despite attempts to distribute the research widely, the researchers were unable to make significant inroads into the Thai context in particular due to the limitations of language and networks.

Finally, given that it is an anonymous online survey, there is no way to validate the inclusion criteria of participants. However, a qualitative analysis of those responses received for a survey of this complexity and length suggests that most participants meet the inclusion criteria. Despite these limitations, the survey's mixed method/qualitative design helps offset the skewed number of participants between countries and the relatively small sample size.

Recommendations

There are five key recommendations based on the research:

1. The establishment of concrete policies, guidelines, and regulations for transgender health appropriate to each country/context, developed together with transgender community members, including young transgender people.
2. Incorporate transgender health, including gender-affirming care, mental health, and general healthcare into existing universal healthcare coverage to ensure equity of access.
3. Address the widespread nature of do-it-yourself hormone injections through a twin approach: both supporting harm reduction and community education based on gender-affirming principles and making it easier for transgender young people to access gender-affirming care by reducing medical gatekeepers.
4. Expand access to quality healthcare for transgender individuals based on an informed consent model, which is monitored and evaluated through accompanying research that includes transgender community voices.
5. Address discrimination at a range of levels where transgender people, youth, and their families seek healthcare, including through the involvement of transgender communities in healthcare system delivery, professional exchange between providers and caregivers, and the addition of transgender advocacy programs, community advisory boards, and health insurance.
6. Provide support to parents, legal guardians, and family members of transgender youth in navigating their children's transition journey, potentially through peer support and education. Collaboration between transgender communities, family members, and healthcare providers is also crucial in advocating for the needs of transgender individuals.