

**Langara Open Student Scholar Prize 2020**

**First Place Winner**

# Gender and Healthcare – Annotated Bibliography

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Class Submitted For: WMST 2270 – Manisha Singh

Open Education Statement:

Between my classes on globalization and women's studies, I've been learning so much about power, hegemony, and exploitation. It's honestly been hard to keep positive mental health during these studies. However, there is also beauty in all the perspectives that we learn about in our classes. We've learned about indigenous culture which has educated us on gender, family, social organization, and new ways of understanding our connectedness to the world. We've learned about the power women have through their unique perspective and experience fighting for their rights. And in my project, I show how the perspective of transgender people is key for providing effective medical care which we are currently denied exactly because there are so few of us in academia. The list goes on and open education is about giving all these beautiful perspectives a voice to learn and solve the problems we all face together with unique understandings that others might overlook. Through open education, we can collaborate between cultures and undo the wrongs of history and colonialism through the sharing of knowledge and opening of access to those who have been disempowered by it. Education is our front line against inequality but if education is limited to those who already share hegemonic perspectives we lose the perspectives of those who need a voice the most. Getting an education doesn't help just oneself but all those around you and the more perspective we have the better we can tackle new problems that arise. With global warming looming the knowledge and perspectives of the indigenous people who know the lands and have a culture of reciprocity with nature will be vital. That we've not only lost but suppressed so many voices only does us all a disservice when we could do so much together. The perspectives that can be given a voice through open education can bring us all a brighter and happier future.

# Annotated Bibliography

## Gender and Healthcare

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## Academic sources:

Van Meter, Q. L. (2019). Bringing Transparency to the Treatment of Transgender Persons.

*Issues in Law & Medicine*, 34(2), 147–152.

This article discusses the two common pathways for treatment for transgender people. It lays out the two common practices. The first takes a wait and see approach where the goal is to treat “undercurrent depression, anxiety or dissociative thought.” rather than treating dysphoria directly in hopes that the patient will come to accept their biological gender (Van Meter, 2019). The second approach is to try and ameliorate dysphoria through GAT (Gender affirming therapy). The patient goes through a psychological evaluation and provided they have nothing impeding their judgment can begin puberty blockers, hormones, and eventually GCS (Gender confirming surgery). Van Meter through his research finds that the first approach is safer and “is actually affirmation of the patient’s biological sex” (Van Meter, 2019). He finds that on top of these benefits the second approach is more dangerous and only has temporary effects that lasts about 10 years (Van Meter, 2019). Despite the evidence he produces he finds a concerning disregard of the first approach in the healthcare community and especially WAPTH (World Professional Association of Transgender Health) who is a firm proponent of the second approach. He finds these large organizations are dismissive and marginalize those who express their concerns about the second method and suggests that GAT should be reduced until proper discussion has taken place and a proper evaluation of the benefits of the wait and see approach.

This source is important to our research because it highlights how disgustingly **TRANSPHOBIC** peer-reviewed academic papers can be even so recently as fall 2019. This article exemplifies the lived experiences of disrespect that trans and GNC people report in the following sources. In particular the misgendering of transgender patients is blatant and seen as a good thing. Further more Van Meter goes out of his way to use outdated terms that are harmful to transgender people and takes the time to carefully go through this history. I could understand how this might get through the multiple peer reviews as they are not necessarily academic errors however Meter’s 10th source *Sex Reassignment Surgery for the Treatment of Gender Dysphoria* which doesn’t state an author, was funded by a private company, and was not properly peer reviewed as far as I can tell. This paper states in it’s abstract that it is researching the effects of GCS specifically. Meter finds in this article that GCS can have diminishing effects after 10 years but words his paper so that he implies all forms of gender confirmation following the second approach are ineffective (Medical Technology Directory, 2018). Meter also attempts to undermine Alfred C. Kinsey by introducing him as an insect biologist first and a sex researcher second as if Kinsey is not qualified to speak about gender because of his initial focus on insects

when he has a “doctor of science degree” in the department of applied biology (Brown and Fee, 2003). This source is a prime example of how transgender and GNC perspectives are left out of academic consideration and academic peer review systems. This article passed multiple peer reviews including; “Blind Peer Reviewed; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; Peer Reviewed”. This gap highlights exactly how transgender and GNC communities are marginalized by academia which directly effects our lived experiences with healthcare. Lastly, this was the first source when searching “gender and health care” (sorted by relevance) showing how irresponsible academic writing can be popularized in a way that directly negatively impacts the lives of transgender and GNC patients (EBSCO).

Vermeir, E., Jackson, L. A., & Marshall, E. G. (2017). Barriers to primary and emergency healthcare for trans adults. *Culture, Health & Sexuality*, 20(2), 232–246. doi: 10.1080/13691058.2017.1338757

This source, on the other hand, shows proper research and understands the importance of hearing transgender and Gender non-conforming experiences. Instead of writing an opinion piece supported by misrepresenting sources, relies on their own research into the area of lived experiences in regards to transgender health care. This paper looks specifically at the discrimination of transgender and GNC people in the Nova Scotia healthcare system. They gather qualitative data from eight participants using a convenience sampling strategy (Vermeir & Marshall, 2017). They interviewed each participant in a one on one interview and found four common reported sources of barriers to treatment. First, participants felt that their healthcare professionals were not properly educated on transgender issues. Second, participants experienced disrespectful attitudes from healthcare staff. Third participants reported physical barriers including lack of gender-neutral washrooms and access to healthcare confidentiality in rural areas. Fourth participants reported feelings that healthcare as a practice neglects to properly understand them and often holds untrue beliefs about transgender issues (I wonder why... VAN METER!?!)(Vermeir & Marshall, 2017).

This study is a great source for our project as they do a great job of listening to the lived experiences of transgender and GNC people. It describes common key barriers that transgender people face in the healthcare system making it a strong base to build off of for our project. It also serves as a good source as it is based in Canada and so can speak more closely to the experience within the Canadian healthcare system. Often pride is taken in the current healthcare system when compared to the United States but this study does a good job of showing that there are issues with discrimination here as well. Thanks to the qualitative data it also gives us real stories that we can bring into our project to make it more connected to the lived experiences and provide empathetic stories to our readers and audience. There are however some limitations to this source such as convenience sampling not being ideal, and only having eight participants means that they weren't able to get a wide range of participants and in

particular the experiences of racial diversity. This is where the next source will be able to shine more of a light on a wider range of experiences.

Goldberg, A. E., Kuvalanka, K. A., Budge, S. L., Benz, M. B., & Smith, J. Z. (2019). Health Care Experiences of Transgender Binary and Nonbinary University Students. *The Counseling Psychologist*, 47(1), 59–97. doi: 10.1177/0011000019827568

This study expands upon its predecessor by gathering both qualitative and quantitative feedback from 509 participants among transgender and GNC university students in the United States (Goldberg, Kuvalanka, Budge, Benz & Smith, 2019). Another key aspect of this study is that it distinguishes between mental health care and physical health care which allows for a more holistic understanding of participants' experiences when combined with the previous source. They found that 84.5% of participants struggled with mental health and over 50% had a mental health diagnosis (Goldberg et al, 2019). They are careful here to distinguish that many participants did not attribute their struggles with mental health to their gender identity. However others and in particular those with depression, anxiety, and eating disorders tended to feel a connection between their mental health struggles and gender identity (Goldberg et al, 2019). One-quarter of respondents explicitly stated they struggled with mental health surrounding society's response to their identity and the threat of potential violence (Goldberg et al, 2019). This is a fascinating finding for our project as it shows how healthcare for patients is not limited to professionals but also improving societies views of patients as a whole. The study further goes on to explore more qualitative data on participant experiences working with mental health providers.

Altogether this source expands on previous research and importantly brings a focus on mental healthcare which is very much tied to our exploration of transgender health. Through a larger sample and a mix of qualitative and quantitative data, they provide a wealth of information on the struggles around health care for transgender and GNC university students that we can bring into our project both as stories of participants lived experiences. Furthermore reliable quantitative data provides us with data to show just how widespread these issues are.

## Book:

Plath, S. (2006). *The Bell Jar*. New York, NY: HarperCollins.

This somber book while fictional is based around themes from Sylvia Plath's own life dealing with mental health (Plath, 2006). It recounts the story of a girl Esther who seems to be living a

life of luxury while on a scholarship that provides an escape from her working-class roots. Slowly life seems to untangle for Esther as she starts to become disenchanted with the world around her and begins to feel suffocated and isolated from the world which she describes as being under a bell jar. Becoming more depressed when she returns home she attempts suicide and is found barely alive days later. Her mother sends her to various mental asylums for common treatments at the time including shock therapy. She tells the story of how some practices made her feel worse, while others helped her improve over time (Plath, 2006). Eventually her mental health does improve as she moves to a kinder mental ward thanks to an investor who loved her writing, and begins to make tentative friends. While she improves and returns to society the looming threat of the bell jar falling upon her forever remains (Plath, 2006).

The Bell Jar is a beautiful exploration of mental health and in particular depression. Esther's tale shows how mental health affects daily life and importantly from the perspective of a woman diagnosed with hysteria which is an important piece of history in Western mental healthcare. Her experiences with mental hospitals and practices like shock therapy provide an important understanding of the history that healthcare must confront and defeat as it realizes the harms it has caused. Furthermore, The Bell Jar shows us how treatment within the mental healthcare system takes a very prescriptive approach assuming that it knows what's best for a patient leading to forcing harmful, or counterproductive treatments, practices, and establishments upon patients. This book is even more powerful due to the parallel to the lived life of Sylvia Plath and her struggle with mental health (Plath, 2006). This book provides vivid and powerful experiences of the mental healthcare system that we can use in our project to make it more empathetic. It also provides us a glimpse into the history of how women were treated when dealing with mental illness as well as the social implications. Last but not least it provides beautiful metaphors and expressions of mental health that can make these issues more relatable to readers.

## Documentary:

*No woman, No cry.* (2010).

No woman, no cry is a documentary focusing on maternal healthcare in developing countries. They look at stories of women who are struggling to access proper healthcare required for a safe pregnancy and birth. They discover that the death rate for mothers is extremely high and 99% of these cases are from developing nations. Using WHO's numbers they gather that nearly all of these deaths are preventable and set out to bring change in these countries. While on their mission to provide this much needed healthcare, mothers have an opportunity to tell their experiences with healthcare in developing nations as well as the positive and negative effects of global aid.

This source brings a beautiful intersectional perspective to our project by focusing on developing nations and thus concerns itself with many issues that my other sources don't focus on such as race, nationality, and class. Bringing these topics together is really powerful as it shows how healthcare is entwined with colonialism which is responsible for their poor healthcare and continues to perpetuate their situation. While this provides a macro view of issues from a global perspective it stays rooted in the lived experience of women in these countries and their stories.

## Website:

Improving gender-affirming care across BC. (n.d.). Retrieved from

<http://www.phsa.ca/transcarebc/>

Transcare BC is a resource hub for all transgender care in British Columbia. It provides information on a variety of topics that are important to those seeking healthcare as well as many other aspects of transitioning. They also provide key services such as connecting transgender people to properly educated health care professionals, checking in on patients going through gender confirmation surgery, as well as connections to support groups for refugees, immigrants and more. Another important resource that will be important for us is their page for medical professionals to learn more about improving their practices and understanding of transgender healthcare. This is a great way to improve transgender healthcare and this also gives us a glimpse into what information is available healthcare providers.

This website is a key resource for our project due to its focus on BC healthcare as well as its intersectional perspective. Thanks to the resources for health care professionals we will be able to present their perspective as well in our project to fully flesh out practitioners perspective on the health care system. By combining this source with the other we will be able to provide not only a view of the problem but also the most up to date solutions that are being promoted in BC. Our project will then be able to tie up with a more local and positive note that provides solutions to the problems highlighted above. Transcare BC also provides information on the process transgender patients must follow in order to do things like change their name, get prescriptions, and access surgery. As these are key areas of care we can show what the current processes look like and point out areas where accessibility is denied in the form highlighted in our other sources. And perhaps most importantly by using this source in our paper we will hopefully put readers and our audience in contact with one of the best sources for transgender information in BC in case they need it or would like to learn more.

## My favorites:

I'm sure it shows in my summary just how much I LOVE *Bringing Transparency to the Treatment of Transgender Persons*. While yes... sarcasm. Really though this source provides a great window into how discriminatory, marginalizing, uninformed and outright bad discussion of trans healthcare is. I could not have asked for a better example of the problems we face in seeking treatment through forms of misgendering, excuses to use slurs/outdated terms, and irresponsible use of resources in an effort to hold back proper healthcare for transgender and GNC patients. This source makes it easy to show clear examples of discrimination to support the data collected in *Health Care Experiences of Transgender Binary and Nonbinary University Students*. Lastly but perhaps most importantly it illustrates the lack of transgender perspective in academia and health care. The fact that this got peer-reviewed and published is a sign at just what a massive blindspot there is for transgender issues. Van Meter exemplifies exactly why our other sources find transgender and GNC patients distrust the healthcare system and struggle to find proper care.

My actual favorite article is *Health Care Experiences of Transgender Binary and Nonbinary University Students* as it provides the most in-depth research into the issues of transgender healthcare. The focus on qualitative data provides important stories of lived experiences while the quantitative data provides us with important stats to use in our project to show how widespread similar stories are. I also really like the focus on mental health that is very important and often lacking from other studies on healthcare. Thankfully they have done a great job of gathering data that shines a light on the barriers and effects of mental health care. The only thing that I find lacking with this study is that it is based in the states which while comparable to Canada likely has slightly different results. None the less this study shows widespread issues in the healthcare system and points to areas where that could improve.

## Syntheses:

The three academic sources and the Transcare BC website provide valuable information on transgender issues in health care which will be a large focus of our project. They work really well in tandem with The two good academic sources showing the data on discrimination which we can then support with Meters transphobic paper to show why transgender people are more likely to distrust the health care system and how the healthcare system creates social barriers to patients. Connected to that Transcare BC provides a view of what the process is for patients to get their healthcare allowing us to point out exactly where barriers are set up in the process. To end on a more solutions focus note Transcare BC also provides excellent examples on how to properly treat patients and create a more welcoming healthcare system. Thanks to its resources for healthcare professionals we can point at exactly what can be changed to improve care. Altogether this makes a succinct and impactful understanding of trans experiences that can be



shared with the class to improve understanding through personal stories while showing how they're political.

My other two resources bring into focus the experience of cis women from two very different perspectives. *The Bell Jar* first tells us a tale from a western perspective and how mental health institutes affect women in the United States. This beautiful story provides an understanding of the dark history of mental health practices in Western culture. By providing us with an understanding of the history we can explore how healthcare seeks to shed this past but also has lingering remnants such as the non-collaborative focus we see exemplified in Van Meter's paper when he claims to know best without consulting the people whose lived experience is affected. This topic of collaborative healthcare is further discussed in a fourth academic source that did not make it into this bibliography. It provides key insights on how more collaborative approaches to healthcare and in particular transgender healthcare increases the wellbeing of patients and allows practitioners to provide more effective healthcare (Grift, Mullender, & Bouman, 2018). While *The Bell Jar* provides a view into the past of healthcare Grift et al provides a look into the progress being made to avoid those same mistakes.

Through these sources so far we have been broadening our exploration of gender and health care beginning at transgender healthcare and moving to cis women's healthcare in the west. No woman, no cry brings another perspective into focus that deals with how colonialism and globalism intersect with healthcare both from a macro and micro lens. While it recounts the personal stories of mothers struggling to receive proper health care. It also combines with our other sources to provide a macro view where we can see differences in the accessibility of healthcare between the global North and South. By showing how healthcare serves as a node of power we can explore how such an institution reinforces hegemonic power relations both at a local and global level. By providing such a visible example of these forces we can become aware of more subtle forms of power at our local level.

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*No woman, No cry*. (2010).

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Van Meter, Q. L. (2019). Bringing Transparency to the Treatment of Transgender Persons. *Issues in Law & Medicine*, 34(2), 147–152.

Vermeir, E., Jackson, L. A., & Marshall, E. G. (2017). Barriers to primary and emergency healthcare for trans adults. *Culture, Health & Sexuality*, 20(2), 232–246. doi: 10.1080/13691058.2017.1338757

Search log:

Database:	Search:	Hits:	Sources chosen:
Lang Lib	Gender and healthcare	141,604	Bringing transparency to the treatment of transgender persons
Lang Lib	Transgender Healthcare	8,690	Health Care Experiences of Transgender Binary and Nonbinary University Students  Barriers to primary and emergency healthcare for trans adults
Lang Lib	Transgender and nonbinary healthcare	186	Health Care Experiences of Transgender Binary and Nonbinary University Students
Google	Trans healthcare BC	8,340,000	Trans Care BC
Google	Documentaries on women and healthcare	2,320,000	No woman, no cry
My bookshelf	Fiction section	12	The Bell Jar