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Achieving the meaningful inclusion of trans and gender diverse populations in cervical cancer screening

Ally Gibson, Christy Newman, Julie Mooney-Somers, Kerryn Drysdale, Jessica Botfield, and Ted Cook



Background

- Growing awareness for screening provision for LGBTIQ people
- Focus on cervical cancer risk and/or uptake of services
- 2017/2018 – Cervical Screening Test
- Reaching under-screened populations
- Risk factors: smoking, sexual violence, under-screening (Grant et al., 2011; Peitzmeier et al., 2017; WHO, 2015)

Study

- To identify the structural drivers and barriers of providing cervical screening to trans and gender diverse people
- Semi-structured telephone interviews
- 30 – 45 minutes
- Key informants across NSW, ACT, Victoria (n=9):
 - (1) trans advocacy (n=2);
 - (2) sexual and reproductive health (n=4);
 - (3) cancer policy (n=3)
- Thematic analysis:
 - (a) process of implementation
 - (b) policy regarding provision



Study findings

‘Basis of gender’

...we’re gonna be using the **Medicare enrolment data**, the identification of the cohort who have never screened will be **based on gender**. So, if someone has changed their gender with Medicare, they won’t be picked up if... So for now if they have **changed their gender** and are recognised as a male, [...] there’s **no way we can pick them up** from the Medicare enrolment data and identify them as an under-screener or never-screener.

[Cancer Policy, Participant 7, ACT]



‘Adjusting language’

I think changing it [cervical screening policy] to **people with a cervix** is a really good place to start. Just **change the language**. If you have, like I’ve read the national guidelines on cervical screening and it says ‘**woman**’ everywhere, which I understand but it’s just no longer and has **not actually ever been accurate**.

[Sexual & Reproductive Health, Participant 3, NSW]

It can often make it **very difficult** to provide resources for people when you’re saying like, “Here’s a really great booklet about this but just ignore everything that says ‘**women**’. It all **still applies** to you.”

[Sexual & Reproductive Health, Participant 8, NSW]



‘Divorcing gender from body parts’

I think, you know, being able to recognise that **body parts don’t have genders** and removing those barriers ...

[Trans Advocacy, Participant 1, NSW]

...the nurse asks you questions that **don’t make assumptions** about who you are or how you live, how you do and don’t have sex, whether you are a sex worker or not, whether you ... you know. It’s like **zero judgement**. Zero assumption. And it completely **divorces gender from practice** or gender from body parts.

[Trans Advocacy, Participant 5, NSW]



(Emerging) conclusions

- Insight into significant impact & implications for service provision
- Active steps to providing appropriate screening services:
 - Gender-neutral language
 - Re-education
 - Respect for past & current experience
- Cautious optimism...



Next steps...

- Policy & resources

Acknowledgements...

- Family Planning NSW
- Pash.TM
- ACON



References

- Grant, J. M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Peitzmeier, S. M., et al. (2017). 'It can promote an existential crisis': Factors influencing pap test acceptability and utilization among transmasculine individuals. *Qualitative Health Research*, doi:10.1177/1049732317725513
- WHO. (2015). *Transgender people and HIV*. Switzerland: World Health Organization.