



Mapping the Landscape of Affirmative Healthcare for Transgender Communities through Bibliometric Analysis

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Abstract

Gender-affirmative healthcare provides a supportive and safe space for individuals irrespective of their gender identity. Despite this, transgender individuals encounter discrimination when seeking equitable healthcare. Consequently, this research aims to examine the current state of transgender healthcare research and identify areas requiring further investigation. Employing the Preferred Reporting Item for Systematic Reviews and Meta-Analyses (PRISMA), the study initially identified 278 articles, with 42 meeting the inclusion criteria for analysis. Bibliometric analysis was conducted using Biblioshiny and Vos-viewer software. The review underscores the growing academic interest in gender affirmative care and emphasizes the necessity for increased scholarly focus. Analysis of document production by various countries reveals an uneven geographical distribution of research in this area. Additionally, the study identifies a trend towards a greater emphasis on the adoption of affirmative approaches in addressing health disparities through term co-occurrence analysis. This research holds potential in informing the development of inclusive policies and comprehensive strategies to improve the health outcomes of transgender populations, thus advancing health equity and contributing to the achievement of Sustainable Development Goals.

Introduction

During the medicalization phase of the early 18th Century, transgender individuals faced disregard primarily due to the rigid binary classification of sex. The prevailing heteronormative perspectives in the education system overlooked the diversity of gender and sexuality, instead pathologizing deviations such as homosexuality and prescribing medical intervention (Teagarden, 2021). This was exemplified by the introduction of the diagnosis of “transsexualism” in the Diagnostic and Statistical Manual-III (1980), which characterized transgender individuals as having a mental disorder necessitating a desire to change their sex (Lim *et al.*, 2019). Such diagnoses and interventions were rooted in a

cis-heteronormative medical gaze, assuming that any deviation from the male-female alignment was pathological and required correction. Practices like conversion therapy emerged as attempts to enforce conformity to societal norms, leading to significant psychological distress among transgender individuals (Ashley, 2020a).

Over time, research began to acknowledge the spectrum of gender and sexuality, prompting revisions in the classification of gender identity disorder (GID) in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM-V, released in 2013, renamed GID as “Gender Dysphoria,” reflecting a shift towards inclusivity and comprehensive clinical awareness (Gessner *et*

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al., 2020). These changes aimed to prioritize the well-being of non-binary individuals and foster a culture of inclusivity within medical spaces. The concept of queering medical spaces emerged as a framework challenging traditional binary categories of sex and gender, celebrating diversity, and empowering transgender individuals to make informed decisions about their bodies and identities (Eckstrand *et al.*, 2016). Gender affirmative healthcare is a critical component of queering medical spaces, providing transgender individuals with healthcare that supports their well-being and self-determination. It is a personalized and holistic approach considering various aspects of the gender journey, beneficial not only for transgender individuals but also for their families, communities, and society at large (Eckstrand *et al.*, 2016).

The research underscores the ongoing insufficient adoption of gender-affirming practices. In today's climate, transgender individuals continue to encounter health disparities at multiple levels. Studies indicate that transgender individuals face increased risks of discrimination and adverse mental health effects such as depression, anxiety, trauma-related stress, and suicidal tendencies. Moreover, even mental health professionals who specialize in working with transgender individuals lack adequate training and understanding to support nonbinary individuals effectively (Rider *et al.*, 2019). This issue affects

the well-being of transgender individuals when it comes to accessing safe healthcare services. Therefore, these obstacles underscore the pressing need for comprehensive and inclusive measures aimed at ensuring equitable access to healthcare and enhancing the health and well-being of the transgender community. Hence, the study aims to synthesize academic knowledge through a systematic literature review using bibliometric tools, shedding light on gender-affirmative healthcare and pinpointing avenues for future investigation. By embracing a culture of inclusivity and diversity through gender-affirming care for transgender individuals, it is possible to mitigate health disparities and attain gender justice for all.

Methodology

The study employed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure the accuracy of the sample database (Page *et al.*, 2021). Bibliometric analysis was chosen due to its ability to provide a comprehensive analysis of accumulated knowledge over time. Initially, a search strategy was devised to systematically search for relevant literature on gender-affirmative healthcare across Scopus, PubMed, and Web of Science databases. Scopus was selected as the primary database due to its comprehensive coverage across various disciplines. It is suitable for conducting a thorough bibliometric analysis. The search

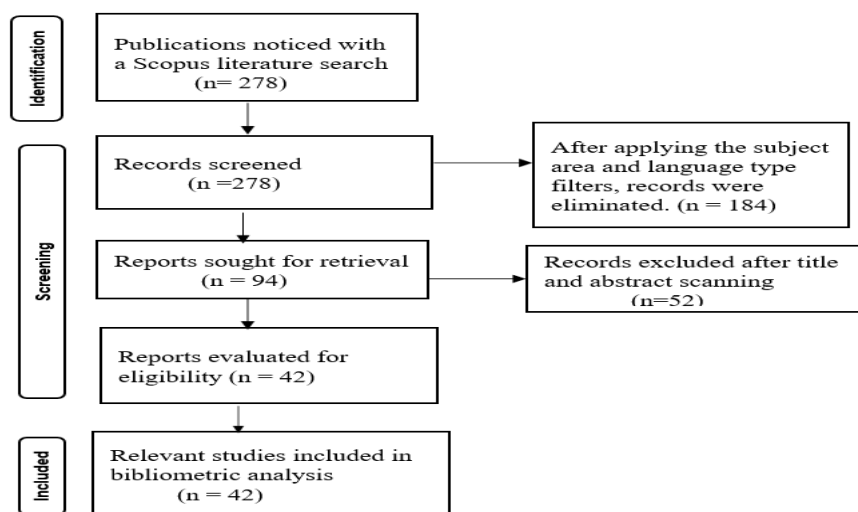


Figure 1. The Flow Diagram of Articles Selection (www.prisma-statement.org)

was conducted, including the word “Gender affirmative care” in the title, abstract, and keyword fields of the database, resulting in the identification of 278 articles in the preliminary phase. Subsequently, filtering criteria were applied to narrow down the scope. Given the limited prior literature on gender affirmative care in the social sciences domain before 2002, the search period was restricted from 2002 to 2022, with 2002 serving as the baseline year.

Further, the focus of the paper was on understanding transgender healthcare from the social science perspective. Thus, Inclusion criteria specified articles published in the English language and within the field of social sciences. After filtering, only 94 articles met these inclusion criteria for further analysis. To ensure the quality and relevance of the academic literature, further abstracts were scrutinized, resulting in the exclusion of 52 articles. Only articles addressing transgender issues and health practices were retained. After applying the inclusion and exclusion criteria, 42 articles were deemed eligible for analysis. Figure 1 illustrates the literature inclusion and exclusion process at each stage. Biblioshiny, a software package within R Studio, and Vos-viewer were employed for the analysis in this study.

Results and Discussion

The study examined 42 articles spanning from 2002 to 2022. Figure 2 displays publications from 2016 onwards to ensure publication continuity. Initially, there was minimal publication, with only one article each in 2002, 2007, 2013, and 2014. However, starting in 2016, there has been steady growth in publications, and the year 2021 recorded the highest number of articles, with eleven publications indicating a notable surge in scholarly interest in gender-

affirmative healthcare. This trend highlights the increasing significance of this topic in academic discussions. Consequently, there is a distinct necessity for additional exploration and research to enhance our comprehension of this field.

Figure 3 depicts the production of documents by countries, and highlights the global research efforts in gender-affirmative healthcare. Globally, the United States leads with 86, followed by Canada with 16, indicating their significant contributions. The United Kingdom (12), New Zealand (11), Argentina (9), Australia (8), Italy and Ireland (5 each), Brazil (4), Norway (3), China, and India (3, 2 respectively) also contribute, though to a lesser extent. This distribution points to varying research intensities across countries, with a general scarcity noted outside the leading nations. The analysis calls for broader integration of gender-affirmative healthcare research to foster inclusivity for transgender individuals globally.

The research themes were illustrated by analyzing the term co-occurrence of 383 terms, with a co-occurrence threshold set at two. Subsequently, 107 terms were visualized, with the size of nodes reflecting the frequency of term co-occurrence. Clusters of related terms were represented by distinct colors, indicating groups of terms with strong relationships. Four themes were identified from these clusters based on the interconnected nodes (Figure 4) and discussed below. The field of transgender healthcare has evolved in response to medicalization and industrialization, which shaped healthcare settings based on medical science and clinical practices. Initially, transsexualism was classified as a psychological abnormality, viewed through a narrow lens of the medical gaze, and treated to

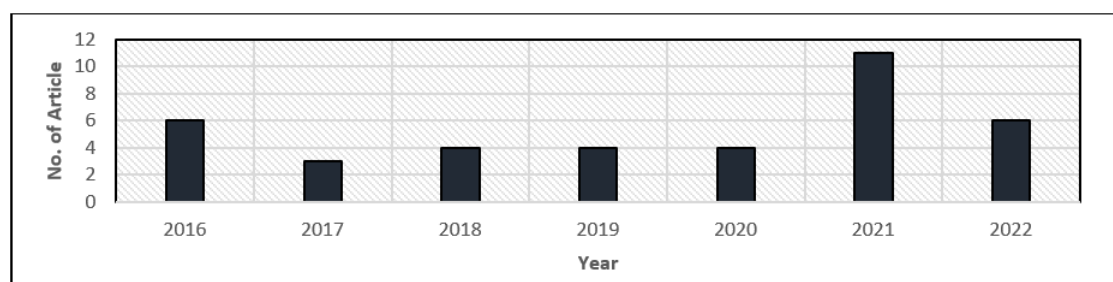


Figure 2. The Trend in Publication (Generated by the Authors Through Biblioshiny)

convert individuals to binary gender categories (Teagarden, 2021). According to Benson 2013, mental health research and practice have historically taken a limited approach to addressing the needs of transgender individuals, often revolving around the diagnosis of gender identity disorder, which has restricted the understanding and support available to this population. These traditional care models have been found to have detrimental effects on the well-being of individuals (Ashley, 2020).

Over time, there have been significant changes in the classification of gender identity disorder (GID). The revised diagnostic criteria focused on the incongruence between an individual's gender and their secondary sex characteristics rather than pathologizing their gender identity. These changes aimed to depart from biased perspectives and foster a more comprehensive understanding of transgender experiences. Additionally, the World Professional Association for Transgender Health (WPATH) issued updated Standards of Care (SOC) as principal guidelines for

healthcare professionals serving transgender individuals (Coleman *et al.*, 2022). These standards emphasize ethical principles and best practices to promote the well-being of transgender individuals (Benson, 2013). There is a need to adopt this sensitive healthcare framework globally.

Cluster 2: Social Approach

Societal perceptions of transgender individuals are shaped by a binary gender framework, resulting in marginalization and discrimination (Radusky *et al.*, 2020). These individuals face significant legal and social challenges due to traditional gender norms and biases (Boza & Nicholson Perry, 2014). Minority stress, stemming from ongoing societal stress and discrimination, leads to poorer health outcomes and reduced quality of life for transgender individuals (Toomey, 2021). This stress creates barriers to healthcare access (Gessner *et al.*, 2020), while societal stigma and discrimination pose challenges for transgender youth and their parents (Lorusso & Albanesi, 2021). Victimization related to gender identity is strongly linked to negative mental health outcomes, including depression, although social support can mitigate these effects (Boza & Nicholson Perry, 2014). Reducing stigma through education, advocacy, and policy changes is crucial for improving health outcomes and fostering a supportive environment for transgender individuals (Radusky *et al.*, 2020).

Cluster 3: Approach to Educating Healthcare Providers

The reclassification of “gender identity disorder” to “gender incongruence” in the International Classification of Disease (ICD-11) has not significantly reduced the stigma and discrimination faced by sexual minorities in healthcare, with many providers’ attitudes still negative (Gessner *et al.*, 2020). Prejudices influenced by religious and cultural beliefs are common (Higgins *et al.*, 2019), and the lack of sexual minority health education in healthcare curricula contributes to persistent discrimination (Lacombe-Duncan *et al.*, 2021). Healthcare providers often exhibit discriminatory and unempathetic behaviors, leading to access barriers like financial hardship,

long wait times, and judgmental treatment (Austin & Goodman, 2018).

Healthcare providers can play a vital role in ensuring respectful and inclusive care for transgender patients, which includes addressing specific needs, providing sexual health education, and cultural competence (Gessner *et al.*, 2020; Puckett *et al.*, 2022). A person-centered approach is critical, regardless of gender identity (Neri *et al.*, 2022). Training programs should prioritize to adopt gender-affirming healthcare and inclusive policies (Walker *et al.*, 2022). Including LGBT content in nursing education is key to increasing competency, with interactive teaching methods like role-playing enhancing critical thinking (Lelutiu-Weinberger *et al.*, 2016; Díaz *et al.*, 2017; Maruca *et al.*, 2018; Wang *et al.*, 2022). Frameworks from programs like Transgender Education for Affirmative and Competent HIV and Healthcare (TEACHH) and Gender Affirmative Lifespan Approach (GALA) need to be adopted to support mental health professionals (Rider *et al.*, 2019; Lacombe-Duncan *et al.*, 2021), and reflective practice in trans-affirmative healthcare is beneficial for well-being (Fraser *et al.*, 2021; Raju, 2022). In the digital age, it’s crucial to create inclusive online environments for mental healthcare, as a gender-affirmative approach positively affects the health and well-being of transgender individuals (Holt *et al.*, 2019; Sevelius *et al.*, 2019; Achuthan, 2021).

Cluster 4: Gender Affirmative Care

Transgender individuals grappling with gender dysphoria face significant mental health challenges, including isolation and depression, often exacerbated by healthcare discrimination and cultural misunderstandings (Austin *et al.*, 2021; Applegarth & Nuttall, 2016; Mizock & Lundquist, 2016). Supportive healthcare and familial environments are essential, demanding clinical and cultural sensitivity to affirm transgender identities and combat systemic biases (Carlile *et al.*, 2021; Holt *et al.*, 2021). Affirmative care, which is multidisciplinary in nature, provides gender-affirming interventions and collaborates with families and other stakeholders to create secure healthcare settings (Kcomt *et al.*, 2020; Whyatt-

Sames, 2017; Ehrensaft, 2018). Care protocols consider each individual's gender identity, family situation, and psychological state (Chen *et al.*, 2016; Edwards-Leeper *et al.*, 2016). Initiating affirmative practices in primary care promotes health-seeking behavior and minimizes stigma, contrasting with specialized clinics (Ker *et al.*, 2021). Healthcare teams should follow WPATH and Endocrine Society guidelines (Chen *et al.*, 2016). The journey towards gender-affirmative care begins with the first patient-staff interaction, underlining the importance of training for inclusive practice (Noyola *et al.*, 2021). This approach has been shown to enhance the well-being and proactive health behaviors of transgender individuals (Austin & Goodman, 2018; Strauss *et al.*, 2022). Implementing policy and practice changes is vital for establishing a long-term healthcare environment that is inclusive and affirming (Willis *et al.*, 2017; Putney *et al.*, 2018).

Conclusion

The paper argues that bibliometric analysis can effectively complement traditional review methods by qualitatively synthesizing data, providing in-depth insights into academic research on topics like gender-affirmative healthcare. Bibliometric findings reveal that this field is expanding and warrants increased academic attention. However, there is a notable lack of geographical diversity in the articles studied. The thematic analysis highlights the necessity of educating healthcare professionals, initiating social endeavors to promote acceptance of transgender individuals, and implementing gender-affirmative healthcare practices. The study suggests further exploration into legal considerations to ensure health equity. Nevertheless, it acknowledges limitations, such as reliance on the Scopus database due to software constraints and excluding publications beyond 2022. Expanding to additional databases could offer broader insights beyond the study's current scope.

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