Gender Minority Stress Theory and Health Care Use among Transgender and Gender Diverse Youth in the United States

Introduction

In the United States, experiences of stigma and discrimination targeted at transgender and gender diverse youth (i.e., youth between the ages of 15 and 24 whose current gender identity is not the same as their sex assigned at birth, referred to throughout as TGGD youth) create health inequities, contributing to poorer health outcomes and limiting access to health care services. This is especially problematic because TGGD youth disproportionately experience a number of poor health conditions and have unique health care needs. At the same time, TGGD youth also experience resilience; this means that TGGD youth also overcome these experiences of stigma and employ coping strategies to avoid the negative health consequences typically associated with stigma. Using minority stress theory as a framework for understanding experiences of stigma and resilience, this study will examine the relationships between stigma, resilience, and access to health care among TGGD youth in the United States.

Minority stress theory posits that TGGD youth experience chronic stress in the form of both distal minority stressors (e.g., discrimination, victimization) and proximal minority stressors (e.g., internalized stigma, anticipated stigma), and that these stressors influence experiences of health. This theory also explains that minority coping (i.e., resilience) moderate the relationship between stigma and health. Though this theory applies specifically to experiences of physical and mental health outcomes, empirical evidence has also demonstrated how experiences of stigma and resilience occurring specifically within health care settings are associated with access to health care. However, less is known about how experiences of minority stressors and resilience more broadly (i.e., experiences occurring both within and outside of health care settings) may also contribute to health care use among TGGD youth.

Methods

This study uses exploratory factor analysis (EFA) and logistic regression to examine the relationships between minority stressors, resilience, and health care use among a national online sample of 202 TGGD youth in the United States.

Study Sample and Recruitment. This analysis is part of a larger study testing a home-based HIV testing intervention with video counseling among TGGD youth; therefore, some of the eligibility criteria are specific to a participant's ability to participate in the intervention. In order to be included in this study participants had to: (1) be between the ages of 15 and 24 years; (2) self-identify as not having a cis-gender identity; (3) reside in the United States; (4) report that they are not living with HIV (or do not know their status); (5) be willing to have HIV test kits delivered to an address that they provide; and (6) have access to a computer, smartphone, or tablet that can support the HIPAA-compliant video-chat software used in the intervention. Participants were recruited through online advertisements that were placed on a variety of social media platforms (e.g., Facebook, Instagram), in advocacy groups and sites that were specifically aimed at TGGD youth, and through online dating sites (e.g., Scruff). Study information was also publicized through the social media accounts of transgender media personalities.

Procedures. All procedures were approved by the University of Michigan Institutional Review Board. All participants provided electronic informed consent or assent (for participants between the ages of 15 and 17). The survey was completed online and included a total of 205 possible questions (with most participants seeing fewer questions depending on survey logic) and

took an average of approximately 80 minutes to complete. Survey questions included topics such as: demographic factors, health care experiences, structural vulnerability (e.g., homelessness, incarceration), sexual behaviors, and HIV testing behaviors.

Measures include health care access (the outcome variable), distal and proximal minority stressors, resilience factors, and other control variables.

Health care access is measured using a yes/no question asking about difficulty accessing health care: "In the past six months, have you had any problems getting health or medical services because of your gender identity or gender presentation?" This variable is aligned with previous studies that have examined health care use among TGGD people through challenges in getting care due to fear of mistreatment.

Minority stress variables. All minority stress variables are measured with scales that were developed and validated with TGGD populations. However, it is important to note that these scales have not been validated specifically with TGGD youth. Distal minority stress scales include gender-related discrimination, victimization, rejection, and non-affirmation (i.e., mis-gendering). Proximal minority stressors include internalized stigma and anticipated stigma. For each scale, a higher score indicates experiencing a greater degree of that specific minority stressor.

Resilience factors include aspects of resilience at multiple levels of the socio-ecological model, including both internal and external processes occurring at community, interpersonal, and intrapersonal levels. Measurements of self-affirmation (an intrapersonal factor) and community connectedness (a community-level factor) are both measured using previously-validated scales from the same set of scales developed to examine the application of minority stress theory among TGGD populations. Social support (an interpersonal factor) is also measured since much empirical evidence demonstrates that social support plays a large role in resilience experienced by TGGD people. Social support is measured using a brief version of the Social Support Survey used in the Medical Outcomes Study.

Control variables. Additional control variables include demographic variables, gender expression, structural vulnerability (measured through lifetime experiences of homelessness), health insurance coverage, and health status. Demographic variables are comprised of age, gender identity, race/ethnicity, sexual identity, educational attainment, employment status, and the U.S. region where the participant resides. Health status variables include psychological distress and drug use.

Analysis was completed using the STATA 14 software package (College Station, Texas). After cleaning data and computing descriptive statistics, an exploratory factor analysis (EFA) was conducted to examine the factor loading of all of the stigma and resilience scales, including all distal and proximal minority stressors and the resilience factors at the three different levels of the socio-ecological model (intrapersonal, interpersonal, and community). Since the scales were not specifically validated among TGGD youth, it is important to first ensure that these constructs apply to youth in the same way as among TGGD adults. After the EFA determines how the factors fit together, additional analyses will examine the relationships between these latent constructs that are formed and health care use among TGGD youth. Specifically, logistic regression models will be fit to determine these relationships. If the EFA results demonstrate that the latent constructs fit into categories of minority stressors and resilience factors, then logistic regression models will also include an interaction term to determine if resilience factors moderate the relationship between minority stressors and health care access.

Results

Preliminary results find that experiences of stigma area associated with decreased health care access and resilience is associated with increased health care access. It is expected that the results of the EFA will demonstrate that the minority stress constructs apply for TGGD youth, with latent factors including distal minority stressors, proximal minority stressors, and resilience factors. It is also expected that findings from fitting the multivariate logistic regression models will demonstrate relationships between these constructs and health care access. We hypothesize that distal minority stressors and proximal minority stressors will be associated with a decrease in access to health care, and that resilience factors will be associated with an increase in access to health care.

Discussion

Findings from this study have implications for both research and programs that aim to understand and improve the health care experiences of TGGD youth in the United States. This study builds on existing literature by examining how experiences of stigma and resilience influence access to health care among TGGD youth. Previous literature highlights that stigma and resilience specifically within health care settings may matter for health care use; however, this study adds to this existing knowledge by examining how stigma and resilience more broadly may also influence access to health care. In addition, this study applies gender minority stress theory in new and innovative ways. First, this study expands minority stress theory by applying it to experiences of health care use; this health outcome goes beyond the more typical experiences of physical and mental health that are often explored using minority stress theory. In addition, this study applies gender minority stress theory to TGGD youth. The theory was developed to apply more broadly. However, youth have distinct experiences (especially with health care), and therefore, this study explores how this theory still applies with this specific population.

Having a better understanding of how experiences of stigma and resilience influence TGGD youth's access to health care can inform programs aimed at improving health care for this population. Factors that influence access to and use of health care may extend well beyond the health care environment. Understanding how stigma and resilience more broadly influences health care can help to highlight the need for programs to address these factors more broadly and not just within health care settings.