



Department of
Public Health
CITY OF PHILADELPHIA

Sexual Health

ASSESSING SEXUAL HEALTH OF TRANS MEN*

A Resource Guide for Providers

**In this pamphlet, we use the term trans men to refer to people who identify along the transmasculine experience spectrum, including gender non-conforming, gender non-binary, gender-fluid, genderqueer, transmasculine, and masculine-of-center-identified people. Patients with the above identities may not physically produce sperm and may or may not have ovaries and a uterus.*



TABLE OF CONTENTS

Assessing Sexual Health of Trans Men	4-6
GYN Care	7
HIV/STI Testing & Treatment	8-10
Preconception Counseling & Pregnancy	11
Contraception	12
Terminology	13
Local Resources	14
National Resources	15



GENERAL MINDSET/APPROACH:[†]

The components of a comprehensive health history, including sexual health, are the same for all patients. Trans men may have unique risks and concerns.[‡] A sensitive interviewer only asks questions that are relevant to the examination or concerns of the patient. Avoid asking questions about sexual orientation or surgeries, unless appropriate to clinical issues.



A patient might not disclose their trans identity, so it is important to inquire tactfully. Additionally, in order to recognize a diversity of sexual experiences, frame questions in terms of “behaviors” and “partners”.

Taking a comprehensive non-judgmental sexual history of patients creates a dialogue between patients and providers about sexual desire and pleasure, which leads to optimal risk reduction opportunities.

[†]Light, A.D., Obedin-Maliver, J., Sevelius, JM. & Kerns, J.L. (2014). Transgender men who experience pregnancy after female-to-male gender transitioning. *American College of Obstetricians & Gynecologists*, 124(6): 1120-27.

[‡]<https://www.lgbthealtheducation.org/wp-content/uploads/Improving-Health-Care-for-Transgender-People.pdf>

TO ASSESS SEXUAL HEALTH RISK:

- » preface conversation by asking permission to discuss;
- » avoid making assumptions;
- » use inclusive language (e.g., “partners”);
- » ask about 5Ps[§] of sexual history;
 - partners;
 - prevention of pregnancy (contraception use);
 - practices (what sexual activities patients engage in);
 - protection from STIs (barrier use and PrEP);
 - past history of STIs;
- » inquire about patient's relationship status (e.g., monogamous, open); and
- » apologize for any errors in language or possible missteps

[§]Centers for Disease Control and Prevention (2016). *A Guide to Taking a Sexual History*. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

ASSESSING SEXUAL HEALTH OF TRANS MEN

GYN CARE

GYN CARE:

Gynecological care guidelines, including recommended screenings** for people with a cervix, should be followed.

- » *Pap test*: For trans men who retain a cervix, follow the same screening guidelines as for cisgender females, taking into account age and other risk factors (e.g., HIV);
- » *Internal exam*: Vaginal exams might be painful for trans men who are on hormones, due to thinner vaginal lining and decreased lubrication. To reduce discomfort during the examination:
 - talk through the process^{††};
 - encourage the patient to tell you if they are experiencing discomfort;
 - use a small or slender speculum; and
 - apply water-based lubricant to the speculum.
- » *Chest exam*: Breast tissue should be checked routinely, or if the patient has any lumps or changes of concern, to screen for breast cancer. Little is known about the effects of testosterone use on breast tissue^{‡‡}.

**U.S. Preventive Services Task Force. (May 2017). *Recommendations for Primary Care Practice*. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>

††Potter, J., et al. (2015). *Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: a Narrative Review and Guide for Clinicians*. *Journal of General Internal Medicine*, 30(12): 1857-1864. doi: 10.1007/s11606-015-3462-8

‡‡Dutton, L., Koenig, K. & Kristopher, F. (2008). *Gynecologic care of the female-to-male transgender man*. *Journal of Midwifery and Women's Health*, 53(4): 331-337. doi:10.1016/j.jmwh.2008.02.003.



GUIDELINES FOR EXAMINATION

Providers should offer guidelines-based preventative care. Be aware that some parts of the physical exam may cause discomfort or distress to the patient.

It is helpful to:

- » link the importance of the examination to the patient's health;
- » ask the patient about and replicate what words the patient uses for their body parts;
- » use commonly understood words (e.g., “external genitals”, “internal part of the exam”);
- » talk through and explain the examination steps; and
- » check in with patient regularly about the patient's comfort level.

HIV/STI TESTING AND TREATMENT

People engage in a wide range of sexual experiences, and without effective sexual barrier use, patients and their partners are at risk for HIV and other STI transmission.



BARRIER METHODS

Discuss risks of the behaviors in which the patient engages

Explore barrier method options:

- » Internal condoms (commonly called the female condom) – remove inner ring for anal sex
- » External condoms (commonly called the male condom)
- » Dental dams

HIV/STI TESTING AND TREATMENT

ROUTINIZE OPT-OUT HIV TESTING



Persons at risk for continued HIV exposure should be screened for HIV at least annually but more frequently depending on risk.

Persons likely to be at high risk for continued HIV exposure include people who:

- » inject drugs and/or whose sex partner(s) are currently injecting drugs;
- » persons who exchange sex for money or drugs;
- » sex partners of HIV-infected persons;
- » trans men who have sex with men (TSM);
- » Persons who themselves, or whose sex partners, have had more than one sex partner since their most recent HIV test.



Clinicians should use blood-based HIV-1/2 antigen/antibody combination immunoassay (4th generation) to screen for HIV infection.



If antibody or antigen positive, clinicians should refer patients for immediate initiation of antiretroviral therapy (ART).

HIV/STI TESTING AND TREATMENT

3 to
6
months

STI SCREENING

Screening and treatment should be routinely offered to sexually active TSM every 3-6 months. Complete STI screening of TSM, and others who engage in anal sex includes: screening for gonorrhea and chlamydia using nucleic acid (NAAT) tests at oral, anal, and urine/urethral sites.

Screening urogenital sites alone may miss up to 70% of gonorrhea and chlamydia infections in MSM and TSM. TSM should also be screened regularly for syphilis.

PREEXPOSURE PROPHYLAXIS (PREP)^{§§}:

PrEP is recommended specifically for those who are HIV negative but have an active risk factor for acquiring HIV, including the following:

- » engaging in condom-less sex with multiple partners;
- » engaging in condom-less sex with an HIV+ partner;
- » a history of injection drug use;
- » sharing injection equipment;
- » a recent drug treatment (in the last 6 months);
- » an HIV positive injecting drug partner;
- » a diagnosis of an STI in the last 6 months; or
- » engaging in commercial sex work.



There are no known drug-drug interactions between TDF/FTC and gender affirming hormones, nor are there any known contraindications to concomitant use of PrEP with gender affirming hormone therapy.[‡]

^{§§}Centers of Disease Control and Prevention (CDC). (2014). *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States-2014: A Clinical Practice Guideline*. Retrieved from <https://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>

[‡]Poteat, Tonia. (2017) "Transgender Health and HIV." Retrieved from <http://transhealth.ucsf.edu/trans?page=guidelines-hiv>.

PRECONCEPTION COUNSELING & PREGNANCY

Trans men who retain a uterus are capable of becoming pregnant. Rather than assuming a lack of contraceptive needs in trans men, it is important to advise trans men according to their plans or desires for becoming pregnant.



ADDRESS THIS BY ASKING ONE KEY QUESTION[®]:

“Would you like to become pregnant within the next year?”

YES/MAYBE



Engage in conversation about preconception counseling & pregnancy

NO



Discuss contraception options

To engage in preconception conversation, start by asking:

- » Do you currently have a sexual partner?
- » What are the genders of your partners?
- » Is there a possibility that any of your partners could get you pregnant?
- » If there is a desire to become pregnant, in the near or far future, provide preconception counseling and discuss reproductive options, including:[∞]
 - Fertility preservation for future pregnancy
 - Gestational carrier (insemination of egg, carries to term)
 - Gestational carrier with egg donor (IVF of donor egg, carries to term)
 - Gestational surrogacy (IVF of donor egg, carried by surrogate)
 - Traditional surrogacy (insemination of surrogate egg, surrogate carries to term)

[∞] Lane, Scott-Chung, Obedin-Maliver, Prasertsith, and Chang. (2017) "Thinking About Having a Baby? A Guide for Trans Men Living with HIV." Retrieved from HIV.org.

CONTRACEPTION

If the patient's desire is to not become pregnant or to delay pregnancy, it is important to discuss the importance of contraception and different options available.

TESTOSTERONE

Individuals who are taking testosterone and retain a uterus are capable of becoming pregnant.

Testosterone does not protect against pregnancy. While testosterone may cause amenorrhea, it does not stop egg production.



It is also recommended that trans men who intend to become pregnant stop testosterone use prior to pregnancy, because higher testosterone levels while pregnant increase risk to the fetus, especially in the first trimester.***

BIRTH CONTROL METHODS

There are many birth control options available to fit each patient's needs. Trans men may wish to avoid birth control that contains estrogen, to prevent the development of feminizing characteristics, or interaction between testosterone and estrogen.



Explore the non-estrogenic birth control methods with the patient, and reiterate that many do not protect against STIs, so the use of barrier methods are recommended.

***Provincial Health Services Authority. (2017). *Reproductive Health*. Retrieved from <http://transhealth.phsa.ca/medical-options/sexual-reproductive-health/reproductive-health>

TERMINOLOGY

GENDER IDENTITY: A person's internal sense of self and how they fit into the world, from the perspective of gender.†††

CISGENDER: a person whose gender identity matches a person's sex assigned at birth (i.e., non-transgender). "Cis" means same side in Latin.

GENDER NONBINARY: transgender or gender nonconforming person who identifies as neither male nor female.

GENDER NONCONFORMING: a person whose gender identity and/or expression differs from that which was assigned at birth, but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender-identified person. It may also differ from the cultural norms prescribed to people of a particular sex. Genderqueer is another term used by some with this range of identities.

TRANSGENDER: a person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female sex assigned at birth; a transgender woman is someone with a female gender identity and a male birth assigned sex.

TRANS-MASCULINE/TRANS-FEMININE: Terms to describe gender nonconforming or nonbinary persons, based on the directionality of their gender identity. A trans-masculine person has a masculine spectrum gender identity, with an assigned female sex at birth.

†††Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*; 2nd edition. Deutsch MB, ed. June 2016. Available at www.transhealth.ucsf.edu/guidelines.

LOCAL RESOURCES

PATIENT RESOURCES

The listed Philadelphia organizations are trans-competent. Some providers see patients with insurance and others provide care to uninsured patients on a sliding fee scale. Please contact each organization for more information.

EINSTEIN PRIDE CLINIC

Health resources and care for LGBT community
www.einstein.edu/pride-program |
 215-420-0989 or 800-789-7366

MAZZONI CENTER

Philadelphia LGBTQ health center and social services
www.mazzonicenter.org | 215-563-0652

PENN MEDICINE LGBT HEALTH

Health resources and care for LGBT community
www.pennmedicine.org/lgbt | 215-573-8499

PHILADELPHIA FIGHT COMMUNITY HEALTH CENTERS

Philadelphia primary medical care and social services
www.fight.org | 215-790-1788

PLANNED PARENTHOOD

Reproductive health care and sex education
www.plannedparenthood.org/planned-parenthood-southeastern-pennsylvania | 800-230-7526

TEMPLE LGBTQ HEALTH CENTER

Call for more information
 215-707-1587

NATIONAL RESOURCES

BEDSIDER

Birth control database for providers
<https://providers.bedsider.org/>

BIRTH FOR EVERY BODY

Terminology, research and education for providers regarding reproductive health care for LGBT persons
www.birthforeverybody.org

CENTER FOR TRANSGENDER HEALTH

Guidelines, standards, and training opportunities
www.transhealth.ucsf.edu

NATIONAL LGBT HEALTH EDUCATION CENTER

Provider education, publications, and consultation
www.lgbthealtheducation.org

TRANS BODIES, TRANS SELVES

Transgender community resource guide
www.transbodies.com

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

Standards of care for transgender patients
www.wpath.org



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The MidAtlantic AIDS Education and Training Center (MA AETC) provides HIV/AIDS education, consultation, technical assistance and resource materials to health care professionals throughout Pennsylvania, Maryland, Virginia, West Virginia, Delaware and the District of Columbia. For more information visit www.maaetc.org

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