

## Question

3: To what extent are health inequalities socially determined? In developing your answer you should discuss at least TWO studies from the course readings.

## Transgender Health Inequalities

While some health outcomes can be explained by biological processes, analyses of health outcomes are incomplete without a social component. This is because the environment that an individual exists within has a large impact on their behaviour. Not only that, but the environment may directly affect their health in the case of poor quality housing. This essay will focus on the unequal health outcomes of transgender people due to stigma and improper healthcare.

Expectations linked to a person's gender can lead them into behaviours that result in worse health outcomes. For example, mothers are expected to put their children's needs above all else. This can lead to self-harming behaviours such as under-eating when food is scarce, resulting in poor nutrition<sup>1</sup>. Women are not the only people who experience social pressure to act in a way that is detrimental to themselves. Men make up 75% of all suicides in England<sup>2</sup>. One explanation for this is the extreme pressure on men to be stoic at all times. As a result, men are less likely to receive interventions. Neither case can entirely be explained by biological drives.

Gender has a particularly pronounced impact on transgender people. In a study conducted in the USA, it was found that 36% had experienced suicidal ideation<sup>3</sup>, 43% had depression, and 10% had tried to commit suicide in the last year. There are many possible explanations. One reason may be the denial of medical treatment due to astronomical prices or fear of abuse. In fact, the aforementioned study observed that 40% of those sampled avoided medical treatment for these reasons. Those who do seek treatment are faced with healthcare plans that do not support transgender needs and massive queues. In the Central Belt of Scotland, the waiting list for initial appointments at the two gender clinics ranges between 2 and more than 3 years<sup>4</sup>. Clearly, this is a product of healthcare

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<sup>1</sup>Springer, K.W., Hankivsky, O. and Bates, L.M. (2012) 'Gender and health: Relational, intersectional, and biosocial approaches', *Social Science & Medicine*, 74(11), pp. 1661–1666. doi:10.1016/j.socscimed.2012.03.001.

<sup>2</sup>Latest suicide data (no date) Samaritans. Available at: <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/> (Accessed: 6 May 2022).

<sup>3</sup>Christian, R. et al. (2018) 'Measuring the Health of an Invisible Population: Lessons from the Colorado Transgender Health Survey', *Journal of General Internal Medicine*, 33(10), pp. 1654–1660. doi:10.1007/s11606-018-4450-6.

<sup>4</sup>Scottish Gender Identity Services (no date) Scottish Trans Alliance. Available at: <https://www.scottishtrans.org/healthcare/scottish-gender-identity-services/> (Accessed: 6 May 2022).

policies.

Even within the transgender population, health outcomes are not equal. Transgender men were seen to have a larger chance of lacking health insurance, which was associated with a  $7\times$  increase in poor health outcomes<sup>5</sup>. Among those who did have healthcare plans, non-binary people had the least payoff. Compounding this was the addition of non-heterosexuality. People who were both transgender and not heterosexual faced  $2\text{--}3\times$  worse physical well-being. This shows that research must not simply focus on cisgender versus transgender outcomes, but break down those categories. Additionally, the study mentioned that the sample size for the non-binary category was small, leading to shaky findings. Future research must have a greater focus on non-binary individuals in order to better understand and combat their specific issues.

Stigma against transgender people can push them down dangerous paths, leading to acquiring health conditions such as HIV. Due to heavy employment discrimination, many trans people turn to sex work in unsafe environments. As a result, their rate for HIV is  $49\times$  greater than average<sup>6</sup>. Compounding this is the likelihood of transgender persons exiting school early, meaning that they may have received little to no sexual education. Moreover, transgender people are attacked physically and sexually at rates of 35% and 12%, respectively. These factors combine to create a society that is thoroughly unsafe for them. The resulting fear of violence may feed into the previously mentioned mental health inequalities, creating a cycle.

There are many limitations to the data referenced in this essay. A particularly prevalent issue is the lack of data outside of the USA. Even within the USA, studies focusing on or including transgender individuals are uncommon. Furthermore, studies tend to rely heavily on gender clinic records, excluding the large set of people who do not seek medical treatment for various reasons. Non-binary people make up a tiny fraction of sample sizes, if they are included at all.

Despite these issues, it is clear that transgender people face great health inequalities in the specific areas of mental health and access to appropriate healthcare. These hardships have little to do with biology and far more to do with the social pressure they face.

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2022).

<sup>5</sup>Cicero, E.C. et al. (2020) 'The health status of transgender and gender nonbinary adults in the United States', PLOS ONE, 15(2), p. e0228765. doi:10.1371/journal.pone.0228765.

<sup>6</sup>Winter, S. et al. (2016) 'Transgender people: health at the margins of society', The Lancet, 388(10042), pp. 390–400. doi:10.1016/S0140-6736(16)00683-8.