GUIDELINES

# Adolescent Health Academy Statement on the Care of Transgender Children, Adolescents, and Youth

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**ABSTRACT**

**Justification:** The transgender community has been long stigmatized, and discriminated against, and faces numerous mental and physical problems. Certain indicators of transgender personality appear during childhood and more often before puberty begins. This puts the onus on Pediatricians to identify and offer evidence-based care for their benefit. There is an urgent and deep-felt need to understand the medical, legal, and social aspects of the care of transgender children. Hence, Adolescent Health Academy decided to release a statement on the care of transgender children, adolescents, and youth.

**Objectives:** To review the existing international and national guidelines and recommendations to formulate a statement for the Pediatricians on (*a*) terminologies and definitions; (*b*) legal status in India; and (*c*) implications for pediatric practice.

**Process:** A task force was convened by the Adolescent Health Academy as the writing committee to draft the guidelines. These were approved by all the members of the task force and the Executive Board of Adolescent Health Academy (2022).

**Recommendations:** Gender identity develops in childhood and adolescence as a feeling of self, and it should be respected to mitigate gender dysphoria. The law permits transgenders the right of self-affirmation and it upholds their dignity in society. The transgender community is prone to victimization, and prejudice leading to a high risk of substance abuse, suicidal ideation, and mental health issues. Pediatricians are the primary care providers of children and adolescents including those with gender incongruence, so they should be abridged with gender-affirmative practices. Gender-affirmative care involves pubertal suppression, hormonal therapy, and surgery which should be done in conjugation with the social transition, by a gender-affirmative care team.

**Key Words:** *Gender dysphoria, Gender-affirmative care, Gender identity, Gender incongruence, Sex.*

Gender identity is a feeling or internal sense of being a girl, a boy, both, or neither which begins to develop in early childhood and evolves to finally emerge in adolescence and youth [1]. A person can be cisgender when the gender identity is the same as the sex assigned at birth or gender-diverse/gender incongruent when the person's gender identity or expression differs from the sex assigned at birth.

Gender incongruence may also be associated with gender dysphoria or clinically significant distress in important areas of daily functioning. Gender dysphoria generally becomes more prominent as children approach puberty and adolescence (**Table I**).

Traditionally, this less-understood population faces stigma, discrimination, victimization, and significant physical and mental health issues leading to a high risk of suicide as they do not conform to the accepted social stereotypes [3,4]. Family and societal rejection or non-acceptance of transgender adolescents are few of the strongest predictors of mental health problems [5].

There is a felt need to love, value, and nurture such children as they are highly vulnerable. Affirming care in childhood can significantly improve mental health and outcomes in this community. Transgender and gender-diverse adolescents and youth face considerable barriers to accessing health information and services [6]. There is a gap in formal medical training confounded by almost no standardized treatment, medical interventions, or research in these children [7].

Being primary providers, pediatricians are responsible for the inclusive healthcare of transgender children, adolescents, and young adults and for providing support and guidance to their families [8,9]. In this policy statement, we bring forth the challenges faced by the transgender community and provide recommendations for pediatricians that will promote positive health and development of the youth who identify as transgender. The word 'transgender' will be used in this document to include all the words and phrases used to address the community with a gender identity that is not congruent to the sex assigned at birth.

**OBJECTIVES**

This statement is framed (*i*) to describe the terminologies and definitions related to the transgender community; (*ii*) to describe the legal status of transgender rights and their implications on Pediatric practice in India, and (*iii*) to formulate recommendations for Pediatric practice related to the care of transgender children.

**PROCESS**

The Adolescent Health Academy (AHA) a subspecialty chapter of the Indian Academy of Pediatrics (IAP) formed a task force of pediatricians in May 2022, on 'transgender care' to address the issues outlined above. The members comprised pediatric and adolescent experts. A series of online meetings were held periodically, the first on 7 May 2022, to draft and finalize the recommendations.

A review of the literature was conducted by the members and relevant scientific material and research studies were shared. The main areas addressed were: (*i*) definitions related to the transgender community, (*ii*) gender dysphoria, (*iii*) the status of transgender care, (iv) the legal aspect of transgender care, (v) transgender persons (protection of rights) act and rules, (*vi*) the implications for pediatric practice, and (vii) gender reaffirmation care.

Guidelines given by the World Health Organization (WHO), the United Nations (UN), the United Nations Children's Fund (UNICEF), the World Professional Association for Transgender Health (WPATH), the American Academy of Pediatrics (AAP), and the Association of Transgender Health in India (ATHI) were studied. [1,10-14]

**TERMINOLOGIES AND DEFINITIONS**

*Sex* is an individual's categorization based on the chromosomes, genitals, and reproductive tract. *Gender* is a social construct, made up of understandings and expectations culturally tied to people who were assigned sex as male or female at birth. *Gender identity* is the internal sense of self from the

perspective of gender. *Sexual orientation* refers to sexual attraction and is different from gender identity (**Fig. 1**). The terminologies and definitions used to describe the transgender community are given in **Web Box I** [12-17].

## GLOBAL STATUS OF TRANSGENDER CARE

In July 2013, the Office of the United Nations High Commissioner for Human Rights launched UN Free and Equal - an unprecedented global public information campaign to promote equal rights and fair treatment for lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) people [18].

In July 2016, the WHO re-framed "gender identity disorders" as "gender incongruence," moving diagnostic codes from the chapter on mental disorders to one on sexual health [19]. International Classification of Diseases (ICD)-11 redefined "transsexualism" and "gender identity disorder of children" (as in ICD-10's) with "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood", respectively [20].

The adoption of the 2030 Agenda for Sustainable Development and its pledge to "leave no one behind" based on the normative framework of international human rights law, has reinforced the need to understand and improve the health and well-being of transgender people [21]. Many countries now have laws to guarantee the rights of equality and non-discrimination based on sex, sexual orientation, or gender identity. Marriage between same-sex couples is legally performed and recognized in 33 countries, constituting some 1.35 billion people (17% of the global population) [22]. The WPATH aims at bringing diverse dedicated professionals together for developing best practices and supportive policies globally to promote health, research, education, advocacy, respect, dignity, and equality for transsexual, transgender, and gender nonconforming people in all cultural settings [12].

The human rights council of the UN has extended States' responsible for the effective protection of all persons from discrimination based on sexual orientation or gender identity [10].

### Population Estimates

The transgender population has been estimated by health systems-based studies to be 0.02-0.1%, survey-based studies of adults to be 0.3-0.5% (transgender), 0.3-4.5% (all transgender and gender diverse people), and survey-based studies of children and adolescents to be as high as 1.2-2.7% (transgender), 2.5-8.4% (all transgender and gender diverse people) [12]. The Census of India (2011), for the first time, included the "other gender" as a sex category who turned out to be 487,303 in the total estimated population of 1.247 billion [23].

### Legal Aspects related to transgender people

For a long period, the transgender community is fighting for its legal rights. Slowly but definitely, things are going in their way. The Government and Supreme Court have taken some proactive steps to address the issues related to the transgender community [24]. For the first time, in 2014 this

community had its voice heard when the Supreme Court delivered the NALSA (National Legal Services Authority) judgement, which led to the recognition of transgender people as the "third gender" [25]. The transgender community faced deep-rooted prejudices from society, and the landmark judgement of the Supreme Court in 2018, decriminalizing Section 377 (punishment for unnatural sex) of the Indian Penal Code has given them substantive equality [26].

Recently, Madras High Court directed the Tamil Nadu Government to make a glossary with suggestions of 24 words and expressions for a dignified identity of the transgender community [27]. The court directed media to be sensitive while reporting about the transgender community and suggested arranging seminars for building a queer-friendly future, compiling words and expressions to be used while reporting, and formal training to be given to editors and reporters. The court observed that medical courses amplify queerphobia and discrimination against the transgender community and added that medical professionals should be "non-judgemental and free of moral and personal prejudices about their patient's identity on the gender spectrum, or their sexuality". The court also warned of strict action against any professional found indulging in "conversion therapy", i.e., changing anybody's sexual orientation [28].

In October 2021, Calcutta High Court allowed transgender persons to appear in Kolkata Police Recruitment Examination [27]. The Kerala High Court, in March 2021, held that transgender people should be allowed entry into National Cadet Corps (NCC) [24]. In November 2021, the Guwahati High Court directed the state government to take appropriate measures to look after the health issues of the transgender community [24]. The Delhi High Court directed the state government to construct separate toilets for transgender persons [24].

The Karnataka Government made a policy to provide reservations for transgender persons in state police recruitment and introduced a 1% reservation for the transgender community in government jobs [24]. States like Kerala, Assam, and Tamil Nadu have established Welfare Boards for transgender people [24].

**TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT AND RULES**

The Transgender Persons (Protection of Rights) Act 2019 (TPA) was passed in August 2019 and brought into effect in January 2020 [29]. It was the first legislative effort to address the issues of the transgender community. The act has given the right to self-affirmation to individuals. In September 2020, the Transgender Persons (Protection of Rights) Rules were notified in the Gazette of India [30]. The TPA recognizes transgender as "a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as *kinner*, *hijra*, *aravani*, and *jogta*."

**Provisions of the Transgender Persons (protection of rights) Act and Rules**

1. *Certificate of Identity**:*** The transgender person is allowed to be recognized as such and have a self-perceived gender identity. A transgender person may make an application to the District Magistrate, in person, by post, or online, for a certificate of identity indicating the gender as 'transgender'. The application should be accompanied by an affidavit and the report of a psychologist, without any medical (*meaning thereby physical*) examination. A revised certificate may be applied only if the individual undergoes surgery, along with a certificate issued to that effect by the Medical Superintendent of the medical institution in which that person has undergone surgery, to change their gender either as a male or a female.
2. *Rights and entitlements**:*** The Central Government is directed to provide the following rights to the transgender community:
    a. *Prohibition against Discrimination:* It prohibits the discrimination against a transgender person, including denial of service or unfair treatment concerning (i) education; (ii) employment; (iii) healthcare; (iv) access to, or enjoyment of goods, facilities, opportunities available to the public; (v) right to movement; (vi) right to reside, rent, or otherwise occupy the property; (vii) opportunity to hold public or private office; and (viii) access to a Government or private establishment in whose care or custody a transgender person is.
    b. *Right of residence:* Every transgender person shall have a right to reside and be included in their household. If the immediate family is unable to care for the transgender person, the person may be placed in a rehabilitation center, on the orders of a competent court.
    c. *Employment:* No Government or private entity can discriminate against a transgender person in employment matters, including recruitment, and promotion. Every establishment is required to designate a person to be a complaint officer in this regard.
    d. *Education:* Educational institutions funded or recognized by the Government shall provide inclusive education, sports, and recreational facilities for transgender persons, without discrimination.
    e. *Health care:* The Government must take steps to provide health facilities to transgender persons including separate HIV surveillance centers, hormonal therapy, and sex reassignment surgeries. The Government shall review the medical curriculum to address the health issues of transgender persons, promote research, and provide comprehensive medical insurance schemes (covering sex reassignment surgery, hormonal therapy, laser therapy, or any other health issues) for them.

f. *Reservation:* Government shall notify the general category transgender persons in 'other backward classes' to enable them to avail the benefits of vertical reservation. This sub-rule shall not deny benefits to transgender persons belonging to other reserved categories.

g. *Establishments:* Government shall create institutional and infrastructure facilities such as separate wards in the hospital, washrooms, etc within two years from the date of commencement of these rules.

h. *Awareness:* Government shall carry out an awareness campaign to educate, communicate and train transgender persons to avail themselves of the benefits of welfare schemes, and their rights; eradicate stigma and discrimination against transgender persons, and mitigate its effects.

3. *Establishment of National Council for Transgender persons*: It will (*i*) advise the Central Government on the formulation of policies, programs, legislation, and projects for transgender persons; (*ii*) monitor and evaluate the impact of policies and programs designed for achieving equality and full participation of transgender persons; (*iii*) review and coordinate the activities of all the departments of Government and other Governmental and non-Governmental organizations which are dealing with matters relating to transgender persons; (*iv*) redress the grievances of transgender persons; and (v) perform such other functions as may be prescribed by the Central Government.
4. *Offenses and penalties*: The Act recognizes the following offenses against transgender persons: (*i*) forced or bonded labor (excluding compulsory government service for public purposes), (*ii*) denial of use of public places, (*iii*) removal from the household, and village, (*iv*) physical, sexual, verbal, emotional or economic abuse. Penalties for these offenses vary between six months and two years, and a fine.

In addition to this, the Central Government has set up shelter houses as part of the *Garima Greh* project, formulated a support scheme named Support for Marginalized Individuals for Livelihood and Employment (SMILE) under the Union Ministry of Social Justice and Employment, issued directives to conduct awareness programs for child welfare committees, juvenile justice boards, prison functionaries, healthcare officials, and media persons, and made a National Portal for transgender persons and started active training programs enabling the issuance of identity cards to transgender persons by the District Magistrate.

The TPA is criticized due to a few issues [31]:

- Not addressing the provision of reservations for transgenders completely.
- Requiring certification of identity and not acknowledging the self-identification of transgender persons.
- Using the terms transgender and intersex interchangeably, which have different meanings.

- Labor timings for transwomen should be equal to ciswomen.
- Making crimes like rape, etc against transgender persons punishable by only 6 months to 2 years.
- Violating the transgender's constitutional Right to Freedom of Residence as they must either stay with their parents or approach a court.
- Not addressing concerns about recognizing rights in marriage, divorce, and adoption.

According to Guidelines for Blood Donor Selection and Blood Donor Referral, 2017 transgender people are permanently prohibited from donating blood [32]. Despite many developments in favor of the transgender community, oppression, discrimination, queerphobia, and social stigma are still prevalent. Attitudinal change in the public is required.

**Work done by NGOs**

The Association of Transgender Health in India (ATHI) is conducting workshops and educational programs to sensitize medical students and healthcare professionals about the issues related to transgender health. It has developed the Indian Standards Of Care (ISOC-1) to help medical professionals to address various health issues of transgender people [14]. The Tata Institute of Social Sciences, in collaboration with Pernod Ricard India Foundation and Collective Good Foundation, launched India's first academic corporate fellowship program for transgender youth [33].

## IMPLICATIONS FOR PEDIATRIC PRACTICE

A child may express gender identity at an early age or as late as adolescence but usually by 10 years of age [34]. So, these children and adolescents are brought by the parents to pediatricians who are their primary medical providers, thus pediatricians should know how to support the child with this normal manifestation of neurodiversity.

**Role of Pediatrician**

Early detection, support, and intervention to initiate early gender-affirmative care by family and society. It is documented that if psychosocial gender-affirming care is started early in childhood, it promotes well-being and prevents dysphoria, which is sustained over the transition to adolescence [35].

**Early pointers**

Certain behavioral patterns may be noticed by parents if the child is in a dilemma leading to gender dysphoria. Younger children may express their gender identity with role play, showing interest in toys, clothing, hairstyle, and mannerisms. They get uneasy with games, and roles in social activities, disliking gender-assigned washrooms. Young children may outrightly say they are of another gender, become upset about being misgendered, not like their name, or want to get rid of their genitals. Older ones may self-harm and puberty is a stressful phase for them for obvious reasons. However, every

child or adolescent with gender incongruence will have a unique presentation, and intervention options may differ for each.

**Guiding principles for affirmative care**

The team in gender-affirmative care consists of parents, pediatricians, society, teachers, social workers, psychologists, legal and ethics members, pediatric endocrinologists, and surgeons who are interacting with each other with a focus on the child with gender incongruence. Pediatricians must team up with parents to facilitate the gender-affirmation process and the gender journey of the child to avoid gender dysphoria. Factors affecting care are enumerated in **Table II**.

*Issues*: Stigma, intolerance, discrimination, and aggression have an impact on the health and welfare of these children along with other medical or psychosocial co-morbidity [36]. Transgender children, adolescents, and youth have increased chances of depression, anxiety, eating disorders, self-harm, and suicide. The discrimination and bias towards them lead to an internal conflict between their appearance and identity, which is further aggravated by poor access to healthcare [6]. This ushers mental health issues and they resort to high-risk behavior and substance abuse promoting lifestyle disorders, physical and sexual abuse, and violence [37].

*Creating nurturing environment:* Transgender children and adolescents may face physical, emotional, and mental abuse by their family members, which may lead them to leave their own families and seek support from similar-minded community members [5]. Similarly, a discriminatory environment at school may lead to stress and dropouts. Pediatricians can help create social acceptance, nurturing environment at school, family acceptance, and social transition at the child's as well as the parents' level. Social transition initiated by the child if supported by the family and the school is beneficial in reducing emotional stress and curtailing adverse mental effects [38].

**Medical and surgical management of transgender adolescents** [12,39,40]

Hormonal treatment can include suppression of puberty (Gonadotrophin releasing hormone analogs, alternative progestin), or induction of pubertal changes of affirmed gender (oral estrogen for feminizing and injectable testosterone for masculinizing). Induction can be done only after the consent age i.e., 18 years. Both these interventions have advantages and disadvantages so there are stringent eligibility criteria (**Table III**). During feminization or masculinization hormonal therapy the target levels are to reach the physiological range (serum estradiol: 100–200 pg/mL and serum testosterone: 300–1000 ng/dL respectively).

Speech therapy and voice coaching are integral parts of care. A "voice and communication specialist" help may be needed to allow transgender adolescents to converse per their gender identity.

Gender-affirmation surgery can be only performed when the transgender has attained the age of legal maturity and demonstrates the emotional and cognitive maturity required to provide informed consent. The transgender should be living in a gender-congruent role for at least 12 months before undergoing gender-affirmative surgery and the reproductive options should be discussed before. It is

performed by experts in the field following all legal provisions and after an explanation of success rates and complications of various procedures. After treating a person in a pediatric setting transition to adult healthcare services is taken care of by the team.

A potentially harmful approach is reparative (conversion) therapy to the gender assigned at birth because negative reinforcement leads to substantial mental and social health consequences, thus it is not recommended and is harmful and unlawful [28, 41].

A few tools are recommended to guide families in the gender-affirming healthcare journey of their children like, finding affirming providers-medical team, being prepared to share, identifying friends and family who can support the gender journey, finding a support group (like *Sweekar: The Rainbow Parents group*), knowing the medications, getting the proper screenings for long-term health issues, having the medical history to inform the provider of risk factors and also guide gender-affirmative interventions, making the child exercise regularly and maintaining a healthy diet, especially with hormone therapy, knowing transgender rights to handle discrimination better and asking questions and building trust with the medical provider. Pediatricians should lead and employ the LEARN strategy (L - Look, Listen, and Learn from the child, the child's gender identity, E - Educate self, parents, and society, A - Advocate the rights of the child at home and educational institution, R - Resource for parents' children and society, and N- be Non-judgmental) [14].

The issue of transgender (or gender identity) should not be confused with disorders of sex development, or with sexual orientation (other than the societal norm of hetero-sexual orientation). In the future, gender identity may become another component for screening in the pediatrician's office for care of the families in a dignified manner as a spectrum of gender poles.

**RECOMMENDATIONS**

- Gender is not a binary concept with male and female being the two poles, but a whole spectrum exists between the two which may be a blend.
- Education about gender variation and fluidity should be incorporated into the school curriculum to develop a non-binary and inclusive system.
- Acceptance of LGBTQIA+ or transgender-specific diversity and providing a gender-neutral and affirming environment with awareness in society.
- Transgender people are prone to face stigma, discrimination, victimization, and abuse, which can cause significant physical and mental health issues leading to a high risk of substance abuse and suicide.
- The gender identity of an individual should be respected with a sensitive and non-judgmental approach to mitigate gender dysphoria.
- Schools, work, and public places should have gender-neutral restrooms and other facilities for gender-non-conforming individuals.

- The spectrum of gender identity variation and incongruence should be included as a part of medical education to promote training in gender-affirmative practice.
- Pediatricians dealing with a transgender child should not presume the gender identity or sexual orientation but should enquire about the client's description of self.
- Gender incongruence requires a multi-disciplinary team approach to deliver affirmative care including a pediatrician, child and adolescent psychiatrist, clinical psychologist, pediatric endocrinologist, gender-affirming surgeon, and speech therapist.
- Every trans-child will require individualized care, honoring preferred name and pronouns, and informed choices about medical gender-affirmative care.
- Medical intervention should only follow the informed assent of adolescents and the consent of their primary caretaker.
- Gender-affirmative hormonal intervention and genital surgery can be done only after the legal age of consent i.e., 18 years.

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## REFERENCES

1. World Health Organization. Gender and health. Accessed May 17, 2022. Available from: *https://www.who.int/health-topics/gender#tab=tab_1*
2. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC: American Psychiatric Association; 2022.
3. Kattari SK, Call J, Holloway BT, et al. Exploring the experiences of transgender and gender diverse adults in accessing a trans knowledgeable primary care physician. Int J Environ Res Public Health. 2021;18:13057.

4. Connolly MD, Zervos MJ, Barone CJ 2nd, et al. The Mental health of transgender youth: Advances in understanding. J Adolesc Health. 2016;59:489-95.
5. Katz-Wise SL, Rosario M, Tsappis M. Lesbian, gay, bisexual, and transgender youth and family acceptance. Pediatr Clin North Am. 2016;63:1011-25.
6. Safer JD, Coleman E, Feldman J, et al. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016;23:168-71.
7. Weiselberg EC, Shadianloo S, Fisher M. Overview of care for transgender children and youth. Curr Probl Pediatr Adolesc Health Care. 2019;49:100682.
8. Landau N, Hamiel U, TokatlyLatzer I, et al. Paediatricians' attitudes and beliefs towards transgender people: A cross-sectional survey in Israel. BMJ Open. 2020;10:e031569.
9. Thomas R, Pega F, Khosla R, et al. Ensuring an inclusive global health agenda for transgender people. Bull World Health Organ. 2017;95:154-56.
10. United Nations Development Project. Discussion Paper: Transgender Health and Human Rights 2013. Accessed July 4, 2022. Available from: *https://www.undp.org/publications/discussion-paper-transgender-health-human-rights*
11. United Nations Children Fund. Eliminating discrimination against children and parents based on sexual orientation and/or gender identity. November 2014. Accessed June 21, 2022. Available from: *https://www.unicef.org/media/91126/file#:~:text=Transgender%20an%20inconsistency,expectations%20of%20gender%2Dnormative%20behaviour*
12. Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. Intern J Transgend Health. 2022;23:S1-259.
13. Rafferty J, Health Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Pediatrics. 2018;142:e20182162.
14. Sharma S, Sharma B, John S, Bansal G, Sharma V, Sejwal V, editors. Indian Standards of Care for Persons with Gender Incongruence and People with Differences in Sexual Development/Orientation. Wisdom Publications; 2021.
15. American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice; American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women. Health Care for Transgender and Gender Diverse Individuals: ACOG Committee Opinion, Number 823. Obstet Gynecol. 2021;137:e75-e88.
16. Betts J. What Does LGBTQIA+ Stand For? Full Acronym Explained. abbreviations. yourdictionary.com. Accessed June 17, 2022. Available from:

*https://abbreviations.yourdictionary.com/what-does-lgbtqia-stand-for-full-acronym-explained.html*

17. Byne W, Karasic DH, Coleman E, et al. Gender dysphoria in adults: An overview and primer for psychiatrists. Transgend Health. 2018;3:57-70.
18. Office of the High Commissioner for Human Rights. UN Free & Equal: a global campaign to promote equal rights for LGBTI people. Accessed July 21, 2022. Available from: *https://www.ohchr.org/en/sexual-orientation-and-gender-identity/un-free-equal-global-campaign-promote-equal-rights-lgbti-people*
19. World Health Organization. International Classification of Diseases (ICD). Accessed August 14, 2022. Available from: *https://www.who.int/classifications/classification-of-diseases*
20. International Classification of Diseases 11th Revision. 17- Conditions related to sexual health. Gender incongruence. Accessed August 14, 2022. Available from: *https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f411470068*
21. United Nations Sustainable Development Group. Universal Values Principle Two: Leave No One Behind. Accessed September 2, 2022. Available from: *https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind*
22. Wikipedia. Same-sex marriage. 2022. Accessed October 2, 2022. Available from: *https://en.wikipedia.org/wiki/Same-sex_marriage#cite_note-2*
23. Ministry of Social Justice & Empowerment, GOI. Welfare of Transgenders. Accessed July 14, 2022. Available from: *https://pib.gov.in/PressReleaseIframePage.aspx?*
24. Chacko J. Towards a gender-inclusive future: Judicial developments recognising rights of the transgender community in India. Bar and Bench - Indian Legal news. Accessed October 5, 2022. Available from: *https://www.barandbench.com/columns/towards-a-gender-inclusive-future-judicial-developments-recognising-the-rights-of-the-transgender-community-in-india-and-the-road-ahead*
25. National Legal Ser.Auth vs Union Of India & Ors thr. Secretary Ministry of Law and Justice, W. P. (Cvl.) No. 400 of 2012 (Supreme Court of India). Accessed October 17, 2022. Available from: *https://main.sci.gov.in/jonew/judis/41411.pdf*
26. Navtej Singh Johar & Ors. vs Union of India thr. Secretary Ministry of Law and Justice, W. P. (Crl.) No. 76 of 2016 (Supreme Court of India). Accessed October 19, 2022. Available from: *https://main.sci.gov.in/supremecourt/2016/14961/14961_2016_Judgement_06-Sep-2018.pdf*
27. Notification Regarding The Glossary For Addressing The LGBTQIA + Community. Tamil Nadu Government Gazette [G.O. Ms. No. 52, Social Welfare and Women Empowerment [SW-3(1)], 20th August 2022. Accessed Oct 24, 2022. Available from: *https://www.paalputhumai.com/wp-content/uploads/2022/08/Glossary-for-adressing-LGBTQIA-community-2022-by-TN-SW-Dept.pdf*

28. Rana R. Madras HC Issues Orders Against "Queerophobia", Demands Changes In Medical Education. thelogicalindian.com. Accessed Oct 17, 2022. Available from: *https://thelogicalindian.com/lgbtq/madras-hc-issues-orders-against-queerophobia-30527*
29. The Transgender Persons (Protection of Rights) Act, 2019. Ministry of Law and Justice, Government of India. Accessed July 2, 2022. Available from: *https://prsindia.org/files/bills_acts/bills_parliament/2019/The%20Transgender%20Persons%20(Protection%20of%20Rights)%20Act,%202019.pdf*
30. The Transgender Persons (Protection of Rights) Rules, 2020. Ministry of Social Justice and Empowerment, Government of India. Accessed July 2, 2022. Available from: *https://thc.nic.in/Central%20Governmental%20Rules/Transgender%20Persons%20(Protection%20of%20Rights)%20Rules,%202020.pdf*
31. Dhar M. Critical Analysis of Transgender Persons (Protection of Rights) Act, 2019. Law & Order. 2021. Accessed September 15, 2022. Available from: *https://www.law-order.org/post/critical-analysis-of-transgender-persons-protection-of-rights-act-2019*
32. National Blood Transfusion Council. NACO. Guidelines for Blood Donor Selection and Blood Donor Referral, 2017. Ministry of Health and Family Welfare, Government of India. Accessed Oct 15, 2022. Available from: *http://naco.gov.in/sites/default/files/Letter%20reg.%20%20guidelines%20for%20blood%20donor%20selection%20%26%20referral%20-2017.pdf*
33. Pernod Ricard India Foundation in partnership with the Tata Institute of Social Sciences launches India's 1st Academic-Corporate Fellowship Program for transgender persons. ANI News. Accessed Nov 17, 2022. Available from: *https://www.aninews.in/news/business/business/pernod-ricard-india-foundation-in-partnership-with-the-tata-institute-of-social-sciences-launches-indias-1st-academic-corporate-fellowship-program-for-transgender-persons20220414101915/*
34. Herman JL, Flores AR, Brown TNT, et al. Age of Individuals Who Identify as Transgender in the United States. Los Angeles, CA: The Williams Institute; 2017.
35. Hidalgo MA, Ehrensaft D, Tishelman AC, et al. The gender affirmative model: What we know and what we aim to learn. Human Develop. 2013;56:285-90.
36. Kuzma EK, Pardee M, Darling-Fisher CS. Lesbian, Gay, Bisexual, and Transgender health: Creating safe spaces and caring for patients with cultural humility. J Am Assoc Nurse Pract. 2019;31:167-74.
37. Gonzalez CA, Gallego JD, Bockting WO. Demographic characteristics, components of sexuality and gender, and minority stress and their associations to excessive alcohol, cannabis, and illicit (noncannabis) drug use among a large sample of transgender people in the United States. J Prim Prev. 2017;38:419-45.

38. Olson K, Durwood L, DeMeules M, McLaughlin K. Mental health of transgender children who are supported in their identities. Pediatrics. 2016;137:e20153223.
39. Mahfouda S, Moore JK, Siafarikas A, Zepf FD, Lin A. Puberty suppression in transgender children and adolescents. Lancet Diabetes Endocrinol. 2017;5:816-26.
40. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An endocrine society clinical practice guideline. J Clin Endocrinol Metab. 2017;102:3869-903.
41. Telfer MM, Tollit MA, Pace CC, Pang KC. Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. Med J Aust. 2018;209:132-36.
42. National Sexual Violence Resource Center. An overview of healthy childhood sexual development. Accessed December 2, 2022. Available from: *https://www.nationalcac.org/wp-content/uploads/2016/08/HealthySexualDevelopmentOverview.pdf*
43. Kar SK, Choudhury A, Singh AP. Understanding normal development of adolescent sexuality: A bumpy ride. J Hum Reprod Sci. 2015;8:70-4.

**Table I Gender Dysphoria**

<table>
<tr><td colspan="2">The DSM-5-TR defines Gender Dysphoria [2] as a marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months,</td></tr>
<tr><td>In children, as manifested by at least six of the following (one of which must be the first criterion):<ul><li>A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)</li><li>In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing</li><li>A strong preference for cross-gender roles in make-believe play or fantasy play</li><li>A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender</li><li>A strong preference for playmates of the other gender</li><li>In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities</li><li>A strong dislike of one's sexual anatomy</li><li>A strong desire for the physical sex characteristics that match one's experienced gender</li></ul></td><td>In adolescents and adults, as manifested by at least two of the following:<ul><li>A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)</li><li>A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)</li><li>A strong desire for the primary and/or secondary sex characteristics of the other gender</li><li>A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)</li><li>A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)</li><li>A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)</li></ul></td></tr>
<tr><td colspan="2">To meet the criteria for diagnosis, the condition must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning</td></tr>
</table>

*DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision [2].*

**Table II Factors Affecting Gender-Affirmative Care**

| *Helpful* | *Barriers* |
|---|---|
| • Address with the name, pronouns, and gender identity that the individual prefers<br>• Supportive response<br>• Social transition - changing of external appearance (clothing, hairstyle), name, and pronouns to match one's internal gender<br>• Mitigate dysphoria<br>• Support children to explore their gender<br>• Provide information about gender-affirming medical interventions<br>• Inform about the effects of treatments on future fertility, and options for fertility preservation<br>• Involve gender affirmative team<br>• Acknowledge the legal aspects | • Limited availability of gender-affirming care<br>• Prejudice/misunderstanding of caregivers<br>• Poor social, family, and peer acceptance of the individual's gender identity<br>• Expensive transgender healthcare<br>• Inappropriate use of drugs and hormones<br>• Non-availability of health insurance and limited support from the Government<br>• Relatively few clinical programs<br>• Transphobia (negative attitudes, beliefs, and actions concerning transgender people)<br>• Lack of structured training for healthcare professionals<br>• Poor knowledge of the law and available legal support |

**Table III Gender-affirming treatment of transgender adolescents [12, 39, 40]**

| | | |
|---|---|---|
| **Essential criteria for gender-affirming treatment** | • Diagnosed as gender incongruence as per the ICD-11<br>• The experience of gender diversity/incongruence is marked and sustained over time.<br>• Gender dysphoria worsened with the onset of puberty<br>• Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment.<br>• Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed.<br>• Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility.<br>• Reached Tanner's stage 2 of puberty.<br>• Received at least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, unless hormone therapy is either not desired or is medically contraindicated. | |
| **Baseline assessment** | height, weight, blood pressure, general physical examination, sexual maturity rating (SMR) | |
| **Baseline investigations** | CBC, LFT, RFT, HbA1C, Lipid Profile<br>Hormones (LH, FSH, Estradiol, Testosterone, Prolactin, TSH) | |
| **Pubertal suppression treatment** | • Gonadotropin-releasing hormone analogs (GnRH analogs)<br>o slow-release triptorelin acetate, intramuscular 3.75 mg every 4 week<br>• Progestin preparations<br>o depot medroxyprogesterone | |
| **Gender-affirmative hormonal treatment** | *Induction of female puberty*<br>• 17ß-estradiol (oral)<br>Initiate at 5 µg/kg/d and increase every 6 months by 5 µg/kg/d up to 20 µg/kg/d according to estradiol levels<br>Adult dose: 2-6 mg/day | *Induction of male puberty*<br>• testosterone esters (IM or SC)<br>Initiate at 25 mg/m$^2$/2 weeks (or half this dose weekly)<br>Increase by 25 mg/m$^2$/2 weeks every 6 months until the adult dose and |

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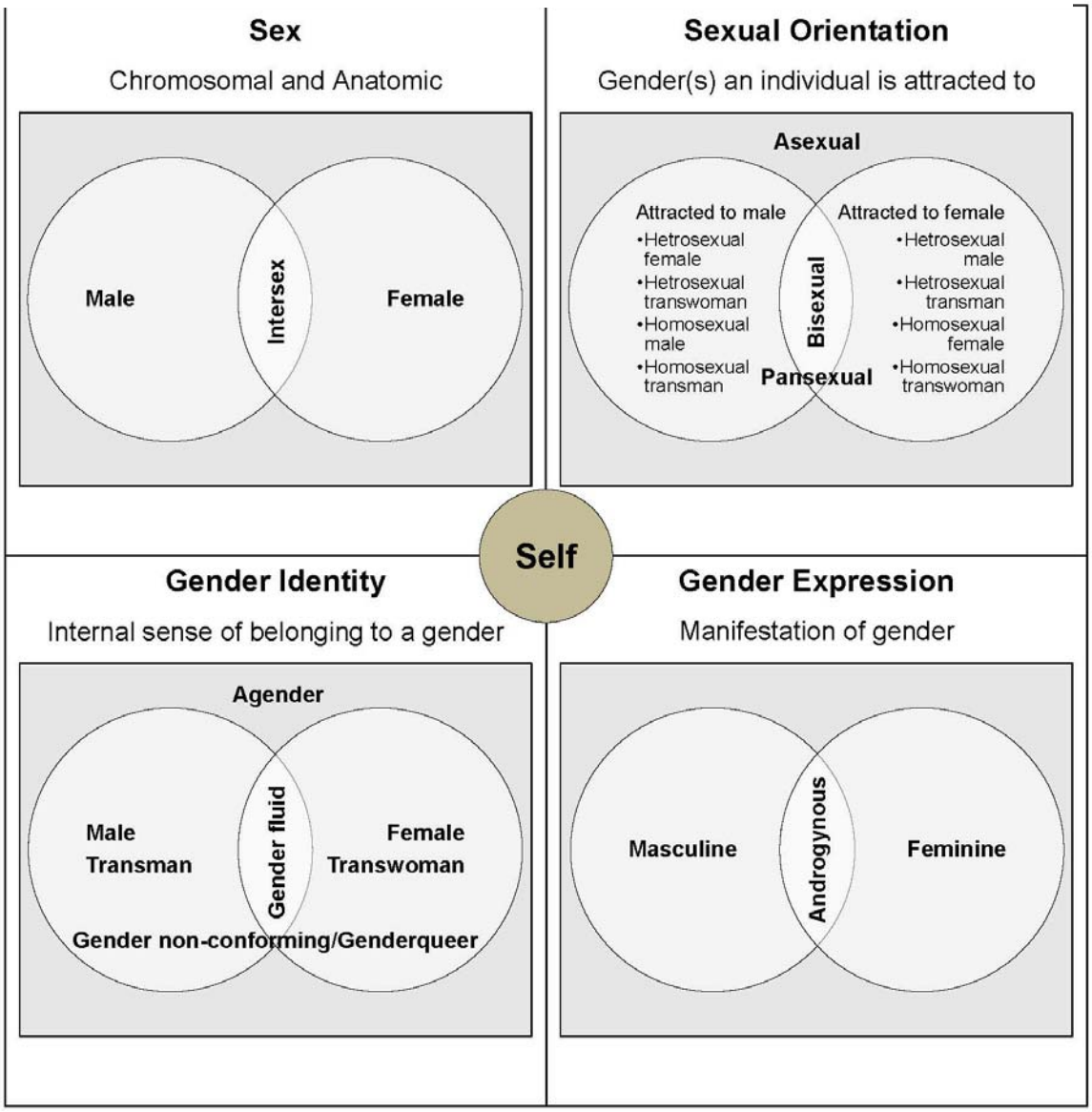
|---|---|---|
| | • 17ß-estradiol (transdermal)<br>Initial dose 6.25-12.5 µg/24 h<br>(cutting 25 µg patch to ¼ then ½)<br>Titrate up by every 6 months by 12.5 µg/24 h according to estradiol levels.<br>Adult dose: 50-200 µg/24 hours | target testosterone levels are achieved.<br>Adult dose: 100–200 mg every 2 week |
| **Monitoring** | *Pubertal suppression treatment** | *Gender-affirmative hormonal treatment^* |
| • *Every 3–6 months* | height, weight, sitting height, blood pressure, Tanner's stage | height, weight, sitting height, blood pressure, Tanner's stage |
| • *Every 6–12 months* | transgender males:<br>LH, FSH, testosterone, 25OH vitamin D<br>transgender females:<br>LH, FSH, estradiol, 25OH vitamin D | transgender males:<br>hemoglobin/hematocrit, lipids, testosterone, 25OH vitamin D<br>transgender females:<br>prolactin, estradiol, 25OH vitamin D |
| • *Every 1–2 years* | BMD using DXA<br>Bone age on X-ray of the left hand (if clinically indicated) | BMD using DXA<br>Bone age on X-ray of the left hand (if clinically indicated) |
| **Gender-affirmative surgical treatment** | *Core procedures in transwomen* | *Core procedures in transmen* |
| | • breast augmentation<br>• orchidectomy<br>• penectomy<br>• vaginoplasty<br>• clitoroplasty<br>• labiaplasty<br>• vulvoplasty.<br>• corporectomy<br>• feminizing urethroplasty | • reduction mammoplasty<br>• hysterectomy and bilateral salpingo-oophorectomy<br>• vaginectomy<br>• phalloplasty<br>• metaidoioplasty<br>• scrotoplasty<br>• urethroplasty<br>• placement of a testicular prosthesis and an erectile implant/penile prosthesis |
| | *Ancillary procedures in transwomen* | *Ancillary procedures in transmen* |
| | • hair transplants<br>• advancement of hairline<br>• facial feminizing surgery<br>• rhinoplasty<br>• thyroid chondroplasty and voice affirmative surgery<br>• Thoracic shaping<br>• Abdominoplasty, liposuction, high-definition body contouring<br>• Non-invasive aesthetic procedures | • mandibular transplants<br>• pectoral/ calf implants<br>• facial masculinizing surgery<br>• rhinoplasty<br>• laryngeal and voice affirmative surgery<br>• Thoracic shaping<br>• Abdominoplasty, lipofilling, high-definition body contouring<br>• Non-invasive aesthetic procedures |

*ICD-International Classification of Diseases, SMR-sexual maturity rating, CBC-complete blood count, LFT-liver function test, RFT-renal function test, HbA1C-hemoglobin A1c, LH-luteinizing hormone, FSH-follicle stimulating hormone, TSH-thyroid stimulating hormone, GnRH-Gonadotropin-releasing hormone, BMD-Bone Mineral Density, DXA-dual-energy X-ray absorptiometry*

** Gonadotropin and sex steroid levels are assessed for gonadal axis suppression. If the gonadal axis is not completely suppressed, the interval of GnRH analog can be shortened or the dose increased. Anthropometric measurements and X-rays of the left hand to monitor bone age are for evaluating growth and dual-energy X-ray absorptiometry scans assess the bone mineral density.*

*^ Sex steroid levels are assessed to ensure endogenous sex steroids are lowered and administered sex steroids are maintained at a level appropriate for the treatment goals. Erythrocytosis, hypertension, excessive weight gain, lipid changes are to be monitored in transgender males while hypertension monitoring in transgender females.*




*Adapted from "Health Care for Transgender and Gender Diverse Individuals: ACOG Committee Opinion, Number 823" [15].*

**Fig. 1** Concept of sex, sexual orientation, gender, and gender identity.

**Web Box I Nomenclature and Definitions [12-17]**

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| *Agender*: term for individuals who do not identify as any gender at all. |
| *Ally:* term for individuals that support and rally the rights of LGBTQIA+ even though they don't identify within the community. |
| *Androgynous:* term for individuals with both male and female traits. |
| *Asexual:* term for individuals who don't feel sexual attraction to either sex or that don't feel romantic attraction in the typical way. |
| *Assigned gender:* the initial gender attributed to an individual after birth; for most individuals, this corresponds to the sex on their original birth certificate, aka *assigned gender*, *birth sex*. |
| *Bisexual:* an individual who is sexually and romantically attracted both to men and women. |
| *Cisgender:* a term for individuals whose experienced and expressed gender is congruent with their gender assigned at birth, that is, those who are not transgender. |
| *Coming out:* the act of sharing one's sexual orientation or gender identity with loved ones. |
| *Crossdresser:* These terms generally refer to those who may wear the clothing of a gender that differs from the sex which they were assigned at birth for entertainment, self-expression, or sexual pleasure, aka *drag queen or drag king*. Some cross-dressers and people who dress in drag may exhibit overlap with components of a transgender identity. The term transvestite is no longer used and is considered pejorative. |
| *Deadname:* The name that was given to a transgender individual by their family, and one by which they were identified. However, the individual may no longer use that name. |
| *Detransition:* an individual's retransition to the gender stereotypically associated with their sex assigned at birth. |
| *Experienced gender:* one's sense of belonging or not belonging to a particular gender, aka *gender identity*. |
| *Expressed gender:* how one expresses one's experienced gender. |
| *Eunuch:* an individual assigned male at birth whose testicles have been surgically removed or rendered non-functional and who identifies as a eunuch. |
| *Gay:* individuals who are sexually and romantically attracted to individuals of the same gender, aka *homosexual*. |
| *Gender:* a person's social status as male (boy/man) or female (girl/woman), or alternative category. |
| *Gender assignment:* assignment of gender to an individual. In typically developed newborns, the initial gender assignment (aka ''*birth-assigned gender*'') is usually made based on the appearance of the external genitalia. |
| *Gender binary:* a gender-categorization system limited to two options, male and female. Individuals who identify outside the gender binary may use a variety of gender identity labels, including genderqueer or nonbinary. |
| *Gender diverse:* people who do not conform to their society or culture's expectations for males and females. |
| *Gender Dysphoria (GD) (capitalized):* a diagnostic category in DSM-5, with specific diagnoses |

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| defined by age group-specific sets of criteria. |
| *Gender dysphoria (not capitalized):* the distress caused by the discrepancy between one's experienced/expressed gender and one's assigned gender and/or primary or secondary sex characteristics. |
| *Gender expression:* refers to how a person enacts or expresses their gender in everyday life and within the context of their culture and society, in the form of one's name, clothing, behavior, hairstyle, or voice, and which may or may not fit the usual frame of socially defined behaviors and characteristics associated with being either masculine or feminine. |
| *Gender fluidity:* refers to change over time in an individual's gender expression or gender identity, or both. |
| *Gender Identity Disorder (GID):* a diagnostic category in DSM-III and DSM-IV that was replaced in DSM-5 by Gender Dysphoria. Gender Identity Disorder is an obsolete term now and should not be used. |
| *Gender identity:* one's identity as belonging or not belonging to a particular gender, whether male, female, or a nonbinary alternative, aka *experienced gender*. |
| *Gender Incongruence (capitalized):* a diagnostic category (analogous to GD in DSM-5) proposed for ICD-11. |
| *Gender incongruence (not capitalized):* incongruence between experienced/expressed gender and assigned gender, and/or psychical gender characteristics. |
| *Gender non-conforming:* individuals who do not conform to either of the binary gender definitions, as well as those whose gender expression may differ from standard gender norms. |
| *Gender perception:* the objective interpretation of an individual's gender expression. |
| *Gender role:* cultural/societal definition of the roles of males and females (or of alternative genders). |
| *Gender transition:* the process through which individuals alter their gender expression and/or sex characteristics to align with their sense of gender identity. |
| *Gender variance:* any variation of experienced or expressed gender from socially ascribed norms within the gender binary. |
| *Gender-affirmation procedures:* Procedures that help an individual affirm their gender identity including social (clothes, name, pronouns), medical (hormone, laser, surgery), and legal (changing their name, and gender on identification documents), aka *gender reassignment.* |
| *Gender-affirming surgery:* surgical procedures intended to alter a person's body to affirm their experienced gender identity, aka *sex reassignment surgery*, *gender reassignment surgery*, or *gender-confirming surgery*. |
| *Gendered behavior:* behavior in which males and females differ on average. |
| *Genderqueer:* an identity label used by some individuals whose experienced and/or expressed gender does/do not conform to the male/female binary or who reject the gender binary. |
| *Heterosexual:* individuals who are sexually and romantically attracted to individuals of the opposite gender. |
| *Homosexual:* individuals who are sexually and romantically attracted to individuals of the same gender, aka *gay*. |

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| *Intersex conditions:* a subset of the somatic conditions known as ‘‘disorders of sex development’’ or ‘‘differences of sex development ‘‘in which chromosomal sex is inconsistent with genital sex, or in which the genital or gonadal sex is not classifiable as either male or female. |
| *Lesbian:* Term for women sexually and romantically oriented toward other women. |
| *LGBTQIA+:* Term used to collectively refer to lesbian, gay, bisexual, transgender, questioning, queer, intersex, and asexual; and the plus sign (+) denotes inclusivity to cover all different sub-sects like allies, pansexual, non-cisgender, and non-heterosexuals, aka *LGBT*, *LGBTQ,* or *LGBTQ+*. |
| *Misgender:* when language is used that does not correctly reflect the gender with which a person identifies, aka *misgendering*. |
| *Nonbinary:* an individual whose gender identity is neither girl/woman nor boy/man. |
| *Pansexual:* an individual with a desire for all genders and sexes, aka *omnisexual*. |
| *Pride flag:* any flag that represents a segment or part of the transgender community. The colors reflect the diversity of the LGBT community and the spectrum of human sexuality and gender, aka *rainbow flag*, *LGBT flag*, or *queer flag*. |
| *Pride parade:* an outdoor event celebrating transgender social and self-acceptance, achievements, legal rights, and pride, aka *pride march*, *pride event*, or *pride festival*. |
| *Retransition:* second or subsequent gender transition whether by social, medical, or legal means. |
| *Sex assigned at birth:* the sex or gender first assigned to an individual after birth, aka *natal gender*, *birth-assigned sex*, or *gender assigned at birth*. |
| *Sex:* an individual’s categorization as biologically male or female, usually based on the genitals and reproductive tract. |
| *Sexual orientation:* an individual’s pattern of sexual attraction and physiological arousal to others of the same, other, both, or neither sex. |
| *Sexuality:* Encompasses all aspects of sexual behavior, including gender identity, orientation, attitudes, and activity. Sexuality is emotional, social, cultural, and physical. Sexuality development begins in childhood and becomes more pronounced in adolescence [42,43]. |
| *Social transition:* The process by which transgender children or adolescents adopt the name, pronouns, and gender expression, such as clothing and haircuts, that match their gender identity. |
| *They/Them/Their:* Neutral pronouns used by some who have a nonbinary or nonconforming gender identity. |
| *Trans:* More recent umbrella term being increasingly used to avoid distinguishing between transgender and transsexual individuals. |
| *Transgender:* an umbrella term usually referring to individuals whose experienced or expressed gender does not conform to normative social expectations based on the gender they were assigned at birth. |
| *Transgender man:* A term to describe an individual who was assigned female at birth who identifies as a male, aka *transman, female-to-male, FTM, transgender male, transmasculine, or man of trans experience*. |
| *Transgender woman:* A term to describe an individual who was assigned male at birth who identifies as a female, aka *transwoman, male-to-female, MTF, transgender female, transfeminine, or woman of* |

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| *trans experience*. |
| *Transition:* the process whereby individuals usually change from the gender expression associated with their assigned sex at birth to another gender expression that better matches their gender identity. |
| *Transphobia:* negative attitudes, beliefs, and actions concerning transgender and gender-diverse people<br>as a group, aka *anti-transgender bias*. |
| *Transsexual:* a term often reserved for the subset of transgender individuals who desire to modify, or have modified, their bodies through hormones or surgery to be more congruent with their experienced gender. |

*aka-also known as, DSM-Diagnostic and Statistical Manual of Mental Disorders [2], ICD-International Classification of Diseases [20]*