

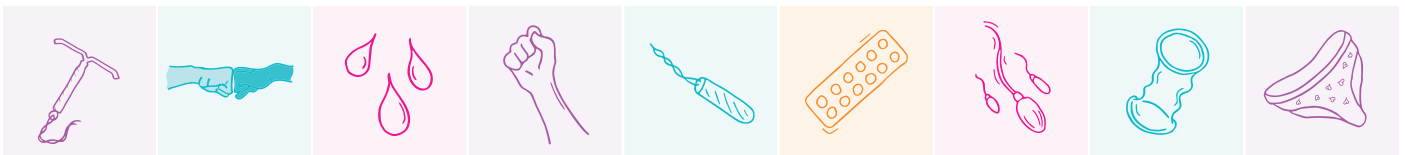
TECHNICAL BRIEF

DESIGNING AND DELIVERING INCLUSIVE, RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTHCARE TO TRANSGENDER AND GENDER DIVERSE PEOPLE

INTRODUCTION

IPPF’s commitment to person-centred care is at the heart of its strategy, Come Together (2023–2028) (1). We deliver quality, rights-based care to all who need it, prioritizing services for marginalized communities. This entails offering options for care that are sensitive to people’s individual needs and lived experiences. It requires healthcare providers to be aware of clients’ needs and to respect their rights. This work advances IPPF’s vision of a world where all people are free to make choices about their sexuality and well-being, free from discrimination.

Inclusive sexual and reproductive healthcare delivery to transgender and gender diverse people is founded upon the principles of the rights to personal autonomy, bodily integrity and respect for clients’ confidentiality and dignity. And yet, around the world, transgender and gender diverse people face widespread stigma, discrimination, violence and exclusion in healthcare settings (2,3). A crucial aspect of providing inclusive sexual and reproductive healthcare to transgender and gender diverse people therefore relates to strengthening the capacity and attitudes of healthcare providers and clinic staff as well as



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understanding the needs of transgender and gender diverse people.

This technical brief outlines key recommendations across several sexual and reproductive health service areas to promote access to inclusive care for transgender and gender diverse people. Our goal is to expand the choice of existing or new quality sexual and reproductive health services for transgender and gender diverse people in facility and community settings.

The terms ‘transgender’ and ‘gender diverse’ are used to describe a range of gender identities for people whose gender identity is different from the sex that they were assigned at birth. Please see pages 3–5 for our definition of key terms.

This technical brief is not tailored to one context or geography; rather, it is aimed at a global service delivery and technical audience. It builds on IPPF’s strategic commitments to serving transgender and gender diverse people, and complements existing IPPF guidance, including the [International Medical Advisory Panel \(IMAP\) Statement on Hormone Therapy for Transgender and Gender Diverse Persons](#) (4).

Previous negative experiences in healthcare settings remain the main reason why transgender and gender diverse people avoid or delay seeking healthcare (5–7). Marginalizing transgender and gender diverse people limits their access to healthcare and negatively affects their health outcomes.

Adverse experiences include pathologizing transgender identities, denying care partly due to lack of knowledge, misgendering and acts of humiliation and sexual violence (8–10). Consequently, many transgender and gender diverse people feel unsafe accessing healthcare (11,12). Among the underlying social and economic inequalities experienced by transgender and gender diverse people are poverty, housing insecurity, sexual and gender-based violence – including intimate partner violence – employment discrimination and lack of support from family and community. These inequalities exacerbate disparities in access to healthcare (13,14). Transgender and gender diverse people who engage in sex work face further marginalization, higher risk of violence and increased vulnerability to STIs, including HIV (15).

This technical brief supports broadening access to sexual and reproductive healthcare for transgender and gender diverse people by recommending inclusive practices at facility and community levels. Recommendations are grouped into three sections:

1. **Inclusive sexual and reproductive healthcare,**
2. **Inclusive healthcare settings,**
3. **Inclusive client–provider interactions.**

This technical brief provides broad recommendations covering the provision of quality services tailored to the needs of transgender and gender diverse people. This includes gender-affirming care; expanding comprehensive abortion care; pregnancy, fertility preservation and contraceptive choice; HIV and sexually transmitted infection (STI) services; reproductive cancers screening and rights-based, respectful and inclusive first-line support and referral to survivors of sexual and gender-based violence. By contrast, the [IMAP Statement on Hormone Therapy for Transgender and Gender Diverse Persons](#) (4) is tailored to primary care providers and physicians interested in or already providing hormone therapy and increasing universal access to sexual health services for marginalized communities.

PURPOSE AND AUDIENCE

This brief is intended to guide the design and implementation of sexual and reproductive health programmes and services and offer recommendations to IPPF Member Associations (MAs) and collaborative partners. The recommendations can also be used by other sexual and reproductive healthcare providers, including non-governmental organizations and the public sector, who seek to improve delivery of inclusive services for transgender and gender diverse people with

the goal of ensuring quality, rights-based and respectful care in clinic and community settings. In addition, the brief may be useful to those organizations working on advocacy and policy reform.

These recommendations can also be used to engage national sexual and reproductive health stakeholders, including professional associations and public sector stakeholders, in creating an enabling environment for the realization of the rights of transgender and gender diverse people to quality sexual and reproductive healthcare.

been discriminated against, it is essential to use language that respects and validates their lived experiences. Terms most frequently used are listed below.

While the terms relate to the content in this brief, we also **recognize how important context-specific language is**. We therefore encourage collaboration with local LGBTI+ organizations to review available country or regional resources to determine the best terminology to use in each context.

KEY TERMS

The language used in this publication is purposeful. When working with individuals and groups who are currently or have historically



Cisgender	Describes a person whose gender identity conforms to gender norms and expectations associated with their sex assigned at birth.
Cisnormativity	Cisnormativity is the harmful assumption that all people are cisgender (16). In a cisnormative society, privilege can be granted to cisgender people and marginalize trans and/or non-binary people (17).
Gender	Gender is a social construct that refers to the roles and expectations ascribed to people based on their sex assigned at birth. 'Gender norms' are social norms about how people should dress, behave and participate in society based on their gender. Gender norms differ across societies and evolve over time.
Gender-affirming	Relates to actions, practices or interventions that validate, respect and support an individual's self-identified gender. Gender affirmation is used as a term instead of transition (as in medical gender affirmation) or can be used as an adjective (as in gender-affirming care).
Gender diverse	Relates to people with gender identities that do not conform to gender binary and cisnormativity. A gender diverse person may identify using any gender identity among the diverse range of gender identities: non-binary, genderqueer, gender nonconforming, genderfluid etc. and/or cultural or indigenous gender diverse identities.

Gender dysphoria

A diagnostic term that describes a state of distress or discomfort resulting from gender incongruence. In some settings, existence of gender dysphoria is a criterion used to determine eligibility for gender-affirming care. Not all transgender and gender diverse people experience gender dysphoria or accept this as a diagnostic term, as it pathologizes them.

Gender expression

How a person presents their gender identity outwardly through acts, dress, behaviour, voice or other characteristics. Gender expression can be described as feminine, masculine, both or nonconforming.

Gender identity

A person's deeply held sense of their own gender – it is how individuals perceive their gender and how they identify themselves. Everyone has a gender identity. 'Man', 'woman' and 'transgender man' are examples of gender identities.

Gender-inclusive

Refers to policies and language that respect and acknowledge all gender identities. Gender-inclusive language means communicating in a way that does not discriminate against a particular sex, gender or gender identity, and does not perpetuate gender stereotypes.

Gender incongruence

A diagnostic term used in the International Classification of Diseases 11th Revision (18) to describe a person's marked and persistent experience of incompatibility between their gender identity and the gender expected of them based on their sex assigned at birth.

Intersectionality

All individuals have multiple identities shaping their lived experiences. These identities contribute to their place in society, privileges, protections from human rights violations and the impact of complex forms of discrimination. Intersectionality also serves as an analytical lens that shows how a person's overlapping identities deepen their experiences of oppression, privilege and access to resources, opportunities and healthcare.

Sex assigned at birth

Sex is assigned at birth based on the appearance of the external genitalia. Refers to a person's status as male, female or intersex based on physical characteristics. This term includes 'assigned female at birth' and 'assigned male at birth'.

Sexual orientation

The way in which a person experiences romantic, sexual and emotional attraction. Sexual orientation is distinct from gender identity.

Transgender men

People who identify as men who were assigned female at birth. They may or may not have gone through transition. Female-to-male is an older term that is falling out of use.

Transgender person	A transgender person is a person who does not identify with the sex assigned at birth and whose gender identity and expression do not conform to the gender norms and expectations associated with their sex assigned at birth.
Transgender women	People who identify as women who were assigned male at birth. They may or may not have gone through transition. Male-to-female is an older term that is falling out of use.
Transition	Refers to the process whereby people usually change their gender expression to better align with their gender identity. People may transition socially by changing their name, identity documents, pronouns, clothing, hairstyles and/or how they move and speak. Transitioning may or may not involve gender-affirming hormonal therapy and/or surgical interventions. Transition can be used to describe changing one's gender expression and/or physical body. People may transition more than once in their lifetime.

SERVICE DELIVERY RECOMMENDATIONS

INCLUSIVE SEXUAL AND REPRODUCTIVE HEALTHCARE



#1: Strengthen access to rights-based, gender-affirming care

Applying human rights principles of non-discrimination, participation and accountability is essential to ensure that sexual and reproductive health services, programmes and policies address the needs of the people we serve (19). The human rights-based approach is underpinned by the person's right to information about the availability and benefits of sexual and reproductive healthcare, the right to access services regardless of their ethnicity, race, sex, gender identity, sexual orientation, disability or other characteristic that could make them at risk of discrimination, and the right to make healthcare choices throughout their life, including where informed consent is critical (20).

At IPPF, we work within a human rights-based approach in which a client's right to the

highest attainable standard of health is non-discriminatory and inclusive of their sexual and reproductive healthcare needs. Using a human rights-based approach to gender-affirming care is vital. For many transgender and gender diverse people, hormone therapy is part of affirming their gender identity, critical to the realization of sexual rights and gender equality.

Gender-affirming care helps transgender and gender diverse people live safe, healthy lives. It includes a range of services: mental healthcare and support, medical care such as hormone therapy and gender-affirming surgeries, and social services. It recognizes that transgender people are diverse in their needs and that some do not want to change their bodies using gender-affirming medical therapies. Current standards of care for gender-affirming care, including hormone therapy, have been developed by the World

Professional Association for Transgender Health (WPATH) (3) and the Endocrine Society Clinical Practice Guidelines (21). Information on hormone therapy regimens, therapeutic effects, monitoring, precautions and good practices for specific age groups such as adolescents is outlined in the [IMAP Statement on Hormone Therapy for Transgender and Gender Diverse Persons](#) (4).

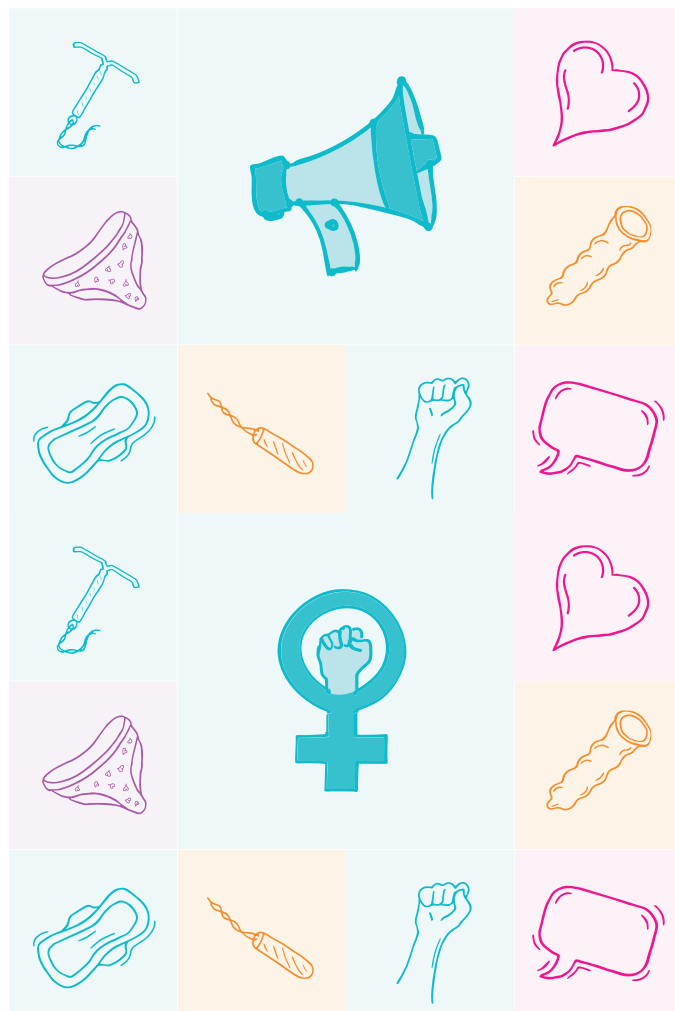
Key actions include:

- ✓ Strengthening the capacity of healthcare providers to deliver rights-based, gender-affirming care for transgender and gender diverse clients.
- ✓ Supporting gender-affirming treatment while liaising with professionals from different disciplines within the field for consultation and referral, as needed.
- ✓ Training healthcare providers to deliver respectful, evidence-informed, gender-affirming services and hormone regimens in line with WPATH standards of care and IPPF IMAP statement.

#2: Offer voluntary contraceptive services and information to transgender and gender diverse people

Tailored contraceptive information, education and services can help transgender and gender diverse people achieve their fertility goals. Since many transgender and gender diverse individuals retain reproductive capacity, they or their sexual partners may experience unintended pregnancies (22). Therefore, voluntary contraceptive counselling should be offered in gender-inclusive ways. For example, transgender and gender diverse people assigned female at birth may not use a contraceptive method due to the misconception that testosterone is a contraceptive. However, evidence indicates that testosterone should not be considered a reliable form of contraception (23,24).

The World Professional Association for Transgender Health standards of care 8 include recommendations regarding contraceptive methods that can be used by transgender and gender diverse people (3). Increasing sexual and reproductive healthcare providers' knowledge of drug-



drug interactions between hormones and contraceptives is an integral part of person-centred contraceptive counselling. There is no best contraceptive method for transgender or gender diverse people; their choices should be based on their preferences and fertility goals. Healthcare providers should clinically evaluate transgender and gender diverse people's needs using the WHO Medical Eligibility Criteria for Contraceptive Use (25), offer counselling on methods that they are interested in and provide any method of their choice that is not medically contraindicated.

Key actions include:

- ✓ Strengthening the capacity of healthcare providers to offer contraceptive options and accurate information for transgender and gender diverse clients.
- ✓ Providing stigma-free, person-centred sexual and reproductive health services that include counselling adapted to the contraceptive needs of transgender and gender diverse people.

#3: Offer services and information around fertility and pregnancy

Transgender and gender diverse people have reported both positive and negative experiences associated with pregnancy, labour, delivery and postpartum care. However, literature suggests that these experiences can be additionally distressing due to increased dysphoria, isolation and depression; therefore, special care is required for transgender and gender diverse people who are or who have been pregnant (3,22,24).

Healthcare providers should offer information and services relating to fertility and pregnancy to transgender and gender diverse clients through existing sexual and reproductive health and maternal and child health platforms. They should discuss fertility desires early on when introducing the topic of pregnancy and contraception, without making assumptions (5,6). Transgender and gender diverse people who wish to become pregnant should receive assisted fertility, preconception and antenatal counselling as well as counselling on breast/chestfeeding in supportive environments (3,22,24). We recommend using a client-led, sensitive approach free of invasive questions and value judgements relating to fertility, pregnancy and parenthood to avoid reinforcing social and gender norms (3,22,24).

Key actions include:

- ✓ Discussing fertility, pregnancy and parenthood desires neutrally without making assumptions or value judgements.
- ✓ Offering preconception, antenatal counselling and/or fertility services to transgender and gender diverse clients who wish to become pregnant.

#4: Offer quality, inclusive abortion care and information

Access to quality, safe abortion and post-abortion care is challenging in many contexts due to social and structural barriers, including legal restrictions, stigma, religion and cultural taboos. For transgender and gender diverse people, these challenges are even greater (26). Due to the limited availability of healthcare specifically for transgender and gender diverse individuals, it is critical that

health facilities that already provide abortion care to the general population offer inclusive abortion services tailored to the needs of transgender and gender diverse clients (27,28).

Quality abortion care includes non-biased counselling and information on pregnancy options to continue or end a pregnancy, provision of surgical or medical abortion and post-abortion care including self-care and/or referrals to quality, safe abortion care (29). This can be provided through static facilities, mobile outreach, telemedicine or home-based care. Pre- and post-abortion care, including counselling on contraceptive options, should also be offered.

Providers should be aware of the impact of hormones on reproductive capacity. They should offer appropriate counselling on post-abortion contraceptive options to clients wishing to prevent unintended pregnancy as well as fertility care options for those seeking pregnancy. Medical abortion pills and gender-affirming hormones can be taken safely at the same time (30). As many transgender and gender diverse people prefer medical abortion self-care due to concerns around privacy, confidentiality and discrimination (31), self-managed abortion care, including telemedicine and community-based models of care, should be introduced and/or expanded to be gender-inclusive. Surgical abortions should also be available for those people who prefer them to medical abortion, including at later gestations.

It is critical that clear, accurate instructions are given on how to appropriately take medical abortion pills, and on common side-effects to be expected such as pain and bleeding, as well as what to do in the rare event complications are experienced. Safe referral pathways for follow-up support and care that is sensitive to the needs of transgender and gender diverse individuals should be established (26,28,31).

Healthcare providers should also be aware that bleeding and cramping, which are normally experienced as part of the medical abortion process, may trigger gender dysphoria in clients taking testosterone, particularly if they have not experienced bleeding in some time. Clients who anticipate or experience dysphoria should receive appropriate counselling and referrals to relevant support networks (32).

Key actions include:

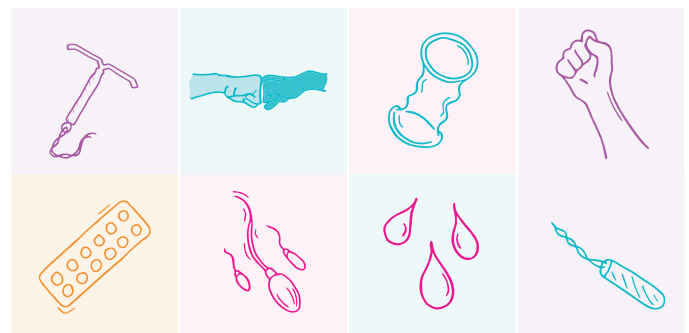
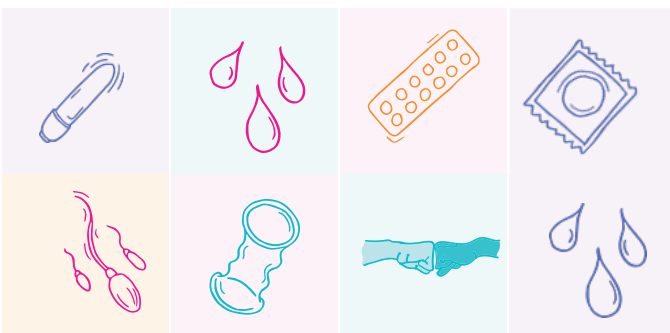
- ✓ Offering abortion care information and options in an accessible, inclusive manner. This includes avoiding binary language as well as misleading images of visibly pregnant women, fetuses that appear as fully formed babies and women-only imagery. Instead, we recommend using positive images that demonstrate gender diversity. For more guidance and recommendations on de-stigmatized language and rights-based imagery on abortion and trans-inclusive abortion settings, please see IPPF's How to talk about abortion: A guide to stigma-free messaging and Options for Sexual Health's Trans-inclusive abortion services: providers manual parts (33,34).
- ✓ Training providers on medical abortion, including after 13 weeks, so that they are aware that it can be safely used by clients taking gender-affirming hormones.
- ✓ Training providers on the impact of hormones on reproductive capacity and the importance of offering appropriate counselling on post-abortion contraceptive options to clients wishing to prevent unintended pregnancy as well as fertility care options for those seeking pregnancy.
- ✓ Informing providers that transgender and gender diverse people could be more likely to present later in pregnancy for abortion care. Because of previous negative encounters with the formal healthcare system, clients may fear judgement and discrimination, which underscores the importance of providing gender-inclusive, respectful abortion services. This includes offering abortion care after 13 weeks gestation or, where not provided by a

specific facility, establishing referrals to quality, inclusive safe abortion care.

- ✓ Adopting the harm reduction model for abortion care (35) in severely restricted legal settings, with clients informed of the potential risks of unsafe abortion and where to access post-abortion care. Links to mail order medical abortion pill services, such as those offered by [Women on Web](#) (global), [Women Help Women](#) (global) [Safe2Choose](#) (global) and [Plan C](#) (US-based) should be provided.

#5: Ensure that comprehensive STI and HIV services are inclusive

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), transgender and gender diverse people are 13 times more likely to acquire HIV than other population groups, with trans women at a 20-times higher risk (36). Despite this increased burden of HIV, transgender people have lower access to HIV services than the rest of the population (37,38). Globally, the median HIV prevalence among transgender people is 9.2% (36). Multiple barriers significantly limit access and uptake of STI and HIV testing, prevention, treatment, care and support services by transgender and gender diverse people. These include structural barriers (laws, policies and institutionalized practices), criminalization (the widespread imposition of punitive laws, practices and policies against transgender people) and societal barriers (such as social exclusion and lack of gender recognition) (39). Uptake of STI testing may also be hindered by concern or fear of physical exams, which highlights the need for trained, respectful providers as well as the use of STI self-testing, for example, for gonorrhoea and chlamydia, where available (4,40).



Stigma, discrimination and criminalization all contribute to the harm transgender and gender diverse people experience, restricting their access to rights-based HIV care. In 2021, in the few countries that report to UNAIDS on transgender women, less than half stated that they were able to access multiple HIV prevention services without facing stigma. They also reported that previous experiences of police violence were powerful deterrents to accessing and continuing care (39).

Transgender and gender diverse individuals need access to the full range of STI and HIV services, including testing, care and treatment, and effective and acceptable HIV prevention methods, such as post-exposure prophylaxis and pre-exposure prophylaxis. Optimal service delivery includes integrating STI and HIV services with other sexual and reproductive health services, such as contraceptives and gender-affirming care (41). To ensure that HIV care is inclusive, specific consideration is needed to evaluate potential drug-drug interactions between antiretroviral therapy (for HIV prevention and treatment) and gender-affirming hormones. For more clinical recommendations, see the IPPF IMAP statement on Hormone Therapy for Transgender and Gender Diverse Persons (4).

Key actions include:

- ✓ Training healthcare providers to promote access to non-stigmatizing, integrated and rights-based STI and HIV services for transgender and gender diverse people.
- ✓ Training providers on conducting respectful, dignified physical exams, which are guided by the client's comfort level and include self-testing as an option when available.
- ✓ Training healthcare providers on up-to-date research and resources on interactions between gender-affirming hormones and the latest antiretroviral therapy.
- ✓ Including transgender and gender diverse people in designing STI and HIV programmes and services, especially for HIV prevention. This entails engaging with local transgender community groups to understand how best to deliver services in a safe, acceptable and inclusive manner.

- ✓ Integrating HIV services with gender-affirming care, as this can improve adherence to antiretroviral therapy, increase viral load suppression and boost uptake of HIV prevention services (36).
- ✓ Providing mental healthcare and support alongside HIV services to people living with and affected by HIV, including transgender and gender diverse people (39).

#6: Ensure that cancer screening services are inclusive

Widespread cancer screening with mammograms and Pap smears has lowered mortality rates for many reproductive health cancers, such as breast and cervical cancer (42,43). Prostate-specific antigen (PSA) screening for prostate cancer has also reduced mortality, but can lead to overtreatment (44). Many professional organizations have clear recommendations for the early detection of cancer in average- and high-risk cisgender people, however, guidance specific to the transgender population does not yet exist (45). The cancer risk and therefore screening needs for transgender and gender diverse people will also vary according to any steps taken in transition, for example the use of gender-affirming hormone therapy, gender-affirming surgery and surgical removal of reproductive organs. In addition, the use of sex hormones complicates the cancer risk associated with sex assigned at birth, as the hormones may affect both the risk of sex-specific cancers as well as other cancers and/or organ systems (for example, cardiovascular) that contain sex hormone receptors.

In the absence of specific guidelines by medical associations and professional societies, the recommendations for transgender clients with regards to reproductive cancer screening are to ensure screening as informed by evidence for the cisgender population. This includes PSA checks and prostate exams for anyone that still has a prostate, breast exams/mammograms for breasts or any remaining breast tissue, and cervical cancer screening for those that still have a cervix, regardless of their gender identity. Although anal cancer screening is not standard for the cisgender population, discussions between a physician and a transgender client who regularly

practises anal sex may take place, based on the individual client's risk. To prevent cancers caused by human papilloma virus (HPV), such as some cervical, throat, penile and anal cancers, the HPV vaccine is recommended for all people, including transgender and gender diverse people, following local and/or national guidelines.

Key actions include:

- ✓ Ensuring regular health screening, including cancer screening, is undertaken for all clients, including transgender and gender diverse people.
- ✓ Tailoring screening tests and procedures for transgender and gender diverse clients based on their sex organs at birth, sex organs still in place and the use of hormone therapy.
- ✓ Offering HPV vaccination for primary prevention of HPV-related cancers based on local and/or national guidelines.

#7: Make sexual and gender-based services inclusive

Sexual and gender-based violence disproportionately affects women and girls worldwide, with even higher rates documented among all transgender individuals, including trans men and trans women. While support for cisgender women who have experienced sexual and gender-based violence can be integrated into maternal and child health and contraceptive services (46), transgender and gender diverse people experience unique forms of violence due to their identities. Therefore, expanding services to transgender and gender diverse people may require an understanding of the forms of sexual and gender-based violence they experience. Examples include harassment and sexual and physical violence from family members, communities or state actors such as the police or judicial systems (46). Violence is not only a violation of human rights, it is also a major public health issue, adversely affecting mental and physical health, increasing the risk of unintended pregnancies and HIV, and contributing to adverse socio-economic outcomes, including poverty (46).

Sexual and gender-based violence includes any harmful threat or act directed at an individual or group based on their actual

or perceived sex, gender, gender identity or expression, sex characteristics, sexual orientation, and/or their lack of adherence to varying socially constructed norms around masculinity and femininity. Transgender and gender diverse people, particularly those from historically persecuted racial and ethnic backgrounds, face higher rates of violence and murder. Transgender and gender diverse individuals also face violence in the form of homophobic and/or transphobic rape (sometimes incorrectly referred to as 'corrective rape'), which might be instigated by their families. In particular, trans men are at a higher risk of homophobic and/or transphobic rape, which also heightens their risk of HIV and STIs (47). Widespread discrimination results in the under-representation of transgender and gender diverse people in the economy, making them more vulnerable to various forms of sexual and gender-based violence (48).

Reproductive coercion; controlling behaviour; emotional abuse; and physical, sexual or psychological harm from a sexual partner are forms of sexual and gender-based violence. Transgender and gender diverse people face high rates of fatal intimate partner violence. Highly volatile conditions, such as conflicts and natural disasters, increase the risk of sexual and gender-based violence (48).

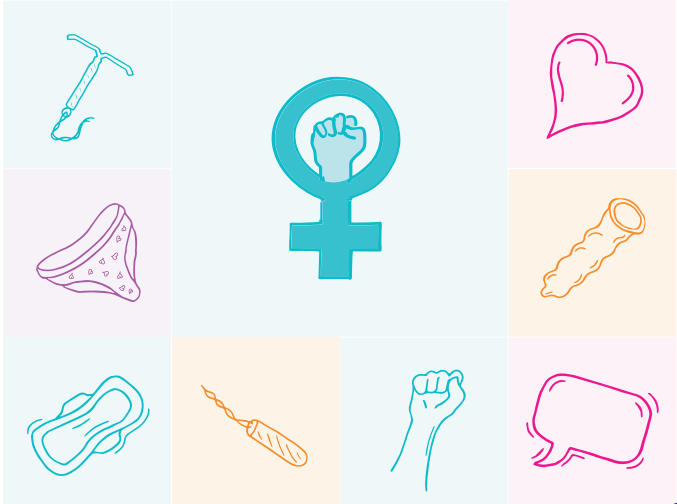
IPPF recommends using a survivor-centred approach when working with people who have experienced sexual and gender-based violence. We also advise sexual and reproductive health facilities to provide first-line support. This entails providing essential practical care and action to support the client's immediate emotional and physical safety needs and establishing effective, inclusive referral pathways to provide comprehensive, expert care (20). The LIVES model, recommended by WHO, should be used to provide first-line support: [Caring for women subjected to violence: A WHO training curriculum for health care providers](#) (49). Please also see IPPF's overview brief: [Sexual and gender-based violence services and programming](#) (50).

Key actions include:

- ✓ Mapping and assessing services, resources and safety protocols in the local area for transgender and gender diverse people who need care and referrals for sexual and gender-based violence.

- ✓ Building the capacity of healthcare providers to offer first-line support to transgender and gender diverse clients.
- ✓ Educating providers and communities to recognize sexual and gender-based violence in the transgender and gender diverse population and identifying service delivery points where first-line support is available.
- ✓ Collaborating with community-based organizations to establish entry points or safe spaces for transgender and gender diverse people. This may include establishing service or referral networks with multiple points to support these groups.
- ✓ Strengthening effective referral pathways for sexual and gender-based violence care specific to transgender and gender diverse individuals. This may include conducting training, developing standard operating procedures, establishing coordination mechanisms and promoting self-care and community outreach.

In this section and #7 in particular, the safety of clients and staff is paramount in contexts where transgender and gender diverse people (and the individuals and organizations that support them) face homophobic and/or transphobic violence.



INCLUSIVE HEALTHCARE SETTINGS



#8: Ensure safety of clients and providers

Feeling safe in facility, outreach and community settings is an important goal in itself. It also enables transgender and gender diverse people to make informed choices regarding voluntary sexual and reproductive healthcare. Ensuring safety requires assessing internal processes that relate to service delivery and external factors (51). An established policy framework on non-discrimination, safety and confidentiality underpins client safety in healthcare. For best results, internal policy frameworks should be accompanied by an effective feedback mechanism that allows clients to voice concerns and make suggestions to improve processes. Partnering with state institutions, such as ministries of health, and advocating with state actors, including law enforcement, can enhance overall safety.

Healthcare providers who work with transgender and gender diverse individuals – including providers who are transgender and gender diverse themselves – and health facilities that serve these marginalized communities may become targets of homophobic and/or transphobic violence, including hate crimes. Therefore, ensuring the safety of the facility, outreach interventions, healthcare providers and clinic staff is vital when applying these recommendations.

Most importantly, safeguarding transgender and gender diverse people and other marginalized groups and people in vulnerable situations is a duty of care for all IPPF and Member Associations staff, volunteers and partners. It is their responsibility to raise any safeguarding concerns, including through the [Safe Report platform](#). In any setting, appropriate language should be used to advertise services and conduct public communications while minimizing the risk of harm and violence.

Key actions include:

- ✓ Developing and implementing internal policies that prohibit discrimination, promote safety and confidentiality, and incorporate effective feedback mechanisms.
- ✓ Regularly assessing health facility environments for safety risks – sometimes manifested through surveillance or vandalism– and taking appropriate measures.
- ✓ Adhering to the principle of ‘do no harm’ at all times.
- ✓ Sharing information about how to report any safeguarding concerns with staff, clients and communities.

#9: Display welcoming, inclusive signs and images, considering safety and context

Displaying welcoming and inclusive signs, images and descriptions helps set a tone of safety and builds trust in the client-provider relationship. This includes displaying welcoming signs, for example, ‘everybody is welcome’ and symbols such as the transgender flag and/or rainbow flag in health facilities and community-based service delivery (5,52), where safe to do so. Healthcare providers and clinic staff may wear badges to indicate individual competency. In environments that are hostile toward transgender and gender diverse people, identifying signs or symbols may attract threats of harm or homophobic and/or transphobic violence. However, if displayed in a sensitive and contextually appropriate manner, these signs and symbols can discreetly indicate the availability of inclusive sexual and reproductive healthcare for transgender and gender diverse people (5,52).

Conversely, language, signs and images that are highly gendered may pose a barrier for transgender and gender diverse clients. Entering a facility named ‘women’s

clinic’ or a clinic where only cisgender women are portrayed in posters may make transgender and gender diverse people feel uncomfortable, invisible or unwelcome (5,52). Printed materials exhibited in sexual and reproductive health facilities should not solely reflect gender binary and cisnormativity. Images and language that reinforce gender stereotypes may alienate transgender and gender diverse individuals.

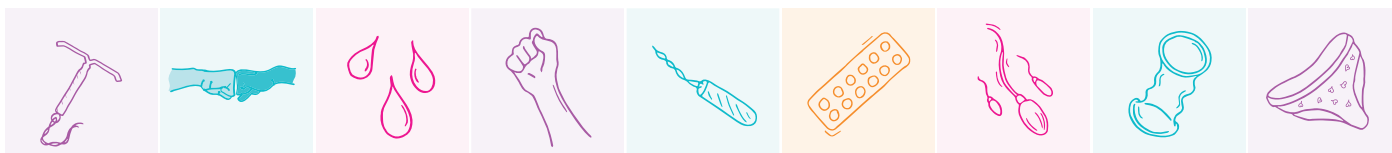
Key actions include:

- ✓ Using gender-inclusive information, education and communication materials.
- ✓ Displaying welcoming signs e.g. ‘Everybody is welcome in this clinic’.
- ✓ Displaying a rainbow flag and/or transgender flag in facilities, when/where safe.
- ✓ Describing the nature of services using gender-neutral language e.g. ‘sexual and reproductive health clinic’, ‘preventive care visit’ and ‘contraceptive services’.

#10: Create inclusive spaces, considering safety and context

Gendered spaces labelled ‘women’s’ or ‘men’s’ waiting areas or ‘mothers’ room’, along with highly gendered decor can marginalize transgender and gender diverse people. Gender-neutral spaces that are open to all, for example, an area simply named ‘waiting room’ are preferred options. Alternatively, offering transgender and gender diverse clients a separate and/or private waiting room or offering appointments at the beginning or end of the operating hours can minimize discomfort and alleviate concerns about safety.

Gender-neutral bathrooms in some contexts are especially important to create an inclusive health facility environment. Their absence causes considerable discomfort and distress for transgender and gender diverse clients. In other contexts, however, it may be preferable



to have at least one bathroom for women for safety and other cultural reasons. It is essential that these spaces within clinical settings foster inclusivity and safety and are sensitive to the context. Designating gender-neutral, single-stall bathrooms minimizes the risk of violations of privacy, violence and discomfort. The number of gender-neutral bathrooms can depend on the size of the health facility and availability of resources. We recommend identifying gender-neutral bathrooms with words or gender-neutral images.

Key actions include:

- ✓ Creating inclusive spaces free of gendered labels and decor.
- ✓ Identifying and designating an adequate number of bathrooms as gender-neutral.

#11: Design inclusive intake forms

Healthcare intake processes should systematically allow patients to indicate their name and pronouns early in the visit, even if different from their legal documents. This information should be recorded clearly in the patient file so that all staff use it throughout the client encounter. Clients should be given adequate time to fill out intake forms. In environments that are conducive to transgender and gender diverse inclusion, we recommend using two distinct questions in the intake forms to ask clients about their **sex assigned at birth** and **gender identity**, referred to as the two-step process.

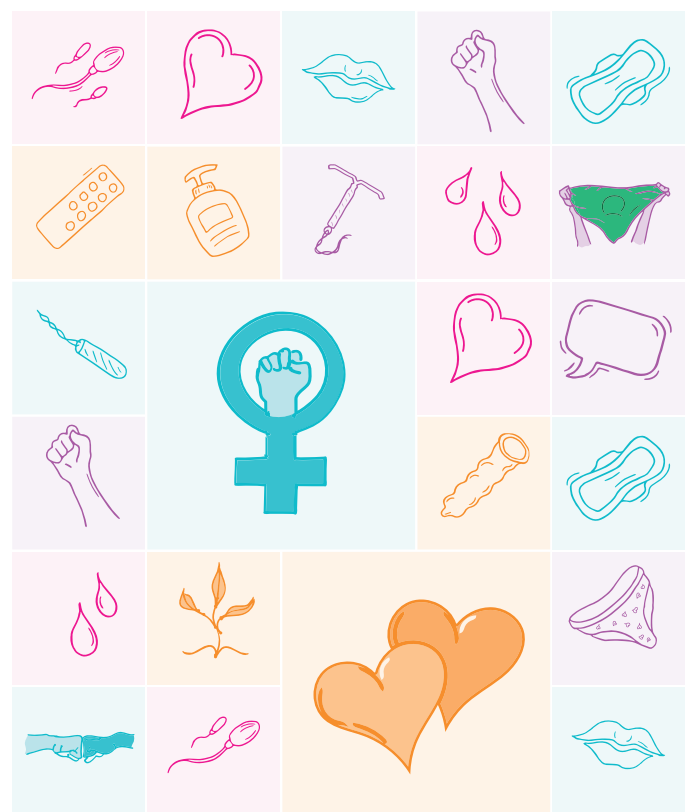
To allow clients to record their gender identity and pronouns, it is important to provide expansive options to ‘tick off’ responses that include culturally acceptable gender identities within the local context or provide open or free text fields on intake forms. Note that there is some debate regarding intake forms that provide a list of options to indicate gender identity. Using ‘other’ as an option further excludes and marginalizes people, for example, intake forms that request the client to check a box labelled ‘male’, ‘female’ or ‘other’. The names the person uses/chosen name, pronouns and other gender-related information may change over time, and these changes should be accommodated. Electronic health records must be adapted to accurately document someone’s preferred name, pronouns, gender identity and sex assigned at birth. A legal name and sex

assigned at birth are often required for billing purposes; a separate question regarding the name to be used for billing purposes can be useful. The collection, use and disclosure of personal information must always adhere to existing legislation, standards and policies relating to privacy and confidentiality of clients.

Key actions include:

- ✓ Using gender-neutral intake forms for all clients, with two separate questions for identifying sex assigned at birth and gender identity as well as pronouns and other helpful information to engage with clients.
- ✓ Adapting electronic health records to note name, pronouns, gender identity and sex assigned at birth.

Adjusting clinic forms can be time-consuming and requires amending internal systems. In many contexts, revising forms is infrequent and some clinics may not yet use paper or electronic processes. These considerations can be applied to verbal interactions as well as paper or electronic forms.



INCLUSIVE CLIENT-PROVIDER INTERACTIONS



#12: Respect the client's dignity

Trust in a healthcare provider often determines whether a client will follow their recommendations. In healthcare settings, transgender and gender diverse people often experience over- or under-evaluation of their gender identity and disrespectful treatment, which limits their access to and use of care. Ensuring respectful interaction with transgender and gender diverse clients requires using non-judgemental language, avoiding intrusive questions and assessing the client's needs without making assumptions.

We recommend that providers and staff use respectful, culturally appropriate language and terminology throughout the client encounter. Healthcare providers should avoid language that objectifies and reinforces stereotypes of transgender and gender diverse people, for example, addressing a client by terms such as 'beautiful' or 'handsome'. Terms that are incorrect or disrespectful must be avoided, such as referring to transgender clients as 'men who have sex with men', 'MSM' or a 'TG'. Some transgender and gender diverse people may prefer alternative language to refer to their body parts. We recommend that providers take the client's lead in identifying appropriate language or discuss with the client which language is most comfortable for them.

It is not appropriate to ask intrusive questions about the client's transition process, sexual behaviour, partners or body parts unless required for medical care and treatment. These questions may create discomfort for the client. Providers should avoid making assumptions about a client's gender identity, gender expression and healthcare needs. It is worth considering whether a client's gender identity is relevant to their treatment-related goals. Making assumptions relating to a client's sexual anatomy, sexual orientation, sexual history, partner's sex assigned at birth or partner's organs leads to inaccurate assessments of people's sexual and reproductive health needs and risks. Using an anatomy inventory that indicates the client's

organs facilitates the assessment of needs without risking incorrect assumptions.

Key actions include:

- ✓ Working with local organizations and networks led by people of diverse sexual orientation, gender identity and gender expression to identify culturally appropriate, respectful terminology in sexual and reproductive health programming and service delivery.
- ✓ Developing and using an anatomical inventory to facilitate an assessment of healthcare needs without making assumptions.
- ✓ Integrating respect for clients' dignity into institutional policies and processes.
- ✓ Ensuring the safety and confidentiality of client data and services accessed. Given data safety and confidentiality are among the core client rights, all providers should implement data safety and confidentiality measures in accordance with national and global regulations. Additionally, clients' trust is based on how safe they feel their data and information is kept and that their rights are respected.

#13: Strengthen the capacity of healthcare providers and clinic staff

Due to restrictive policy environments, lack of funding and limited expertise, healthcare providers may not have opportunities to learn about delivering inclusive sexual and reproductive health services to transgender and gender diverse people. Medical and nursing curricula lack information on de-pathologized approaches to sexual and reproductive healthcare of these communities. These gaps in healthcare provider training restrict access to quality sexual and reproductive healthcare for transgender and gender diverse people (51).

Our understanding of the diversity of sexual and gender identity and expression continues to grow. Language is dynamic and evolving,

and terminology differs across languages and cultures. When building the capacity of healthcare providers and clinic staff, it is important to refrain from approaches that focus on what not to do, which creates discomfort and judgement. Instead, using participatory methodologies allows space for reflection and learning. We also recommend meaningfully engaging transgender and gender diverse healthcare providers, local community-led organizations and networks, and transgender and gender diverse trainers in capacity strengthening efforts, while not placing the burden of training on the community.

A key aspect of building the capacity of healthcare providers involves moving away from biological essentialism: the belief that human nature, including behaviour and health, is biologically pre-determined based on sex assigned at birth. Many healthcare providers use biological essentialist language in health research, discourse and interactions with clients. For example, they may place emphasis on sex assigned at birth by using the term 'male to female transgender person' instead of the more affirming term 'transgender woman'.

Healthcare professionals should be trained to provide respectful, appropriate physical examinations of transgender and gender diverse people. IPPF Member Associations and other providers should offer accurate information about gender-affirming hormone therapy and other gender-affirmation services. MAs should assist referrals and/or provide services, including hormone therapy. Health services should be provided in a caring way that reduces the distress associated with meeting healthcare providers and previous experiences with health services.

To provide inclusive sexual and reproductive healthcare to transgender and gender diverse people, we must ensure that all interactions with the client are respectful. This requires training all staff at health facility and community levels – doctors, security personnel, front desk staff, receptionists, phone staff, administrative and billing staff, laboratory staff, counsellors, nurses, drivers and community-based health workers. **In view of the threats and risks relating to the personal safety of healthcare providers and staff in certain restrictive settings, we recommend that policies and plans relating**

to providers' safety are regularly assessed and strengthened.

Key actions include:

- ✓ Recruiting transgender and gender diverse providers and facility staff. When recruiting staff, ensure that recruitment policies align with the vision of economic equity, integration, safety and inclusion of transgender and gender diverse staff in the health workforce.
- ✓ Working directly with transgender and gender diverse associations and individuals to develop training and provide referrals to care and support.
- ✓ Strengthening the skills, knowledge and attitudes of healthcare providers and health facility staff on the impact that social attitudes, laws and socio-economic inequalities have on the lived realities of transgender and gender diverse people.
- ✓ Providing regular training for providers and facility staff aimed at delivering stigma-free, respectful, quality services to transgender and gender diverse clients.
- ✓ Developing and implementing security and safety plans and protocols for clients and facility staff inclusive of preventive and response measures.

#14: Use correct name and pronouns with clients

Referring to clients by the name and pronouns they have indicated can greatly enhance their experience in a healthcare setting. IPPF MAs and partners should create a culture in which providers and healthcare staff introduce themselves with their name and pronouns, then proceed to ask clients about their name and pronouns. It is important to develop systems that train staff to use these practices to avoid misnaming and labelling clients, which further stigmatizes them. It can be tiring and frustrating for transgender and gender diverse people to repeatedly have to reorient themselves to new staff. The client's chosen name or the name indicated by the client should be used throughout the continuum of care and in referrals and lab reports. It is also recommended that mistakes relating to name and pronouns are followed by an apology.

Key actions include:

- ✓ Training healthcare staff to introduce themselves with their name and pronouns and then ask clients about their name and pronouns.
- ✓ Developing internal processes that enable healthcare staff to access the client's name and pronouns with ease.

#15: Adopt a care model based on autonomy and informed choice

Rights-based sexual and reproductive healthcare delivery is underpinned by the principles of autonomy, dignity and informed choice. Autonomy means that an individual's decision to use a specific contraceptive method; any method for HIV prevention, testing or treatment; abortion care or fertility care – among other sexual and reproductive health services – is voluntary if it is based upon the exercise of free choice and is not obtained by any special inducements or element of force, fraud, deceit, duress or other forms of coercion or misrepresentation. Recent developments in WHO, among other global actors, seek to de-pathologize transgender identities and support a care model where transgender and gender diverse people actively participate and make decisions about their health (53).

Informed choice means that the prospective client can access accurate information on sexual and reproductive health choices, is offered counselling on services and supplies to decide whether to obtain or decline care, to seek, obtain and follow up on a referral or simply to consider the matter further. In an informed choice model, the healthcare provider facilitates informed decision-making by providing clear, accessible information on the full range of sexual and reproductive health services available as well as the benefits and risks associated with each service or method. Integrated sexual and reproductive health counselling can help clients assess their situation, identify options and goals, and make free and informed decisions with regard to sexual and reproductive health (51).

A rights-based care model based on autonomy and informed choice is key to delivering inclusive sexual and reproductive health services. Free and informed choice, coupled with dignity and confidentiality, serve

as the cornerstone of quality of care in sexual and reproductive health programming by empowering individuals to make autonomous decisions about their health. This fosters a supportive environment that respects diverse needs and ensures community-driven initiatives that prioritize inclusivity and personalized care.

Key actions include:

- ✓ Offering integrated sexual and reproductive health counselling to clients and clearly explaining options available for care that respects their priorities and lived experiences.
- ✓ Adopting a rights-based approach to care and embedding autonomy, dignity and informed choice through standard operating procedures.

#16: Provide trauma-informed care

Trauma-informed care is an approach to providing support and services that recognizes and responds to the prevalence and potential impact of traumatic experiences on individuals. It focuses on safety and empowerment, while fostering a sense of trust and understanding.

The mental health patterns of transgender and gender diverse people are consistent with minority stress theory. The underlying concept of minority stress is that the stress experienced by minoritized groups is unique (not experienced by non-stigmatized populations), chronic and socially based (54). Internalized homophobia, transphobia, stigma, discrimination and violence can negatively affect the mental health of transgender and gender diverse people (55). However, creating opportunities for social support, validating gender identity and allowing reappraisal of stigmatizing values can help transgender and gender diverse people cope with minority stress.

Building awareness among healthcare providers of clients' lived realities and providing trauma-informed care is essential to make sexual and reproductive healthcare inclusive for transgender and gender diverse communities. Concept of Trauma and Guidance for a Trauma-Informed Approach by Substance Abuse and Mental Health Services Administration (56) is a useful tool

for healthcare providers and sexual and reproductive health teams.

Key actions include:

- ✓ Developing the skills and knowledge of healthcare providers in trauma-informed care.
- ✓ Integrating trauma-informed care into sexual and reproductive health planning and service delivery.



APPLYING THE RECOMMENDATIONS

The recommendations provided in this brief aim to advance IPPF’s commitment to expand access to quality sexual and reproductive healthcare for all people, including people of diverse sexual orientations and gender identities. It represents an effort to recognize the urgency of designing and delivering inclusive sexual and reproductive health services that improve the experience of transgender and gender diverse communities, while respecting their rights and safety and without exposing them to additional risk or stigma.

These service delivery recommendations should be tailored to local needs and priorities, the socio-political environment and clinic staff capacity. Operationalizing some of these recommendations may vary for different MAs, providers and partners. At IPPF, we are committed to shifting attitudes on providing respectful, inclusive care, especially for communities who may be excluded due to their ethnicity, race, sexuality, gender identity or disability. We believe that strengthening the skills, knowledge and attitudes of healthcare providers and clinic staff to deliver inclusive care to transgender and gender diverse people will enhance the effectiveness, relevance and feasibility of sexual and reproductive health services.

Most of the recommendations in this brief are based on the experiences of MAs and partners working to expand access to sexual and reproductive healthcare for transgender and gender diverse communities. Some MAs such as the Family Planning Association of Nepal and the Family Planning Organization of the Philippines have started providing gender-affirming care for transgender and gender diverse people, recognizing that these services support the realization of their sexual and reproductive rights. This technical brief, the relevant IMAP statement (4) and other

available standards of care (3) support MAs to provide inclusive, rights-based sexual and reproductive health services for all.

The recommendations outlined in this brief need to be adapted to the local context, considering cultural values, experiences and lived realities of transgender and gender diverse communities. Restrictive legal frameworks fuel stigma, discrimination, persecution and violence, marginalizing transgender and gender diverse people and limiting their access to healthcare. In some restrictive settings, transgender and gender diverse people are unable to obtain identity documents that represent their gender identity. This serves as a barrier to accessing healthcare and other social services. Restrictive settings also pose barriers to healthcare providers who deliver services, leading to inadequate investment in transgender and gender diverse inclusive service delivery and hindering efforts to develop healthcare providers’ skills, knowledge and attitudes.

In settings where socio-political environments are hostile toward transgender and gender diverse people, it is vital to prioritize the safety of clients, health facilities, healthcare providers, clinic staff, health managers and communities, adhering to the ‘do no harm’ principle. In restrictive settings, the risk of causing inadvertent harm to local LGBTI+ communities needs to be carefully considered at initial planning stages in close consultation with communities. Furthermore, ensuring the safety and security of individuals and organizations working to support inclusive efforts in these contexts is also vital. Measures may include establishing security protocols and response plans, conducting training around safeguarding mechanisms, securing legal support, providing psychosocial support and establishing documentation efforts, should issues arise.

ADDITIONAL RESOURCES

Author and Title	Link to Resource	Purpose
The World Professional Association for Transgender Health Standards of Care version 8	https://www.wpath.org/publications/soc	Provides clinical guidance for health professionals to assist transsexual, transgender and gender nonconforming people with safe, effective pathways to achieving lasting personal comfort with their gendered selves, enhancing well-being and self-fulfilment.
IPPF, Client-Centred Clinical Guidelines for Sexual and Reproductive Healthcare	https://www.ippf.org/cccg	IPPF's Client-Centred Clinical Guidelines, published in 2022, equip healthcare staff with recommendations for clinical management, including treatment and prevention, based on sound scientific evidence.
GATE, Impact of Human Rights Mechanisms on Trans Rights: A Review	https://gate.ngo/knowledge-portal/news/impact-of-human-rights-mechanisms-on-trans-rights/#:~:text=GATE's%20report%20The%20Impact%20of,with%20gender%20identity%2Drelated%20issues	Outlines the positive progress happening in international, regional and national mechanisms for transgender rights.
UNDP, Implementing Comprehensive HIV and STI Programmes with Transgender People	https://www.undp.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people	This tool contains practical advice on implementing HIV and STI programmes with transgender people.
Asia Pacific Transgender Network, Trans Competency Community-Based Monitoring Tool	https://weareaptn.org/resource/trans-comp-community-based-monitoring-key-findings-from-the-multi-country-pilot-implementation/	The first community-based monitoring tool developed by and for transgender people in the Asia Pacific region, in which transgender people were primary actors.

Author and Title	Link to Resource	Purpose
<p>Make Way, Resource Landing Page</p>	<p>https://www.make-way.org/resources-categorie/resources/</p>	<p>Innovative tools for intersectional sexual and reproductive health and rights advocacy organizations working with other civil society organizations to push for structural changes that break the barriers minoritized young people experience.</p>
<p>GATE, Trans Men in the Global HIV Response: Policy Brief and Factsheet</p>	<p>https://gate.ngo/knowledge-portal/publication/factsheet-trans-men-in-the-hiv-response-document/</p>	<p>Used to ensure health programmes, policies funding and advocacy efforts are addressing key issues faced by trans men in the global HIV response, which can be leveraged for sexual and reproductive health.</p>
<p>Southern African HIV Clinicians Society, Gender-Affirming Healthcare Guideline for South Africa</p>	<p>https://sahivsoc.org/Files/SAHCS%20GAHC%20guidelines-expanded%20version_Oct%202021(3).pdf</p>	<p>Provides evidence-informed best practice recommendations to enable South African healthcare providers, including psychosocial and allied healthcare professionals, to offer quality, affirming services to transgender and gender diverse clients.</p>
<p>Asia Pacific Transgender Network, Towards Transformative Healthcare: Asia Pacific Trans Health and Rights Module</p>	<p>https://weareaptn.org/resource/towards-transformative-healthcare-asia-pacific-trans-health-and-rights-module/</p>	<p>A self-paced, interactive course that develops healthcare providers' knowledge, attitudes and skills in delivering gender-affirming, culturally competent care for the Asia Pacific Region.</p>
<p>AJ Lowik, Trans-Inclusive Abortion Care: A manual for providers on operationalizing trans-inclusive policies and practices in an abortion setting</p>	<p>https://www.ajlowik.com/s/FQPN19-Manual-US-PRESS.pdf</p>	<p>A resource for abortion care providers on how to be trans-inclusive.</p>

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