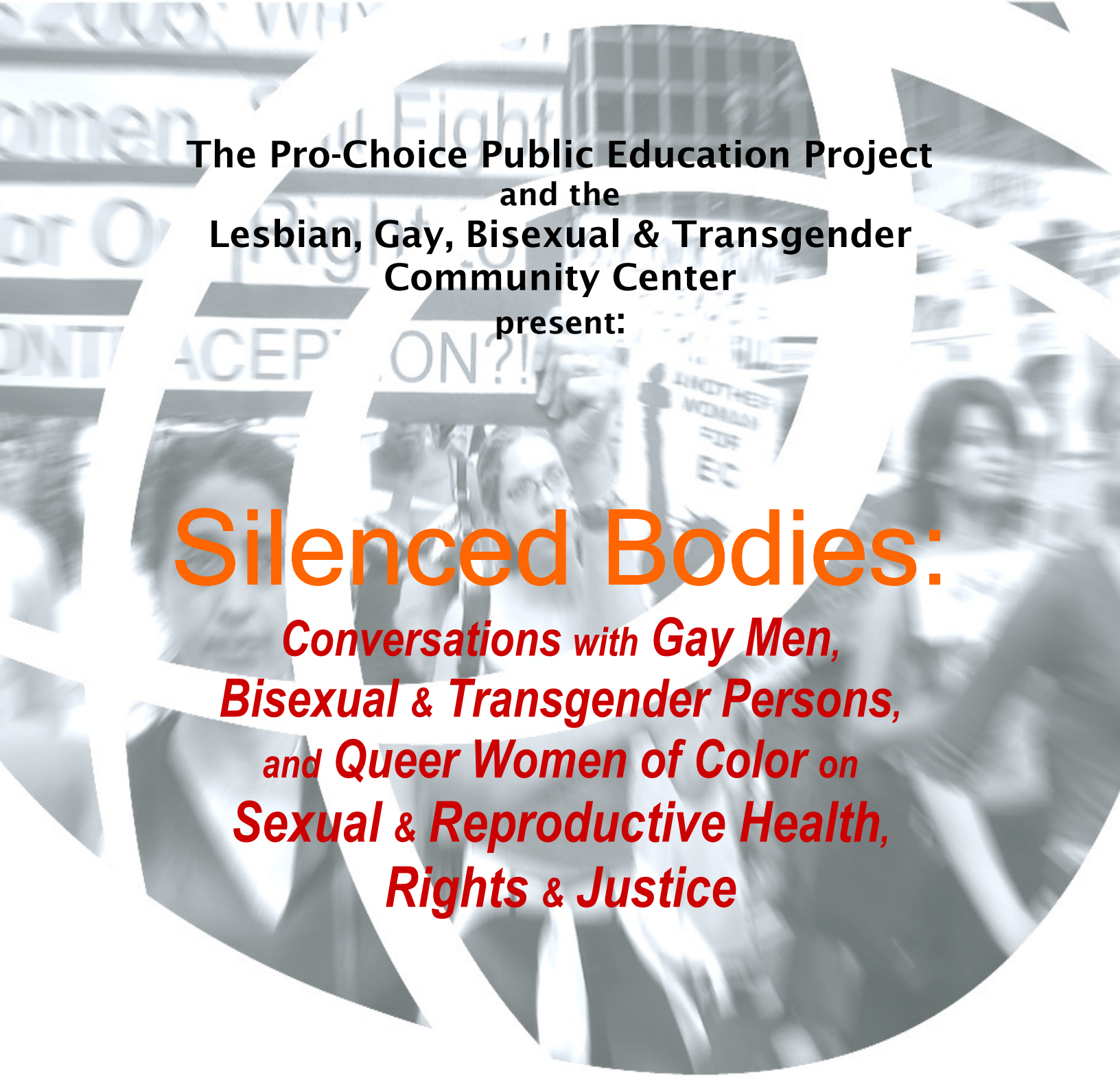

The Pro-Choice Public Education Project
and the
Lesbian, Gay, Bisexual & Transgender
Community Center
present:

Silenced Bodies:

Conversations with Gay Men, Bisexual & Transgender Persons, and Queer Women of Color on Sexual & Reproductive Health, Rights & Justice

Focus Group Research Commissioned by The Lesbian, Gay, Bisexual & Transgender Community Center (the Center) and The Pro-Choice Public Education Project as a Project of *Causes in Common: Reproductive Justice & LGBT Liberation*, the Center's national program linking the reproductive health, rights and justice movements with the LGBT liberation movement.

causes in common
REPRODUCTIVE JUSTICE & LGBT LIBERATION

the Center the Lesbian, Gay, Bisexual & Transgender Community Center

Be Real and Make Your Own Choices. Demand Your Right to a Healthy Life.

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Causes in Common: Reproductive Justice & LGBT Liberation

Causes in Common: Reproductive Justice & LGBT Liberation is a national movement building initiative founded and coordinated by The Lesbian, Gay, Bisexual & Transgender Community Center (the Center) in New York City. The program brings together activists from the LGBT liberation and reproductive health, rights and justice movements to work toward a shared vision of reproductive freedom, sexual liberation, social justice and human rights. The inspiration for *Causes in Common* came from the work of Center Kids, the Center's family program that has offered support, education and advocacy for the formation of LGBT families since 1989. As we listened to LGBT people's struggles trying to create families without the protections of medical, legal, and social institutions, we recognized that the term "pro-choice" encompasses much more than sexual life liberated from reproductive function. It includes the right to choose whether or not to create families as well as the right to a life free from governmental scrutiny and intrusion into our sexual and reproductive lives. We saw a real need to make these connections within the mainstream LGBT and reproductive rights movements.

In 2003, the Center published the first policy document exploring these linkages, available at www.gaycenter.org/causesincommon . This document highlights four major connections in this work:

- First, the historical connections and intersections between the reproductive health, rights and justice movements and LGBT liberation movement are clear. The fight for women to take control of their reproductive destinies and over their own sexual pleasure without reproduction as an outcome laid much of the groundwork for LGBT liberation. Our movements share a common feminist history and feminist values.
- Second, the 2003 U.S. Supreme Court decision in *Lawrence v. Texas*, decriminalizing same-sex relations between consenting adults relied upon two of the most influential reproductive rights cases—*Roe v. Wade* and *Planned Parenthood v. Casey*—emphasizing that attacks on either of our struggles can no longer be separated.
- Third, those who seek to attack and restrict our human rights are the same. There is a right-wing political agenda that targets both reproductive freedom and LGBT rights, among other progressive causes.
- Lastly, there are countless policy intersections that affect us. One example is the government's sex education programs promoting "abstinence only until marriage." These programs not only deny young people information about safer sex practices, prevention of pregnancy, HIV/AIDS, and other sexually transmitted infections, but they also further alienate LGBT youth by teaching that their sexuality and gender expression is unacceptable or even immoral.

More than 150 organizations have signed the *Causes in Common* Pledge of Commitment to act as allies to one another. In the past year alone, we have more than tripled the number of our coalition partners. In today's hostile environment, unity only increases our strength. We are excited by the tangible results of this movement building, from Planned Parenthood health clinics across the country beginning to offer health care services for the transgender community and LGBT youth groups, to local LGBT and reproductive rights organizations working together on the ground to fight ballot initiatives that target our communities. For more information, or if you know an organization that would like to join this growing coalition, please visit www.gaycenter.org/causesincommon , or contact Amy Lavine, *Causes in Common* Program Coordinator at The Lesbian, Gay, Bisexual & Transgender Community Center at (212) 620-7310 or alavine@gaycenter.org.

The Lesbian, Gay, Bisexual & Transgender Community Center

The Lesbian, Gay, Bisexual & Transgender Community Center (the Center) is the political, cultural and social home for the lesbian, gay, bisexual and transgender (LGBT) communities in New York City, as well as a national leader among LGBT community centers, the LGBT movement and allied social justice movements. The Center is the second largest LGBT community center in the world. With diverse health and wellness services, cultural activities and advocacy initiatives, the Center is a safe place for LGBT New Yorkers to celebrate who we are, empower who we want to be and transform our world.

The Center provides a broad variety of health and wellness services to LGBT people at every stage of life, from the teen years to adulthood, as well as LGBT parents of young children. The Center promotes both established and emerging artists, authors and other community leaders through cultural programs, including rotating visual arts exhibits; five programs presenting lecture series, readings and panel discussions; a film series called Lesbian Cinema Arts; and Out & Faithful, a series on LGBT people and religion/spirituality. Educational and advocacy activities take place around such relevant issues as HIV/AIDS, crystal meth addiction, voting rights and civic engagement, the perils of smoking, LGBT families, reproductive justice, comprehensive sexuality education, and the human rights of LGBT migrants and asylum seekers.

Every week, 6,000 people visit the Center to access services or participate in programs. Located in the heart of Greenwich Village, the Center offers a wide-ranging approach that strengthens individual and community assets while building collective capacity to generate social change. The Center is the birthplace of such organizations as ACT UP and GLAAD.

The Center's broad purposes are:

1. To strengthen and enrich the lesbian, gay, bisexual and transgender community through cultural, social and educational activities and through the provision of a social gathering place. This is done by creating and fostering distinctive, high quality programming that builds community, celebrates the LGBT experience, and provides opportunities for education and enrichment.

2. To be a force for change through movement building, advocacy, education and community empowerment. The Center's position locally, regionally and nationally, as a model LGBT community center, helps it secure civil rights and social justice for LGBT people and our allies.

3. To provide a safe space and support for LGBT people by promoting physical and mental health and wellness for the LGBT community; developing innovative solutions to address the specific problems facing LGBT communities; and ensuring that Center visitors receive detailed, complete information and education, direct service when needed and referral to a partner organization when required.

The Pro-Choice Public Education Project (PEP)

Launched in 1996, the Pro-Choice Public Education Project (PEP) is dedicated to educating young women and the organizations that serve them, about reproductive health and rights, thereby developing a new generation of leaders. We recognize that historically, the reproductive health and rights movements have not included the perspectives or leadership of young women, women of color, and low-income women, among other marginalized groups. PEP works to close the gap between these movements and young women by listening to them so that we may better understand their experiences and working with organizations to help them meet young women where they are. We specialize in conducting research, creating messages and tools, training activists and providing young people with opportunities to grow as leaders. By equipping organizations with the tools they need to engage young women in a meaningful way and value their contributions to their communities, we fill a vital need toward advancing reproductive justice for young women.

To this end, PEP focuses its work in four areas:

- Research: We conduct research on the opinions and experiences of women ages 16-25, using various methods including polling, focus groups, and community forums.

- Communications: We create and disseminate cutting-edge educational tools based upon the research results in order to educate and engage young women.

- Movement-Building: By partnering with organizations through our Movement-Building Formal Assistance Project (TAP) or long-term initiatives such as, Expanding the Movement for Empowerment & Reproductive Justice (EMERJ), we work toward building a reproductive justice movement with young women at the center.

- Youth Leadership Development: We forge opportunities for emerging young leaders to find their voice and gain the skills needed to make change in their communities. By playing an integral role in PEP's decision-making and programmatic work, the Young Women's Leadership Council (YWLC), empowers young people and serves as a model to other organizations for involving young people in their programs and governance.

Since our founding, PEP's work has gained prominence among our colleagues in the reproductive rights, health and justice movements. We are conscious that past efforts to reach out to young women and young women of color have not been successful. We are changing that by creating an environment whereby individuals and communities who have not been traditionally included will not only participate, but also exercise leadership in the struggle for reproductive justice.

Executive Summary

Through our work with the Pro-Choice Public Education Project (PEP) on *Causes in Common*, Center staff learned of PEP's publication, *"She Speaks: African American and Latina Young Women on Reproductive Health and Rights"* which documents how young women of color understand and relate to reproductive health and rights. Inspired by this publication, Center staff embarked on researching ways that members of the lesbian, gay, bisexual, transgender (LGBT) population, specifically traditionally marginalized and disempowered populations, experience reproductive health and rights in order to better understand how reproductive justice is not only an issue for women seeking to have children, and therefore help facilitate useful ways of serving LGBT reproductive health needs and advocating for the sexual and reproductive rights of all LGBT people.

While Center staff had ample understanding of how LGBT people have historically been excluded from conversations about, and advocacy for reproductive health and rights, leading to inadequate access, resources and services, we have little *documented* about these disparities and their consequences. What follows is our first attempt to systematically research and record what constitutes reproductive justice issues for LGBT communities**.** The Center, with support from PEP, convened a series of focus groups in New York City as a first step in filling that void. We also hoped that the conversations would yield insight into how advocates and allies might better meet the needs LGBT people when it comes to their reproductive health and sexual health.

Our key findings revealed a number of interesting and important themes:

- The terms "reproductive health and rights", "reproductive health" or "reproductive rights" did not resonate with most focus group participants. Participants considered the terms, "exclusive", 'irrelevant", as well as too narrow and too general. Some participants connected better to the term "sexual health." They also did not feel included in a broader reproductive justice movement.

- Overall, participants observed a lack of information on reproductive and sexual health specific to LGBT communities. Many participants cobbled together information from various sources to meet their own needs.

- Lack of health care insurance and the high cost of services were the main barriers to access reproductive health services. Most participants receive reproductive health services whenever and wherever they can get them and may forego medical attention because they cannot afford it.

- STD and STI prevention is a key concern for members of the LGBT community. Focus group participants observed that there is no easily accessible information about how to practice safe sex for the members of the LGBT community.

- There is a need for broader and deeper education of healthcare professionals around issues of gender identity and sexual orientation of all persons. Healthcare professionals need to understand gender and sexual orientation as fluid and as existing along a spectrum. Trans women and men voiced the need for a referral network for trans-knowledgeable and friendly medical providers.

- Some of the participants expressed desires to have children and a family, but did not feel that they currently had the options to make that a reality.

- There is a lack of research on and knowledge about LGBT reproductive health issues and issues, especially for the trans community.

We hope this document will inspire and assist others to integrate a reproductive justice framework and human rights framework into their advocacy for LGBT people. In addition, we hope that advocates will incorporate LGBT people and LGBT-specific issues into their reproductive health services and reproductive rights advocacy. Finally, we see this project as a strong model of partnership and movement-building between the LGBT and reproductive justice communities. To better meet the needs of all marginalized communities, we need more research and we hope this report provides a model for others to follow, adapt and share.

Editorial note: This document is intended to support and supplement the work of LGBT rights advocates and allies working towards reproductive justice and, as such, provides little introductory information on vocabulary (e.g., transgender, queer, sexually transmitted disease/infection), systems of oppression (e.g., sexism, homophobia, heterosexism) frameworks (e.g., human rights, reproductive justice) or concepts (e.g., transitioning, assisted reproductive genetic technologies) cited frequently throughout. The definitions provided in Appendix A apply only to those provided to focus group participants. There is, however, ample information available through local, state and national LGBT and reproductive justice organizations and from PEP and Center staff (see page 37 for contact information). We encourage you to contact us with questions, concerns or clarifications.

Methodology

Recruitment

The Center conducted 10 focus groups in New York City between September 2006 and May 2007, with five different demographic populations: transgender men, transgender women, non-trans gay and bisexual men, non-trans bisexual woman and queer women of color. Fifty persons participated in the total study. Each group had between three and eight participants, ranging in age from 17 to 50. Participants were solicited via fliers posted at the Center and other neighborhood locations as well as ads posted on Craigslist.org. Participants were offered dinner and a stipend for their time. Neither recruitment materials nor focus group facilitators provided definitions as to the demographics used; participants self-selected the focus groups in which they chose to participate. Further demographic information can be found in the Appendix.

Methods

Center staff members designed the focus group questions (see Appendix C) and held the sessions in the evenings at the Center. Two focus groups were conducted with each of the demographic populations. Each participant was asked to fill out a demographic data sheet prior to the beginning of the group. The document collected name, age, gender identity, sexual orientation, racial identification, ethnicity and borough/city of residence (see Appendix A). Each person also signed an informed consent explaining their rights as a participant, and that all data and information would be kept confidential. A Center staff member moderated all of the focus groups and on an unspecified number of occasions had a colleague assist with note-taking. All of the sessions were recorded and transcribed.

Data Analysis

The summary and data analysis in this report are the result of collaboration between PEP and Center staff. Each focus group's transcripts were reviewed for trends specific to each demographic, inter-group themes about reproductive health and rights, and policy implications. The conclusions and recommendations for action contained in this report are the analysis of Center staff and PEP staff, based upon our understanding and interpretation of what focus group participants said. We have tried to be clear when directly quoting focus group participants and where we are extrapolating conclusions, themes, or policy implications based upon what participants told us.

Limitations

Limitations of this study include the small sample size, geographic limitations to New York City and the Center itself, external validity, sole reliance upon self-selection of study participants and the paucity of data about each of the study participants. In addition, staff turnover at the Center from the creation of this study to the publication of this report resulted in some lack of continuity in the design, implementation and analysis of the study and its results. It would be desirable to replicate this study with a larger sample size and in several other geographic locations throughout the United States to fully understand how each group conceptualizes and relates to reproductive health and rights. It would also be desirable to perform a quantitative study in addition to a qualitative one.

Bisexual Women

Reproductive Health and Rights

When bisexual women were asked about what comes to mind when they hear the term "reproductive health and rights," the responses were varied. The women in the focus groups mentioned having children, sex, sexually transmitted diseases, the right to having an abortion, the right to contraception, and "everything to do with women's health." One woman said, ***"All of it. It is all very relevant and important from being able to have knowledge about STIs to contraceptives to fertility treatments to prenatal care and it is very important having the choices available and education."***

Bisexual women were most concerned about contracting STDs and STIs. However, the right to have an abortion, access to services, sex education, and having children were also frequently cited concerns. One woman focused on how time is a mitigating factor in what she is most concerned about at the moment. Hence, what she is most interested in right now will likely differ from what her concerns will be in about twenty years; principally, right now she is most focused on her ability to have children.

While some women spoke about reproductive health and rights "all the time," others hardly ever broached the topic. When the women did talk about reproductive health and rights, they discussed it mainly with friends, lovers, and family. In these instances, most conversations normally concerned personal problems or issues. Some women did discuss reproductive health in a political context as well. One woman described how she discusses reproductive health and rights issues all the time with young women because "it is a matter of life and death."

Access to Reproductive Health Information

All the women felt that they have access to reproductive health information, which they primarily access through the internet. Some women also consult family members and doctors for reproductive health information, although they do not necessarily trust that doctors have accurate information. One woman commented, "Doctors, sometimes I feel like they are a waste of time. They are wasting time, they are wasting our money." Participants also felt that most doctors did not provide enough information about the possibility of contracting STDS and STIs. One bisexual woman did not know if you could get an STD or STI from having sex with women. Many of the women were also not clear about what emergency contraception is or how to access it.

None of the women ever found information specifically for bisexual women pertaining to reproductive health and rights, but expressed a strong desire for it. One woman said that she had to make her own information by combining information on safer sex with men and safer sex with women.

Access to Reproductive Health Services

While some women said that they have access to reproductive health services, others stated quite the opposite. **When asked about barriers they faced when trying to access reproductive health services, participants cited a lack of medical coverage and a lack of money.**

Participants discussed their jobs and careers and whether they had good health insurance. One woman, who is a dancer, remarked that all of the dancers she knew, including herself, did not have medical insurance, and that it is a big problem for them. "I do not have access to reproductive health services, and most people I know do not either." Other women, due to their employment, had excellent medical coverage.

Many of the women were dissatisfied with the quality of the reproductive health services they received, especially at publicly funded clinics. Participants described doctors who rushed through gynecological examinations and did not ask a sufficient number of questions. One woman commented, "I have been on both sides where you have nice private health care with nice doctors that [are] pretty gentle [with] you, and I [also went to] the [county] public health clinic, and it is rough. I mean come on. I am human. Let us be nice here." Another woman discussed her first pap smear at a publicly funded clinic: "It was so uncomfortable [during] the first pap smear I got, the woman very rudely asked me, 'Were you molested as a little girl?' and I said, 'Excuse me?' and she said, 'Because you keep over-exaggerating.'"

Very few of the women discussed their sexual activity with women to their doctors. Only a few doctors asked if the women were sexually active with women or were bisexual, and **many women simply wished to be asked if they were bisexual**. "They could just ask if I am bisexual, or they could put bisexual as a category on the intake form," one woman remarked. "I mean, if they ask, I will tell them. But I have never been asked." Other **suggestions for making the women feel more comfortable discussing their bisexuality with doctors included having posters and information depicting same-sex relationships in the office, rainbow flags in sight, and having information available about turning a condom into a dental dam.**

Many of the women expressed their frustration with the commonly-held belief that bisexuality does not exist. **When the women did disclose that they had sex with women, doctors frequently assumed that the women were lesbians, and therefore did not give any information about safer sex with men. When the women disclosed that they had sex with men, doctors assumed that the women were heterosexual and left out information about safer sex with women.** "If I am sleeping with a woman, I do not get any information about safe sex with men, and vice versa."

When asked about what they wished health providers knew about bisexuality before they saw them, **several women replied that they just wanted doctors to know that bisexuality exists**. They also wanted doctors to understand the social stigma attached to bisexuality, to know that **not all women who want to get pregnant are straight**, and to be knowledgeable about the possibilities of transmission of STDs and STIs between women.

Some of the women had negative experiences when they did disclose that they engaged in sexual activity with women. When one of the women disclosed her bisexuality, she "felt like the person became, like slightly uncomfortable after that and…I decided after that I would not bring it out unless it was like a doctor that I knew well." Conversely, other women had very positive experiences when they disclosed their sexuality to their doctors.

Language Use

Almost all of the women used the term 'bisexual' to describe their sexuality, but they felt uncomfortable using the term for a variety of reasons. The women discussed how **they feel isolated from both the straight and gay communities and how many people "do not take me**

(being bisexual) seriously." One woman commented, "I think some people still have the stigma, like 'Oh!' we asked to be graded, straight or gay as if nothing [is] in between, you know. It is like a solid black and white, nothing in between." Several women preferred to not define themselves at all, and choose simply to disclose who they are currently dating when asked. One woman said, "I do not answer. I just say, well, right now, I am with so and so, or right now I am single […]. I try not to answer it because I do not like how the majority of people will interpret an answer that I do not really think is very precise anyway, so I just, I try not to." One woman preferred the term pansexual because she believes that the term bisexual reinforces the gender binary system by assuming that there are only two genders.

When discussing reproductive health issues, **most of the women preferred using technical language, especially when they were with doctors or health providers**. **Other women wanted doctors to use "layman's terms" that they could understand.** When discussing reproductive health issues with friends, family, and lovers, some women also use slang terms or pet names for their body parts in addition to technical language and lay person's terms.

Control Over Reproductive Rights

Several of the women spoke about protecting reproductive rights and ensuring personal control over them. When asked if they ever think about who has control over their reproductive health and rights, women in both focus groups replied "men." Many of the women expressed frustration and anger that men "decide what is going on with [their bodies]" when men do not understand what women go through. One woman remarked, "We have the kids, we have the youths, and we should have control."

A similar discussion ensued **when the women were asked what puts their reproductive health and rights at risk.** One woman quickly replied, "Stupid, rich white men in power, and like fundamentalists who impose their views on like, everybody living in this society, privileged white men." Another woman added, ***"…religion, politics, gender, socioeconomic status, and I think just capitalism too…because it is driven by financial interest, not people's health or the good of individuals. It is just based on who pushes the hardest, who has got the most money."***

Conclusions, Themes and Policy Implications

Bisexual women's focus groups data indicate:

- Participants lacked access to specific information about bisexual women's reproductive health and stated they desired such information.

- Participants were concerned about contracting STDs and STIs, but they were unsure how they contract them, especially when having sex with other women.

- Participants were unclear about what emergency contraception is or how to access it.

- There is a lack of reliable access to reproductive health services, due in large part to economic status as a criterion for eligibility. Participants were concerned about their access to reproductive health services also limited by a lack of health insurance.

- The quality of reproductive health services, particularly those that are publicly funded, is generally poor. Participants reported a need for better services overall, information on

STIs and STDs from providers, and that providers' lack of awareness of bisexuality negatively impacts the services that are available.

- Biphobia, invisibility of the existence of bisexuality, and the general acceptance of a binary with regard to human sexuality (gay and straight) is pervasive in the health service systems accessed. Health service providers rarely ask bisexual women if they engage in sexual activity with both men and women, assuming that if a woman engages in sexual activity with a man she is heterosexual and if a woman engages in sexual activity with a woman she is a lesbian. This displays a conflation of sexual identity and sexual behavior among health service providers.

- Bisexual women often did not feel comfortable discussing their sexuality with health service providers and have had negative experiences upon disclosing it.

- Biphobia and lack of meaningful bi-inclusion are pervasive in lesbian and gay communities as well as in "mainstream" society. Although almost all participants used the term, many were uncomfortable with the term "bisexual" to describe their sexualities, due to the stigma attached to it and feeling isolated from both gay communities and heterosexual society.

- Participants generally preferred that doctors and other health service providers use technical language when discussing their reproductive health, although some preferred "laymen's terms."

- Participants' comments seem to indicate that institutional systems of power and privilege, such as patriarchy and capitalism, deeply impact their reproductive health and rights. Some specifically expressed discomfort with those holding power in social institutions (i.e. white men, wealthy individuals) controlling their reproductive health options and access and making decisions about what constitutes reproductive rights.

Queer Women of Color

Reproductive Health and Rights

When asked about what comes to mind when they hear the term "reproductive health and rights," responses from the queer women of color focus group participants were varied, including: having children regardless of one's sexual orientation, access to health care, including quality prenatal care, STI prevention, being informed of their rights and options, and overall health. One woman stated that she believes reproductive health and rights means having the "education about how to take care of the reproductive system- there [are] so many people going through things they don't have to." Another woman stated: ***"[Reproductive health and rights means] being able to have an abortion if I'm pregnant, being able to get decent and affordable services for any type of STD that I […] or a family member or a loved one [may have…]. Being able to have good prenatal care…positive prenatal care not based on my color or where I live but something that's universal, everywhere."***

Many of the women mentioned dismantling governmental control over their bodies as a key aspect of reproductive health. One woman stated, "I think women should have control and I don't think the government should tell women [what to do]." Another woman commented: "I'm 24, I feel like there hasn't been as much of a fight for access [to reproductive health services]. I've never had trouble with [having] access, but I think there was already a fight. There are people who want to take [abortion] away but the fact is that it exists already."

One woman who mentioned pregnancy and positive prenatal care as an important aspect to reproductive health was concerned about becoming pregnant with her partner, an HIV-positive man. She stated, "Looking into good prenatal care that's really important for us, for me. He is HIV-positive, so I'm looking for a place that washes sperm, a government shop or a sperm bank, something that's legitimate, that doesn't have infected sperm […]." She also mentioned the need for mental health counseling to accompany the issues she feels she may face during pregnancy.

Although having access to adequate prenatal care was a concern for several of the women within the focus groups, there were a few that did not see prenatal care as part of their reproductive health and rights. A woman in the second group acknowledged that access to reproductive health services was not a huge concern for her and that it did not affect her yet. She remarked, "It may be a concern, but it doesn't necessarily affect me yet…Maybe because I'm not concerned personally with having a child."

When asked about the frequency in which the women talked openly about their reproductive health, several of the women mentioned that they talk openly about their menstrual cycles, and one woman speaks to her partner about her menopause. The women seem most open to talking about menstrual cycles, menopause, and cancer. When asked about the emotions that come up when they discuss these topics, one woman replied: "I feel woman empowerment. Even though females are bitchy with us, at the end of the day the majority of us do get our period, so it's something in common. ***I guess I don't separate general and reproductive health. It's not like there's one part of me that's more important."***

Access to Reproductive Health Information

Participants in both queer women of color focus groups said that they have access to reproductive health information from various sources. **Many of the women referenced the internet as a**

main source, however, one woman stressed that one has to be careful while accessing information from the internet due to accuracy of the information online. Other sources were books, friends (particularly gay friends), libraries, sexual partners, magazines, doctors, and health services that target LGBT people. One woman shared that in her hometown she does not have the same level of access to information as she does in the city due to the taboo of discussing sex and sexuality, including reproductive health. **Only one woman named her doctor as a reliable source of information. When asked if they had found information specifically geared toward queer, lesbian or bisexual women, one woman replied that she primarily heard information from her friends but she had not seen any literature.**

When asked what kind of information the women would like to see available, they gave a variety of responses. Many of the woman suggested books, audio and visual materials, magazines and websites specifically targeting queer women of color. One woman commented that she would like to see information on "people who live their life being who they are without being ashamed, even if they've gone through a lot of hardships." Another woman suggested having information suitable for younger students about STIs, pregnancy and HIV/AIDS that would be easy to comprehend and more educational for younger people.

In addition, the **participants wanted to see more information on relationship counseling, alternatives to dental dams, as well as prevention, i.e. taking care of one's body ahead of time.** As one participant noted, "Too many people rely on pills and drugs they don't necessarily have to have." The same participant would also like to have a place where people can go for support and to talk about being part of the queer community and what that means. Another woman would prefer to see the creation of a "buddy system," where young people who are coming to terms with their sexual orientation or gender identity for the first time can be paired with someone as a support system.

Access to Reproductive Health Services

The women in the focus groups were split on whether they feel they have access to reproductive health services. Some felt that they definitely had access and it was readily available. One woman commented, "If I look, I think I can find [reproductive health services]." Another woman said that even though she had access, she was uncomfortable going to doctors in the South, where she is originally from, due to the "strong morality" upon which doctors are basing their practices. Participants also mentioned gynecologists as a source to get access to services. One woman revealed that she only went to clinics due to bad experiences she had with gynecologists, and preferred free services that target queer women.

Four women mentioned that health insurance was a factor in seeking services. One of the four stated that her health insurance does not cover everything, making availability easy but having the money to pay for the services more difficult. Another stated that she had no health insurance because she was a student. **Other barriers to accessing reproductive health services included travel, paying for medication, inadequate availability of appointments and feelings of guilt when accessing abortion services.**

Some of the women indicated that their race and/or class had an impact on their ability to access reproductive services. One woman responded that her race had been a factor, especially since she is bi-racial (African-American and Native American). **Two other women mentioned their sexual orientation as a barrier to family planning.** Another said that she would neither be

able to financially take care of a child, nor would her parents be able to financially support her and did not support abortion.

Language Use

When asked if they used the term "queer" to describe themselves, some of the women indicated that they found labels very restricting and they would rather "just be" than have to confine themselves to a particular label. "Sexually fluid" and "open" were terms that were frequently brought up, however, one woman stated that she uses the term "queer" because "queer is probably the most inclusive because I don't actually know what it means."

When asked what language they use when discussing reproductive health, most of the women chose to use technical terms in discussing their bodies and reproductive health with doctors. Among friends, however, most of the women would use informal language or slang. One participant commented, "I guess it depends on the situation. Like in this instance, I would use professional language. If I was around my sisters, I'd probably use slang, you know, and I'd just feel more comfortable talking to them like that."

The women stated that formal language, definitions and pictures with accompanying text should be included when developing information for queer women of color. When asked if the phrase "reproductive health" should be used, one woman answered, *"I think the term 'reproductive' may be misleading to focus on reproduction."* Another added, *"If you say 'reproductive,' you're alienating those who don't want to reproduce."* Conversely, one woman stated, "Be specific. You can't fit 'reproductive health,' all of that in one pamphlet anyways." Also the term is too general and "needs to include topics [that] are diverse with subsets." Similarly, for many of the women, 'reproductive health' is too broad, and "no one will have a clear idea of what you're talking about, [people] of color or not."

In discussing sexuality with family members, one woman commented, "Where I come from, especially my heritage because we're Nigerian, like there is a certain line to cross and so I can be a lesbian. You can do this and that, but if you start to identify with someone else or what you've been most comfortable in, then it gets to be a really dangerous situation. So I mean it's kind of a hard decision to make in my life being out versus not being out with myself."

Control Over Reproductive Rights

When asked who has control over their reproductive rights, the answers varied. **Participants cited the U.S. government as being in control of their reproductive rights as well as doctors.** According to one woman, "The government or elected officials, doctors who choose to work with me, or when if I make certain decisions, they choose to work with me or not. So it is pretty immediate and also far-reaching." **Another woman named her insurance company as the entity with control over her reproductive rights**, noting that without her insurance company she might not be able to afford health care and medical procedures such as abortion or childbirth.

When the conversation turned to abortion as a legal right, some of the women did not like the term "pro-abortion," and many of the women had conflicting thoughts. One woman shared, "I think we should have a choice…the negative thing is that it is legal murder. The best choice would be to avoid a horrible life of poverty." Another woman mentioned that although she feels that woman have the right to abortion, she is glad that, even though she had the option, she had a miscarriage.

Conclusions, Themes and Policy Implications

The queer women of color focus groups data indicate:

- There is a lack of information and/or access to information specific to queer women of color's reproductive health. Participants want more resources in a variety of formats on sex and reproductive health specifically targeting queer women of color, including mental health services. Participants stated that inclusive, comprehensive sexuality education should begin in elementary school.

- Participants cited instances in which their race, ethnicity, class and/or sexual identity/preference/orientation negatively impacted their access to or experience of reproductive health services.

- There is a lack of reliable access to reproductive health services, due in large part to economic status as a criterion for eligibility. Participants want widely-available access to reproductive health services, regardless of their sexual identity. Participants identified travel costs, medication costs, inadequate availability of appointments, feelings of guilt, and lack of comprehensive health insurance as barriers.

- Queer women of color have had negative experiences disclosing their sexuality to their health care providers, and health care providers act in a heterosexist manner, assuming they are heterosexual.

- Queer women of color in the focus groups preferred using formal language with their healthcare providers but are more comfortable using informal language or slang with their family and partners.

- Many queer women of color want to have children, regardless of the sex of their partners.

- Participants had conflicting views on abortion, stating that although they believe that a woman has the right to choose, many of them grapple with abortion being seen as "legalized murder." Some participants expressed feelings of guilt when seeking an abortion. An individual's conflicting views on abortion can affect their experience of, and perhaps access to, abortion services.

- The terms "reproductive health" and "reproductive rights," are often considered irrelevant and exclusive. Participants stated the word "reproductive" can be construed as both too narrow, i.e., focusing exclusively on childbearing, and too general.

- Institutional power over others dictates what constitutes reproductive rights, reproductive health and access to services. Participants stated that the government, doctors and health insurance companies control their reproductive health care options and access.

- There is a broad and deep understanding of the issues and analyses that comprise reproductive justice, and individuals connect reproductive justice to their lives. When asked what they think the term means, most participants listed a number and variety of relevant subjects and described how the issues affected them. Many indicated that they discuss some of these subjects with some frequency.

Gay and Bisexual Men

Reproductive Health and Rights

When gay and bisexual men were asked about what comes to mind when they hear the term "reproductive health and rights" they were initially confused. One group asked to have the term repeated, and in the other, the first response was, "Babies, right? I do not know." Both groups quickly brought up having kids, with one participant remarking, "Isn't that all about women being pregnant?" Another man brought up "the issue of adopting" for same-sex couples who are unable to legally marry. One participant mentioned condom use. Participants felt disconnected from the term reproductive rights because, as one participants stated, "that is really not my problem. I mean, I am a gay guy."

When discussing abortion and emergency contraception, one of the men remarked, "There is probably a lot of stuff that I do not know about when it comes to women's health. *When they have been to an abortion clinic, I do not know about the feelings, and I do not know the emotions. I do not know anything about that section of life. You know, you do not even have a girlfriend; you do not even have to deal with anything that has to do with their reproductive system."*

Most of the men, however, knew at least one person who had an abortion, and a few of them even took their friends to get an abortion. One man discussed how he went with one of his friends, and he was surprised how many people were in the clinic waiting to have an abortion. He remarked, "The room was big, and there were a lot of girls in there. I could not believe this was going on like everyday…I went in there twice with her, and it was jam-packed the second time too. Like, it is never slow. I just don't think it's slow in there." Another man was surprised at how little time the procedure took. He said, "They said [to] bring her back at 3 o'clock…and they said I could pick her up at 4, but at 4 o'clock everything was already done." Some of the men felt that abortion "might not [be] the right thing to do," but others discussed how it is *"really up to the women because they are the ones who have to raise them and go through it and all."*

Many of the men had heard of emergency contraception, but they were generally confused as to what it was or how it worked. Several of the men believed it was an abortion, and one man had never heard of it.

The men in the focus groups generally do not talk about "reproductive health and rights," and the few who actually discuss it only do so surrounding STDs and having children. One man said that he never talks about it because he "just never came across any, like, really major issues."

For this population, the term "reproductive health" did not include sexual health. Similar to the trans men and queer women of color focus groups, non-trans **gay and bisexual men feel disconnected not only from the term "reproductive health and rights" but also the larger reproductive health, rights and justice movements**. Once given a broad definition of reproductive health and rights, the conversation changed from just family planning to include the transmission of STDs and STIs and **access to medical treatment for prostate cancer**.

Access to Reproductive Health Information

All the men felt that they had access to reproductive health information, which they accessed on the internet, through doctors, and at community centers. Some of the men trusted doctors for the

information and others did not. One man remarked, “Doctors, they don’t know.” Another discussed how he lacked trust in older doctors because they did not necessarily keep up with all the latest information. He commented, “A doctor who has been practicing his, whatever, his office, for 20 years. He has the same patients that have the same stuff every week and the same language. They are not going to be up on the new stuff that is coming…then the next [thing] you know, you have a gay man or a gay woman coming into the office and he has to learn something new, he is not going to do it, just for one patient.”

Although the men overwhelmingly felt they had access to reproductive health information, many **of them were unclear exactly how they could contract STDs or STIs**. When discussing the possibility of contracting gonorrhea, herpes, and crabs, **many of the men were confused as to how to practice safer sex**. After a long discussion about the various ways of transmission, one participant noted that the group was perhaps less well-informed than it initially believed. Another man admitted, “I know the regular stuff, but I do not know if there is any specific information, like, that men can only transfer to each other or something like that, I do not know.”

Only one of the men found information specifically for men who have sex with men pertaining to reproductive health and rights, but they all desired it.

Access to Reproductive Health Services

Most of the men felt they had access to reproductive health services, although some cited **a lack of medical coverage as a barrier to services**. Several of the men were also concerned that the LGBT community has limited access to reproductive health services because same-sex couples are not allowed to marry. One man remarked, “I think that if it is legal for you to marry someone with the same sex, it helps the whole community, the whole country, to live [in] a healthier way. I believe it.”

When the men do access reproductive health services, only a few of them discuss their sexual activity with other men. Overall, most of the men stated they felt uncomfortable telling their doctors, especially male doctors, that they have sex with men. One man said, *“I felt comfortable one time because it was a woman. So, it made me feel less uncomfortable because she was a woman doctor.” Another man agreed and added, “The next doctor I would go to would probably be a woman, and then I would be able to tell her.”*

Two participants indicated that they always came out to their doctors. One of them commented, “Oh, I take the risk because there is a lot of things that are different even like certain tests and everything, how they treat you. And even if…they end up treating you…in a bad way where I’d notice it, where like they are prejudiced, I really don’t care because I know there is a lot of things that are just different that he or she needs to know. So I am going to tell him.”

Language Use

When the men in the focus groups do talk about reproductive health and rights issues, they use different kinds of language when talking to different kinds of people. For instance, when talking to friends many of the men use slang, but when talking to doctors or health-care providers, many of the men use and desire the use of formal language. Other men believe “It’s necessary to talk regular… like reproductive, nobody even says reproductive. I do not ask my parents, so…how’s your reproductive cycle?” One man concurred and added, *“Professional people can understand*

regular language, but I don't know if regular people can understand professional language, so you might want to just broaden it in that way."

Control Over Reproductive Rights

Overwhelmingly, the men in the focus groups believed that they had control over their reproductive health, meaning whether they choose to engage in high-risk behavior or to seek medical treatment or information pertaining to their sexual health. Upon reflection, some said the government had control over "whether they want to give it [treatment or information] to you or not."

Conclusions, Themes and Policy Implications

- There is a lack of information and/or lack of access to information specific to gay and bisexual men's reproductive and sexual health, including sexually transmitted diseases and infections. Although participants overwhelmingly felt they had access to reproductive health information, many participants lacked information about STD and STI transmission between men.

- Most participants felt they had access to reproductive health services, although some cited a lack of medical coverage as a barrier to services. Other barriers to reliable access to services include economic wealth as a criterion for access as well as heterosexism, homophobia and biphobia. Several were also concerned that the LGBT community has limited access to reproductive health services because same-sex couples are not allowed to marry.

- Health care providers can be overtly heterosexist, homophobic and biphobic towards gay and bisexual men, constituting a barrier to reproductive health services. Participants often did not feel comfortable disclosing their sexual activity with men to health care providers, especially male providers, and have had negative experiences doing so in the past, although some participants were more comfortable disclosing their sexual identity or behaviors to female doctors.

- The terms "reproductive rights," "reproductive health," and perhaps "reproductive justice" are often considered irrelevant and exclusive. Participants stated they do not feel personally or politically connected to these terms or the reproductive health, rights and justice movements.

- The men mostly prefer that doctors use formal language when discussing their reproductive health.

- There is a disconnect within LGBT communities, perhaps reflective of the disconnect between women and men at large, about reproductive justice issues. Some participants expressed a disconnection or isolation from women and/or children, in the context of their reproductive health and rights. For example, some participants in the gay and bisexual men focus groups had heard of emergency contraception, but were generally confused as to what it is or how it works.

Transgender Women

Reproductive Health and Rights

When asked about the terms reproductive health and rights and what comes to mind**, transgender women expressed a desire to have the option of starting a family, whether through reproductive technologies or adoption, and felt that they do not have access to either.** What trans women identified as reproductive health varied widely: participants mentioned pregnancy, children, biological women, pre-natal care, pap smears, freezing sperm before transitioning, the right to have an abortion, and stem-cell research.

Trans women were most concerned about HIV prevention, as well as the prevention and treatment of STDs and STIs. Outside of infection and disease treatment, trans women had difficulty ranking the importance of their concerns. In fact, they found the process actually mirrored what they are often forced to do themselves, that is, choose to care for one part of their body while neglecting another. **They also noted the extreme lack of research for trans women, saying, *"We are the long-term study. There are [no] long-term studies for anything," and "No one knows what will happen to us eventually…I mean, they just don't know."***

[Editorial note: "Transitioning" refers to changes from a gender assigned at birth to an individual's self-determined gender identity and expression. It can consist of behavioral, medical and/or legal changes, among others, and can be a long-term process. Availability of appropriate healthcare services can be contingent upon any of these variables so that, for example, a person's legal transition from female to male creates corresponding documentation, then used in determining health insurance benefits, which may ultimately deny the person still-necessary treatment for a gynecological condition.]

Access to Reproductive Health Information

Trans women generally feel that they can find reproductive health information specific to their needs on the internet or at the LGBT Community Center, but noted that there are "no paper[s] or pamphlets" readily available with such information. Specific information that they would like to see more available, in doctors offices and on the internet, include "a detail of surgeries and how much they cost and what their effects are….and information to deal with the pressure of being transgender and not passing."

Most participants in the trans women focus groups initially answered positively when asked if they felt like they had adequate information about their STD and STI risk as transgender women, however, upon further discussion, they stated they were less informed than they had thought. "I think it's contact. I think you can get it through contact," "I don't know," "I don't know either," "Yeah. We don't know." Participants were unable to identify specific risks and how to avoid them. Despite feeling they have access to information they do not feel adequately equipped with knowledge to avoid contracting diseases and infections.

Trust is a very big factor in where trans women turn for information and what they accept as reliable information. Because of the absence of long term or official studies related to transgender health, information based on experience is found to be the most reliable. **People in the community, medical background aside, are more often trusted than doctors.** For example, one trans woman said, "I don't trust doctors. They don't know anything about being transgender. I usually have to educate them…**but the internet is a good resource**….I trust transgender sites."

There was unanimous agreement that trans women need a referral network of trans-knowledgeable and accepting providers. Participants need a resource that compiles knowledge within the community, based on real life experiences, into one accessible space. Rather than providing what is perceived as generalized and presumptuous material from professionals who may or may not have much experience with trans woman- specific healthcare, trans women would rather have a way of accessing the information they need from inside their community. **The internet is a primary tool with which trans women communicate and share experiences, but it is recognized that information gathering is contingent on whether one has access to the internet. Trans women did not express concern that the information obtained within the community might be unreliable**, but instead seemed to prefer asking around and drawing a conclusions from the responses.

Access to Reproductive Health Services

Access to services is dictated by health insurance carrier rules, economic class and "passing," i.e. whether or not one is perceived as and believed to be born female. While some feel that they have access to certain types of health care, when it comes to gender-appropriate health care, the bar is lowered.

Availability of services through health insurance is very inconsistent. One woman, who had insurance through her job, said, "I get access to some things absolutely but not others and access to one kind of estrogen but not another."

In most cases, trans women who are unable to afford expensive health care costs take what they can get when and where they can get it. One trans woman who works as a cashier noted, "[My wages are] not enough to cover anything. If I get sick I can't pay for anything. Forget about surgery. If a car hits me I'm screwed." For trans women it can be extremely difficult to earn an income that will support the cost of living, let alone the cost of transitioning.

Participants also **viewed inadequate government healthcare** as something that puts the reproductive health and rights of trans women at risk. The quality of care at free clinics is so poor that trans women would rather avoid care than subject themselves to inadequate care, along with the emotional abuse that a trip to a free clinic often entails.

Trans women had varied responses when asked if they "come out" as trans when accessing reproductive health services. Most felt they have done sufficient research and are informed enough to judge when it is clinically relevant to come out to their service providers. If it is not clinically relevant, coming out can be considered unnecessary and complicated. On the other hand, one woman said, "I always do. I think that it's so different to be transgender that you need to tell them."

Additionally, **some of the barriers to accessing reproductive health services come from standards set by the non-trans community and internalized by many trans people**. The subsequent barriers to services are multifaceted: trans women who pass often choose not to come out and so are denied appropriate reproductive health resources and information. Trans women who do not pass, on the other hand, often choose to minimize interactions with healthcare providers for reasons including, but not limited to, transphobia and a lack of appropriate services. This is problematic, as these realities can lead trans women to distance themselves from seeking out or even thinking about reproductive health services and information.

Language Use

There is no universal language trans women use to talk about their reproductive and sexual health and their bodies because the spectrum of experience is so wide. Trans women use inventive language to describe their body parts, often altering their word choice depending who they are around. One woman said, "It's tricky because I am constantly evolving my own [frame of] reference [for] language," but she also was wary of how doing so "miseducates people."

The gender binary, i.e., man/woman, is problematic for trans women and does not accurately describe their experience. Instead, "[a] three axial space where there is not the binary, there is masculine, feminine, and queer or somewhere in that space," is recommended. Generational gaps also influence the use and acceptance of language. Young trans people are more likely to accept and use fluidity within language with, for example, terms like "gender queer" to refer to any part of or the entirety of one's trans experience.

A general lack of knowledge on the part of non-trans people means that, in addition to transphobia, there is no shared framework. Participants utilize a variety of strategies to mitigate the risks. Participants described how, because many conversations involve indeterminate risk, they generally preferred to begin with the most neutral language possible, gauge reactions and proceed accordingly. One trans woman described another strategy: "When I talk about being transgender, people don't understand so I use professional language. I try to be as professional as possible so people judge me less."

In terms of accessing reproductive health resources, formal language is preferred in order to reach the broadest number of people**. Pronoun use was one specific language area in which trans women recommended change on the part of healthcare providers**. One woman expressed, "I wish they knew I was a woman and would use the right pronouns. It's so frustrating when they get the pronoun wrong or because it says 'David' on my insurance they call me that. I hate that. They need some sensitivity training or something." While healthcare services and providers need improvement in various areas, providers' awareness of the pronouns they use would contribute to needed progress. According to one participant, "Once they actually get that down, then a lot of us would be a lot happier. I know it's hard but it's a good first step."

Control Over Reproductive Rights

Trans women believe that they have a right to reproductive health services. One woman said, *"Society is obligated to provide healthcare and appropriate health care for all of its citizens."* They recognize, however, that having the right to services does not necessarily make it a reality. In fact, they raised the state of health care for the trans community as it related to public health various times throughout the discussion. In addition, they expressed hesitance to even delve into the topic of setting up or including themselves in a public health system. One woman expressed her frustration saying, "I feel like there are not good systems in place for trans with public health stuff, and so there's so much that needs to be addressed that it's hard for me to think of an issue." Indeed, there is almost no context in which to identify the issues that need attention.

Conclusions, Themes and Policy Implications

Transgender women's focus groups data indicate:

- There is a lack of rigorous and long-term medical research and education specific to the sexual and reproductive health concerns of transgender women. Participants often encounter healthcare providers with little or no direct experience with trans woman-specific healthcare, and want referral networks of trans-knowledgeable and affirming health service providers.

- There is a lack of information specific to trans women's reproductive health. Participants want more information about STDs/STIs.

- There is valuable information within communities of trans women. Participants noted they value and seek reproductive health information from their peers and are generally distrusting of healthcare providers.

- There is a lack of reliable access to reproductive health services, due in large part to economic status as a criterion for eligibility. Participants cited costs of various treatments and services as a barrier to access.

- Gaps in language to adequately communicate trans realities exacerbate trans invisibility. Participants recommended that healthcare providers and the general public use gender-neutral language and/or determine and use the gendered pronouns an individual self-selects.

- Healthcare providers can be overtly transphobic towards trans women, generating multiple barriers to reproductive health services. Participants felt that the need to meet a certain standard of passing can sometimes inhibit them from thinking about and seeking reproductive health services.

- Participants want the option of starting a family, whether through reproductive technology or adoption, and believe they do not have access to either.

- Trans women prefer to use formal language when discussing reproductive health issues with those outside of the trans community, or with people who may be judgmental, but use informal language or slang among themselves.

- Access to affordable, appropriate reproductive health care **is a fundamental human right of all people**. Trans women recognized they have a fundamental right to reproductive health services and understand the lack of fulfillment of that right as a human rights violation. By voicing that they think it is their right to receive healthcare, no matter what their needs are or how they may differ from other members of society, trans women are identifying the lack thereof as a human rights violation.

Transgender Men

Reproductive Health and Rights

When transgender men (trans men) were asked about what comes to mind when they hear the term "reproductive health and rights," they mentioned having children, "pro-life," "pro-choice" and access to condoms. Most agreed when one respondent said "Birth control, abortion rights, Planned Parenthood." Most felt the issue did not concern them because "We are not reproducers." Similar to the non-trans gay and bisexual men focus groups, the trans men felt disconnected from the term "reproductive health and rights." They thought "sexual health" was a more applicable term.

Once given a more inclusive definition, the trans men were most concerned about sex-specific conditions for which access to treatments would be restricted after transitioning or are complicated by taking testosterone, long-term health effects of hormone therapy, gender-confirming surgery and assisted reproductive technologies. **Trans men, however, felt disconnected not only from the term reproductive rights, but also from the movement itself** and stated if there was a space for them in the community, with available services and information, they might be more active participants as well.

Access to Reproductive Health Information

All of the trans men felt access to accurate reproductive health information was severely limited. Most relied on the internet, casual conversations with friends or a trans-friendly primary care physician for information. In many cases, however, the information was often conflicting and outdated.

None of the trans men were able to find reliable information about reproductive health or safe sex specific to trans men. All of the trans men were concerned about engaging in high risk behavior and not having accurate information about how to protect themselves. They also felt that most doctors did not provide enough or any information about the possibility of contracting STDs and STIs, topics about which many of them are unclear. Most felt they had to educate the doctor or ask for all of the safe sex literature about sex with men and women and piece something together for themselves. One respondent stated, "It would be great if there is actually an organization that is specific for trans people...to have an answer that is convenient and trustworthy."

Access to Reproductive Health Services

Most of the trans men were disappointed with the healthcare services they were getting or had available. **Most believed money and lack of healthcare coverage were the primary barriers to access.** Some of the trans men spoke of how inability to afford the costs of mental health services required for surgery ultimately prohibited access to surgery. One of the uninsured trans men said, "I mean, it's money in a million different ways. Money for prescriptions. Money to see the doctor. Money for taking time off work […] money [lost] for work that you don't get to do, all those things, travel."

The trans men were also concerned with sex-specific conditions for which treatments are restricted after transitioning. One participant revealed, "I have a lifelong chronic gynecological condition for having an endometriosis... my biggest concern is getting medical treatment and really not being able to transition because […afterwards] I would not be able to get coverage for

this gynecological condition because it is extremely expensive to treat, like outrageously expensive."

The participants talked about the lack of training for healthcare professionals and needing to educate their doctors. They discussed how they often forego medical treatment because seeing an unfamiliar clinician, who most likely is not trans-friendly or educated about health issues related to hormone therapy, is uncomfortable, embarrassing and not productive. When one participant talked about getting treatment, he said, "A lot of doctors, who aren't […] trans-focused want to blame anything that might be going on with you health-wise […] on testosterone, 'so, therefore, that's why you have high blood pressure and that's why your cholesterol is high and that's why you're having all of these things.' Well, […] it could very well be a million other things going on and have nothing to do with the fact that you're on T, but if you are on T then like it's a very easy thing for them to just say." Others mentioned having similar experiences.

At the beginning of the session, the trans men were given the more inclusive definition of reproductive health, which included gender-confirming surgery, and this sparked debate about rights to access services. Many felt it would never be a "right" and that **one "lucked out" if one managed to get on an insurance plan that covered any of the surgery or services needed** before or after, but it would never be something the government would cover. In that way, **participants felt others (government and society at large) were controlling their reproductive health.**

Language Use

Most of the respondents commented on the language of the questions. They expressed **an overall preference for the term "sexual health" over "reproductive health" because, some stated, they were not "reproducers" and did not identify with that term.**

All of the trans men would prefer to use formal language in a medical setting. These trans men stated they had educated themselves because they felt a responsibility to be able to discuss these issues with a healthcare professional in an intelligent way. They also stated that formal language is more specific and felt safer.

Many of the trans men described feeling embarrassed when having to correct pronoun usage among healthcare professionals and stated they often would say nothing.

Conclusions, Themes and Policy Implications

Transgender men's focus groups data indicate:

- There is a lack of rigorous and long-term medical research and education specific to the sexual and reproductive health concerns of trans men. Participants often encounter healthcare providers with little or no direct experience with trans men-specific healthcare, and want centralized resources on trans-knowledgeable and affirming healthcare providers.

- There is a lack of information specific to trans men's sexual and reproductive health. Participants specified a need for information about STDs/STIs. Many participants have

been limited to information on safer sex information for men and for women, and creating something from it for themselves.

- There is a lack of reliable access to reproductive health services, due in large part to economic status as a criteria for eligibility. Participants cited costs of various treatments and services and lack of health insurance as barriers to access.

- Many barriers to sexual and reproductive health services are due to generalized transphobia, resulting in inadequate trans-specific healthcare and insurance. Participants identified inadequate or restricted coverage for gender-specific medical treatment as barriers to access.

- Gaps in language to adequately communicate trans realities exacerbates trans invisibility. Participants recommended that healthcare providers determine and use the gendered pronouns that patients self-select.

- The terms "reproductive health," "reproductive rights" and perhaps "reproductive justice" are often considered irrelevant and exclusive. Participants did not feel connected to the term "reproductive health and rights" and preferred the term "sexual health." Participants also felt disconnected from the reproductive justice movement because they did not see space for them to participate.

- Access to appropriate sexual reproductive healthcare is a fundamental right of all trans men, and the lack of fulfillment of that right is a human rights violation. Participants expressed a strong desire for access to gender-confirming surgery, but most felt it would never be a "right."

Conclusion

Because the reproductive health and rights movement and LGBT liberation movement have been traditionally divided, the LGBT community's reproductive health needs have been severely overlooked. In fact, the general consensus when relating LGBT issues and reproductive health is "What do they have to do with one another?" The focus group participants helped reveal that they do in fact have many reproductive health concerns and needs, but oftentimes are given neither the space nor the context to recognize and address them. By asking five different groups within the LGBT community what they think about reproductive health and rights we were able to begin formulating a context in which to address very specific and unmet needs.

The term "reproductive health and rights" is overwhelmingly alienating to participants of the focus groups, many of whom do not associate themselves with the act of biologically reproducing. When referred to under the umbrella term of "reproductive health," it serves only to make LGBT individuals feel further disconnected from a movement in which they have no prior inclusion. Among gay, bisexual and transgender men, "sexual health" was more applicable to people who aren't necessarily concerned with the specific act of reproduction. In order to engage the LGBT community in the reproductive justice movement we must adapt language that addresses their specific needs. A core belief of LGBT liberation and the reproductive justice movement is that sex does not have to be equated with reproduction in order to be legitimate. Thus, a sex-centered approach might be more effective to engage members of the LGBT community. While formal language is preferred in conversations around reproductive health for the sake of clarity, academic language does not seem to accurately relay the connection between the LGBT community and reproductive health. The focus group participants are not interested in theories, but rather their specific, day-to-day health needs.

One of the areas that each focus group expressed a concern about was how they can contract and protect themselves from STIs. Many of the focus group participants did not have access to LGBT-specific health information. While some felt that they did have access to specific safer sex information, they still expressed concern about STIs equal to those who didn't feel they had access. One participant mentioned that many members of the queer community got their information from the club scene or in social settings, instead of getting it from a community-based organization. If specific information on risks and protection does exist, it needs to be made available in a variety of locations. In many cases, however, especially with the trans community, extensive health research has never been done. A top priority should be to conduct explicit research for trans communities on their reproductive health and rights concerns.

It is evident that cost is the major barrier blocking access to reproductive services for all five groups. It is clear that the LGBT community is one in which the majority of members are not adequately served by the public healthcare system. There are no safeguards put in place to assist the LGBT community to get the reproductive health services they need. Additionally, most members of the queer community are not equipped with the necessary information and tools to practice preventative healthcare, which is where the need for research and the dissemination of accurate and accessible information is imperative.

Another major barrier to sexual and reproductive health is a lack of health care services that are affordable, accessible and appropriate. Comprehensive universal health care, along with local, state and federal government acknowledgment of a human right to health, which includes affordable, accessible and appropriate health care for all, would greatly ease the burden that queer and trans people and low-income people bear in terms of their holistic health and wellness.

A final barrier to access that participants of each focus group have experienced is related to their sexual orientation and gender identity. Many participants reported negative experiences coming out and health providers' general ignorance about LGBT-specific reproductive health issues. In many cases members of the queer and trans communities would prefer not to seek healthcare at all instead of receiving insensitive or inadequate healthcare. The focus group participants reported that sensitivity training for service providers would greatly increase the quality of their healthcare experiences, and likely would make up for the lack of definitive reproductive health information available at this time, especially with regard to trans issues, bisexuality and gender and sexual fluidity. Also, the creation of a referral network of trans-friendly and knowledgeable service providers would be extremely helpful. It must be created based on the experiences of members within the queer community, however, and be accessible from within the community. It is important to provide the queer community with the tools and resources to share the wealth of experience-based knowledge they have, much more so than recruiting poorly received outsiders to attempt to educate about something they have never lived.

Recommendations

- Conduct more research regarding the sexual and reproductive health and rights of lesbian, gay, bisexual and transgender people.

- Activists in the LGBT liberation and reproductive justice movements must call attention to the sexual and reproductive health and rights needs of the LGBT communities, particularly those communities less visible and empowered, and the role that this study can play in making a case for the need for more inclusive care.

- The reproductive health and rights movements should reframe their language and messaging to include a broader frame of sexual health and rights, and consistently use the language and messaging of sexual and reproductive health as a human right.

- Campaigning for universal comprehensive health care and framing health care advocacy in human rights terms should be a priority for all activists interested in LGBT liberation and reproductive justice. In addition, reproductive justice and LGBT liberation organizations must engage more actively in the existing movement for universal health care and acknowledgement of a human right to health.

- We need more extensive training of health service providers on LGBT issues, particularly bisexuality and trans issues to ensure better service and better health outcomes.

- Lobby for employment nondiscrimination protections inclusive of gender identity and expression, in order to assist trans and gender variant people with obtaining and sustaining employment and employment-related health insurance.

- There should be more accurate internet materials and resources available with information concerning the reproductive rights and sexual health of lesbian, gay, bisexual, and transgender people.

Appendix A

Demographic Information for Focus Groups

Bisexual Women

We spoke to ten bisexual women between the ages of 19 and 30 in our focus groups. The women's average age was 25. The ethnic/racial breakdown was as follows:

- 3 African-American
- 2 White
- 2 Latina
- 1 Asian-American/Pacific Islander
- 1 who identified as "other"
- 1 who identified as "Mulatto"

Queer Women of Color

Ten queer women of color between the ages of 20 and 50 participated in our focus groups. The women's average age was 25. The ethnic/racial breakdown was as follows:

- 2 African-American
- 2 Latina
- 1 Biracial (White and Asian)
- 1 Biracial (African-Descent Latina)
- 2 African-American African-Descent
- 1 Mixed race African-American African-Descent Latina
- 1 Biracial (African-American and Native American)

Gay/Bisexual Men

Eleven men who identify as gay or bisexual the ages of 19 and 54 participated in the research. The men's average age was 27. The ethnic/racial breakdown was as follows:

- 1 African-American
- 4 White
- 4 Latino
- 1 Biracial (Latino and White)
- 1 Mixed race African-American

Transgender Women

Eight transgender women between the ages of 23 and 49 participated. The women's average age was 33. The ethnic/racial breakdown was as follows:

- 1 African-American
- 5 White
- 1 Latina
- 1 Biracial (White and Latina)

Transgender Men

Our focus groups included ten transgender men between the ages of 18 and 51. The men's average age was 25. The ethnic/racial breakdown was as follows:

- 1 African-American
- 3 White

- 1 Latino
- 1 Asian-American/Pacific Islander
- 2 Native American
- 1 Black of African-Indian Descent
- 1 Biracial (African-American and Latino)

Appendix B

Definitions

Passing – Passing, in regard to gender identity, refers to a person's ability to be accepted or regarded as a member of the sex or gender with which they identify, or with which they physically present. Typically, passing involves a mixture of physical gender cues (for example, hair style or clothing) as well as certain behavioral attributes that tend to be culturally associated with a particular sex or gender.

Queer - an umbrella term referring to members of the lesbian, gay, bisexual and transgender community; sometimes also used as a distinct sexual and/or gender identity apart from lesbian, gay, bisexual, or transgender that recognizes the fluidity of sexuality and gender; may also connote a political identity instead of, or in addition to, a sexual or gender identity.

Reproductive health and rights - Reproductive health is a term used to describe a wide array of women's and men's health issues including:

1. Prevention and treatment of sexually transmitted infections (STIs) such as gonorrhea and chlamydia
2. Family planning, contraception and reproductive technology including sperm donation and infertility services.
3. Prenatal care
4. Treatment for cancers involving the reproductive health system such as cervical cancer, breast cancer, and prostate cancer.
5. HIV/AIDS prevention, education and services
6. Access to safe and legal abortion
7. Access to gender confirming surgery and services.
8. Sexuality education to enable women and men to become aware and take care of their reproductive health.

Adapted from the National Latina Institute Website (www.latinainstitute.org/)

Reproductive Justice - social justice activism that focuses on the complete physical, mental, spiritual, political, economic, and social well-being of all individuals, and believes that reproductive justice will be achieved when all people have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives.

Technical language or terminology - the specialized vocabulary of a field, the nomenclature. These terms have specific definitions within the field, which is not necessarily the same as their meaning in common use.

Appendix C

Questions for All Focus Groups

Reproductive Health and Rights

1. When I say "reproductive health and rights" what comes to mind?

   Reproductive health is a term used to describe a wide array of women's and men's health issues including:

   9. Prevention and treatment of sexually transmitted infections (STIs) such as gonorrhea and chlamydia
   10. Family planning, contraception and reproductive technology including sperm donation and infertility services.
   11. Prenatal care
   12. Treatment for cancers involving the reproductive health system such as cervical cancer, breast cancer, and prostate cancer.
   13. HIV/AIDS prevention, education and services
   14. Access to safe and legal abortion
   15. Access to gender confirming surgery and services.
   16. Sexuality education to enable women and men to become aware and take care of their reproductive health.

   Adapted from the National Latina Institute Website (www.latinainstitute.org/)

2. Do you understand this definition? Do you have any questions about terms?
3. What aspects of reproductive health most affect you?
4. What reproductive health issues most interest you?
5. What aspects of reproductive health are most important to you?
6. Do you believe that you have a right to reproductive health services?
7. Do you ever think about who has control over your reproductive rights?
8. Do you think the decision concerning when, if, and how to have children is a reproductive right? (this includes adoption, AI, and birth control/contraception)
9. Have you ever felt that your race and/or class has affected your ability to access reproductive services?

Language

1. Do you talk about issues related to your reproductive health? Why/why not?
   a. If you talk about these issues, what feelings come to mind during discussions? Where do you think these feelings come from?
2. What language do you use to talk about your reproductive health? Tell me the words and phrases you use.
3. When talking about your reproductive health, your bodies, and sex, what type of language are you most comfortable using?
   a. What language really helps you to make your point and feel comfortable saying it?
   b. Are there any words or phrases that don't feel right when you use them?

Access to Reproductive Health Information and Services

2. Do you have access to reproductive health information?
    a. Where do you go for this information?
    b. Who do you trust the most when getting this information?
    c. Have you ever found specific information relevant to your group (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)? Where/From Whom?
    d. What kind of information would you like to see available?
    e. Where would it be most convenient for you to access this information? (probe for doctor's office, online, health clinic, etc.)

3. Do you have access to reproductive health services?
    a. Where do you go for these services?
    b. Are there any barriers that you face when trying to access reproductive health services?
    c. What puts your reproductive health and rights at risk?
    d. How does it feel if you come out as (bisexual, having sex with men, having sex with women, transgender) while accessing these services?
    e. Do you ever not come out as (bisexual, having sex with men, having sex with women, transgender) while accessing these services? (we don't necessarily use the words 'come out' with each group) Why/why not?
    f. What are some things you wish health providers knew about (bisexual women, having sex with men, having sex with women, transgender men/women)before you see them?

4. How do service providers treat you if you come out as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)? (probe for examples)
5. What has made you feel safe when you came out as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)? (probe for examples)
6. Have you ever felt unsafe when you came out as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)? (probe for examples)
7. Have you ever been pregnant or thought you were pregnant? What did you do? (with men we ask if they have ever impregnated someone).
8. Have you ever heard of emergency contraception?
9. Have you ever had experience with emergency contraception? (probe for examples)
10. Have you or anyone you know had experience with abortion? (probe for examples)
11. Do you feel that you have adequate information about your std/sti risks as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)?
12. Do you feel that your doctors possess adequate information about your std/sti risks as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)?

If out of time:

1. Tell me about your experience with pregnancy/emergency contraception and abortion.

2. Do you feel that you have adequate information about your std/sti risks as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)?
3. Do you feel that your doctors have adequate information about your std/sti risks as a (bisexual, man having sex with men, woman having sex with women, transman, transwoman, queer woman of color)?
4. What else can you add about reproductive health and rights that I haven't touched upon? What should I know?

Appendix D

Group Specific Language Questions

Bi-sexual Women

1. Do you use the word bisexual to describe your sexuality? What other words do you use? Why? (probe for queer, pansexual)
2. What language should we use about reproductive health to talk to bisexual women like you?

Queer Women of Color

1. Do you use the word queer to describe your sexuality? What other words do you use? Why?
2. What language should we use to talk about reproductive health to talk to queer women of color like you?

Transmen

1. What language should we use to talk about reproductive health to talk transmen like you?

Transwomen

1. What language should we use about reproductive health to talk to bisexual women like you?

Men Who Have Sex With Men

1. What language should we use about reproductive health to talk to men who have sex with men like you?

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