Queer Cyprus Association

LGBTI+ PHYSICAL HEALTH BOOKLET

APRIL | 2021

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ABOUT THE DIVERSITY OF COLOURS PROJECT:

Diversity of Colours Project: towards a Cyprus where all colours, lesbian, gay, bisexual, trans, intersex and many more (LGBTI+), can be together! The Diversity of Colours Project aims to prevent discrimination and make human rights for LGBTI+ more accessible in the northern part of Cyprus. The Diversity of Colours Project, which started in December 2018 and will continue for three years, is funded by the European Union under the Cypriot Civil Society in Action VI Grant Scheme and is implemented by the Queer Cyprus Association.

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Erman Dolmacı
Diversity of Colours Project Coordinator
Queer Cyprus Association

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FOREWORD

In this booklet, you will read about various healthcare barriers which unfortunately still exist, as well as previous barriers and discrimination that we have already overcome.

I have written this booklet both as a doctor who is interested in the topic professionally, and as a queer person who has been personally subjected to discrimination and prejudice in the medical setting.

Through the years that I've worked on sexual and reproductive health and rights, I have encountered many troubling information from the past that made me sad, angry, and determined to make a difference.

I am a strong believer of community care and I wanted to help provide reliable, accessible, queer friendly information regarding LGBTI+ physical health to our community, in a way it could be accessed without having to worry about the potential complications of going to healthcare clinics.

My hope for all of us, as I'm writing this, is that one day future generations will look back on this booklet and be shocked by the problems we have faced.

Fidan Şenova M.D.

DISCLAIMER AND TRIGGER WARNINGS

Throughout this booklet, I will be referring to people of various sex and gender attributes, and I will try my best to be as inclusive and correct as possible. If you believe any specific use is offensive to you or incorrect, please contact me so I can improve the future editions of this publication, as well as my use of such terminology in my future work.

Some important points I want to make before we begin;

- I will mostly specify if I am referring to cis (people who identify their gender same as the gender assigned at birth) or trans people, however, if I only state "women" or "men" at any point, I will be referring to both cis and trans people, including intersexes if their gender identity falls within these societal categories.

- I will be using the acronym “GSM”, meaning “Gender and Sexual Minority”, while talking about issues related to being LGBTI+ in general.

- While I always try to avoid pathologizing terminology when talking about intersexes, I will at certain points use the “medical terminology” as it is accepted today within medical textbooks, if only to point them out. Some of these might be triggering to you, but I will have to mention them in order to deconstruct their meaning and use within the medical community.

- There will be discussion of certain medical interventions. While some of these are voluntarily undergone by people, there will be others which were forced upon infants. The title of these chapters will warn you about the upcoming topic if these are triggering for you.

- I identify as queer and I’m a supporter of the reclamation of this word, therefore I use it throughout this text and mean no offense.

QUEER ACCESS TO HEALTHCARE

Before we begin to discuss various healthcare topics, we first need to talk about having access to healthcare.

Barriers to accessing healthcare for gender and sexual minorities (GSM) are multifactorial and exist on individual (e.g., limited resources, lack of insurance, transportation challenges), systemic (e.g., lack of research and data, healthcare policies), and environmental (e.g., lack of non-discrimination laws and protection, physical and sociocultural environment) levels [(1)].

It would take too long to delve into each of these factors, but it should always be remembered that GSM face discrimination in many aspects of society, affecting socioeconomic factors such as education, employment, insurance, financial security and overall wellbeing.

This results in GSM not having the same opportunity to receive quality healthcare than their cisgender heterosexual counterparts. As a result of this inability to access healthcare services, GSM are at higher risk for certain health problems [(2)]. We will discuss these in detail in the chapter titled "Queer Access to Healthcare".

UNDERSTANDING SEX VARIABILITY IN HUMANS

The next step for us is understanding the sex variability present in humans. We will not go into too much detail here, but we all need a certain level of scientific information to understand our own bodies and to counter the never-ending homophobic/transphobic arguments related to their incorrect idea of biology.

"You are born either male or female!" is a line often used by people trying to justify their transphobia and discrimination towards gender non-conforming people. However, this sentence is incorrect, a correct sentence would be "We assign every baby into one of these two categories based on our subjective judgement".

When we look at the concept of "sex" in humans, there are multiple factors that come into play, and it's certainly not as binary as they would have you believe.

This binary approach is first of all harmful to intersex infants, which we will talk about in the chapter "Specific Healthcare Issues of Transes and Intersexes", because when the healthcare professionals are unable to assign a sex to the

child, they have historically resorted to cosmetic procedures on day-old infants. We will now discuss various mechanisms that are effective in developing the "sex" of humans.

FIRST, OUR CHROMOSOMES.

Humans often have 46 chromosomes, 44 of these are "autosomal" chromosomes and the remaining 2 are specifically sex chromosomes. You may have heard of these, common variants are "XX" and "XY".

While the traditionally shared information is that "you are female if you are XX, and male if you are XY", there is a lot more variability.

Not only there are people with genetic variants like XXY, XYY, XXX, X0 etc., there are also people who have mosaicism, meaning, different chromosomal makeup in different parts of their bodies [3].

In addition to this, people with XX or XY chromosomes can have mutations within these chromosomes, or variability in their bodies' response to sex hormones, leading to the development of a variety of sex characteristics.

THEN WE HAVE OUR EXTERNAL GENITALIA AND SEX CHARACTERISTICS.

Phallus (penis/clitoris):

The phallus is the most commonly used indicator for people to assign a sex to someone at birth (or even prebirth, with ultrasound examinations). The penis and clitoris originate from the same structure, and the growth and development of these organs is based on various genetic and hormonal factors. The presence of a penis (or what is perceived to be a penis) is not enough to assign someone as male.

Scrotum/Labia:

The scrotum and labia originate from the same structure; the development is a result of a number of hormonal factors. A person can have a scrotum but no testes, and although comparatively rare, a labia and testes.

Vaginal opening :

The common misconception is that everyone with a vaginal opening is female, but that is not the case. The vaginal opening is at the fusion location of the labia while developing into the scrotum. Having a vaginal opening does not mean you have an internal vagina, or uterus or ovaries, and it does not define your sex. It does not directly reflect your chromosomes, your gonads or your sex and gender.

AND FINALLY, WE HAVE OUR INTERNAL SEX ORGANS AND HORMONES.

Ovaries/Testes:

Gonads are internal sex organs; their two main purposes are creating sex cells and sex hormones. Ovaries are gonads which have the potential to create egg cells, and testes are gonads with the potential to create sperm cells.

Estrogen/Testosterone:

There are a number of hormones which have an effect on the development of our bodies' sex characteristics (body hair, fat distribution, voice, musculature etc.), estrogen and testosterone are 2 of the most important ones. While these are sometimes called "male and female" sex hormones, they are not exclusive to any sex.

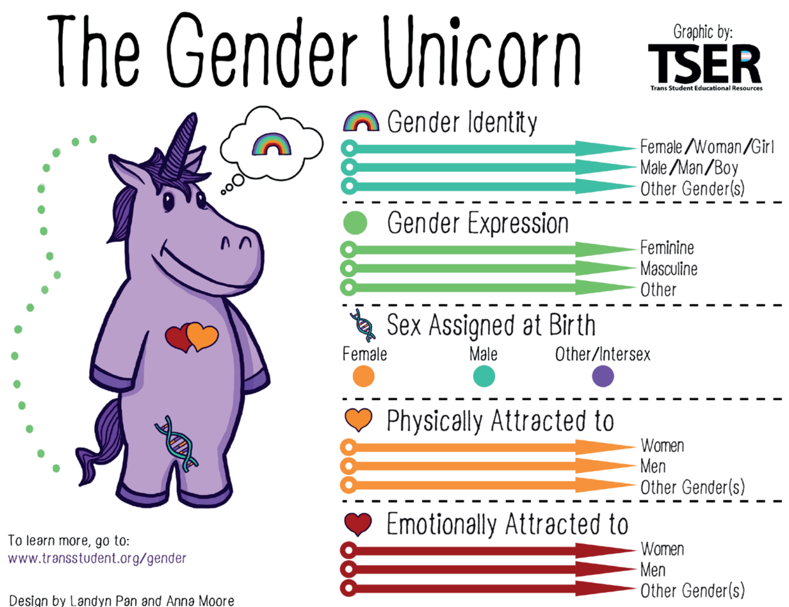
ON TOP OF THESE, WE HAVE "GENDER" AND "GENDER IDENTITY".

World Health Organization (WHO) defines gender as the following: "Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time… Gender interacts with but is different from sex, which refers to the different biological and physiological characteristics of females, males and intersex

persons, such as chromosomes, hormones and reproductive organs. Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth." [(4)].

This is not a perfect description, however considering the field of medicine's problematic past regarding LGBTI+s, it is a good step towards an inclusive future.

We can summarize a great chunk of this information by using the "Gender Unicorn", created by the Trans Student Educational Resources (TSER) [(5)].



As you can see, this chart demonstrates a broad spectrum of sex, gender and sexuality with an almost infinite range of possibilities. Even though this chart is quite expansive, it is not complete. For example, it does not include aromantics (those who do not experience romantic attraction), or asexuals (those who do not experience sexual attraction). Asexuals can also have sexual relationships, and the information given in this booklet also applies to them. It is in everyone's best interest to embrace this variety, rather than try to squeeze everything into two limiting boxes.

BEING A QUEER PATIENT

When you conduct even the most basic online research, you will realize that most resources on LGBTI+ health are specifically about sexual and reproductive health and rights.

However, as you can imagine, these are not the only concerns of the LGBTI+ community. The oversexualization of queer bodies and identities unfortunately extend to this area as well.

When it comes to any kind of healthcare service, LGBTI+ patients require healthcare providers that are sensitive to the needs of this population. When providers are insensitive, or even hostile, an unsafe environment is created and LGBTI+'s become alienated from healthcare systems and healthcare professionals in general [6].

For example, LGBTI+'s are more likely to state themselves as having poor health when compared to cisgender heterosexual people, and different parts of the LGBTI+ community have different problems and needs. Gender and sexual minorities with uteri are less likely to get PAP smears, trans and gender

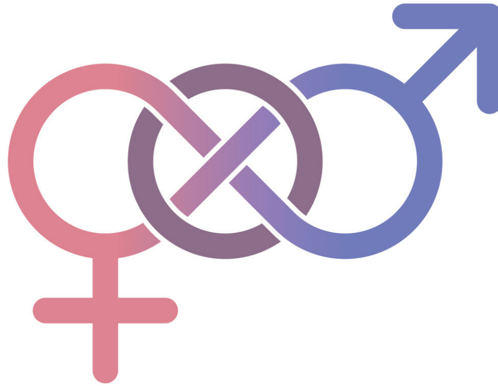
non-conforming people are less likely to present to hospitals with any kind of physical ailment [7].

Various studies suggest that there is a significant association between delaying healthcare because of fear of discrimination, and worse general and mental health among transgender adults. These relationships remain significant even when healthcare providers are controlled for non-inclusivity, suggesting that the fear of discrimination and consequent delay of care are at the forefront of health challenges for transgender adults [8].

Unfortunately, there are only a handful of studies conducted in Turkey, and almost none conducted in Cyprus, so it is not possible for us to give accurate data on the local situation. However, based on individually reported experiences and the social and legal status of LGBTI+'s, it would be accurate to assume the same situation would apply.

The hesitancy in approaching healthcare services can lead to LGBTI+'s not getting routinely checked up, not receiving periodical screening for various ailments (such as cervical cancer, breast cancer, colorectal cancer, systemic diseases etc.). This ultimately leads to LGBTI+'s getting diagnosed and treated when these illnesses have thoroughly advanced.

As mentioned above, it is not enough to only teach healthcare professionals to be more inclusive, it is important that they also actively work on improving their perception among LGBTI+'s and try to mend these fractured bonds.



SEXUAL HEALTH

The first things most people think of when hearing the words "sexual health" are sexually transmitted infections (STIs). There are a number of STIs, some are chronic, some are acute, some are both.

Queer Cyprus has various resources on this aspect of sexual health, including specialized resources on HIV, we do not want to focus on this too much as we want to highlight a different area of sexual health – a satisfying, fulfilling sexual life.

We are just going to mention the various protective measures you can use to have a safe sexual experience; some of these are penis and vagina condoms, dental dams, and gloves.

These are at times thought of as "not sexy" and some people are reluctant to use them because they feel it ruins the mood. Look, it doesn't have to be this way. Make it a part of your sexual activity, we will go into a little more detail in the "Sexual Pleasure" chapter on how you can make your sexual safety feel more fabulous and fun.

SEXUAL DIFFICULTIES*

Erectile dysfunction: inability to achieve or maintain penile erection during sexual activities

Premature ejaculation: for people with penises, reaching the point of ejaculation sooner than they would like, or in a way that interrupts their sexual experience

Painful intercourse: this is the most common sexual health complaint of people with uteri

Vaginismus: the contraction of the vaginal muscles in a way that doesn't allow penetration and causes pain and discomfort

Anorgasmia: the inability to reach an orgasm

Etc.

* We would like to point out that these are referred to as "sexual dysfunctions" in medical literature, however, we prefer using less scary and less pathologizing terminology.

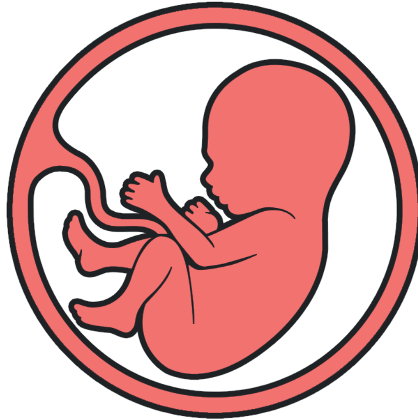
Unfortunately, most people who experience one of these difficulties are reluctant to seek advice from professionals – and this gets even worse when they are a queer person.

Additionally, because of social conditioning, gender roles, societal pressure, restrictions and taboos around sexuality, some people (especially those with a vagina) fail to identify these as a hindrance to their satisfying sex life.
It can be difficult to approach professionals when the stigma around these topics makes people feel shy and insecure, therefore it is important to provide clear and helpful resources online.

While some of these can have actual organic reasons behind them, which can be treated if the person desires, the main driving force of these interferences is a lack of understanding of one's own body, their wants and needs, and not having a comfortable relationship with their sexuality.

Learning more about your body, being aware of how various parts of it feel, trying to analyze how you view sex and sexuality with regards to yourself, your partner(s) and society, will allow you to grow more comfortable and have more satisfying sexual experiences.

In the "Sexual Pleasure" chapter we will discuss some methods you can try.
On a final note, experiencing any of these incidentally – or regularly – does not mean you can't have satisfying sexual experiences. Sex isn't just a series of acts you need to do in order, it is an experience and everyone has their own preferences.



REPRODUCTIVE HEALTH

While sexually transmitted infections are always the first topic which comes to mind, reproduction is not often talked about when it comes to gender and sexual minorities, especially trans and intersexes. There is a common misconception that transes can't, and shouldn't be able to, get pregnant/impregnate others.

While it is unlikely that you would be fertile while taking hormone preparations, there is still a possibility, albeit slim, for pregnancy, and it would be advisable to use barrier methods for contraception (such as penis and vagina condoms) to avoid unwanted pregnancies.

That being said, it is quite possible for trans' to have children. There are a variety of options for everyone, for example, trans men and gender nonconforming people with uteri can become pregnant and deliver babies.

Trans women and gender nonconforming people with testicles can impregnate others (through physical means or through in vitro fertilization). There is also the option of adoption, where it's legally allowed, but that is outside the scope of this booklet which is why we're only discussing the biological options and processing.

If any trans or gender nonconforming person would like to pursue these routes to pregnancy, there are a few steps they need to consider and go through.

First, have they undergone any kind of surgical operation that would alter their sperm production, ovulation, penile or uterine function? If yes, which specific surgeries and what would be the alternatives? For example, if a trans/ gender nonconforming person with a uterus and ovaries have undergone a hysterectomy (i.e., surgical removal of the uterus) but still has their ovaries, their egg cells can still be obtained, in vitro fertilization can occur, and they can have a child through surrogacy.

Second, are they using any kind of hormone preparation? What specific medications or treatments are they currently on? The nature of pregnancy requires a certain balance of hormones within the body for it to be able to continue in a healthy manner, therefore if a trans man or a gender nonconforming person is using testosterone, they will need to abstain from it for at least one year - a certain period before the pregnancy, the pregnancy itself, and then for a little while after. These durations and processes can vary quite a bit based on the specific hormone preparation plan a person is on.
Has the person delivering a baby undergone a mastectomy? If they have, since their mammary glands are removed, they will not be able to breastfeed, if they haven't, they can safely breastfeed.

As you can see, there are a number of variables affecting the process of conception, pregnancy and birth, therefore the optimal information can only be obtained by a thorough history taking and clinical examination by your physician.

We just want everyone reading this to know that being trans or gender nonconforming does not disqualify you from being a parent. You have options.

BEING INTERSEX & FERTILITY

The common misconception is that intersexes cannot have children. This is untrue, and it originates from a problematic understanding of what the word "intersex" truly means.

As explained at the beginning of this booklet, being intersex is not one singular thing. It is an umbrella term for a huge variety of natural, biological sexuality and sex variations. While some intersexes may not be able to conceive, others can easily have children – in fact, they may only learn they are intersex after they have a child, and the child is also discovered to be intersex.

SEXUAL PLEASURE

Looking at equality -and achievement of Sexual and Reproductive Health and Rights- only from the aspect of "not having barriers to access and not being ill" is very common, but unfortunately also very limiting.

According to WHO, "Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. ***it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.*** For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." [9].

While having access to sexual and reproductive healthcare services is important, having a safe, pleasurable sexual life is also equally important.

The Global Advisory Board (GAB) for Sexual Health and Wellbeing is an organization which aims to highlight the importance of considering sexual health, sexual rights and sexual pleasure equally. They define sexual pleasure

as "… the physical and psychological satisfaction and enjoyment derived from solitary or shared erotic experiences, including thoughts, dreams and autoeroticism. Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing. Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned and not obtained by violating other people's human rights and wellbeing." (10).

Our sexuality develops and evolves throughout our entire lives. When we refer to sexuality, we don't only mean "intercourse with another person". We're talking about all of our sexual experiences. This includes a wide variety of activities you can experience by yourself or with others; in one-time encounters or long-term relationships.

People's motivations to have sex, their sexual behaviour within relationships, their sexual orientation and gender identity, intimacy, desire and how they perceive themselves may change at different stages of the life cycle (11).

MASTURBATION

A person's most important sexual relationship is the one they have with themselves. This relationship forms the basis of any and all sexual experiences a person will have in their lifetime.

Masturbation, and exploring one's sexuality in general, is a subject that is often ignored in society and almost considered a taboo. This is why most people grow up feeling alienated from their own bodies and sexuality, and don't even consider their pleasure to be a priority.

Many of the sexual health problems and interferences we listed above (both with physical and psychological origins) can be treated or at least improved by having a loving relationship with yourself.

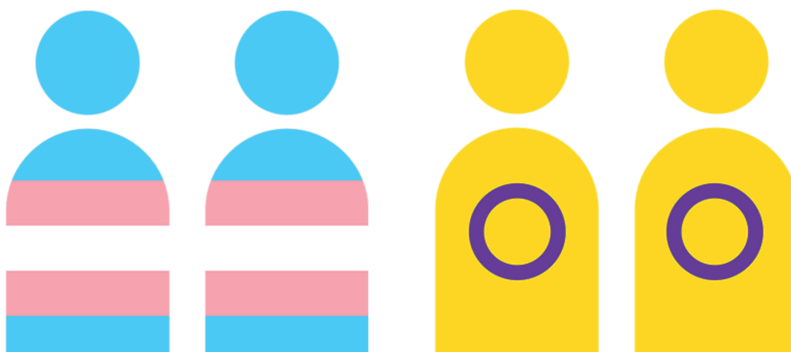
Try and get a feel for your body. Not just your genitals but your body as a whole. Touch your arms, your legs, rub your face, grab under your feet, rub your own shoulders. Spend some time getting to know yourself, see what you respond to, see what you like.

Think about your physical pleasure, think about sex, picture it. We're not talking about porn, play out various experiences in your mind (though you can

also watch porn as long as you are consuming it through ethical sources, by supporting the actual sex workers and not various problematic mainstream companies and tube sites).

The key to having satisfying sexual experiences is figuring out how you feel about anything and everything, and additionally, being able to communicate that with your partner(s).

Society tries to fit everything about our sex and sexuality into two very limiting binary gender boxes and one unimaginative sexual act. These restrictions are forced onto everyone and it is up to us to discover what it is we like to do when no one is telling us what we should be doing.



SPECIFIC HEALTHCARE ISSUES OF TRANSES AND INTERSEXES

While homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973, being trans was only removed from the International Classification of Diseases (ICD) in 2018, and various presentations under the intersex umbrella are still pathologized.

While the medical field is slowly improving, when it comes to transes and intersexes it still has a very long way to go. The surgical procedures for transes are far from ideal, and the cosmetic interventions on intersex infants still continue.

Here we would like to point out that not all operations performed on intersex infants are cosmetic. Sometimes babies can be born with anomalies regarding their urinary system or gastrointestinal system, which could lead to fatal conditions. Correction of these life-threatening conditions are necessary; however, these are often used as excuses for medical professionals to perform additional cosmetic surgery on these infants.

Families of intersex infants are often unaware of what intersex means when they have their baby, and because of that medical professionals can easily lead

them towards any decision. This unfortunately frequently results in families committing to permanent alterations of their child's body.

Performing a non-reversible, purely cosmetic operation on an infant, which could interfere with their bodily functions and sexuality throughout their life, is a clear violation of their human rights.

Trans and intersexes are the most vulnerable population when it comes to healthcare. Comprehensive and multidisciplinary action needs to be taken to improve their medical experiences.

HORMONE THERAPIES:

Hormone replacement therapy (HRT) is the use of sex hormones to induce physical changes in the body (secondary sex characteristics) in order to allow trans and gender non-conforming people to be more comfortable in their own skin or to achieve a look/feeling that they desire.

If this treatment is started before the changes of puberty begins, the development of secondary sex characteristics of the sex assigned to the trans/ gender non-conforming person is avoided, which often leads to more favorable physical outcomes [12,13].

This treatment has multiple forms; while some regimens include pills taken orally, others require intramuscular injections, or intradermal implants. The ideal treatment should be tailored specifically to each individual.

Sex hormones don't only affect secondary sex characteristics, but also has an impact on various other systems in the body, which is why it is important to try and steer clear of tobacco products, decrease alcohol and caloric intake, and exercise in order to avoid unwanted side effects.

Since the access to HRT, prescribed and overseen by a medical professional, can be limited due to the barriers we mentioned above, trans and gender non-

conforming people might consider acquiring them from non-medical, unofficial sources.

While we understand the desire to start this treatment as soon as possible, HRT can have serious and life-threatening complications unless observed and followed-up by a physician.

Another important thing to note is that HRT does not only cause physical changes, but also has an effect on the mental state of a person. Think "puberty". Once on hormone preparations, it will quite literally feel like going through a second puberty and this will be accompanied by the emotional changes of that period.

This is a very complex topic and, as we mentioned, should be further investigated on a case-by-case basis. You can check the references at the end of this booklet, or contact a known LGBTI+ friendly physician to get additional information.

SURGICAL PROCEDURES:

Before we begin this chapter, we would like to point out that you do not need to undergo any of these procedures to "qualify" as trans. We are fully aware that certain countries will force you to go through one or more of these surgical procedures, in addition to the inhumane practice of forced sterilization, to legally change your gender, but this does not mean you are any less trans if you choose not to get any of these procedures done. You are always who you feel yourself to be and who you say you are. No one can dictate your identity.
Now, we can talk about the various surgical interventions.

TOP SURGERIES:

- Mastectomy

Mastectomy is the surgical removal of the breast tissue (this may or may not include the removal of the nipple) that some trans men and gender nonconforming people decide to pursue. While the older options for this

procedure used to always end with large scars on a person's chest, or could end up with a loss of sensation (as can happen with an incision around the nipple) there are newer techniques (such as using an incision through the armpit) which can offer more cosmetically and functionally satisfying options.

- Breast Implants:

This is surgical operation where a person can enhance the size of their breast via the implantation of a material into their chest.

Both of these surgeries can result in some complications, the most commonly reported complications are: poor wound healing, fluid accumulation beneath the skin (seroma), a solid swelling of clotted blood within your tissues (hematoma), damaged or dead body tissue (tissue necrosis), such as in the nipple, scarring, dissatisfaction with appearance after surgery, and asymmetry [(14)].

BOTTOM SURGERIES:

- Vaginoplasty :

Vaginoplasty is the surgical procedure in which a vagina (often called neovagina in medicine) is created for a trans woman or gender nonconforming person. There are certain variations of this operation.

If the person has large enough penile tissue, a process called "inversion" can be performed, in which the penis tissue is inverted and used to create the vaginal opening.

A segment of the bowel can also be used for the creation of a neovagina, which provides better lubrication and a larger vaginal opening.
Additionally, these procedures can be combined, by both using the penile tissue and bowel segments.

- Phalloplasty:

A phalloplasty is a surgical procedure where a penis is created. A phalloplasty is a multi-staged procedure that may include a variety of different procedures,

including creation of the penis, lengthening the urethra, so you are able to stand to pee, creating the tip (glans) of the penis, creation of the scrotum, removal of the vagina, and placing erectile and testicular implants. It is important to note that each staged surgical plan is unique to each patient and may or may not include some/all of the above procedures [15].

This procedure can be done by using tissue from a person's arm, leg, or more rarely, the side of their body.

- Metoidioplasty:

This is a procedure where a neopenis is created from the clitoris of a person after it has been enlarged by hormonal preparations. As mentioned above, the penis and clitoris arise from the same structure and have certain similarities. In this procedure, the internal aspect of the clitoris is "freed" by dissecting the ligaments which hold it in place. The urethra then can be elongated (to enable urinating while standing up) and a scrotoplasty can be performed, where testicular implants are placed in the labium majora.

There are pros and cons to each kind of intervention and we would strongly suggest you talk to people who have previously undergone any of these options before making an informed decision.

Remember, there is no "right" answer, only you can decide what is best for you and your body.

THE PANDEMIC AND QUEER HEALTH

2020 was a traumatizing and difficult year for all of us, however LGBTI+'s were one of the populations that was more affected, since they may experience barriers to healthcare, owing to stigmatizing social norms, healthcare discrimination, and a lack of inclusion in information and resources (16).

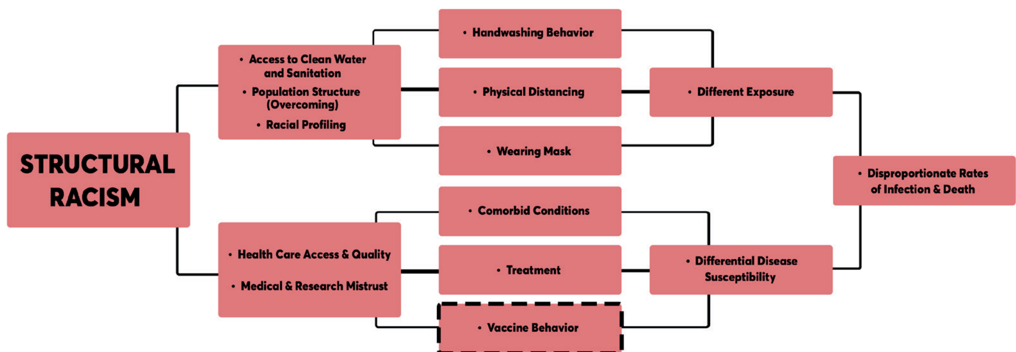


Figure reference: Fenway Institute, National LGBTQIA+ Health Education Center [17].

The above diagram demonstrates the societal effect of being a part of a minority group, explained from a structural racism perspective.

Similar situations apply to gender and sexual minorities, and applies even more to the intersection of these communities, once again highlighting the importance of intersectionality in activism.

In addition to the barriers to accessing healthcare that was mentioned throughout this booklet, the pandemic made it so that people had to isolate themselves within their homes, at times with family members that they have problematic relationships with.

The fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. Social isolation exacerbates personal and collective vulnerabilities while limiting accessible and familiar support options [(18)].

This can lead to LGBTI+'s being stuck in environments where they don't feel safe, in which they are being emotionally and physically being put at risk.

Community support, self-care interventions and provision of funds to at-risk LGBTI+'s can help resolve this situation, but it is unfortunately not enough in and of itself.

REFERENCES :

1) Smalley K et al; LGBT Health: Meeting the Needs of Gender and Sexual Minorities; Springer Publication Company 2017

2) Gay and Lesbian Medical Association. (2001). Healthy People 2010: Companion document for lesbian, gay, bisexual, and transgender health. San Francisco, CA.

3) https://www.genetic.org/variations/

4) www.who.int/health-topics/gender

5) Trans Student Educational Resources, 2015. "The Gender Unicorn." www.transstudent.org/gender.

6) Clark, M E et al. The GLBT Health Access Project: A State-Funded Effort to Improve Access to Care. American Journal of Public Health. 2001; 91:895–896

7) Daniel, H., Butkus, R.; Health and Public Policy Committee of American College of Physicians. (2015). Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. Annals of Internal Medicine, 163 (2), 135 – 137. doi:10.7326/ M14- 2482

8) Seelman KL, Colón-Diaz MJP, LeCroix RH, Xavier-Brier M, Kattari L (2017) Transgender noninclusive healthcare and delaying care because of fear: connections to general health and mental health among transgender adults, Transgender Health 2:1, 17–28, DOI: 10.1089/trgh.2016.0024.

9) Defining sexual health: report of a technical consultation on

For Contact:

kuirkibris.org

/queercyprus

/queercyprus

/kuirkibris

Solidarity Line:
+90 542 858 58 47

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