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## Transgender Population: Point of Care for Oral and Sexually Transmitted Infectious Diseases

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### KEYWORDS

Transgender, Infectious, Sexually transmitted disease, Oral care, Gender dysphoria

### ABSTRACT:

Transgender are under-represented and marginalized. They rarely access conventional health-provider systems due to mistrust and fear of censure. While this community has been studied from point of care (POC) at sexually transmitted infectious disease and oral disease treatment delivery, very few literature is found. This exploratory article tries to discuss the health and management of the transgender. This article is focussed to ensure that every transgender patient deserves proper healthcare delivery with all dignity and respect. Providers should create welcoming environments that facilitate disclosure of gender identity and sexual orientation. Clinics should document gender identity and sex assigned at birth for all patients to improve sexual health care for transgender and gender nonbinary persons. Assessment of gender identity and sex assigned at birth has been validated among diverse populations, has been reported to be acceptable, and might result in increased patients identifying as transgender. Lack of medical provider knowledge and other barriers to care (e.g., discrimination in health care settings or denial of services) often result in transgender and gender nonbinary persons avoiding or delaying preventive care services and incurring missed opportunities for HIV and STI prevention services. Gender-inclusive and trauma-guided health care might increase the number of transgender patients who seek sexual health services, including STI testing, because transgender persons are at high risk for sexual violence. The purpose of this article is to sincerely help naive researchers, by providing them with the information they need to look into the transgender community, and we anticipate that it will lead to for them to proceed in the proper path for a noble cause.

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### Background

Transgender persons often experience high rates of stigma and socioeconomic and structural barriers to care that negatively affect health care usage and increase

susceptibility to HIV and STIs. Persons who are transgender have a gender identity that differs from the sex that they were assigned at birth. Gender dysphoria is defined as a marked incongruence between one's



experienced or expressed gender and gender assigned at birth. This state can be understood as a misalignment between 'biological sex' (typically understood as sexual organ and genetic characteristics) and 'gender identity'. Gender dysphoria might occur at various developmental stages, but commonly escalates with development of secondary sexual characteristics.

Lack of medical provider knowledge and other barriers to care (e.g., discrimination in health care settings or denial of services) often result in transgender and gender nonbinary persons avoiding or delaying preventive care services and incurring missed opportunities for HIV and STI prevention services. Gender-inclusive and trauma-guided health care might increase the number of transgender patients who seek sexual health services, including STI testing, because transgender persons are at high risk for sexual violence. The purpose of this article is to sincerely help naive researchers, by providing them with the information they need to look into the transgender community, and we anticipate that it will lead to for them to proceed in the proper path for a noble cause.

## **Context**

Providers should create welcoming environments that facilitate disclosure of gender identity and sexual orientation. Clinics should document gender identity and sex assigned at birth for all patients to improve sexual health care for transgender and gender nonbinary persons. Assessment of gender identity and sex assigned at birth has been validated among diverse populations, has been reported to be acceptable, and might result in increased patients identifying as transgender.

- There is a need to make STD clinics friendly to Gender Diverse patients.
- Clinics should document gender identity and sex assigned at birth for all patients to improve sexual health care for transgender and gender nonbinary persons.
- Primary care providers should take a comprehensive sexual history, including a discussion of STI screening, HIV PREP and PEP, behavioural health, and social determinants of sexual health.
- Clinicians can improve the experience of sexual health screening and counselling for transgender persons by asking for their choice of terminology or modifying language (e.g., asking patients their gender pronouns) to

be used during clinic visits and history taking and examination.

- Options for fertility preservation, pregnancy potential, and contraception options should also be discussed, if indicated.
- The majority of transgender women have not undergone genital-affirmation surgery and therefore might retain a functional penis; in these instances, they might engage in insertive oral, vaginal, or anal sex as well as receptive oral or anal sex.
- Transgender women- Providers should have knowledge about the type of tissue used to construct the neovagina, which can affect future STI and HIV preventive care and screening recommendations. Transgender women who have had a vaginoplasty might engage in receptive vaginal, oral, or anal sex. Neovaginal STIs have infrequently been reported in the literature and include HSV and HPV/genital warts, *C. trachomatis* N. gonorrhoeae.
- Transgender Men- The few studies of HIV prevalence among transgender men indicated that they have a lower prevalence of HIV infection than transgender women. Recent data from the STD Surveillance Network demonstrated higher prevalence of gonorrhoea and chlamydia among transgender men, similar to rates reported among cisgender. Transgender men who have not chosen to undergo hysterectomy with removal of the cervix remain at risk for cervical cancer. High-risk HPV testing using a swab can be considered; self-collected swabs for high-risk HPV testing has been reported to be an acceptable option for transgender men.

## **Discussion**

The following are screening recommendations for transgender and gender diverse persons:

- Because of the diversity of transgender persons regarding surgical gender-affirming procedures, hormone use, and their patterns of sexual behaviour, providers should remain aware of symptoms consistent with common STIs and screen for asymptomatic infections on the basis of the patient's sexual practices and anatomy.
- Gender-based screening recommendations should be adapted on the basis of anatomy (e.g., routine screening for trachomatis and *N. gonorrhoeae*) as recommended for



all sexually active females aged <25 years on an annual basis and should be extended to transgender men and nonbinary persons with a cervix among this age group.

HIV screening should be discussed and offered to all transgender persons. Frequency of repeat screenings should be based on level of risk.

For transgender persons with HIV infection who have sex with cisgender men and transgender women, STI screening should be conducted at least annually, including syphilis serology, HCV testing, and urogenital and extragenital NAAT for gonorrhoea and chlamydia.

Transgender women who have had vaginoplasty surgery should undergo routine STI screening for all exposed sites (e.g., oral, anal, or vaginal). The usual techniques for creating a neovagina do not result in a cervix; therefore, no rationale exists for cervical cancer screening.

If transgender men have undergone metoidioplasty surgery with urethral lengthening and have not had a vaginectomy, assessment of genital bacterial STIs should include a cervical swab because a urine specimen will be inadequate for detecting cervical infections.

Cervical cancer screening for transgender men and nonbinary persons with a cervix should follow current screening guidelines.

## **Conclusion**

Transgender are primarily marginalized. They either work as oral or anal prostitutes or as beggars. They comprise the lower socioeconomic levels of the general population and are frequently abused. The impact of their sexual activity on oral tissues, their history of violence, trauma, and injuries to their face and oral cavity can all be assessed in forensic odontology. Their lifestyle's impact on different infectious oral diseases and sexually transmitted infectious diseases are more prone to be researched thoroughly. These investigations would offer baseline information, which the government might use to carry out upcoming plans to enhance both their overall and specific oral health and wellness.

## **Reference**

1. CDC's Sexually Transmitted Infections (STI) Treatment Guidelines, 2021