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# Towards Transformative Healthcare: Case Studies



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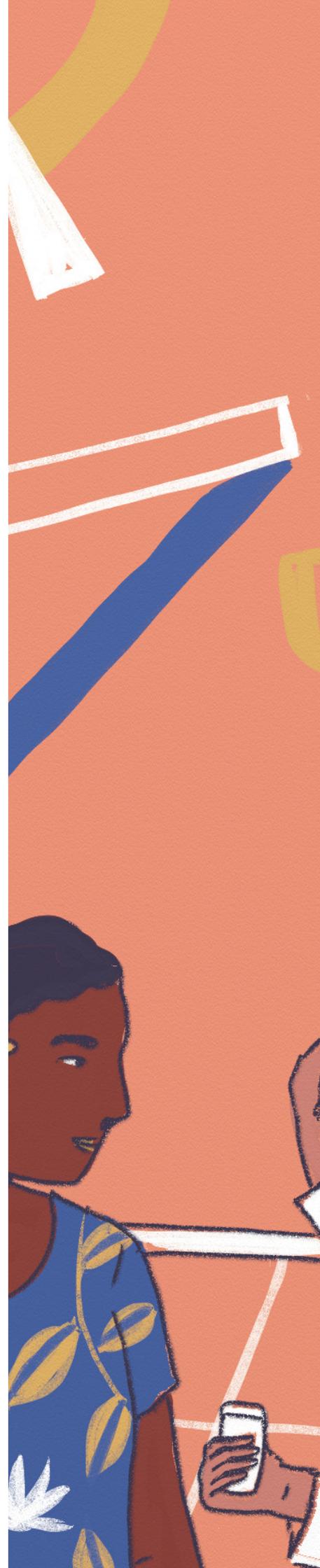
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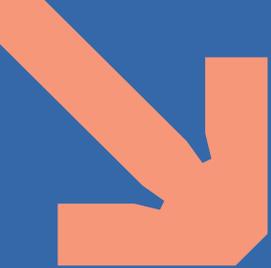




# Acknowledgements

The case studies were originally drafted by Raju Behara, whose foundational work shaped the structure and direction of these case studies. Their thoughtful approach to inclusive healthcare and attention to often-overlooked areas ensured that the content remained grounded, relevant, and oriented toward realistic growth. The report has since undergone substantial revision to broaden its regional relevance while preserving the original intent and core thematic areas.

We extend our sincere appreciation to the reviewers Dr. Dashika Balak, Dr. Fiera Adam, Dr. Subatra Jayaraj, and Dr. Alegra Wolter for their thoughtful insights, contextual expertise, and suggestions to ensure that the case studies will be useful for practitioners learning about inclusive and gender-affirming care and providing localized insight.



# Introduction to case studies

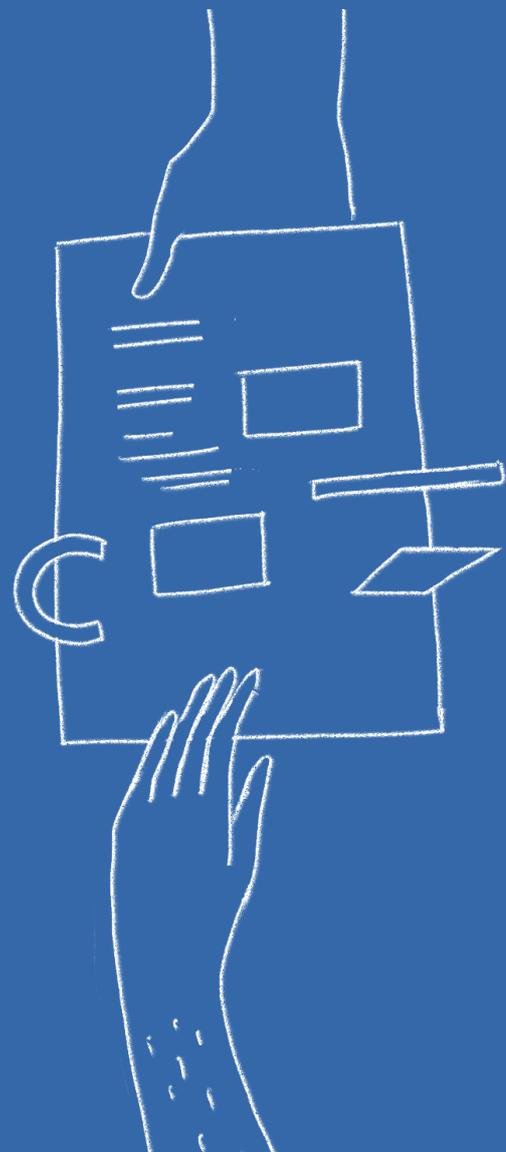
Across Asia and the Pacific region, trans and gender-diverse people face significant barriers in accessing quality healthcare ranging from stigma and discrimination to lack of provider knowledge and barriers to institutional support. Trans health matters because everyone deserves access to competent, affirming, and compassionate healthcare that acknowledges a person's autonomy, dignity, and right to make decisions about their own body and life.

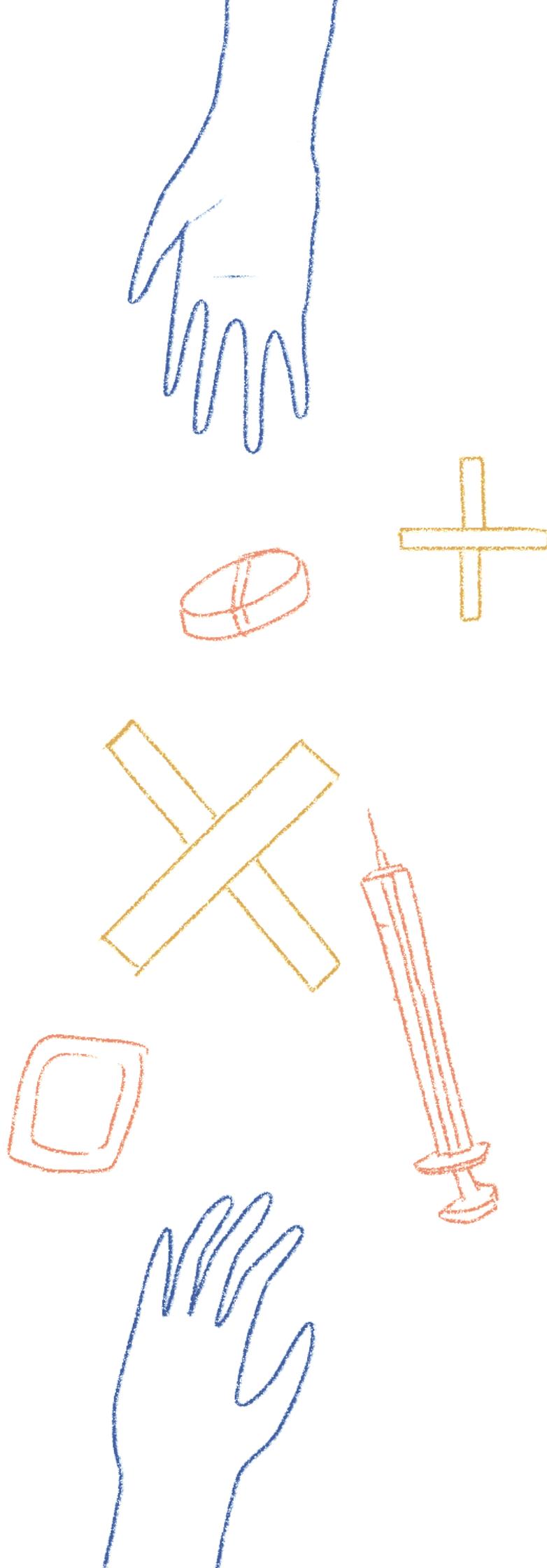
These case studies were developed as a practical learning tool to support APTN's Towards Transformative Healthcare: Asia Pacific Trans Health and Rights Module and encourage deeper understanding and reflection on issues related to trans health and well-being in the region. Each case draws on real-world scenarios and lived experiences shared by community members, healthcare providers, and advocates in the region. They are designed to help participants think critically about how to provide gender-affirming, respectful, and inclusive care and support for trans and gender-diverse people.

These case studies aim to highlight the importance of seeing each person as an individual, rather than making assumptions based on gender expression, appearance, or identity. There is no "one-size-fits-all" approach to trans health; instead, the goal is to meet each person with empathy, respect, and openness. The region is also home to immense cultural diversity, longstanding local gender identities, and deep community resilience. Recognizing, respecting, and learning from this diversity is essential to advancing equitable, inclusive, and affirming health outcomes for all. Each case draws on real-world scenarios and lived experiences shared by community members, healthcare providers, and advocates in the region. They are designed to help participants think critically about how to provide affirming, respectful, and inclusive care and support for trans and gender-diverse people.

By engaging with the case studies through practice and reflection, we hope that participants will be able to:

- Understand key concepts and challenges in trans health in the Asia and Pacific context.
- Identify ways to apply gender-affirming principles in healthcare and community settings.
- Practice effective communication, empathy, and decision-making skills through role-play and group discussion.
- Reflect on biases and assumptions to strengthen inclusive practices.





## Using this guide

The case studies are designed as a learning tool to help healthcare professionals, students, and institutional leaders examine how systemic bias and transphobia affect access to care and patient well-being. Each section provides a different entry point for reflection, discussion, and practical action. This guide is not a prescriptive manual but a learning companion to facilitate discussion, reflection, and skill-building. The entire document may be used as a workshop module or adapt specific sections for lectures, staff training, or policy discussions. Participants are encouraged to reflect on their own practices, institutional cultures, and systems of power within healthcare.

There are discussion questions to guide critical reflection on individual, institutional, and systemic levels of responsibility. Encourage participants to consider what actions they can take personally within their professional roles and what institutional reforms may be necessary for long-term change.

A section titled 'Exploring the Barrier' briefly provides an evidence-based overview of the broader social, legal, and administrative challenges faced by trans and gender-diverse people in healthcare systems. Use this section to connect the personal experiences illustrated in the case with wider patterns of exclusion and inequity across the region and within your own locality. Then, 'Pathways Towards Inclusive and Affirming Care' offers practical recommendations and models for institutional reform, provider training, and patient-centered approaches. This section can serve as a basis for action planning, helping teams identify immediate and long-term steps toward building safer and more affirming healthcare environments.

# Commitment to ongoing learning and inclusive care

Most medical schools and training programs still do not include education on transgender and gender-diverse health, which means providers often enter the field without the tools they need to care for these communities confidently and respectfully. This makes ongoing, self-directed learning not just a professional expectation but an opportunity for personal growth and a way to strengthen the care provided. By seeking out reliable, community-informed resources, asking questions, and remaining open to expanding understanding and commitment to diverse communities, health providers play an active role in creating safer and more affirming healthcare environments.

Taking the initiative to continue learning is a powerful and compassionate step toward supporting trans people with the dignity and respect they deserve. As the landscape of trans and gender-diverse healthcare evolves and becomes more inclusive, staying informed ensures that providers can deliver care that is accurate, respectful, and grounded in evidence. Ongoing learning also helps challenge outdated assumptions, reduce stigma, and reinforce inclusive practices within healthcare systems.

We encourage you to stay tuned for further updates, complete the [APTN's Towards Transformative Health Module](#), and keep us informed about your ongoing commitment to providing affirming and high-quality care for trans and gender-diverse people.



# Case Study Guide

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# Structural transphobia: systemic and administrative barriers accessing healthcare

Maya, a transgender woman in her mid-20s, arrives at a district hospital for overnight observation after a minor surgical procedure. Although she presents as a woman and consistently lives as one, her national identity card still lists her gender as male. Hospital staff, following administrative rules, admit her to the male ward. When Maya enters the ward, several patients stare, whisper, and question why she is there. Throughout the night, Maya feels unsafe, exposed, and deeply uncomfortable. She avoids using the shared bathroom and tries not to sleep. The next morning, she reports feeling more distressed by the ward placement than by the medical issue that brought her in.

## Additional vignettes for practice

- Aiman, a 27-year-old trans man in Singapore, applies for health insurance, but staff question his identity because his identity card does not match his gender expression. When he discloses that he uses testosterone, the insurer labels him “high risk” and denies coverage or offers a policy with very high costs and many exclusions. Without insurance, Aiman cannot afford safe healthcare and is left without financial protection.
- Rajiv, a trans man in Kerala, India, went to a public emergency room with severe chest pain. The intake system required his legal name, so his legal name was called aloud in a crowded waiting room and staff openly questioned his identity when he approached them. In the consultation room, the doctor made inappropriate body-related comments while trying to “verify” his identity. Feeling humiliated and unsafe, Rajiv left before receiving treatment. The experience delayed urgent care and left him anxious, distressed, and afraid to return to the health system.



## Discussion questions

- What systemic barriers contributed to the patient’s negative experience?
- What actions could you, as a provider, take immediately to reduce harm for a transgender patient experiencing misgendering or unsafe ward placement?
- How can you communicate empathy and respect even when hospital protocols are rigid or outdated?
- In what ways can you advocate for your patient (such as room changes, privacy measures, updating charts) within your existing authority?
- What protocols and administrative reforms could be implemented to mitigate this?
- How can health systems improve safety, confidentiality, and gender-affirming care to reduce healthcare avoidance among transgender people and other marginalized groups?

## Key barriers

These cases show how administrative procedures can undermine patient safety, dignity, and gender when SOGIESC (sexual orientation, gender identity, gender expression, and sex characteristics) principles are not understood or applied. These experiences not only cause direct harm to individuals but also extend across the broader transgender community, fostering mistrust in healthcare systems and contributing to poorer overall health outcomes<sup>1</sup>.

The SOGIESC (Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics) Framework is a human rights framework used globally to understand, protect, and promote the diverse ways people experience gender and sexuality, moving beyond labels like LGBTQI+ to encompass biological variations and the full spectrum of identities and expressions, ensuring inclusive policies in development, healthcare, education, and legal systems to combat discrimination and promote equality for everyone<sup>2</sup>.

Common systemic barriers in clinic settings include:

- Absence of formal, institution-wide policies on gender-affirming care, creating inconsistent practices across departments and facilities.
- Electronic health systems that cannot record chosen names or affirmed gender, forcing the use of legal identifiers that lead to misgendering and unwanted disclosure.
- Discrepancies between a patient’s lived gender and the gender marker on official documents, often resulting in humiliation, discrimination, or denial of services.
- Limited or no staff training on SOGIESC inclusion, leaving health workers unprepared to manage mismatched documents or provide respectful, affirming care.
- Systemic gaps that reinforce stigma, increase psychological distress, and contribute to avoidance of care or early discharge from services.

In most countries across the region, the vast majority of transgender people cannot obtain any official identification documents that reflect their gender identity. Instead, their listed title, name, sex and/or gender is based on the individual’s sex assigned at birth. This impacts their access to meaningfully participate in society that many people take for granted, including the right to vote, to health care, to work, to travel, the right to find a family, movement, and many others. Therefore, legal gender recognition is one vital component of the legal protection that transgender people require in order to enjoy the full realization of their human rights<sup>3</sup>.

1 Ahmad, H. F. et al. (2024). *Discrimination in healthcare: A field experiment with transgender actors in Pakistan*. (ScienceDirect / journal)

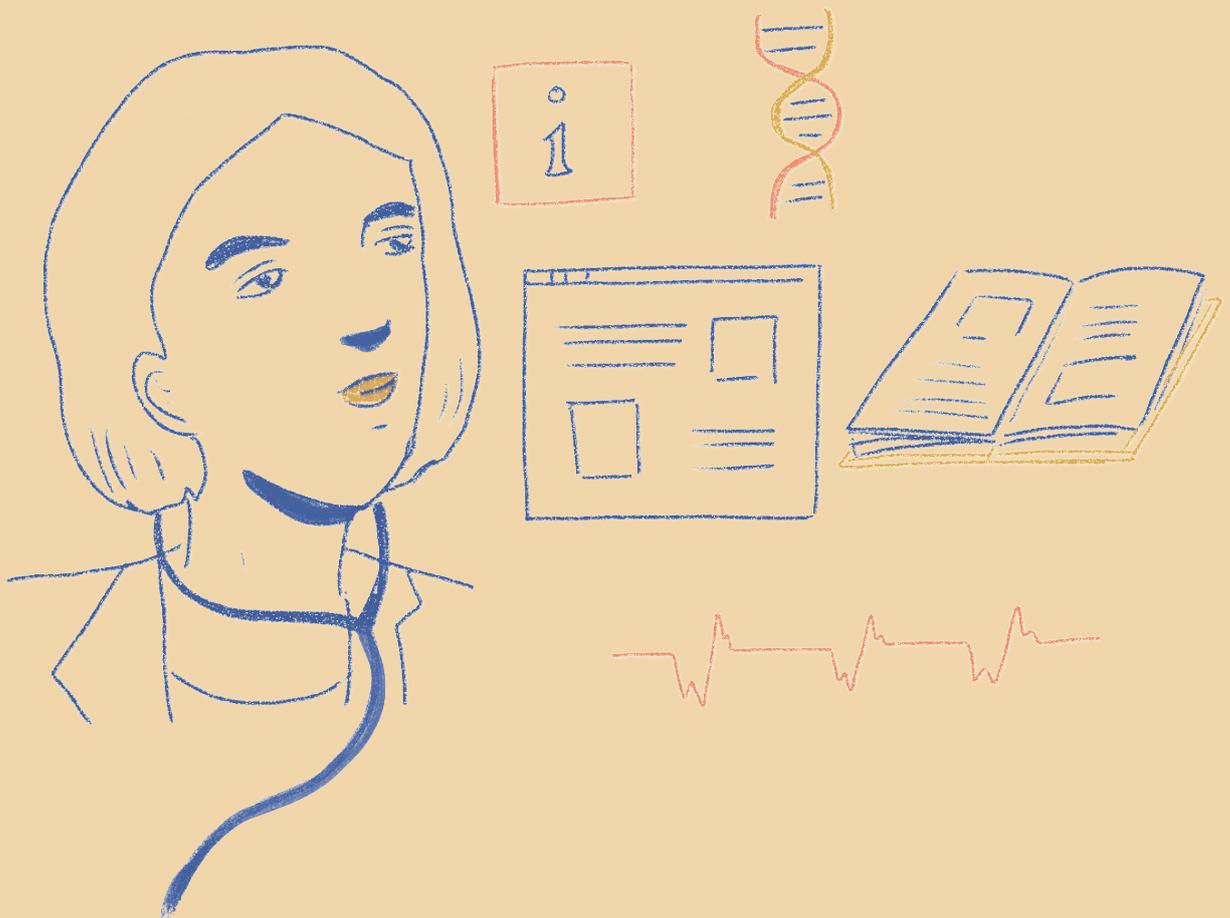
2 <https://www.coe.int/en/web/sogi>

3 UNDP & APTN (2017). *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia*.

## Recommendations

Improving safety and dignity for trans and gender-diverse patients requires both policy-level reform and practical measures that can begin immediately. Basic healthcare should never be denied due to gender identity or gender markers on identification cards.

- Every healthcare professional and frontline worker can contribute to a more inclusive, compassionate, and safe healthcare system. Individual actions by staff can meaningfully improve patient experiences and reduce harm such as asking about preferred names, pronouns, and ward placement.
- Providers should take initiative through self-learning, peer education, and practical procedural changes to foster an affirming environment.
- Hospitals can create interim guidelines allowing gender-affirming ward placement based on self-identified gender, not legal markers.
- Revise intake, triage, and registration systems to include chosen names, pronouns and self-identified gender separate from legal identifiers.
- Introduce private intake spaces to prevent accidental disclosure and protect confidentiality.
- Adopt explicit non-discrimination policies that include SOGIESC and standardize SOGIESC-sensitive staff training for all personnel, including reception, security, and clinical teams.
- Longer-term solutions include advocating for national-level legal gender recognition processes, integrating SOGIESC training into all personnel training and into medical and nursing curricula, and engaging transgender community organizations to co-design policies and provide ongoing feedback.



# Patient-focused care and autonomy

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Latha, a trans man, was asked to undress for a routine exam in a shared ward separated only by curtains. He requested a private room, but staff refused, saying it was “too complicated.” He declined the exam altogether due to fear of being exposed in an unsafe environment.

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## Additional vignettes for practice

- Arun, a non-binary patient seeking mental health support, explained that they did not want medication and preferred counselling-based interventions. The psychiatrist quickly prescribed antidepressants without discussing options or asking about their goals. Arun left feeling unheard and distrustful, and they never initiated the treatment plan.
- Mina, a trans woman visiting for a sprained ankle, was repeatedly asked by the nurse to “explain her transition history” and asked invasively about her bodily anatomy even after saying it wasn’t relevant to the injury. She felt uncomfortable and pressured to disclose private information just to receive basic care.

## Discussion questions

- What does informed consent mean in practice for gender-affirming care?
- How can clinicians ensure they consistently ask for permission before physical touch, especially during sensitive exams and why is this particularly important for transgender and gender-diverse patients?
- What strategies can be used to involve patients as co-decision makers in developing and evaluating their care pathways?

Informed consent involves a health professional providing adequate and accurate information to enable a person to make an informed decision regarding potential medical treatment to affirm their gender.

## Key barriers

Disregarding patient autonomy by overstepping boundaries, scrutinizing bodies without consent, and probing into personal aspects of gender identity or sexuality that are not clinically relevant violates ethical standards and patient rights and can cause humiliation, trauma, and distrust. Respecting patient autonomy is central to quality, rights-based healthcare. Informed consent includes respecting a person's own goals. For transgender and gender-diverse people, this means recognizing that each individual's goals, needs, and pathways to well-being are unique.

Autonomy empowers patients to make informed decisions about their bodies, identities, and treatment options whether related to gender-affirming care, mental health support, or other health services. Common Clinical Interactions That Compromise Bodily Autonomy Include:

- Informed-consent processes are frequently not in practice, incomplete, unclear, or not tailored to cultural or literacy needs.
- Technical language can exclude patients and undermine their ability to make informed decisions.
- Rushed appointments and lack of trauma-informed practice often prevent providers from asking consent before touch and limit meaningful discussion of patient goals.
- Medical gatekeeping requires patients to “prove” identity or follow rigid transition pathways to access care.
- Asking intrusive or unnecessary questions about anatomy out of curiosity rather than medical relevance, violating patient privacy.

## Gender diversity in Asia and the Pacific: implications for healthcare

Asia and the Pacific Islands have a long history of gender diversity, with cultural and social practices that extend beyond the binary framework. Despite this, many health systems remain grounded in binary gender models which can lead to stigma, paternalism, and compromised informed consent for individuals. Limited autonomy and restrictive care options may drive some to self-medicate or avoid healthcare altogether.

Within an informed consent framework, clinicians should affirm that there is no single “correct” way to transition. Hormone pathways do not need to follow binary models but should be tailored to what is realistic and aligned with the individual's goals. Patient autonomy, cultural literacy, and community engagement are essential to creating safe, affirming care environments.

## Key barriers

- Existing medical guidelines often focus on binary transitions, leaving limited guidance for non-binary and gender-diverse patients.
- Non-binary individuals may experience invalidation when healthcare professionals enforce binary understandings of gender.
- Training initiatives that incorporate local gender terminology, cultural understanding, and community participation aim to shift care from gatekeeping toward informed consent and patient-centered approaches, improving trust, safety, and care quality.

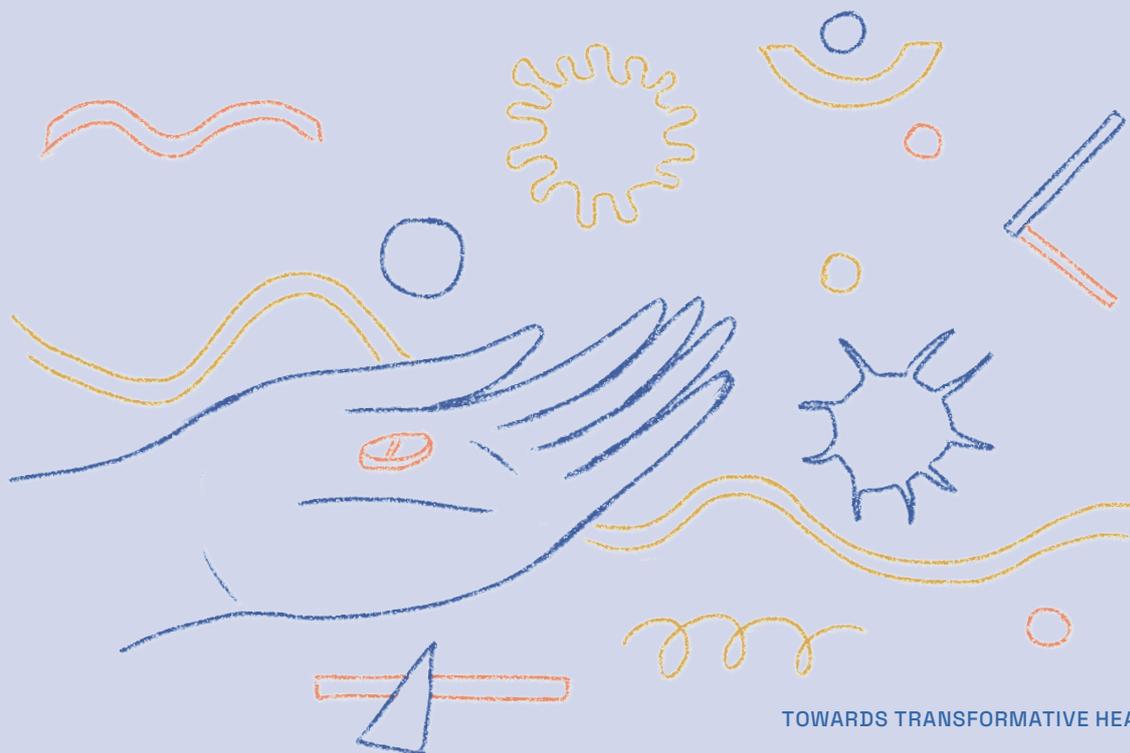
## Key questions for clinicians

- What does “patient-defined success” look like in gender-affirming care, and how can practitioners ensure that care plans align with individual goals rather than normative outcomes?
- How can clinicians center patient autonomy in restrictive or binary-focused medical systems?
- How can providers support autonomy when guidelines emphasize binary gender pathways?
- What steps can help a non-binary patient explore gender goals without forcing a binary transition?

## Recommendations

When providers actively listen, share information transparently, and collaborate on care decisions, it strengthens trust and ensures that interventions align with what the person themselves wants to achieve. This approach shifts authority from clinicians to patients, emphasizing respect for self-determination and bodily autonomy, which is especially vital in contexts where transgender people often experience disempowerment.

- Autonomy should be central to all models of gender-affirming care, ensuring that individuals are active decision-makers in their own health journeys. Informed consent frameworks improve trust, safety, and long-term continuity of care.
- Recognition of self-defined goals supports mental well-being and a sense of agency.
- Reinforce expectations of professional conduct and appropriate boundaries. Use medically relevant questions only and do not ask unnecessary focus on anatomy or hormones.
- Inclusive documentation allowing diverse gender identities fosters dignity and respect.
- Community participation in training and care model development ensures that services reflect real experiences and needs.



# Stigma, Bias and Cultural Framing

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Nok, a 26-year-old transgender woman from Naan, Thailand arrived at a public hospital with severe abdominal pain. When she reached the doctor, he made a joke about her feminine attire and while conducting intake questioned her “lifestyle choices” advising her to get an HIV test. Nok left without treatment and later sought care from a community-run trans-friendly clinic in Bangkok, where she was diagnosed with a treatable infection.

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## Additional vignettes for practice

- Jiji is 28 and lives in Fiji, identifying as vakasalewalewa (third gender identity). Jiji is visiting a public health clinic and seeking STI treatment faces questioning about “Western influence” on their gender and behavior.
- Danette, a transwoman and practicing Muslim living in Malaysia seeks estrogen therapy but faces clinical judgment rooted in religious conservatism.
- In Samoa, Toni, a fa’afafine person is content with their appearance and is attending a regular annual health check-up but encounters stereotypical binary assumptions during care.



## Discussion questions

- How do cultural and religious norms influence the way clinicians approach gender-affirming care in different contexts (e.g., Manila, Malaysia, Samoa)?
- How does cultural framing of gender affect clinical decisions?
- How should healthcare workers differentiate between personal beliefs and professional responsibilities when treating gender diverse patients?
- How does clinical gatekeeping and stigma undermine trust and autonomy in gender-affirming care?

## Key barriers

- Access to healthcare for transgender and gender-diverse individuals is shaped by a complex interplay of social, cultural, religious, and institutional factors. Barriers can be overt, such as outright discrimination or denial of services, but more often they are subtle manifesting as misgendering, inappropriate remarks, or microaggressions that undermine dignity and trust. Such barriers include:
  - Misgendering, inappropriate remarks, and other microaggressions have been shown to cause significant psychological harm and impact health outcomes .
  - Stigmatizing assumptions often link gender identity to sexual behavior, reinforcing stereotypes and judgment during clinical encounters.
  - Clinical gatekeeping, such as unnecessary psychiatric requirements, undermines autonomy and delays access to gender-affirming services.
  - Cultural bias that frames gender diversity as “foreign” or illegitimate delegitimizes lived experiences of trans and gender-diverse individuals.
  - Fear of judgment or prior negative experiences reduces trust in public healthcare, leading patients to avoid or delay care.
  - Religiously framed clinical bias can influence professional judgment, affecting the quality and accessibility of gender-affirming care.

## Recommendations

Creating safe and affirming healthcare for transgender and gender-diverse people starts with the providers themselves. While systemic changes are important, individual clinicians can make a big difference by educating themselves, examining their own biases, and practicing respectful, inclusive care and language every day. Recommendations focus on practical steps providers can take to break stigma, improve communication, and build trust with patients, while also engaging with local communities and cultural leaders to ensure care is relevant, respectful, and culturally sensitive.

To effectively address the barriers faced by transgender and gender-diverse individuals, interventions must operate at personal, institutional, and community-based levels. These following measures aim to enhance trust, improve health outcomes, and promote dignity and respect for all patients:

- Engage in reflective practice to recognize how personal beliefs, stereotypes, or cultural assumptions may affect patient care.
- Establish professional ethics frameworks and sensitivity training that clearly differentiate personal beliefs addresses harmful stereotypes and biases.
- Respect community-specific terms and cultural practices in care. Promote cultural literacy on local gender identities and expressions to improve provider-client communication.
- Use inclusive intake procedures that avoid judgmental questioning.
- Use correct names and pronouns consistently, and avoid assumptions about gender, sexual orientation, or behavior.
- Build referral networks with trans-friendly clinics to ensure continuity of care when public systems fail.
- Encourage routine consultation and partnerships with local community leaders to inform culturally safe care protocols and allyship.

# Structural changes and communicating safety

An LGBT Clinic opened in a shared building. While the clinic staff has been trained and there is inclusive and affirming signage posted about, the clinic still received complaints from patients about harassment and misgendering. Administrators launched an audit revealing that the parking staff of the building were the ones causing harm. The hospital director initiated a training for the full building on inclusion and safety.

## Additional vignettes for practice

- In Vietnam, a provincial hospital introduces rainbow badges for staff who complete gender inclusion training. While initially a small gesture, it helps transgender patients identify safe providers and sparks requests from other departments for similar training.
- In Laos, a district health center organizes participatory consultations with local transgender and gender-diverse groups to inform facility redesign. Community members propose signage updates, privacy screens, and staff sensitization which are later integrated into the provincial health plan.
- In Vanuatu there is no training for clinics to provide gender-affirming and SOGIESC care. Hana dresses very feminine and wears a transgender flag on her bag to indicate her gender identity. Despite the long wait to see the doctor, she doesn't use the bathroom because there are gender-segregated shared bathrooms and is worried someone might be rude to her. The doctor repeatedly uses Hana's legal name which is very masculine and she has bad associations with and masculine pronouns when speaking to her.



## Discussion Questions

- How can signs and design changes promote psychological safety?
- How can patient feedback drive institutional reform?
- What structural changes are needed to make health insurance more accessible for transgender people?
- How does the lack of legal gender recognition affect transgender people's access to financial services like insurance?
- Name one low-cost environmental change your facility could make tomorrow.

## Key barriers

Systemic exclusion within healthcare environments often extends beyond individual attitudes. Institutional procedures such as gendered intake forms, binary restroom facilities, and lack of clear staff protocols can reinforce stigma even when clinicians are personally affirming. Addressing these challenges requires interventions that go beyond individual provider training and tackle the broader organizational and environmental systems to ensure that safety and inclusion are communicated and practiced at every level of care.

- No posted patient rights or anti-discrimination statements leaves trans clients unsure if the institution protects their dignity and safety.
- Gendered restrooms, waiting rooms, and changing areas force trans and gender-diverse patients to choose between two unsafe options, increasing risk of harassment, confrontation, or being questioned by staff or other patients.
- Lack of visible signals of inclusion (e.g., pronoun-friendly posters, rainbow stickers, or non-binary icons) communicates that gender diversity is not recognized or valued in the facility.
- Forms, posters, and health information materials that exclusively reference binary gender can make trans patients feel invisible and unsure whether services apply to them.

- No knowledge of local terminologies from staff and absence of multilingual or culturally relevant signage and brochures

## Recommendations

The physical environment of a clinic is an important way to signal that it is safe and welcoming for trans people. Inclusive care considers every point of patient contact and staff training and policy updates must be continuous and encompass all employees, including those not directly involved in clinical care. This might include conducting environmental and procedural audits to identify exclusionary practices or physical barriers to inclusion and updating administrative systems to allow self-identified names, pronouns, and gender markers in patient records. Other structural recommendations include:

- Adopt gender-affirming ward placement policies that prioritize patient self-identification rather than legal gender markers.
- Offer private or flexible room options when possible to ensure comfort and reduce risk of harassment.
- Designate gender-neutral restrooms and changing spaces in all facilities, including waiting areas and inpatient wards.
- Integrate inclusive design principles into new construction or renovations, such as universal-access restrooms and less gendered spatial layouts.
- Display anti-discrimination policies publicly in entryways, waiting rooms, and service counters to build trust.
- Install visible markers of inclusion, such as posters affirming patient rights, pronoun guidance, rainbow or trans-friendly symbols, or signage welcoming all genders.
- Use clear, non-gendered signage such as “Restroom for all genders” and “Changing space available for anyone who needs privacy”.
- Ensure health education materials include trans and gender-diverse people in imagery and language.

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# + A TRANS-FRIENDLY CLINIC

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Without clear indications that you support trans people, a clinic can be read as unwelcoming. Simple things like promotion material, affirming intake forms, and having facilities for people of all genders can make a big difference. This may include having:



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A specific gender-neutral bathroom option



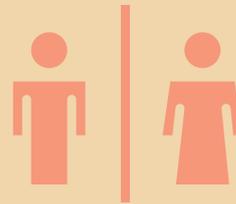
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Signage describing the facilities within a toilet block (such as a urinal and/or private stalls)



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Toilet seat by Mohammad Iqbal.  
Urinal by The Icon Z from the Noun Project from the Noun Project



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Clarifying that people are welcome to choose the toilet that is most appropriate for them, based on their gender identity

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Toilet sign by Ian Rahmadi Kurniawan from the Noun Project



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Where toilets are gendered, ideally baby changing facilities and disposal containers for menstrual products are included in facilities for both men and for women

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Changing Station by Yu luck from the Noun Project

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# Comorbidities

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Setareki, a 37-year-old trans man from Suva, was brought to the emergency room because he fainted at a family gathering. He reports that he has experienced extreme lethargy, increased thirst, blurry vision and has gained significant weight over the past three years. He is on testosterone injections prescribed irregularly by a private doctor who has limited knowledge of transgender care and he sometimes purchases additional vials from friends when he runs out and says it's really improved his life except that he doesn't like the increased acne he has and slow wound healing. He mentions that both his grandmother and mother have diabetes, so he believes it's "just fate." He avoids health centers because staff ask invasive questions about his gender when they see his ID.

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## Additional vignettes for practice

- Ricky, a 34-year-old from Surabaya, Indonesia presents at a clinic with chronic cough and fatigue. The doctor dismisses her symptoms as 'side effects of hormones' missing early signs of tuberculosis. A month later, Ricky is hospitalized with advanced TB. She reports prior avoidance of clinics due to stigma.

## Discussion questions

- How do stigma and comorbidities intersect in this case?
- Where do assumptions about hormones or identity distract providers from real symptoms?
- How can primary care integrate gender-affirming and general health services?
- How can healthcare providers ensure that trans patients receive equitable and comprehensive care, especially when dealing with multiple health conditions?
- How do stigma and lack of gender-affirming care contribute to delays in diagnosis and treatment among transgender and key population groups?

## Key barriers

Trans clients can experience the same conditions as any other patient. Transgender and gender-diverse people often experience a range of co-morbidities that intersect with social and structural determinants of health. These health risks are frequently compounded by social and structural barriers, including discrimination in healthcare settings, economic marginalization, housing instability, and limited access to care. The increased fear of discrimination, stigma, or community gossip can delay treatment for serious conditions. Other barriers include:

- Fear of mistreatment, discrimination, or past negative experiences leading to delay seeking care and exacerbate chronic conditions, increasing the risk of unmanaged comorbidities and poorer long-term health outcomes.
- Providers often lack training on how to initiate sensitive conversations about anatomy and risk, interpret cancer or NCD risk in the context of gender-affirming care and adapt screening pathways to reflect anatomical variations and hormonal regimens.
- Stigma in healthcare settings that discourages open discussion about symptoms, lifestyle, or family medical history, reducing the quality of clinical assessment.
- Many providers lack awareness of common comorbidities in trans populations, including those linked to stress, discrimination, socioeconomic exclusion, and lifestyle factors.
- Limited coordination between community-led services and formal healthcare facilities creates gaps where chronic conditions may go unrecognized or untreated.

## Recommendations

Increasing practitioners' familiarity with evidence-based cancer screening guidelines for transgender populations creates valuable opportunities for early detection, strengthens preventive care, and helps reduce health disparities. A core aspect of trans-affirmative care is recognizing and addressing comorbidities through routine preventive care and regular screenings. The most important principle for screening is to provide care for the anatomy that is present. This requires creating sufficient trust for your client to disclose their medical and surgical history. Intersectional awareness of comorbidities supports better continuity, safety, and quality of care.

Emerging models across the region demonstrate that integrated, community-linked care can improve health outcomes and patient follow-up. Community partnerships make health systems more responsive, accountable, and trusted by trans communities. Peer-led engagement builds trust, strengthens communication, and improves long-term linkage to care.

Learn more about how to take a medical and surgery history from trans patients, creating an anatomy inventory to improve prevention and screening in Chapter 5 of [APTN's Towards Transformative Health Module](#).

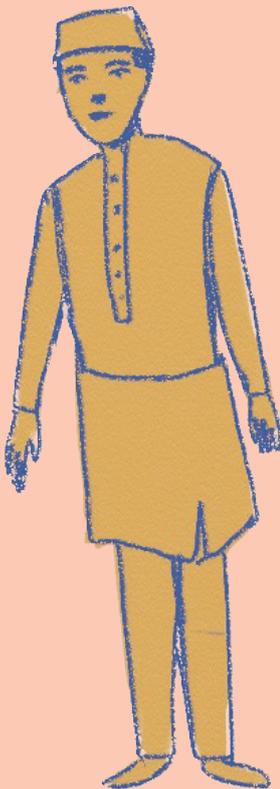
# Seeing mental health beyond identity

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Adi, a 16-year-old transgender boy from Jakarta, expresses distress about being forced to wear a girl's uniform at school. His parents refuse to acknowledge his identity and the pediatrician suggests psychiatric evaluation. Adi self-harms after repeated invalidation. A school counselor later connects him with a gender-affirming youth organization for support.

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## Additional vignettes for practice



- After many months of isolating and not wanting to go out, Som is urged by family members to visit a doctor in Phonsavan, Laos. Upon seeing his masculine cloth, the doctor urges him to “dress feminine” to ease distress and fit into society better.
- In Pakistan, Fatima, a trans woman’s anxiety is misdiagnosed as schizophrenia after disclosure of hormone use.
- In Samoa, Tony, who identifies as fa’atama (third gender identity), is seeking counseling for grief upon the death of his mother and is told his gender variance is “spiritual confusion.”

## Discussion questions

1. How does ongoing social marginalization impact the mental health of trans people?
2. What shifts do you observe between the former ICD-10 framework and the ICD-11 classification of gender identity, especially in removing pathologising language?
3. How do diagnostic frameworks influence treatment?
4. How can psychiatrists balance clinical caution with affirmation?
5. How does the framing of “mental distress” impact treatment?
6. What training approaches can help shift clinicians’ perspectives?

## Key barriers

Mental health challenges among transgender people are too often framed as intrinsic to being trans, rather than as a response to systemic discrimination and social rejection. Such perspectives can reinforce shame and internalized stigma, discouraging individuals from seeking care or disclosing their identities. To move toward affirming and evidence-based practice, mental health providers must shift focus from individual pathology to understanding the social determinants of mental distress among trans and gender-diverse populations.

- Pathologizing diagnostic models persist in many clinical settings due to outdated curricula, lack of training in trans-affirming care, and limited exposure to evidence-based practices.
- Mental health challenges are too often portrayed as inherent to being trans, rather than as a response to systemic discrimination and social hostility. When clinicians view trans identity as confusion, trauma, or pathology, it leads to misdiagnosis, inappropriate treatment plans, and further psychological harm.

- Many mental health systems still lack structured crisis response services for trans clients, leaving gaps in emergency support, safety planning, and follow-up care.
- Psychological distress among trans and gender-diverse people typically stems from external factors such as discrimination, stigma, violence, and social exclusion—not from gender identity itself.
- Mental health support must extend beyond conventional psychotherapy to address the broader psychosocial impacts of stigma, discrimination, and marginalization that affect daily life.
- Cultural and religious beliefs that enforce strict gender norms can label gender diversity as immoral or abnormal, contributing to stigma, rejection, and profound internalized shame.

## Recommendations

The ICD-11 recognizes gender incongruence as a non-mental health condition. Transgender and gender-diverse individuals often experience psychological distress that stems not from their identity itself but from external discrimination, stigma, and social exclusion. Despite global progress toward depathologizing trans identities including the ICD-11’s reclassification of gender incongruence, in many medical and psychological contexts, pathologizing language and diagnostic models persist due to outdated curricula, limited exposure to trans-affirming practices, and, in some cases, cultural or religious biases. This can lead to misdiagnosis, inappropriate interventions, and a lack of trust between clients and providers.

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5 Drabish, K., & Theeke, L. A. (2022). Health Impact of Stigma, Discrimination, Prejudice, and Bias Experienced by Transgender People: A Systematic Review of Quantitative Studies. *Issues in mental health nursing*, 43(2), 111-118. <https://doi.org/10.1080/01612840.2021.1961330>

The minority stress model, originally developed and adapted by Hendricks and Testa<sup>6</sup> for transgender and gender non-conforming clients, offers a useful framework for trans-affirmative mental health care. This model identifies three interconnected mechanisms contributing to minority stress:

1. External stressors such as discrimination, misgendering, ridicule, or institutional exclusion.
2. Anticipated stigma, leading to hypervigilance, concealment, or fear of rejection.
3. Internalized transnegativity, where societal prejudice becomes self-directed shame or low self-worth.

Integrating this framework into clinical training helps providers contextualize distress as a product of systemic inequality rather than individual pathology. Trans-affirmative training programs and curricula emerging across the region emphasize:

- The ICD-11 classifies gender incongruence as a non-mental health condition, affirming that gender diversity is not a psychological disorder.
- Trauma-informed and minority stress models offer frameworks for contextualized, affirming care.
- Mental health providers must shift from focusing on “individual pathology” to understanding the social determinants of mental distress, including family rejection, poverty, exclusion, and violence.
- Clinical depathologization requires curriculum reform, continuous education, and reflective practice.
- Cultural and religious contexts must be acknowledged but not used to justify discriminatory care and reduce unconscious bias.
- Self-determination and respect for autonomy strengthen therapeutic relationships and outcomes.



6 Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460-467. <https://doi.org/10.1037/a0029597>

# Working with minors

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Adi, a 16-year-old transgender boy from Jakarta, Indonesia expresses distress about being forced to wear a girl's uniform at school. His parents refuse to acknowledge his identity and the pediatrician suggests psychiatric evaluation. Adi self-harms after repeated invalidation. A school counselor later connects him with a gender-affirming youth organization for support.

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## Additional vignettes for practice

- Jane, a trans-feminine 15-year-old was expelled from a school for haircut policy and uniform violations. Her parents accept her and reach out for support to send a letter of advocacy to the new school that she will attend that she is gender-diverse and provide context to help her be accepted into the new community.
- A trans-feminine adolescent in Tamil Nadu finds support through peer-led community organisations that she found online. Her parents are concerned that this group is influencing her behavior and reach out asking if they should prohibit her and restrict her from going online.



## Discussion questions

- What ethical principles guide work with trans minors?
- How can pediatricians support trans minors under restrictive laws?
- What non-medical interventions can promote wellbeing?
- How can confidentiality be balanced with parental rights?
- How can local education systems promote safety for trans youth?
- How can peer led and community-based organizations support trans adolescents in regions where institutional or family support is limited?

## Key barriers

Supporting transgender minors requires a sensitive, developmentally informed, and culturally aware approach especially in settings where social norms, school policies, or family expectations restrict a young person's ability to express their authentic gender. Trans youth face elevated risks of self-harm when their identities are dismissed or when access to affirming care and social recognition is delayed<sup>7</sup>. Social stigma and school-based discrimination further compound distress, emphasizing the need for family-centered, developmentally appropriate, and culturally sensitive care approaches. When institutional or family support is lacking, peer-led and community-based organizations often become critical sources of safety and affirmation.

- There are limited guidelines for providing care for trans and gender-diverse youth so providers feel unsure or uncomfortable giving care<sup>8</sup>.
- Families and schools rely on them, but limited knowledge can lead to delayed or harmful responses.
- Trans youth face higher risks of self-harm when support is denied or delayed.
- Stigma at home and school worsens their distress.
- More family-centered and culturally sensitive care is needed

## Recommendations

Support-first approaches have been shown to reduce harm and improve mental health outcomes of adolescents<sup>9</sup>. The gender affirmation model highlights that when a child's authentic gender expression is respected they experience stronger psychological well-being and healthier development<sup>10</sup>.

Many countries, especially in Southeast Asia, lack specific guidelines for supporting trans youth. Without clear protocols, many providers are unsure of the best practices. Evidence-based practice discourages any forms of suppression or conversion approaches

for minors. Care should be tailored individually and involve collaboration between the provider, patient, and family members. It should not be affected by the country's geopolitical context, as international best clinical guidelines are accessible for healthcare professionals. Effective models of care emphasize:

- Support-first pathways that focus on emotional stabilization and social affirmation before medical intervention.
- Approaches ensure that young trans people receive the compassion, dignity, and holistic support they deserve.
- Partnerships among schools, families, and community organizations can be important to sustaining support and creating systems of inclusion and understanding.
- Collaborative support systems, where families, schools, and community organizations work together to create environments of inclusion and understanding.
- Equip young people with resource lists: Providing minors with age-appropriate, locally relevant contacts for helplines, community centers, and youth organisations ensures they know where to turn if support at home or school is limited.
- Leverage online communities when in-person spaces are unsafe. Verified online groups and moderated platforms allow trans youth to access support, information, and community even in restrictive environments.

7 Butler, C., Joiner, R., Bradley, R., Bowles, M., Bowes, A., Russell, C., & Roberts, V. (2019). Self-harm prevalence and ideation in a community sample of cis, trans and other youth. *The international journal of transgenderism*, 20(4), 447-458. <https://doi.org/10.1080/15532739.2019.1614130>

8 Wolter, Alegria & Hegarty, Benjamin. (2022). Transgender youth inclusion in healthcare in Southeast Asia: Insights from Indonesia, Thailand, and the Philippines.

9 Amos N, Grant R, Lin A, Hill AO, Pang KC, Skinner SR, Cook T, Carman M, Bourne A. Mental Health and Wellbeing Outcomes Among Trans Young People in Australia Who Are Supported to Affirm Their Gender. *J Adolesc Health*. 2025 Jul;77(1):51-58. doi: 10.1016/j.jadohealth.2025.03.011. Epub 2025 May 30. PMID: 40445156.

10 Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., Spack, N. P., & Olson, J. (2013). The gender affirmative model: What we know and what we aim to learn [Editorial]. *Human Development*, 56(5), 285-290. <https://doi.org/10.1159/000355235>

# Working with natal families

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Sarah, a 19-year-old trans woman from Kota Bharu, Kelantan, Malaysia, has come out to her mother. Her mother supports her transition, but her father and other siblings oppose it. Her mother is seeking advice from a healthcare professional to support her daughter while avoiding tension within the family.

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## Additional Vignettes for Practice

- In India, a counselor works with the natal family of an adolescent, using temple-based community networks to build understanding and reduce stigma. Through guided discussions, the family begins to recognize the adolescent’s autonomy and participate in affirming care decisions.
- In Papua New Guinea, health workers facilitate clan-led family meetings, helping parents and extended relatives address safety concerns, cultural expectations, and emotional support needs. The process strengthens family bonds and creates a safer environment for gender-diverse youth.
- Ella, a 24-year-old trans woman brings her mother to family therapy sessions in Manila. The mother fears her daughter will face social isolation and insists “this isn’t God’s plan.” The therapist uses a family systems approach integrating Filipino values to reframe understanding toward empathy and reflection.



## Discussion questions

- What system-level supports such as peer groups, psychoeducation workshops, clan elders, religious allies could strengthen the family’s capacity to support their children?
- How can you help parents move from fear to understanding?
- What communication strategies can de-escalate parental fear?
- What methods are useful in educating families about the spectrum of gender and challenging social biases?
- How might religious or faith dimensions be integrated ethically for inclusive and affirming care?

## Key barriers

Family rejection remains one of the strongest predictors of mental distress among transgender and gender-diverse youth. When parents and caregivers do not have safe spaces to learn, ask questions, or express fears without judgment, misinformation and social pressure often fill the gap.

- Many families struggle internally as their child’s identity challenges social, cultural, or religious norms and without proper guidance, this uncertainty can escalate into rejection or conflict. Family rejection significantly increases the risk of mental distress, self-harm, and adverse health outcomes among trans youth<sup>11</sup>.
- Lack of accessible support for caregivers creates uncertainty and fear, making acceptance more difficult even for families who want to be supportive.
- Parents often rely on societal stigma, misinformation, or religious pressure when they have no trusted space to ask questions or process emotions safely.

## Recommendations

Family support plays a crucial role in improving outcomes for trans youth, and access to support groups for parents and caregivers can be transformative. Reframing gender diversity within family values, faith, and tradition helps reduce conflict. When families receive accurate information, peer guidance, and space to process their own fears or biases, they are better able to provide affirming and emotionally safe environments for their children. By strengthening family networks and ensuring youth have access to compassionate, gender-affirming services, communities can build safer pathways that promote health, resilience, and dignity for transgender young people.

Affirmative practitioners work with both emotional and moral dimensions of family responses. Some practitioners adapt culturally grounded frameworks combining narrative therapy, faith-informed compassion models, and contextual psychoeducation to help families build bridges of understanding and affirm the well-being of all members. This may include:

- Providing structured spaces where caregivers can receive accurate information and connect with peers, these groups can transform a barrier into a source of affirmation, advocacy, and stability.
- Accurate, accessible information helps dispel myths and fear, giving families clearer understanding of gender diversity and how to support and advocate for their child.
- Community structures and culturally grounded approaches to promote understanding and discussion such as the talanoa in the Pacific Islands, provide culturally grounded spaces for families to reflect, learn, and support gender-diverse young people.
- Practitioners should approach families with cultural humility, recognizing the influence of faith, community norms, and collective decision-making.
- Partnerships with local LGBTQ+ organisations offer specialized resources and mentorship where youth can connect with peers and supportive adults.

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11 Yadegarfar, Mohammadrasool & Meinhold-Bergmann, Mallika & Ho, Robert. (2014). Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents. *Journal of LGBT Youth*. 11. 347-363. 10.1080/19361653.2014.910483.

# Dealing with conversion effort requests

Dr. Meera, a psychiatrist in Chennai, receives a call from a mother asking her to “cure” her trans daughter. She insists her child has been “influenced by social media.” Dr. Meera explains that gender identity is not an illness and provides educational materials. The mother reluctantly agrees to attend a family support group.

Conversion practices as an umbrella term to describe any active interventions of by any person(s) to change gender identities, behaviours or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings that are considered non-conforming, driven by the belief that a person’s sexual orientation or gender identity can and should be changed. All major global health bodies recognise conversion practices as harmful.



## Additional Vignettes for Practice

- In the Philippines, a parish priest brings a 16-year-old trans youth to counseling, describing their gender identity as a “sin to be corrected.” The counselor faces an ethical dilemma and calls for a multidisciplinary ethics consultation to navigate faith-based stigma and the youth’s right to autonomy.
- In Thailand, parents of a gender-diverse child seek help from a traditional healer to “restore balance.” The healer’s rituals are well-intentioned but rooted in binary gender norms, prompting discussions among local health providers about integrating cultural beliefs with affirming care practices.

- In Fiji, a family asks a doctor to “cure” their child’s gender dysphoria. Under pressure from church leaders, the doctor considers referring the youth to a faith-based counseling center that claims to provide “gender healing.”
- Tya, a 24-year-old transgender woman, was apprehended by the religious officer for her feminine attire and was compelled to participate in a state sponsored “correctional camp” known as Mukhayyam.

## Discussion questions

- How can you communicate refusal firmly but compassionately?
- How can doctors resist community or religious pressure?
- What ethical frameworks guide refusal of conversion therapy?
- How can practitioners respond ethically to conversion therapy requests?
- How can national policies safeguard against coercive practices?

## Key barriers

- In many parts of the world, including Asia and the Pacific, religious beliefs and institutions remain deeply influential in shaping social norms around gender and sexuality and this influence often extends into health care.
- As a result, people face strong pressure to align with church-based moral or doctrinal expectations, even when those conflict with medical ethics or the needs of trans and gender-diverse patients. This can lead to denial or inadequate provision of gender-affirming services, judgmental treatment, or refusal to recognise a patient’s gender identity which fundamentally undermines equitable access to care<sup>12</sup>.
- Conversion and reparative approaches persist and are frequently reframed as ‘counseling’ or ‘family guidance’. Conversion practices are extremely harmful and has been shown in various studies to have long-term impacts on mental health<sup>13</sup>.
- Limited access to affirmative training, the absence of professional consensus, and pervasive societal stigma further constrain mental healthcare providers’ ability to provide supportive, evidence-based care.

12 Vijay A, Earnshaw VA, Tee YC, Pillai V, White Hugto JM, Clark K, Kamarulzaman A, Altice FL, Wickersham JA. Factors Associated with Medical Doctors’ Intentions to Discriminate Against Transgender Patients in Kuala Lumpur, Malaysia. *LGBT Health*. 2018 Jan;5(1):61-68. doi: 10.1089/lgbt.2017.0092. Epub 2017 Dec 11. PMID: 29227183; PMCID: PMC5770086.

13 Conger, K. (2024, September 30). *Conversion practices linked to depression, PTSD and suicide thoughts in LGBTQIA+ adults*. Stanford Medicine. <https://med.stanford.edu/news/all-news/2024/09/conversion-practices-lgbt.html>



## Recommendations

Ethical and effective responses to conversion practices require affirmation-based and harm-reduction frameworks grounded in professional standards and community collaboration. Aligning practice with updated global guidelines such as the WHO ICD-11 ensures that gender diversity is not pathologized and that transgender and gender-diverse people receive respectful, evidence-based care.

- Follow global standards which means using the ICD-11 non-pathologizing ICD-11 classifications (HA60/HA61) in practice and documentation.
- Use affirmation and harm reduction models that prioritize safety, dignity, and evidence-based, empathetic counseling.
- Empower patients and families by providing information on rights, protections, and reporting options with supportive, culturally sensitive guidance.
- Engage local leaders to promote acceptance and support culturally grounded, non-pathologizing care.
- Professional bodies should issue clear statements condemning conversion practices and outlining ethical obligations.
- Ensure accountability and reporting mechanisms to report harmful practices and enforce consequences.
- Support local laws and policies that prohibit conversion practices and protect gender-diverse people.

The most up-to-date and inclusive clinical framework for understanding gender diversity is found in the ICD-11, which moved gender-related categories out of the mental health chapter and into a new section on sexual health to reduce stigma and improve access to affirming care. Under this system, Gender incongruence of adolescence and adulthood (HA60) and Gender incongruence of childhood (HA61) provide non-pathologizing classifications that recognize the experiences of transgender and gender-diverse people without framing their identities as disorders. Using ICD-11 terminology supports respectful, evidence-based practice and aligns clinical documentation with global standards that prioritize human rights, dignity, and person-centered care<sup>14</sup>.

14 Gender incongruence of adolescence & adulthood (HA60): World Health Organization. (2019). Gender incongruence of adolescence and adulthood (HA60). In ICD-11: International classification of diseases for mortality and morbidity statistics (11th ed.). <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/411470068>

Gender incongruence of childhood (HA61): World Health Organization. (2019). Gender incongruence of childhood (HA61). In ICD-11: International classification of diseases for mortality and morbidity statistics (11th ed.). <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/334423054>

# Lack of guidelines

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Khanh, is a 21-year old transgender man in Ho Chi Minh City and has done significant research about hormone therapy, 4 months ago he traveled Thailand to start medication with a reputable transgender private clinic. He went to a private hospital in Ho Chi Minh to ask for blood tests for follow-up and was denied testosterone monitoring tests due to lack of local clinical guidance.

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## Additional Vignettes for Practice

- Bilguun, a 22-year-old transgender man from Ulaanbaatar, Mongolia, who has undergone gender transition and has been on testosterone therapy for several years but has not yet undergone gender-affirming surgery. He visited his healthcare provider for a Pap smear. However, his doctor was unsure whether to conduct the examination.
- Alex, a 23-year-old in Manila identifying as non-binary, seeks hormone therapy at a private hospital. Their endocrinologist, unfamiliar with non-binary identities, insists that they must “choose” between male or female transition pathways, citing binary medical protocols. Alex feels invalidated and withdraws from care, later sourcing hormones online and not attending health monitoring visits.

## Discussion questions

- How does the absence of national or regional clinical guidelines for transgender health affect your ability to provide safe, affirming care?
- In situations where formal protocols are lacking, how do you decide which interventions or assessments are appropriate for trans patients?
- What challenges have you faced when balancing evidence-based care with cultural, religious, or institutional expectations in the absence of official guidance?
- What strategies could be used to fill the gap in knowledge and protocols, including collaboration with local LGBTQ+ organizations, community leaders, or international guidelines?
- How do you address institutional or peer resistance when trying to provide trans-inclusive care without official protocols?
- How can healthcare providers advocate for the development of national or regional guidelines while respecting local cultural norms and sensitivities?

## Key barriers

In many settings, transgender people and the clinicians who support them face major challenges due to the lack of clear, locally relevant guidelines for gender-affirming hormone therapy (GAHT) and related care. Barriers such as the inability to access legally registered hormones, high costs, inconsistent supply chains, and reliance on off-label or informal medication sources create significant clinical risk. Practitioners must balance evidence-based care with the realities of unregulated markets, while clients often navigate misinformation, stigma, and unsafe products. Strengthening guideline access, improving medication pathways, and establishing harm-reduction frameworks are critical to ensuring safe and affirming trans healthcare.

- Absence of national guidelines for transgender health and service provision.

- Lack of local guidelines for hormone monitoring, referrals, or mental health support for trans and gender diverse people.
- Inability to purchase legally registered hormone medications and dependence on off-label prescribing

## Recommendations

Improving safe access to gender-affirming care requires practical, evidence-informed solutions that address both clinical and structural barriers. Without national guidance and with inconsistent access to medications, clinicians must navigate a challenging care landscape. This includes off-label prescribing, gaps in drug registration, and clients turning to informal hormone sources. Providers work to manage these risks while prioritizing patient safety and dignity. Strengthening trans healthcare therefore demands a combination of system-level reforms, harm-reduction strategies, and improved access to accurate information for both clinicians and clients. The following guidance outlines actionable measures to improve safety, reliability, and affirmation in gender-affirming medication and care, within both day-to-day practice and broader health system structures.

- Refer to WHO, WPATH SOC8, and Endocrine Society guidelines for evidence-based gender-affirming practice.
- Use [APTN's Towards Transformative Health Modules](#), which offer practical, context-appropriate guidance based on regional medication access and system limitations, supporting culturally informed transgender healthcare practice.
- Build and maintain contact lists for gender-diverse-friendly practitioner networks to support referrals, peer learning, and safe care pathways.
- Expand access to reliable information for clients about hormones by providing information on safe dosing, expected effects, risks, lab monitoring, and warning signs.

- Advocate for national registration of essential GAHT medications and inclusion in essential drug lists to reduce reliance on informal markets.
- Establish institutional protections for clinicians using off-label but guideline-aligned hormone regimens when standard products are unavailable.
- Strengthen Provider Skills to train healthcare workers in respectful communication, SOGIESC inclusion, and trauma-informed care.
- Develop Clear Referral Pathways Create multidisciplinary linkages for hormonal care, mental health, sexual and reproductive health, and primary care.
- Collaborate with trans-led and LGBTQIA+ organizations to co-create protocols, deliver trainings, and support ongoing professional learning.
- Strengthen regional knowledge-sharing communities, mentorship programs, and telehealth support for clinicians practicing trans-affirming care.
- Work with ministries, professional bodies, and NGOs to establish national trans-health standards, regulate safe products, and train providers across sectors.



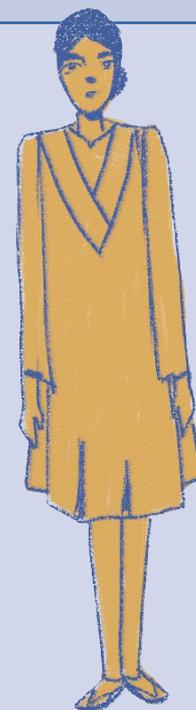
# Practitioner Allyship

Dr. Santos, a clinical psychologist in Cebu, Philippines begins seeing Dana, a transgender woman experiencing trauma related to workplace discrimination. Dana initially hesitates to share her experiences, fearing judgment. Dr. Santos, trained under the Psychological Association of the Philippines (PAP) LGBT-Affirmative Guidelines, uses gender-affirming language and ensures a supportive environment.

## Additional Vignettes for Practice

- Sione, a 25-year-old fa’afafine, visits a local clinic for routine health care check-up following a diabetes diagnosis. The attending nurse has undergone training on Pacific-specific gender identities and uses inclusive language and respectful intake forms. The nurse proactively asks about Sione’s preferences for physical exams and preventive care, ensuring comfort and consent throughout. Sione leaves the clinic feeling respected, understood, and more confident in accessing regular health services.
- Phueng, a 27-year-old trans woman from Laos, has been using contraception methods for ten years to align her body with her gender identity. She reports no health issues and visits a local LGBT clinic to access sexual health resources and routine testing. During the visit, she sees a new doctor who conducts a thorough and affirming health assessment. Upon learning about her long-term contraceptive use, the doctor provides guidance and prescribes a hormone regimen designed to minimize side effects while supporting long-term safety and accessibility. Phueng leaves the appointment feeling very affirmed and excited.

Allyship is both a personal and systemic responsibility. It requires ongoing self-education, reflection on personal biases, and the willingness to challenge discriminatory practices. By combining individual action with institutional advocacy, healthcare providers can deliver care that is respectful, affirming, and responsive to the lived experiences of trans and gender-diverse people. Continuous improvement and commitment to patient-centered practice ensure that healthcare environments evolve to be safer, more inclusive, and better equipped to meet the diverse needs of the communities they serve.



## Discussion questions

- How does a gender-affirming and trauma-informed therapeutic approach improve trust and disclosure for transgender clients experiencing discrimination?
- What does allyship look like in your role today, tomorrow, and long-term?
- What are the consequences of non-affirming counseling practices, such as gender policing, on the mental health and treatment engagement of transgender clients? What behaviors communicate support and allyship to trans clients?
- How can clinicians operationalize “allyship” within clinical practice?
- What institutional supports encourage practitioner advocacy?

## Key Elements of Trans-Affirmative Allyship

Allyship in healthcare is essential for ensuring transgender and gender-diverse individuals receive safe, affirming, and equitable care. Affirmative practitioners recognize their role not only as clinicians but also as advocates and connectors. They help clients navigate healthcare and social systems, access social protections, find affirming spaces, and engage with community resources. Some professionals also use their position and privilege to promote inclusion within institutions, workplaces, and professional networks.

### Continuous Learning and Cultural Literacy

- Understand diverse gender identities, including culturally specific roles such as fa’afafine, vakasalewalewa, hijra, and waria.
- Stay updated on best practices in gender-affirming care, hormone therapy, and mental health support.

### Inclusive Communication and Practice

- Use inclusive language and correct pronouns consistently.
- Practice trauma-informed care and actively avoid microaggressions.
- Respect patient autonomy, boundaries, and informed consent.

### Expanded Scope of Care

- Offer crisis intervention for clients facing violence, family rejection, or discrimination.
- Facilitate support groups to reduce isolation and build community.
- Collaborate with LGBTQ-led organizations to provide access to shelter, legal aid, employment support, hormone services, and other social resources.
- Use faith-informed or culturally sensitive frameworks where relevant to challenge stigma.

### Institutional and Systemic Allyship

- Advocate for inclusive policies, including intake forms and electronic health records that reflect chosen names and gender identities.
- Develop clear referral pathways to gender-affirming medical services and care with inclusive social workers, endocrinologists, case managers, and community advocates.
- Push for visible structural inclusion in clinics, workplaces, and professional networks.

### Individualized Care and Advocacy

- Create safety plans tailored to client realities.
- Integrate social determinants of health into treatment planning.
- Connect patients with affirming support and peer networks to enhance trust and emotional safety.

# terminir

## Transgender / trans

are two umbrella terms used in this module to describe people whose gender identity does not match the sex they were assigned at birth. These terms encompass a wide diversity of gender identities and expressions in Asia and the Pacific.



### TRANSGENDER PERSON / TRANS PERSON

This term is used to describe someone who identifies as a gender that is different from the sex assigned to them at birth. Some trans people identify within the binary, as men or women, and others have a non-binary identity.



### ASSIGNED FEMALE AT BIRTH (AFAB)

This term is used to describe a person who was presumed to be female when born and at least initially raised as a girl.

### ASSIGNED MALE AT BIRTH (AMAB)

This term is used to describe a person who was presumed to be male when born, and at least initially raised as a boy.

### NON-BINARY PERSON

This term is used to describe someone who doesn't identify exclusively as a man or a woman (or as a boy or a girl) and may identify as neither.



# nology

Languages across the world, including in this region, do not always distinguish between the terms sex, gender, gender identity and/or sexual identity. For example, some culturally specific, including indigenous, terms may describe a person's gender identity, gender expression and/or sexual attraction.



## GENDER DIVERSE

This term is used to describe people who do not conform to their society or culture's expectations for males and females. Being transgender can be one way of being gender diverse, but not all gender diverse people identify as being transgender and vice versa.



## TRANS MAN

This term is used to describe someone who identifies as a man or a boy, who was assigned female at birth.

## TRANS MASCULINE PERSON

This term is used to describe someone who was AFAB, and identifies to some extent as a man or a boy.

## TRANS WOMAN

This term is used to describe someone who identifies as a woman or a girl, and who was assigned male at birth.

## TRANS FEMININE PERSON

This term is used to describe someone who was AMAB, and identifies to some extent as a woman or a girl.



## CIS OR CISGENDER PERSON

Someone whose gender identity aligns with their sex assigned at birth.



# Terms that describe a person's gender

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In Asia and the Pacific, there is a long history of culturally specific terms for diverse gender identities or expressions. This module frequently uses the broader umbrella term 'trans and gender diverse' to encompass these culturally specific terms too.

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## TRANS MEN / TRANS MASCULINE PEOPLE

Some culturally specific, local language terms for trans men in this region include thirunambi and kua xing (Malaysia), fa'atama (Samoa) and viaviatagane (Fiji), though the common slang term used by trans masculine people in Fiji is brastos, which is an acronym from English language words.

## TRANS WOMEN / TRANS FEMININE PEOPLE

In both Asia and the Pacific, typically these the terms in the table on the right describe people who were presumed / assigned male at birth (AMAB) but identify as a woman or as another gender (sometimes described as a "third gender" in parts of South Asia or the Pacific). The terms used in the Pacific also convey a person's connection to their family and culture, and often are used to describe someone who has a diverse gender expression or sexual orientation too.

## ENGLISH LANGUAGE TERMS

English language terms are also used within this region. In some countries, the most common terms combine English and local words. For example, transpinay for transgender women and transpinoy for transgender men in the Philippines. In Indonesia, two similar terms are transpuan for trans women and transpria for trans men.

## NEW TERMS

In some parts of Asia, including China, most terms used to describe trans people are new. They have been influenced by Western terms used internationally. These include bian xing ren (变性人) to describe someone who has transitioned through medical interventions. Other new terms are kua xing bie (跨性别, transgender), xiong di (兄弟 for trans men, meaning 'brothers') and jie mei (姐妹, for trans women, meaning 'sisters'). In Thailand, some activists have

used the terms kon (or phuying, phuchaai) khaam phet (a person who has crossed sex), and khon (or phuying, phuchaai) plaeng phet (a person who has changed sex).

## NON-BINARY

While terms such as non-binary, gender non-conforming or genderqueer are less common in Asia than in Australasia, North America, or Western Europe, they are increasingly used, particularly among trans young people. Many brastos in Fiji also describe themselves as gender non-conforming.

The term non-binary is used most commonly in this document with the descriptors 'assigned male at birth (AMAB)', and 'assigned female at birth (AFAB)'. This is usually to convey difference between trans women and non-binary people AMAB compared to trans men and non-binary people AFAB.

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**These terms explaining different trans identities are important concepts to understand. However, it is more important is to recognise that everyone is unique and deserves to be respected as the person they are.**

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## COUNTRY

## CULTURALLY SPECIFIC TERMS

Thailand

*kathoey*

Malaysia

*mak nyah*

Indonesia

*waria*

Bangladesh, India and Pakistan

*hijra*

India

*thirunagai and aravani*

Pakistan

*khwaja sira*

Nepal

*meti*

Samoa & American Samoa

*fa'afafine*

Tonga

*leiti/ fakaleiti*

Niue

*fakafifine*

Cook Islands

*akava'ine*

Tuvalu

*pina*

Tahiti and Hawaii

*māhū*

Papua New Guinea

*palopa*

Fiji

*Vakasalewalewa* — In Fiji, trans people of Indian descent are referred to as *hijra* or by the Fiji Hindi term *jiji*.

# Gender identity and expression

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This module focuses on the health of transgender people – anyone whose gender identity differs from what was presumed, and therefore assigned, to them at birth. A person’s gender includes both their internal gender identity and their external gender expression.

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## A person’s gender includes ↓

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### GENDER IDENTITY (internal)

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A person’s deeply felt internal and individual experience of their gender, seeing themselves as male, female, a blend of both or neither.

Gender identity can be the same as, or different from, a person’s sex assigned at birth.

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### GENDER EXPRESSION (external)

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A person’s presentation of their gender through physical appearance – including dress, hairstyles, accessories, cosmetics — and mannerisms, speech, behavioral patterns, names, and personal references.

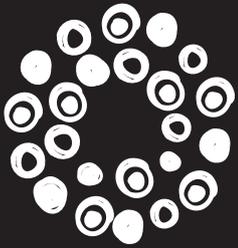
Gender expression may or may not conform to a person’s gender identity.

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As gender expression is visible, it is often an element in discrimination against transgender people, and others who are considered to be stepping outside gender-based norms.

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**aptn**

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**Youtube:** <https://www.youtube.com/user/WeAreAPTn>