

Children growing up to fast

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Scott 1 What if you were in the body of a transgender? How would you feel about your health? Is the cost and risk of health toward being trans worth it? Access to health care is a fundamental human right. Transgender people face the greatest barriers to quality health care and finding acceptance. Transgenders are considered a minority and abnormal still in the generation today. Tran's gender is a term used to describe people whose gender identity differs from their assigned sex at birth. Transgender persons are often reluctant to seek medical care through a traditional provider-patient relationship.

Some are even turned away by providers. A doctor who refuses to treat a trans person may be acting out of fear and transphobia, or may have a religious bias against LGBT patients. It's also possible that the doctor simply doesn't have the knowledge or experience he needs. Furthermore, health care related to transgender issues is usually not covered by insurance, so it is more expensive. Whatever the reasons, transgender people have sometimes become very ill because they were afraid to visit their providers.

Tran's persons may hide important details of their health history from their doctors. Perhaps they fear being denied care if their history is known. Even many years after surgery, they may omit the history of their transition when seeing a new provider. Patients should see their provider as an equal partner in their health care, not as a gatekeeper or an obstacle to be overcome. Health risk factors of trans people need to be exposed to others. National gay and lesbian task force and National Centers for Transgenders surveyed: .

Nearly 1 in 5 (19 percent) reported being refused care outright because they were transgender or gender non-conforming. . Survey participants reported

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very high levels of postponing medical care when sick or injured due to discrimination and disrespect (28 percent). . 50 percent if trans do not have any form of health insurance. . Harassment: 28 percent of respondents were subjected to harassment in medical settings. Scott 2 . Significant lack of provider knowledge: 50 percent of the sample reported having to teach their medical providers about transgender care. Respondents reported more than four times the national average of HIV infection, 2. 64 percent transgender compared to 0. 6 percent in the general population (Tanis). Transgender man Jay Kallio is shining a light on LGBT discrimination in the medical community. After his own physician failed to inform him of a cancer diagnosis. When Kallio, 56, underwent a medical exam at a major New York hospital, he claims that the surgeon appeared bewildered by his patient's body. Though the doctor ordered a mammogram, he failed to inform Kallio that the lump on his breast had tested positive for cancer.

Kallio, which transitioned from female to male six years ago, learned of his condition " accidentally" when a lab technician called to inquire about the diagnosis. " Which diagnosis? " Kallio asked, bewildered as well. " I kept hitting this stone wall of non-acceptance," Kallio told the New York Daily News (Reynolds). Laws that protect transgender: The Affordable Care Act (passed by President Obama) prohibits sex discrimination in hospitals and other health programs or facilities receiving federal financial assistance.

In recent years, courts have increasingly held that sex nondiscrimination protections prohibit discrimination against people who are transgender or who fail to conform to gender stereotypes. The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of individually identifiable

health information, including information related to a person's transgender status and transition. It also gives patients the right to access, inspect, and copy their protected health information held by hospitals, clinics, and health plans.

A state and local nondiscrimination law, nearly every state prohibits sex discrimination in public accommodations, which usually includes health care facilities. The following states, as well as more than 150 cities and counties, also currently explicitly prohibit both gender identity and sexual orientation discrimination in health care facilities: California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Iowa, Maine, Minnesota, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. Others laws that stops discrimination

Scott 3 are Medicare and Medicaid regulations, Hospital Accreditation Standards and The Nursing Home Reform Act. ("Health care rights and transgender people"). Cross-gender hormone therapy give desirable feminizing (or masculinizing) effects, but carries its own unique risks. Average monthly cost of prescriptions range from \$50-200 and hormone therapy can last up to 2 or 5 years depending on how long it takes to fully achieve the body figure you want. Hormones are delivered through the body by oral ingestion pills, injections, pellets under the skin.

Vaginal cream or patch ("Transgender Health"). Estrogen has the potential to increase the risk of blood clotting, high blood pressure, elevated blood sugar, water retention; reduction of sperm count, decrease of male sex drive, changes in hunger patterns. Anti-androgens such as spironolactone can produce dehydration, low blood pressure, and electrolyte disturbances.

Testosterone, especially when given orally or in high doses, carries the risk of liver damage and increased risk of Alzheimer's disease. Hormone use should be appropriately monitored by the patient and provider.

Some trans people tend to obtain hormones and other treatment through indirect means, by passing the health care system. Taking hormones without supervision can result in doses too high or too low, with undesired results. Trans can minimize some dangers of hormone therapy by regular checkups, exercise, and working closely with a doctor to follow a healthy diet ("Hormones and their effects"). Hormone-related cancer (breast in trans women, liver in women or men) is very rare but should be included in health screening. A greater worry is cancer of the reproductive organs ("Access to Care and Cancer Disparity Fact Sheet").

Trans men who have not had removal of the uterus, ovaries, or breasts are still at risk to develop cancer of these organs and are unlikely to have a mammogram. Trans women remain at risk, although low, for cancer of the prostate. They avoid prostate screening because they do not identify with that part anymore. Furthermore, some providers are uncomfortable with treating such cancers in trans people. Some cases have been reported in which persons delay seeking treatment, or are refused treatment, until the cancer has spread ("Facts for life Lesbian, Gay, Bisexual").

Scott 4 Cardiovascular health refers to the heart and blood of a human being. Many trans people use smoking to cope with stress. Trans persons may be at increased risk for heart attack or stroke, not only from hormone use but from cigarette smoking, obesity, hypertension, and failure to monitor cardiovascular risks. Trans women may fear that a provider who finds them

at risk for cardiovascular disease will instruct them to stop their hormones, and so they do not seek medical attention even when they have early warning signs of heart disease or stroke.

Tran's people can reduce their risk by cutting down/ stop smoking, limit alcohol use, eating healthy, being physically active, and not taking more hormones than what's been prescribed. Alcohol abuse is common in transgender people who experience family and social rejection, and the depression with accompanies such rejection. Alcohol combined with sex hormone administration increases the risk of liver damage. Tobacco use is high among all trans persons, especially those who use tobacco to maintain weight loss. Risks of heart attack and stroke are increased in persons who smoke tobacco and take estrogen or testosterone.

Also an increased risk of lung and liver cancer due to taking hormones and doing drugs. A study showed 59% of teenagers who identified themselves as transgender reported using tobacco products, compared to 35% of straight teenagers ("ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS"). Many trans people are overweight. Exercise or fitness is not a priority, and they may be working long hours to support their transitions. A healthy diet and a frequent exercise routine are just as important for trans persons as for the public.

Exercise prior to sex reassignment surgery will reduce a person's operative risk and promote faster recovery. Also it will help your cardiovascular health by reducing blood pressure, mental stress, and improving blood circulation. Trans people, especially youth, may be rejected by their families and find themselves homeless. They may be forced into sex work to make a living, and therefore at high risk for STDs including HIV. Other trans people may

practice unsafe sex when they are beginning to experience sexuality in their desired gender. Safe sex is still possible even in transgender relationships (CiChocki).

Some reuse or share needles to inject their hormones because of the Scott 5 insurance industry's unwillingness to cover hormonal therapy. As in any population, these sexual behaviors and sharing needles increase HIV transmission risk (" HIV among transgender people"). Some trans women want physical feminization without having to wait for the effects of estrogen. They expect injectable silicone to give them " instant curves. " The silicone is toxic to the body it could migrate into the tissues of the body and cause disfigurement, pain, swelling, and blistering of the skin.

It is usually not medical grade, may contain many contaminants, and is often injected using a shared needle. Hepatitis or HIV/ AIDS may be spread through use of contaminated needles. Also toxic poisoning due to low-grade, non-medical silicone. Hormones or plastic surgery is the safest options for feminizing the body. The NationalCoalitionfor LGBT Health has deemed injection silicone use among transgender populations in the U. S. (" HEALTH IMPACT OF ADULTERATED SILICONE ON TRANSGENDER HEALTH"). For many reasons, trans people are particularly prone to depression and anxiety.

In addition to loss of family and friends, bullying and harassment in school, social isolation, they face job stress and the risk of unemployment. Trans people (especially children/ teens) who have not transitioned and remain in their birth gender are very prone to depression and anxiety. Suicide is a risk, both prior to transition and afterward or overdosing on hormones . One of the most important aspects of the transgender therapy relationship is

management of depression and/or anxiety. Chronic stress is known for heart disease.

For trans people who are not out, the stress of keeping the secret and fear of being discovered as trans can be tremendously stressful. Living in a transphobic society, they believe there is something wrong with being trans. Being uncomfortable around other trans people, not accepting yourself as a trans or having low self-esteem. For some people peer support and activism are useful ways of overcoming and building pride. Professional counseling can also be helpful. LGBT task force surveyed a staggering: . 1 percent of respondents reported attempting suicide compared to 1. 6 percent of the general population. . At least one transgender is murdered every month Scott 6 . 55 percent of trans youth report being physically attacked . More than half trans was bullied, harassed or assaulted in school because of their identity and has tried to commit suicide. (In my opinion words kill people) An example could be 31 year old in Philadelphia, Stacy Blahnik (transgender) was found murdered in her home on October 11, 2010 by being strangled to death ("Glaads transgender resources"). See picture of Stacy on after work cited page) This issue is closely similar to the article A Boys Life by, JoAnn Wypijewski. On October 7, 1997 a young, gay, collage boy named Matthew Shepard was brutally beaten, tied to the fence and left to die. He was found 18 hours later unconscious. Matthew was taken to a hospital, where he later died. The author suggests that the murder of Matthew by Aaron McKinney and Russell Henderson was not because he was gay but because Aaron and Russell were straight. It was considered a hate crime because of Matthews's sexual orientation (Wypijewski 589-591).

Our goal today is to improve health, safety and wellbeing lesbian, gay, bisexual, and transgender (LGBT) individuals so they feel accepted into the world. We are all made the same. We all have a heart, a brain, etc. But why do we judge people by their appearance and their thoughts or mind? Or what type of person they are? For all you know they could be sweet and kind but you never knew that because you didn't give them a chance or get to know them. I know two transgender from school. Named Sean from Salem Hyde elementary and Aliyah from Henninger high school.

I gave them a chance and we still talk on and off today. Tran's people will always face discrimination, bullying, violence feel hatred, and be confused. But it's up to us to stop it by trying to help them, put Tran's people in media so people could get used to seeing Trans people, being their friend, participating in antidiscrimination organizations, having neutral bathrooms, and standing up to them. If a majority of people in our world did this maybe Tran's people would feel they are normal and accepted in society. What do you think?