Transgender Health
Volume 00, Number 00, 2020
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DOI: 10.1089/trgh.2020.0021

Stigmatizing Experiences of Trans Men in Puerto Rico: Implications for Health

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Abstract

Purpose: The past decade has seen an increase in efforts aimed at understanding the health needs of the transgender population. In the context of Puerto Rico (PR), those efforts have primarily focused on trans women due to their high human immunodeficiency virus (HIV) incidence. However, due to the low impact of the HIV epidemic among trans men, this remains an understudied population in PR. Thus, it is important that research efforts ad- dress the health care needs of trans men in a range of cultural settings, including PR. Recent literature emphasizes the role of stigmatization as a social determinant associated with deleterious health consequences for diverse groups. Despite this worrisome scenario, little is known about how trans men in PR experience and are negatively impacted by social stigma. The objective of this study was to document the stigmatization experiences faced by trans men in PR and its impact on their overall health.

Methods: We conducted an exploratory qualitative study with 29 trans men. We implemented focus groups and in-depth qualitative interviews. Thematic analysis guided our interpretation of the findings.

Results: Three categories of stigma are discussed: (1) structural stigmatization, (2) interpersonal stigmatization, and (3) individual stigmatization. The health implications of these stigma experiences are discussed.

Conclusion: This study represents an initial step toward understanding the social context of this "invisible" community and its health and well-being. We provide recommendations to address social and health concerns related to this understudied community.

Keywords: Puerto Rico; stigma; transgender man; transgender stigma

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Public Significance Statement

This study addressed the stigmatizing experiences faced by trans men in Puerto Rico (PR). Moreover, it highlights the negative effects that those experiences can have on the health of this population. Finally, we provide recommendations to address this problem.

The past decade has seen an increase in efforts aimed at understanding and documenting the health care needs of the transgender population. Most of this research has focused on human immunodeficiency virus (HIV) prevention and the continuum of care[1–3]; barriers to gender affirming care[4,5]; mental health issues[6,7]; and substance use.[8] In addition, these studies either exclusively focused on transgender women or combined them with transgender men (heretofore we refer to these groups as trans women and trans men). However, despite being both part of the transgender spectrum, these groups have different social and health needs that should be addressed separately.[9]

Most research efforts in PR have primarily focused on trans women due to their high HIV incidence.[10,11] Multiple studies have addressed issues related to injection practices (i.e., self-injection of hormones, silicone, or drugs[10]), stress levels,[5,12,13] violence,[14] and physicians' competencies to provide adequate trans health care services.[5] However, due to understudied impact of the HIV epidemic among trans men, until recently they were a neglected population in terms of research. Thus, it is vital to address the health care needs of this underserved population.[15]

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Transgender stigma

Stigma is a social process in which human differences are labeled and delegated different levels of social status and power.[16,17] Stigmatization, which devalues specific individuals or groups and undermines their social status, has been recently identified as a social determinant of health and is associated with deleterious health consequences for a range of stigmatized groups.[18] White Hughto et al.[19] conceptualize transgender stigmatization as a multilevel process that occurs at the structural, interpersonal, and/or individual levels. Structural stigma refers to the societal norms, environmental conditions, and institutional policies or practices that limit the resources, opportunities, and well-being of stigmatized groups.[19,20] Interpersonal stigma refers to those societal norms or beliefs that often translate into negative attitudes, social isolation, or rejection toward stigmatized groups, such as trans people. Individual stigma affects the psychological process of the stigmatized person and includes intrapersonal processes such as the expectation of rejection, stigma avoidance behaviors, and reduced self-efficacy to cope with stigma-related stressors.[19]

Although literature is limited compared to other stigmatized groups or health conditions (i.e., HIV, mental illness, and obesity), research has documented how trans people experience higher levels of stigma in comparison to other populations across the lesbian, gay, bisexual, and transgender (LGBT) spectrum.[19,21] Studies have documented that trans men experience health care stigma at high rates, including denial of treatment and verbal harassment.[22] Stigmatization can also affect access to health prevention services for HIV[23] and cancer.[24] Despite this worrisome scenario, little is known about how stigma impacts the health of Puerto Rican trans men, who live in a context where traditional gender roles are highly valued and enforced through social institutions (i.e., religion, family, and government).[11,25] Thus, the objective of this study was to document the stigmatization experiences of trans men across the three levels of stigma in PR and examine their impact on overall health in this population.

Method

In 2014, we conducted a qualitative exploratory study using diverse methodological approaches, implemented sequentially in three phases: (1) ethnographic observations, (2) focus groups (FGs), and (3) individual semistructured interviews. The study protocol was reviewed and approved by the Ponce Health Sciences University Institutional Review Board. For the purpose of this analysis we focus on findings from the FGs and individual semistructured interviews. Findings from the ethnographic phase have been reported elsewhere.[15]

Using snowball-sampling techniques, key community gatekeepers were identified through the ethnographic observations and later referred participants to the study. The total sample consisted of 29 participants who self-identified within the transmasculine umbrella. All participants identified themselves as Puerto Ricans. Participants were from both urban and rural areas. Inclusion criteria were as follows: being at least 21 years of age (legal age of adulthood in PR) and self-identifying as a trans man or any equivalent term used within the community (see Table 1 for sociodemographic information of the semistructured interviews; we did not collect the same demographic information for the FGs). This was the first study

Table 1. Sociodemographic Characteristics of Participants in the Qualitative Interviews

Variable	Frequency
City of residence	
San Juan	4
Río Piedras	2
Cidra	1
Aguada	1
San Diego, CA[a]	1
Education	
High school	1
Some years of college	4
Bachelor's degree	4
Civil status	
Single	5
Living together	4
Employment	
Yes	6
No	3
Self-description[b]	
Transgender	1
Genderqueer	1
Transgender man	3
Butch	2
Men	1
Fluid identity	1
Sexual orientation	
Heterosexual	2
Bisexual	2
Homosexual	3
Pansexual	1
Not defined	1

Note: $n = 9$.

[a]This participant had recently moved from PR to San Diego. The experiences described during the interview were related to his time living in PR.

[b]The terms under the self-Description variable are the ones used by each of the participants to describe themselves in terms of gender identity.

PR, Puerto Rico.

conducted in PR with trans men. Given the exploratory nature of the study we decided to use the self-identification of participants themselves for the purpose of recruitment.

Focus groups

We conducted two FGs ($N=20$; 10 participants per group) to gather detailed information about topics that have been less explored in previous research or might benefit from collective analysis.[26] This strategy allowed our team to evaluate shared views regarding a range of topics related to their gender identity and health.[27] The FG guide included questions about: (1) gender identity, (2) bodily modification practices, (3) experiences of stigma and discrimination, and (4) health-related needs. Discussions were audio recorded for transcription and analysis purposes. Both FGs were audio recorded and lasted $\sim$90 min. No monetary incentive was provided to participants.

Individual in-depth interviews

We conducted individual semistructured in-depth interviews with nine participants to gather additional information on experiences related to their social lives and health vulnerabilities. We selected participants during fieldwork or by referral. Inclusion criteria were the same used for FGs. We used an in-depth interview guide to provide uniformity and to guide conversations while allowing flexibility based on the content discussed by participants. The guide included questions about: (1) identity perception, (2) bodily transformations, (3) health issues, (4) work related experiences, (5) experiences in affective relationships, and (6) general experiences with society. Participants completed a demographic data questionnaire with questions addressing economic status, gender identification, area of residence, educational level, and sexual orientation, among other variables. Confidential interviews lasting 60–75 min were conducted in private locations. We provided a compensation of $25 to cover transportation expenses.

Data analysis

Audio files were transcribed verbatim into word-processing files. Data obtained were coded and organized using a codebook developed from a grounded analytic reading of transcripts to identify a core set of issues and interrelated themes.[28] We coded the data in NVivo, using thematic analysis because this type of analysis allowed us to explore and better understand the participant's stigmatization experiences across multiple levels.[29] Two coders worked independently at applying the codebook themes to all interviews. Coders met regularly to discuss coding and reach consensus about the quotations to be included. Thematic analysis is a technique used to identify, analyze, and report emerging themes within the collected data.[30] We did not search for patterns (frequency) as they do not necessarily reflect the most salient themes. Since we collected and analyzed data in Spanish, the relevant narratives were translated to English for publication purposes. We made an effort to capture the exact meaning of the original verbalizations and have included some words in Spanish that we considered had no equivalent in English. The research team was composed of cisgender men and women, some with a long history of research with the transgender community in PR. As allies, members of our team have also been actively involved in coalitions, public policy advocacy, training, and services to this population on the island. Thus, in light of our previous experiences we had some assumptions regarding stigmatization experiences among trans men in PR. To clarify the researchers' stance, we wrote reflexive memos and notes after each interview and FG. These reflexive memos were discussed during data coding to help distinguish the researchers' views from those of participants themselves.[31]

Results

We organized the findings using three categories: (1) structural stigma, (2) interpersonal stigma, and (3) individual stigma. We have included examples of verbalizations regarding stigmatizing experiences they attributed to their gender identities from both, individual interviews (II) and FGs. We specify pseudonyms, gender identities, and interview format next to each narrative to differentiate the participants in the study while ensuring their confidentiality. See Table 2 for a description of the categories.

Structural stigma

Structural stigma is a type of stigma that is prevalent among the trans community in PR. Participants conveyed that they had experienced structural stigma in various situations, including in health care settings, workplace settings, and even in customs while traveling abroad. Structural stigmatization was regularly experienced within the health care system. One participant

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Table 2. Definition and Description of the Categories Used for Data Analysis

Category	Definition of the category	Description of verbalizations
Structural stigma	Refers to the societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized.	Includes verbalizations about institutional practices that would limit participant's access to health care. It also includes experiences of stigmatization in organizational and institutional contexts and how said organizations maintain stigmatizing practices.
Interpersonal stigma	Refers to those societal norms or believes that often translate into enacted negative attitudes toward different or rejected identities, in this case trans people.	Includes verbalizations regarding experiences of rejection and discrimination in interpersonal interactions.
Individual stigma	Refers to the psychological process in which individuals anticipate stigma and engage in responses such as concealment and self-stigma.	Includes verbalization about the anticipation of being a target of stigma and the coping strategies used to manage this anticipation.

explained his experience with a gynecologist, motivating him to "never go back":

> "The last time I went to the gynecologist was about 4 or 5 years ago, but I haven't gone back. In my case when I went, I was with my sister and the doctor told me 'sir you have to wait outside'. And I replied: 'No, it is me who you are going to examine.' He just stared at me, he stood up and went for a walk for a while. Then the other doctor came back [the one who was sharing the office with him] and she kept staring at me, so I talked to her aside and explained [the situation]. She then talked with the [other] doctor who was an older person. […] They talked… During the examination, the other doctor was there, and my sister too. I don't know if he felt uncomfortable or that the [other] doctor was intrigued. I wanted to get out of there. I haven't gone back…" [Luis, trans man, II].

This experience with a gynecologist is an example of what can happen when institutional or public health standards of care (such as those of the World Professional Association for Transgender Health) are not adequately implemented by those responsible to enact them.

Beyond physical health care, stigmatization also became evident when seeking mental health services. Participants mentioned that they sometimes felt anxious or depressed and also needed therapy to begin their transition. However, as one participant described, finding a mental health provider can also be a challenge:

> "Once I tried to seek help, but the psychologist [psychologist 1] they sent me to from the government health insurance, wasn't helpful whatsoever. With this transsexualism, and not knowing where to go, I was always depressed. And only one psychologist [psychologist 2] I went helped me to manage it a bit. […] Well, one time they sent me to [name of psychologist 1] where the psychological session became a biblical cult and I stopped going" [Luis, trans man, II].

In this example, the participant mentions the difficulty of distinguishing the mental health services that are sensitive to his needs among those that are offered by the government. In addition, this example points to the effect of Puerto Rican folk Catholicism that is often intertwined in the provision of care. The integration of religion-moral systems within health care—such as the "biblical cult" to which Luis felt he was subjected in the name of his psychological "treatment"—constrains the already limited health care resources for trans persons.

Another environment identified by participants as a place where they experienced stigma and discrimination was in the workplace. For example, Tony, a trans man, described as follows how intensely he was affected by discrimination in his workplace:

> "[Workplace discrimination] was horrible, horrible to the point I decided to go to the hospital. I went to Capestrano [a mental health hospital] because I could not handle it anymore. I woke up crying and did not want to go to the office anymore. My old boss tried to make my life impossible, treat me like I wasn't worth anything [because of the gender identity]…I tried to inform human resources and the Mrs. well didn't paid attention, they didn't investigate and they left me there and I didn't do anything else." [Tony, trans man, FG]

In addition, he further described: "My old boss tried to make my life impossible, treating me like I wasn't worth it [as an employee]. I tried to inform human resources but they didn't pay attention. They didn't investigate and left me there [in the same position]." Here, Tony emphasizes the lack of administrative support from human resources that is supposedly in charge of addressing workplace complaints like his. Another participant further mentioned "I was fired from my job because I dressed as a man. That is discrimination." [Leo, man, II]

Finally, a participant shared an experience he had with customs personnel at the airport as a result of the government unwillingness to change their gender identifier in his official documents:

> "I had an experience when one time I traveled to the Dominican Republic. I got to immigration and a man told me 'how come you are a man my brother, you are a man, why do you have a woman's name?' and he told me 'you are a man

right?' and I kept quiet and didn't say anything and there was this woman and she told him: 'he is a *bucho*'[a term used to describe masculine women, sometimes used pejoratively towards lesbian women with masculine embodiment] but they couldn't understand. They couldn't comprehend and [they asked] 'is he is gay, a faggot?' and she told them 'no, he is a woman that dresses as man'. I told them: 'no, I'm not a woman that dresses as man, I am a man, a complete gentleman.' They were confused and arrested me and took me to a separate room and said: 'take off the jacket and everything because we want to see what you really are'. Then what they did was they arrested me and took me to a room aside and then a girl told me 'take the jacket take everything because we want to see what you really are' I then undressed and stayed in my undershirt. They said they could not believe it, my body was a woman's" [Leo, man, II]

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Interpersonal stigma

Participants described how interpersonal stigma was present in their day-to-day interactions. Many experienced microaggressions when they were treated socially in a manner inconsistent with their gender identity: "There's a lot of people that call me 'her'… well because its people that cannot understand how bad I feel [when they treat me like a woman]. I'm embarrassed, I feel bad, very bad" [Leo, man, II]. When dealing with interpersonal relationships, some participants described that one of the hardest things was providing explanations to avoid being misgendered. In those circumstances, comments and interactions are commonly accompanied by stigmatizing remarks toward their gender identity:

"[The hardest part is], hell, all the explanations you have to give to people that you shouldn't have to! I don't mind answering questions at all, but when you are giving too much explanations and either they don't want to understand or want to convert me or convince me otherwise… that's not okay" [Francisco, gender queer, II].

After the transitioning process, social and family gatherings with people that knew them before the transition were also mentioned as challenging, leading to social interactions in which negative attitudes and rejection were commonplace. As one participant said:

"[The hardest thing is] socially… because physically you transition and that's it, but facing old friends that spent time with you when you were of the other gender [that's hard]. For me, that has been the hardest, you know, to face family members who are living abroad, even though they have accepted me and do not discuss the topic, but there's always the awkwardness if a new family member comes and they introduce me… Sometimes they [still] introduce me as a woman." [José, trans man, II].

Other participants described that in general people reject their gender identity and in some cases, think that they are not mentally fit:

"The hardest thing is that people don't accept you, they don't respect that you feel like a man and that your spirit is screaming and crying out that 'I am a man, I am not a woman'. What happens is that I'm in a woman's shell and maybe they'll think when I tell them 'this woman is crazy'. Because it has happened to me [people have told me that]…but they don't know how it feels because they are not inside me. The hardest thing is they don't accept you, society doesn't accept you, and for society you are a lesbian. You were born a woman and are a lesbian. So the hardest thing is that society does not accept you as you want to be accepted." [Leo, man, II]

Individual stigma

Some participants expressed that in light of their common experiences of stigmatization, avoidance was a routine coping strategy to manage stigma they anticipated encountering in their day-to-day interactions. For example, one participant expressed avoiding the use of credit cards and ID in his routine daily encounters:

"When I transitioned, I was like 'I am a man, I am a man'. Despite the letter 'F' in the ID, I prayed that they ignored the 'F'… but [using the ID] it gives me anxiety, a lot of anxiety. And I already suffer from anxiety. That's why I try to avoid even using the credit card" [José, trans man, II].

Another participant described his difficulty applying for jobs because of fear of being stigmatized and discriminated based on the incongruence of his gender identity, physical appearance, and the information on his legal documents:

"When I'm looking for a job they tell you to bring your birth certificate, health certificate and all of that. Before transitioning I worked for a taxi company and they didn't ask for any type of documentation. I could pass as a man and I was always scared they would find out. And then last year when I got my surgery, well I left the job…" [Luis, trans man, II].

Another participant expressed that the psychological anticipation of rejection and shame was enough to avoid gynecological care, despite the fact that he had not in fact experienced medical rejection:

"No, no, I couldn't [go to visit a gynecologist]… you know a lot of women lingering at the gynecologist's waiting room and I cannot sit there and wait for them to call me. I couldn't, and finding a gynecologist that could work with me also, because it's not the same you know, and I wouldn't dare to visit a gynecologist and say 'I want a pap smear"… I couldn't, you know people will be staring at you…" [Gian, trans man, II].

Finally, another participant shared how his prior experiences as a victim of bullying impact the way in which he engages in his daily life: "When I go out, when I leave my home, I have to think it twice. I do not like to be where there is a lot of people because I was a victim of bullying [because of my gender identity]" [José, trans man, II].

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Discussion

The results of this study add to the growing literature documenting the stigma experienced by trans populations at multiple levels. Moreover, they highlight the potentially deleterious impact that stigmatization can have on the health and well-being of trans men. In our study conducted in PR, participants described experiences of discrimination based on their gender identity and gender expression at the structural, interpersonal, and individual levels. This is particularly important as PR is heavily influenced by a strong adherence to traditional gender roles and religious values. Despite recent political changes (e.g., Since 2018 transgender individuals can change their gender and name in their gender identity documents),[32] violence and transphobia are still rampant. For example, at least five transgender individuals have been killed in PR in the first 4 months of 2020.[33] Unfortunately, stigma toward the transgender population in PR is also common in health care scenarios. For example, research suggests that physicians receive little to no training regarding transgender health needs and manifest poor clinical competencies.[5] This is important, since research has extensively documented that negative experiences interacting with the health care system can function as a barrier to preventive and routine care. For example, the stigmatizing experiences in gynecologists' offices described by some participants can negatively influence trans men risk of cervical cancer,[34] because of the resulting stigma management strategies these individuals must utilize. These negative clinical consequences occur primarily due to stigma, since cervical cancer can be prevented with regular pap smears.

These stigmatizing experiences are frequently internalized by individuals. Stigma at the individual level can have an emotional burden and increase stress among trans men. Research has showed how diverse LGBT populations already have higher rates of depression, anxiety, suicidality, and stress.[35–37] These high rates are driven by the stigmatizing experiences encountered in their everyday lives. For example, our findings suggest that trans men experience rejection and mistreatment from friends, family, health care providers, and society in general. Our participants described how these negative experiences led to a vulnerable emotional state (e.g., anxiety) and the use of coping strategies (e.g., health care avoidance). All of these experiences have a detrimental effect on the health and well-being of Puerto Rican trans men.

Recommendations

Based on the results from the study, we recommend several steps that should be taken to reduce stigma toward trans men at multiple levels. While we focus our recommendations on PR, we believe that they are generally relevant for similar contexts across the Spanish-speaking Americas. We recommend that: (1) At the structural level, policy makers and health sector leaders develop the necessary public policy strategies to enforce existing laws protecting gender and sexual diversity while fostering greater accountability for institutions and organizations; (2) at the interpersonal level, researchers should target stigma among Spanish-speaking trans men in other parts of the United States and Latin America, while examining its impact on their health and test interventions targeting health care providers to foster gender-affirming approaches in patient–provider interactions; and (3) at the individual level, researchers could target stigma among Puerto Rican trans men to increase effective coping strategies and also address stigma through educational campaigns targeting Latino/as population in general to increase gender spectrum diversity awareness and reduce stigmatizing attitudes and behaviors toward trans men.

Disclaimer

This article does not represent the opinion of the National Institutes of Health, American Cancer Society, American Psychological Association, or the Puerto Rican Psychological Association.

Author Disclosure Statement

No competing financial interests exist.

Funding Information

This research was funded by the National Institute on Drug Abuse (1R21DA032288; PI: S.L.R.-M.) and the Puerto Rican Psychological Association (PI: A.G.R.-P.). Dr. A.G.R.-P. was supported by the American Cancer Society Institutional Research Grant (IRG-17-173-22) and the American Cancer Society (1R21CA233449-01A1). Dr. E.R.R.-S. was supported by the Research Center for Minority Institutions, National Institutes on Minority Health and Health Disparities (U54MD007579). Dr. N.V.-D. was supported by the National Institutes on Drug Abuse (1K02DA035122).

References

1. Dowshen N, Lee S, Franklin J, et al. Access to medical and mental health services across the HIV care continuum among young transgender women: a qualitative study. Transgend Health. 2017;2:81–90.

2. Denson DJ, Padgett PM, Pitts N, et al. Health care use and HIV-related behaviors of black and latina transgender women in 3 US metropolitan areas: results from the transgender HIV behavioral survey. J Acquir Immune Defic Syndr. 2017;75:S268–S275.
3. Sevelius JM, Deutsch MB, Grant R. The future of PrEP among transgender women: the critical role of gender affirmation in research and clinical practices. J Int AIDS Soc. 2016;19(Suppl 6):1–7.
4. Puckett JA, Cleary P, Rossman K, et al. Barriers to gender-affirming care for transgender and gender nonconforming individuals. Sex Res Soc Policy. 2018;15:48–59.
5. Madera SLR, Díaz NV, Padilla M, et al. Just like any other patient: transgender stigma among physicians in Puerto Rico. J Health Care Poor Underserved. 2019;30:1518–1542.
6. Freese R, Ott MQ, Rood BA, et al. Distinct coping profiles are associated with mental health differences in transgender and gender nonconforming adults. J Clin Psychol. 2018;74:136–146.
7. Wolford-Clevenger C, Cannon CJ, Flores LY, et al. Suicide risk among transgender people: a prevalent problem in critical need of empirical and theoretical research. Violence Gend. 2017;4:69–72.
8. Oberheim ST, DePue MK, Hagedorn WB. Substance use disorders (SUDs) in transgender communities: the need for trans-competent SUD counselors and facilities. J Addict Offender Couns. 2017;38:33–47.
9. Pollock L, Eyre SL. Growth into manhood: identity development among female-to-male transgender youth. Cult Health Sex. 2012;14:209–222.
10. Padilla MB, Rodríguez-Madera S, Ramos Pibernus AG, et al. The social context of hormone and silicone injection among Puerto Rican transwomen. Cult Health Sex. 2018;20:574–590.
11. Rodríguez-Madera S. Género Trans: transitando por las zonas grises. San Juan, Puerto Rico: Terranova Editores, 2009, pp. 1–224.
12. Padilla MB, Rodríguez-Madera S, Varas-Díaz N, et al. Trans-migrations: border-crossing and the politics of body modification among Puerto Rican transgender women. Int J Sex Health. 2016;28:261–277.
13. Rodriguez Madera SL, Diaz NV, Pibernus AR, et al. Exploring the feasibility and acceptability of biomarker collection for HIV infection and chronic stress among transwomen in Puerto Rico. Rev Puertorriquena Psicol. 2017;28:268–281.
14. Lende DH, Lachiondo A. Embodiment and breast cancer among African American women. Qual Health Res. 2009;19:216–228.
15. Ramos-Pibernus AG, Rodríguez-Madera SL, Padilla M, et al. Intersections and evolution of 'Butch-trans' categories in Puerto Rico: needs and barriers of an invisible population. Glob Public Health. 2016;11:966–980.
16. Link BG, Phelan JC. Conceptualizing stigma. Annu Rev Sociol. 2001;27: 363–385.
17. Phelan JC, Link BG, Dovidio JF. Stigma and prejudice: one animal or two? Soc Sci Med. 2008;67:358–367.
18. Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. Am J Public Health. 2013;103:813–821.
19. White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: a critical review of stigma determinants, mechanism, and interventions. Soc Sci Med. 2015;147:222–231.
20. Hatzenbuehler ML, McLaughlin KA, Keyes KM, et al. The impact of institutional discrimination on psychiatric disorders in Lesbian, gay, and bisexual populations: a prospective study. Am J Public Health. 2010; 100:452–459.
21. Bockting W, Coleman E, Deutsch MB, et al. Adult development and quality of life of transgender and gender nonconforming people. Curr Opin Endocrinol Diabetes Obes. 2016;23:188–197.
22. Shires DA, Jaffee K. Factors associated with health care discrimination experiences among a national sample of female-to-male transgender individuals. Health Soc Work. 2015;40:134–141.
23. Scheim AI, Santos G-M, Arreola S, et al. Inequities in access to HIV prevention services for transgender men: results of a global survey of men who have sex with men. J Int AIDS Soc. 2016;19(3 Suppl 2):1–7.
24. Dutton L, Koenig K, Fennie K. Gynecologic care of the female-to-male transgender man. J Midwifery Womens Health. 2008;53:331–337.
25. Torres L. Boricua lesbians: sexuality, nationality, and the politics of passing. Cent J. 2007;XIX:230–249.
26. Barbour R. Focus groups. In: Handbook of Qualitative Methods in Health Research. (Bourgeault I, Dingwall R, de Vries R; eds). Thousand Oaks, CA: SAGE Publications, 2010, pp. 327–352.
27. Robinson N. The use of focus group methodology—with selected examples from sexual health research. J Adv Nurs. 1999;29:905–913.
28. Barry CA. Choosing qualitative data analysis software: Atlas/ti and Nudist compared. Sociol Res Online. 1998;3:1–17.
29. Saldaña J. The Coding Manual for Qualitative Research. 3rd ed. London, United Kingdom: SAGE Publications, 2016.
30. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3:77–101.
31. Finlay L. Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. Qual Res. 2002;2:209–230.
32. Departamento de Salud de Puerto Rico. Carta Circular Núm. 3–18 (RD) [Internet]. Puerto Rico. 2018. Available at: http://salud.gov.pr/Servicios-al-Ciudadano/Documents/CARTA CIRCULAR NUM 3–18%28RD%29 CAMBIO DE GENERO.pdf Accessed June 4, 2020.
33. Fred Millán I. The Transphobia Epidemic. NOTICEL. April 27, 2020. Available at: https://www.noticel.com/opiniones/top-stories/20200427/la-epidemia-de-la-transfobia/ Accessed June 4, 2020.
34. Peitzmeier SM, Khullar K, Reisner SL, et al. Pap test use is lower among female-to-male patients than non-transgender women. Am J Prev Med. 2014;47:808–812.
35. Bockting WO, Miner MH, Swinburne Romine RE, et al. Stigma, mental health, and resilience in an online sample of the US transgender population. Am J Public Health. 2013;103:943–951.
6. Budge SL, Adelson JL, Howard KAS. Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. J Consult Clin Psychol. 2013;81:545–557.
37. Peterson C, Matthews A, Copps-Smith E, et al. Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria. Suicide Life Threat Behav. 2016;47: 475–482.

Cite this article as: Ramos-Pibernus AG, Rivera-Segarra ER, Rodríguez-Madera SL, Varas-Díaz N, Padilla M (2020) Stigmatizing experiences of trans men in Puerto Rico: implications for health, *Transgender Health* X:X, 1–7, DOI: 10.1089/trgh.2020.0021.

Abbreviations Used

FG = focus group
HIV = human immunodeficiency virus
II = individual interviews
PR = Puerto Rico

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