

Asking About Sexual Orientation and Gender Identity (SOGI) in Chinese:

Improving SOGI Data Collection and Healthcare Experiences for
Chinese Transgender and Nonbinary Patients

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PPAF Presentation to Medical Directors

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Outline

- Background
- SOGI Mandarin study
- Training to CTNB staff
- Pre- and Post-survey results
- Conclusion
- Next Steps

Background

- Why collect sexual orientation & gender identity (SOGI) data?
 - Recommended by IOM (2011) due to high rates of mental illness, substance use, suicidal ideation/attempts in the LGBTQ+ population
 - Trans API individuals in Bay Area: 71% considered suicide, 29% attempted, 48% do not feel comfortable seeing doctors (compared with 23% national trans population) (APIENC 2020)
- At an SF Clinic serving Asian immigrants and refugees (CTNB)
 - ~70% of patients not asked about SOGI
 - Many clinicians feel uncomfortable asking about SOGI due to lack of training and not knowing how to ask

Asian Cultural Values

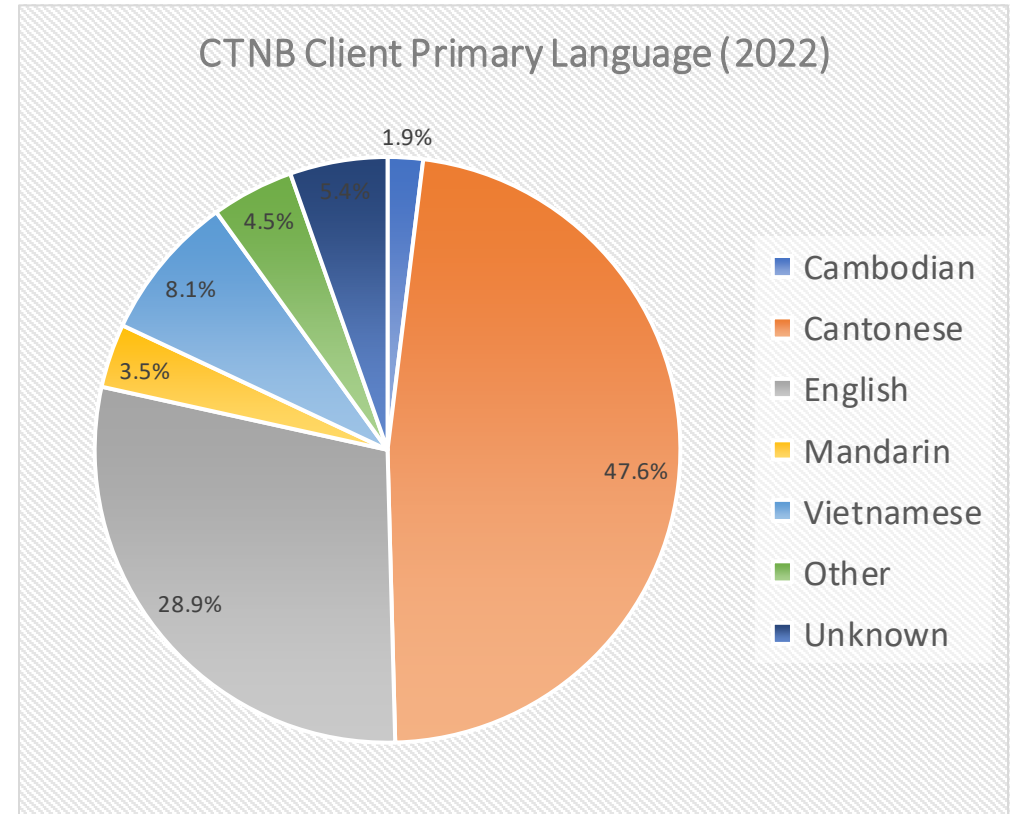
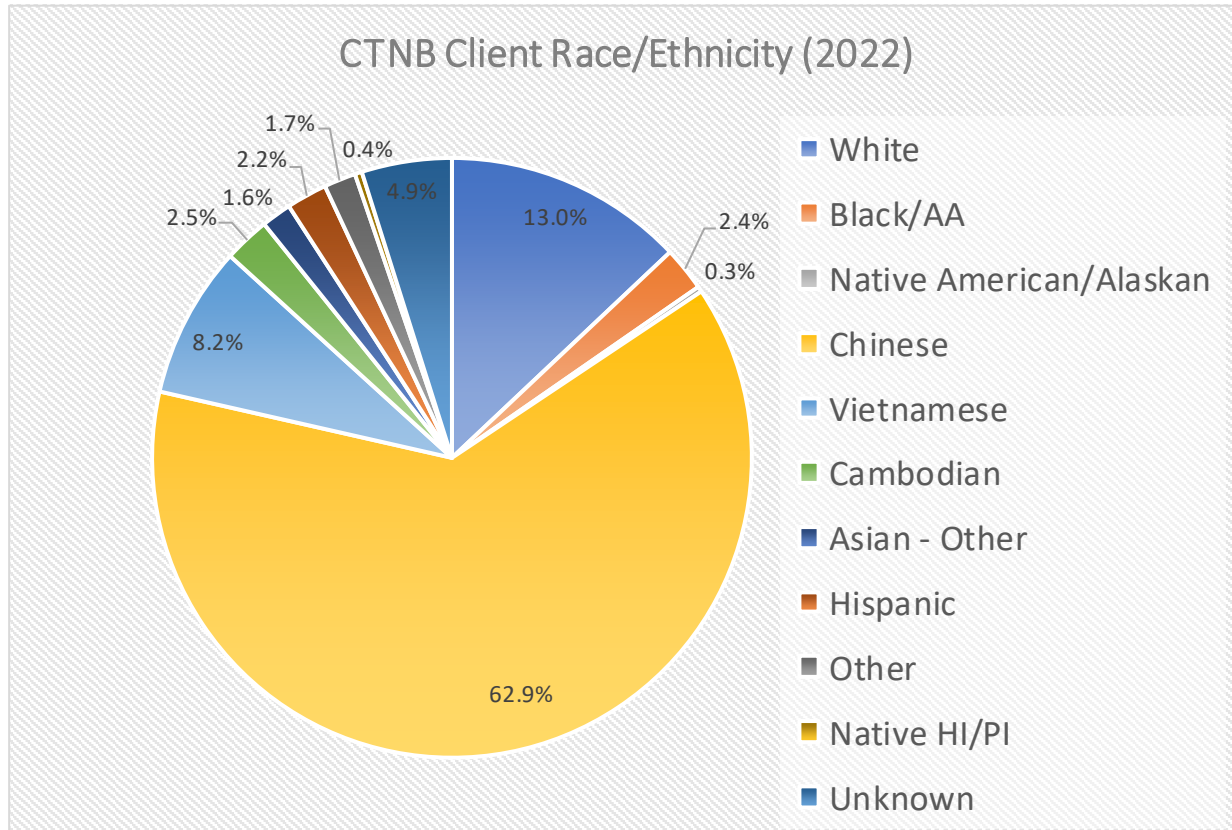
- Collectivism
 - Filial piety
 - Adherence to traditional gender roles
 - Family recognition through achievement
 - Emotional self-control
 - Humility
-
- ↑ Asian cultural values → ↓ disclosure of sexual orientation
 - Mediated by internalized heterosexism (internalized stigma)
 - Gender identity may be similarly challenging to express/disclose

留白 (Liú bái): leave blank

枪打出头鸟 (Qiāng dǎchū tóu niǎo): the shot hits the bird that pokes its head out

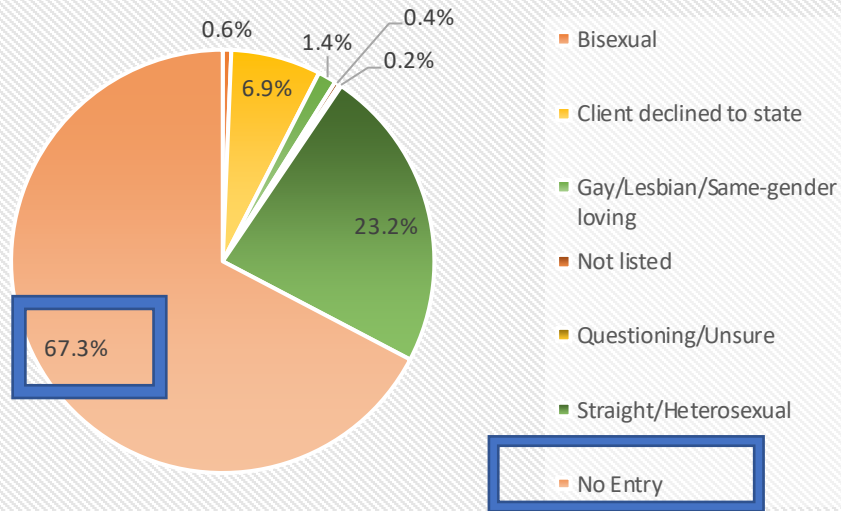
CTNB Clinic Data

CTNB Demographics

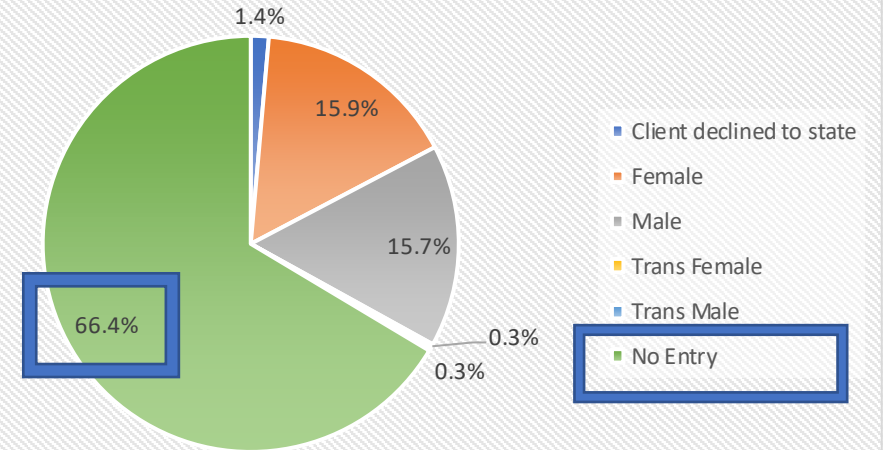


SOGI Data Collection at CTNB

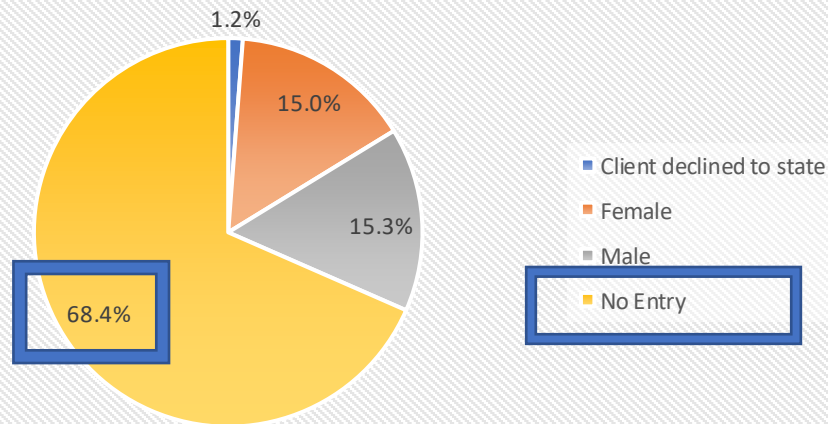
CTNB Client Sexual Orientation (2022)



CTNB Client Gender Identity (2022)



CTNB Client Sex at Birth (2022)



Focus group results (2021)

- A lot of discomfort collecting SOGI, especially in Asian language.
 - Have not had training in collecting SOGI data
 - Don't know how to formulate questions appropriately/sensitively in Asian languages
 - Increased comfort in English
- Increased discomfort with older patients, especially monolingual
- Sometimes will mark “decline to state” to save hassle
 - Some clinicians spent 30 min explaining SOGI
- SOGI form given at beginning of intake felt clunky, prefer to weave into assessment
- Did not know how to input SOGI data into Avatar

Identified need: culturally-adapted training in SOGI

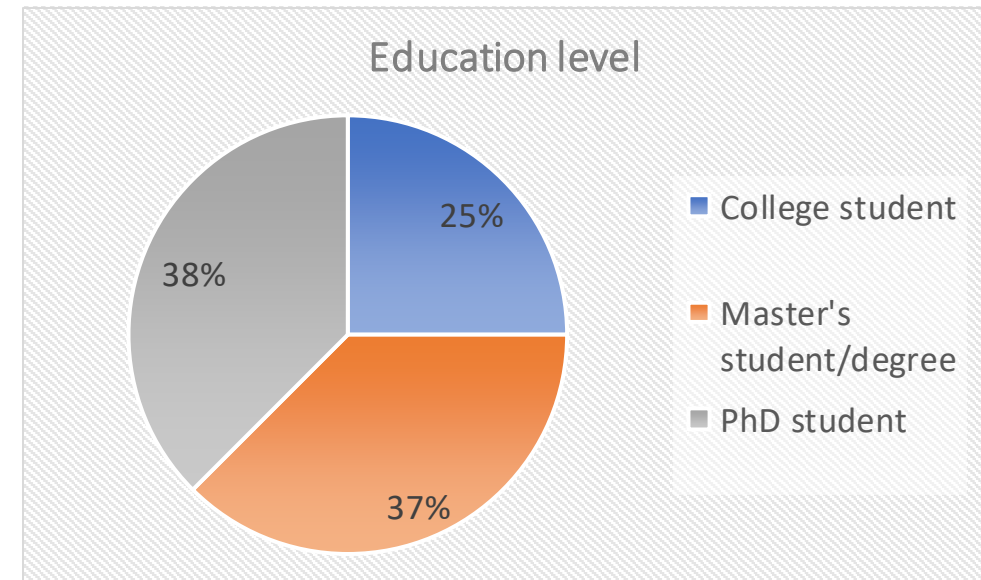
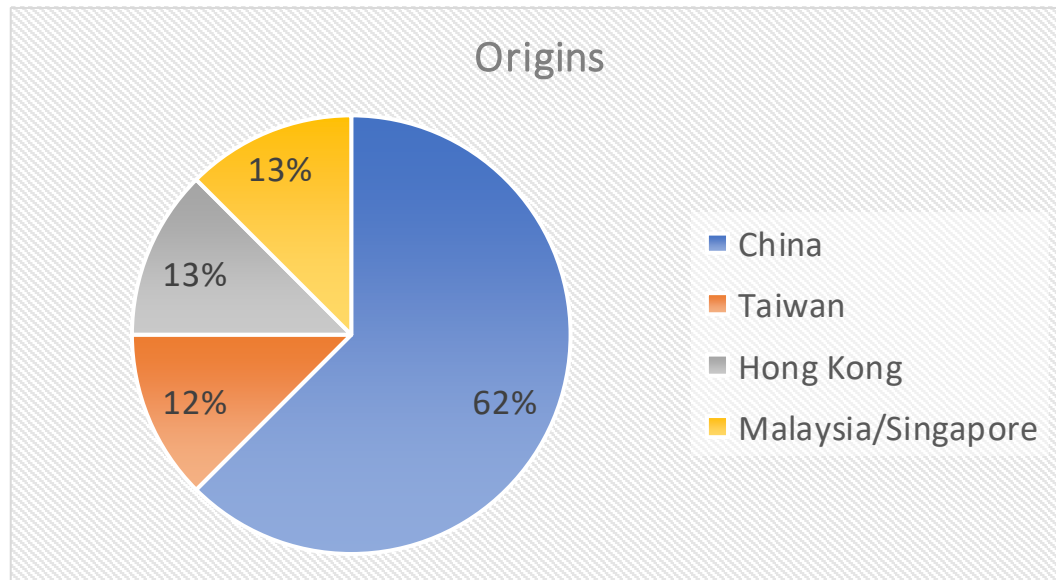
- Literature review: no existing guidelines for asking about SOGI in Chinese (in English or Chinese language)
- PPAF project
- UCSF IRB-approved qualitative study focused on Chinese transgender and nonbinary adults
- Data collection began 8/2022

Methods

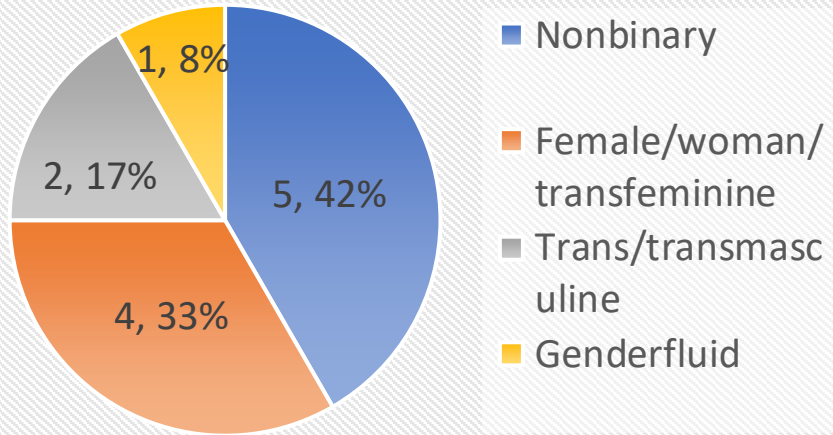
- Eligibility criteria:
 - Chinese ethnicity
 - Identify as transgender, nonbinary, or otherwise not cisgender
 - Fluent in Mandarin Chinese (reading/writing/speaking) and English
 - Age 18+
 - Residing in the US or US citizen residing anywhere
- Recruited from CBOs and social media groups
- Interviews conducted virtually using semi-structured interview guide
 - Average length 90 min (SD 27 min)
- Interviews summarized then double-coded using thematic analysis

Results - Demographics

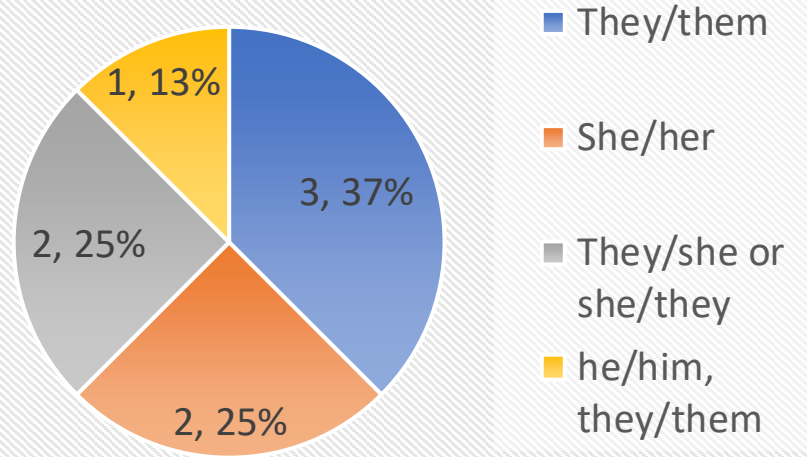
- 8 participants from around the US: California (6), the South (2)
- Age: mean 26.2 (SD 4.6), range 19-32
- Number of years in US: mean 3.8 (SD 3.7), range 0.5-11



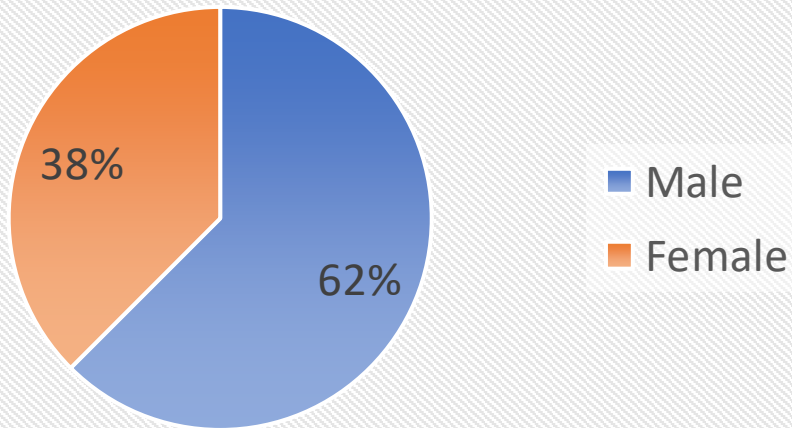
Gender Identity



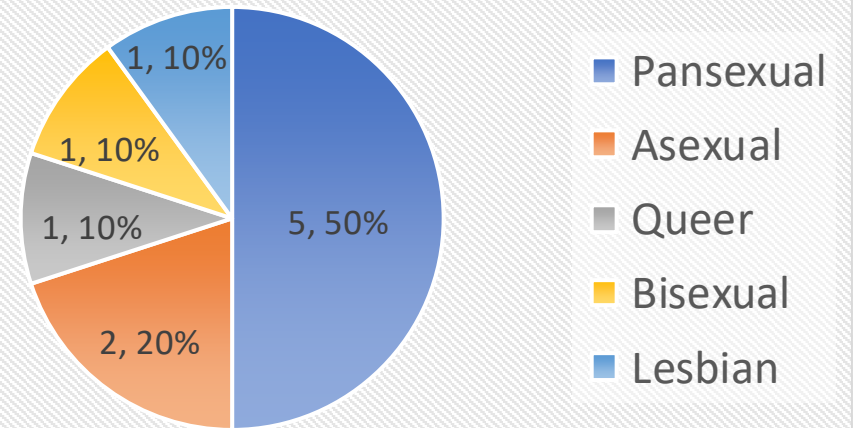
Pronouns



Assigned Sex at Birth



Sexual Orientation



Results: Themes

- Chinese culture limits discussions around sex/gender
 - Taboo talking about sex/gender
 - Confucianism
 - Binarized views of gender

“There’s not much discussion about gender and sex in Chinese culture due to 儒家思想 (Rújiā sīxiǎng – Confucianism), which wants you to become a person who benefits society, ruled by tradition. You can’t choose your gender because if you do so, you won’t have offspring/children which is considered bad for society.”

Results: Themes

- Lack of terminology to discuss sex/gender
 - Most terms are direct translations from English
 - Difficulty expressing nonbinary, lack of accepted terms

“Many terms in Chinese are directly translated from English. The terms are created in English, then translated to Chinese. For the general population in China, not many people will know these terms.”

Results: Themes

他
(Tā)

- Pronouns in Chinese

- Not important in spoken Chinese since they all sound the same
- Emphasis on asking pronouns in English can feel strange
- History of pronouns being gender neutral until recent exposure to the West

“他 (Tā) was historically gender neutral. Only for the past 100 years has it been used as he/him.”

Pronouns in Chinese (pronounced tā)

- More common

- 他 (person)
- 她 (female)
- Ta (neutral)
- 佢 (Cantonese)

- Less common

- 祂 (divine)
- x也 (Anglo)
- 它 (it)
- 他们 (they)
- 男也 (male)

他
(Tā)

Unique needs of Chinese trans and nonbinary folks

- *“It is important to give Chinese trans people **space and courage to speak up**. Many don’t have the courage to speak up about their gender identity, and don’t seek mental health treatment/therapy because they think of themselves as ‘abnormal’ and want to hide from others. It’s important to see the patient, and **let them know it’s ok to say who they are.**”*
- *“Many cisgender psychiatrists/therapists don’t understand the needs of Chinese trans people, including **fear of information getting leaked to their parents**. There is a ‘strong perspective’ for parents and social pressure. Coming out is not easy. Some therapists don’t understand and say to just come out.”*
- *“Have some **knowledge of Hong Kong [and Taiwan] vs China**, know general history, political stuff, and not assume we are Chinese.”*

Healthcare Provider Do's and Don'ts

| DON'T | DO |
|---|---|
| Be racist or transphobic | Be anti-racist and LGBTQ+-affirming |
| Have patients educate you about gender care | Seek education on the basics of gender care |
| Assume what the patient needs/their priorities; Assume a linear or specific narrative. | Be open and nonjudgmental. Listen to the patient. Have empathy. |
| Overfocus on gender to the exclusion of other needs; Ask invasive questions not relevant to care | See the patient as a whole. Treat trans people as people first |
| Gatekeep or introduce barriers to care | Decrease barriers and increase access to care; offer resources |
| Misgender patients or use language that they are not using (e.g. dead name, honorifics) | Read questionnaires prior to visit and use correct terms (e.g. name and pronouns). Use the patient's terms to address body parts (e.g. chest vs breast) |
| Carelessly ask about sensitive topics (such as sex assigned at birth) | Take care when asking about sensitive topics. Asking about body parts/organs may be preferred to sex assigned at birth |
| Say that gender care is elective and can wait | Recognize that gender care is medically necessary |
| Be ignorant about the political and cultural context of Asian trans people | Understand the cultural and political context, including oppression and censorship of trans people in Asia |

Limitations of the study

- Primarily transitional age youth and young adults (ages 19-32)
- Highly educated (college or grad school)
- Interviews conducted primarily in English, so participants had to be fluent in English
- Missing input from older adults and those with less education
- Small sample size
- Geographic diversity limited, most participants live in CA
- More representation from China

CTNB Clinic Training

SOGI Mandarin Training on 2/14/23

- Conducted 1 hr training along with Kai Huang, UCSF MS1
- Participants completed pre-post surveys
 - 20 people completed the pre-survey
 - 16 people completed the post-survey

Materials

- [SOGI Chinese Toolkit](#)
 - [Presentation slides](#)
 - [SOGI Chinese Written Questionnaire](#)
 - [SOGI Chinese Terms Glossary – Simplified Chinese](#)
 - [SOGI Chinese Terms Glossary – Traditional Chinese](#)
 - [SOGI Chinese Practice Handout](#)
 - [Pronouns in Chinese](#)
 - [Healthcare Provider Do's-Don'ts when caring for Chinese transgender patients](#)
 - [Entering SOGI into Avatar](#)

What roles did participants have? [pre-training survey]

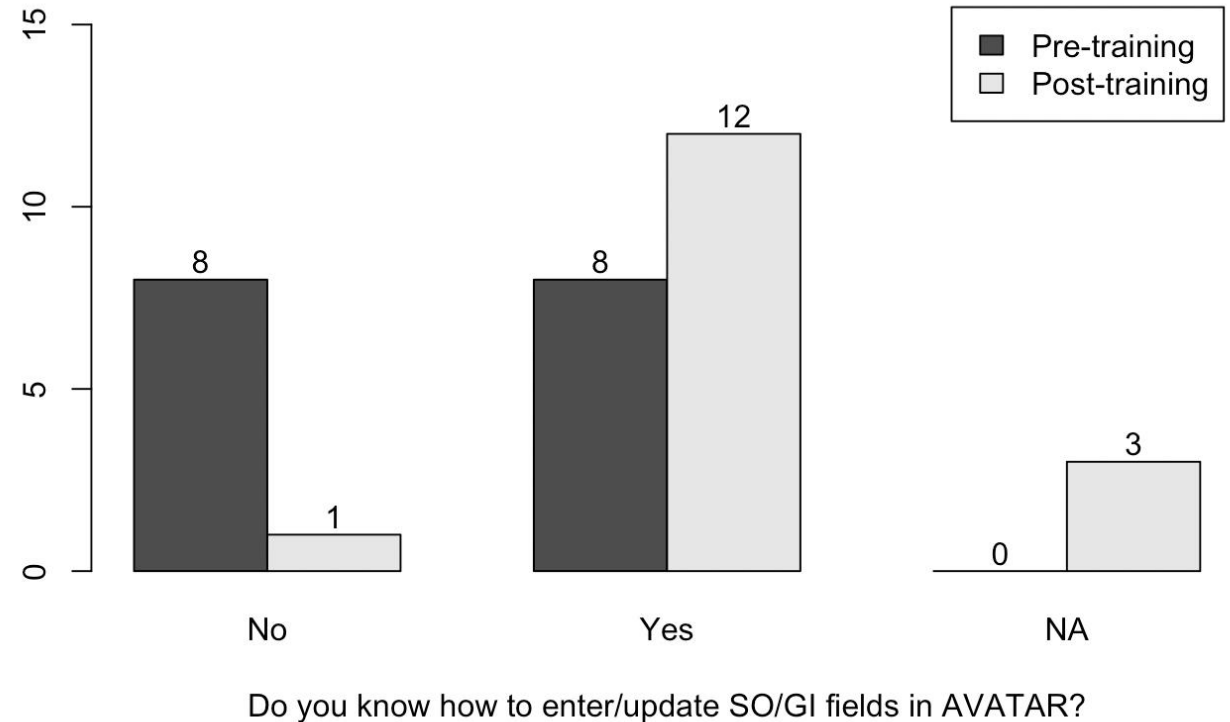
| Role | % of responses |
|-----------------------------|----------------|
| Behavioral Health Clinician | 35% |
| Prescriber | 25% |
| Nurse | 10% |
| Other | 10% |
| Pharmacist | 10% |
| Clinical Trainee | 5% |
| Health Worker | 5% |

**How often did participants discuss SOGI with patients?
[pre-training survey]**

| Discussing SO/GI with patients | % of responses |
|--------------------------------|----------------|
| Never | 25% |
| Occasionally | 45% |
| Only upon intake | 25% |

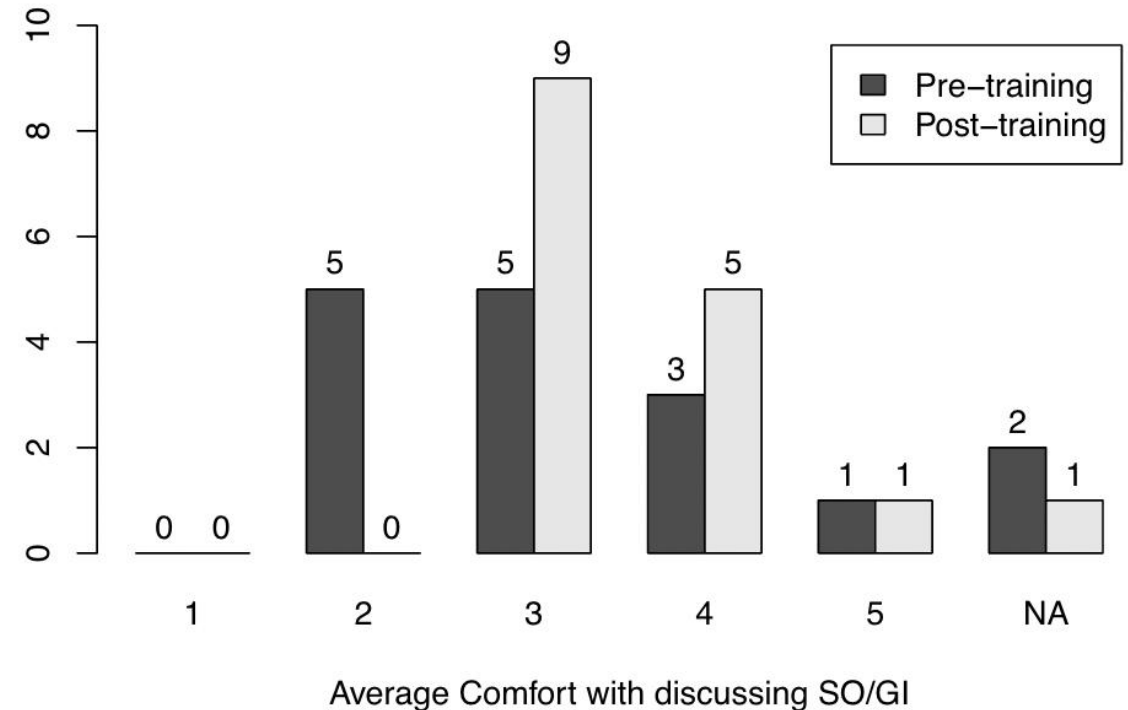
Do participants know how to enter/update SO/GI field in AVATAR?

- There is a significant difference in pre and post training knowledge for how to enter/update SO/GI fields in AVATAR. (*Chi-square test, p-value = 0.01**)
- 38% of participants reported improved knowledge of entering SO/GI fields in AVATAR after the training. 44% reported no change.



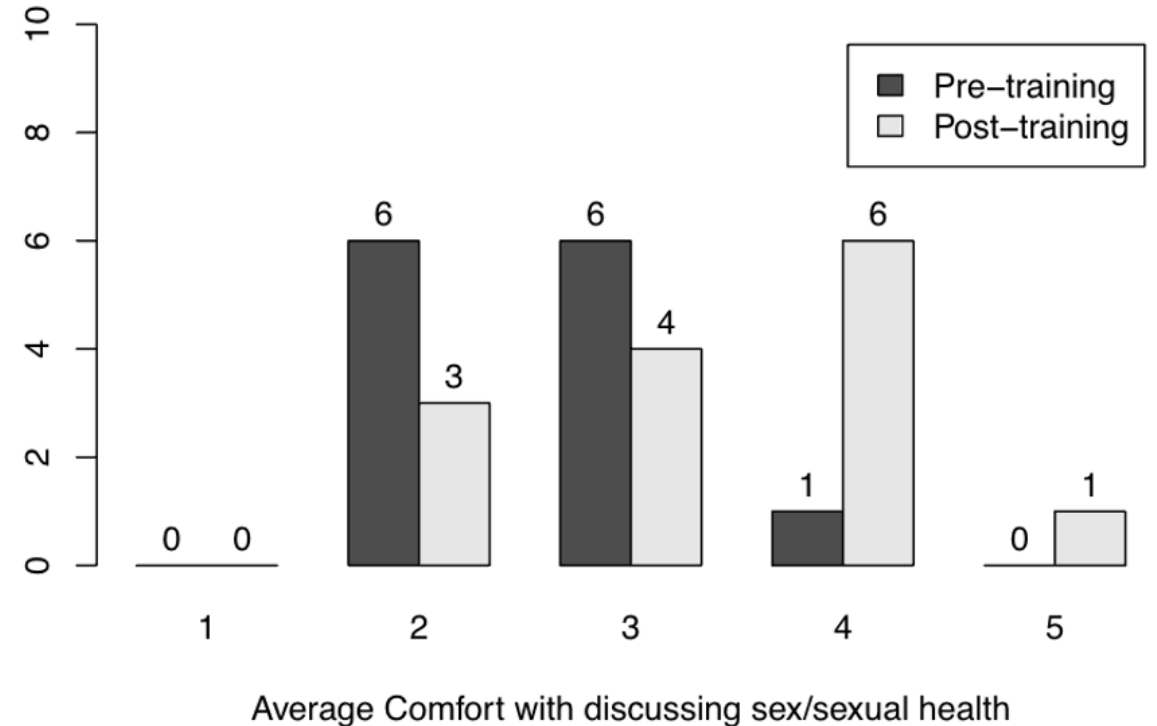
How comfortable are participants with discussing SO/GI on average?

- There is a significant difference in pre/post training responses for average comfort with discussing SO/GI. (*Mann-Whitney U Test, p-value = 0.02**)
- 38% of participants reported improved comfort in discussing SO/GI. 50% reported no change.



How comfortable are participants with discussing sexual health on average?

- There is a significant difference in pre/post training responses for average comfort with discussing sex/sexual health (*Mann-Whitney U Test, p-value = 0.006**)
- 81% of participants reported improved comfort in discussing sex/sexual health. 31% reported no change.



What factors contribute to having any data in the GI or SO fields pre-training?

Significant Differences

| Variable | Entry (n=261) | | No entry (n=467) | | P-value |
|-------------------------------|---------------|-------|------------------|-------|---------|
| | Mean (sd) | Range | Mean (sd) | Range | |
| # of service encounters | 7.7 (13.4) | 1-105 | 5.1 (7.2) | 1-104 | 0.0006* |
| # of different providers seen | 2.5 (1.7) | 1-9 | 2.2 (1.4) | 1-10 | 0.0047* |
| Age (years) | 54.1 (14.7) | 19-95 | 57.2 (14.7) | 18-95 | 0.0049* |
| Education (years) | 11.2 (4.3) | 0-20 | 10.0 (4.9) | 0-20 | 0.0039* |

*Based on Mann Whitney U Test, $p < 0.05$

Conclusions

- Asking about SOGI is important, though challenging to collect
- It is important to train staff in collecting SOGI data in a culturally and linguistically sensitive way
- A one-time training increased comfort level but did not change rates of SOGI data collection. Need for ongoing support, change in clinic workflows, and practice-based trainings
- Consider providers' own cultural values when developing trainings
- Since SOGI language is constantly changing, it is important to seek feedback and update as appropriate

Next Steps

- Disseminate SOGI Chinese training and materials to other clinics/agencies that serve Chinese-speaking populations
- Work with Seth Pardo and Equity workgroup to formalize SOGI recommendations and officially adopt as a system
- Develop healthcare toolkit for clinicians working with Chinese trans and nonbinary patients (with Kai Huang, medical student)
- Prepare manuscript(s) for publication
- Improve English SOGI form
- Develop additional culturally- and linguistically-attuned supports/programming for Chinese parents of trans and nonbinary youth

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Questions/Feedback

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References

- Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: The National Academies Press, 2011.
- Jans M, Viana J, Grant D, Cochran SD, Lee AC, Ponce NA. Trends in sexual orientation missing data over a decade of the California Health Interview Survey. *Am J Public Health*. 2015;105(5):e43-e50. doi:10.2105/AJPH.2014.302514
- Kim BK, Li LC, Ng GF. The Asian American Values Scale--Multidimensional: Development, reliability, and validity. *Cultur Divers Ethnic Minor Psychol*. 2005;11(3):187-201. doi:10.1037/1099-9809.11.3.187
- Kim BSK, Atkinson DR, Yang PH. The Asian Values Scale: Development, Factor Analysis, Validation, and Reliability. *J Couns Psychol*. 1999;46(3):342-352.
- Kim JL, Ward LM. Silence Speaks Volumes: Parental Sexual Communication Among Asian American Emerging Adults. *Journal of Adolescent Research*. 2007;22(1):3-31. doi:10.1177/0743558406294916
- LGBTPEDIA. (n.d.). Roles in Gay Circles. Retrieved February 7, 2023, from <https://lgbtpedia.hk/2018/06/19/%E7%94%B7%E5%90%8C%E5%BF%97%E5%9C%88%E5%85%A7%E8%A7%92%E8%89%B2-2/>
- Lin, Y., Xie, H., Huang, Z., Zhang, Q., Wilson, A., Hou, J., Zhao, X., Wang, Y., Pan, B., Liu, Y., Han, M., & Chen, R. (2021). The mental health of transgender and gender non-conforming people in China: A systematic review. *The Lancet Public Health*, 6(12), e954–e969. [https://doi.org/10.1016/S2468-2667\(21\)00236-X](https://doi.org/10.1016/S2468-2667(21)00236-X)
- Maragh-Bass AC, Torain M, Adler R, Schneider E, Ranjit A, Kodadek LM, Shields R, German D, Snyder C, Peterson S, Schuur J, Lau B, Haider AH. Risks, Benefits, and Importance of Collecting Sexual Orientation and Gender Identity Data in Healthcare Settings: A Multi-Method Analysis of Patient and Provider Perspectives. *LGBT Health*. 2017 Apr;4(2):141-152. doi: 10.1089/lgbt.2016.0107. Epub 2017 Feb 21. PMID: 28221820.
- Qian, J. (2019). The T on Chinese Transmasculinity. *Popula*. <https://popula.com/2019/03/27/the-t-on-chinese-transmasculinity/>
- Szymanski DM, Sung MR. Asian Cultural Values, Internalized Heterosexism, and Sexual Orientation Disclosure Among Asian American Sexual Minority Persons. *J LGBT Issues Couns*. 2013;7(3):257-273. doi:10.1080/15538605.2013.812930
- Up to US: A Community-Led Needs Assessment of Transgender and Gender Non-Conforming Asians and Pacific Islanders in the Bay Area. 2020. APIENC. <https://apienc.org/uptous/>
- Wang, Y. (2021). 'Passionate aesthetics': T-P gender practices and discourses, and the hierarchies within lesbian (lala) communities in contemporary mainland China. *Journal of Gender Studies*, 30(5), 561–572. <https://doi.org/10.1080/09589236.2021.1929094>
- Zhao J, Lau M, Vermette D, Liang D, Flores G. Communication Between Asian American Adolescents and Health Care Providers About Sexual Activity, Sexually Transmitted Infections, and Pregnancy Prevention. *Journal of Adolescent Research*. 2017;32(2):205-226. doi:10.1177/0743558416630808