

# Research on the health needs of trans people in Serbia

## A research report

These are the most significant results of the research on the health needs of trans people in Serbia, combining two types of data: a short overview of the current state of health care system for trans people with a particular emphasis on the work of the Gender identity team, and the data from the research on experience, level of content and attitudes towards health care services. A part of the results from the research was published as part of the research report entitled *Over diagnosed, but Underserved: Trans Health care in Georgia, Poland, Serbia, Spain and Sweden: Trans Health Survey*.

## Health care in Serbia

At the very beginning we should stress that in this report we make a difference between general health care - health services as a response to any kind of health need not connected to medical gender reassignment, and trans-specific health care which refers to a process of medical gender affirmation: psychiatric-psychological services, hormone treatment and various surgical interventions. Services from the domain of general health care are under the same conditions available to both cisgender and transgender people. However, as we will see in the overview of the research results, trans people are faced with specific obstacles when accessing and using health care services, such as fear of possible discrimination and violence, confidentiality breach, but also recognising the lack of knowledge in health care workers about working with trans people and various other discriminatory incidents.

When it comes to trans-specific health care, Belgrade team for gender identity has recently celebrated three decades of work. During this period, understanding what transgender is in medicine, as well as understanding medical services intended for transgender people have come through significant changes, which in turn reflected on the work of the Belgrade gender identity team. All members of the team have their practice in Belgrade and provide services in both state institutions and private clinics. When it comes to trans-specific health care, two things years are cardinal: 2011, when the alterations and additions to the Law on mandatory health care proscribed that two thirds of costs of "sex change for medical reasons" be financed from the fund of mandatory health care, while the cost of the remaining third are to be paid by the person undergoing a procedure; and the next year, 2012, when the Republic expert commission for transgender states was established, the act which formalised several decades long work of the Gender identity team.

The process of medical gender reassignment begins with going to the psychiatrist's in one the two before-mentioned institutions. For the inception of the hormone treatment it is necessary to obtain one recommendation letter from the psychiatrist, as well as the approval from the endocrinologist. Up until recently, the process of gender reassignment was available first and foremost to transexual people who wanted to go through what was once called a „triad therapy“, which includes a real life test, hormone treatment and surgical interventions (including a genital intervention as well). In the last two years, owing to the contacts with trans people who have turned to the Team, we have noticed an increased openness to individualised treatment and the needs of non-binary people (gender non-conforming), and at the moment we are awaiting the decision of the Ministry of health on costs for the initial surgical intervention which will be partially financed from the funds of the mandatory health care insurance, and which does not include genital operation and sterilisation. It is essential that we stress that this is the first time that a person has obtained a recommendation from the psychiatrist for partial surgical intervention, which will, we do hope, open up a possibility for this type of interventions for other trans people who need it as well.

When we discuss state institutions, psychiatrist-psychological monitoring and support are available within the Cabinet for transgender states of the Clinical Centre of Serbia and the Department for non-psychotic disorders of the University Clinical Hospital Centre of Serbia “Dr Dragiša Mišović – Dedinje”. Endocrinological check-ups and monitoring also take place within University children’s hospital “Tiršova” and The Obstetrics and Gynaecology Clinic “Narodni front”.

Medical gender reassignment in Serbia is still connected to legal gender recognition. Although the medical team which works with trans people was formed in 1989, legal gender recognition was for the first time formally defined in 2018, through alterations and additions to the Law on registrar books while *The Ordinance on the manner of issuing and the health care institution confirmation form regarding a person’s change of sex*, which came into effect in January of 2019, thoroughly regulates this issue. The change of data in personal documents is available with confirmation from the health institution in charge to persons who fulfil the following conditions:

1. they are undergoing a hormone treatment with duration of at least a year with monitoring of the doctor specialist of psychiatry and doctor specialist of endocrinology, or
2. they have undergone a surgical intervention of sex change.

As we have seen, with such legal solution, legal gender recognition is conditioned with medical procedures.

## **A research on experience, attitudes and needs of trans people**

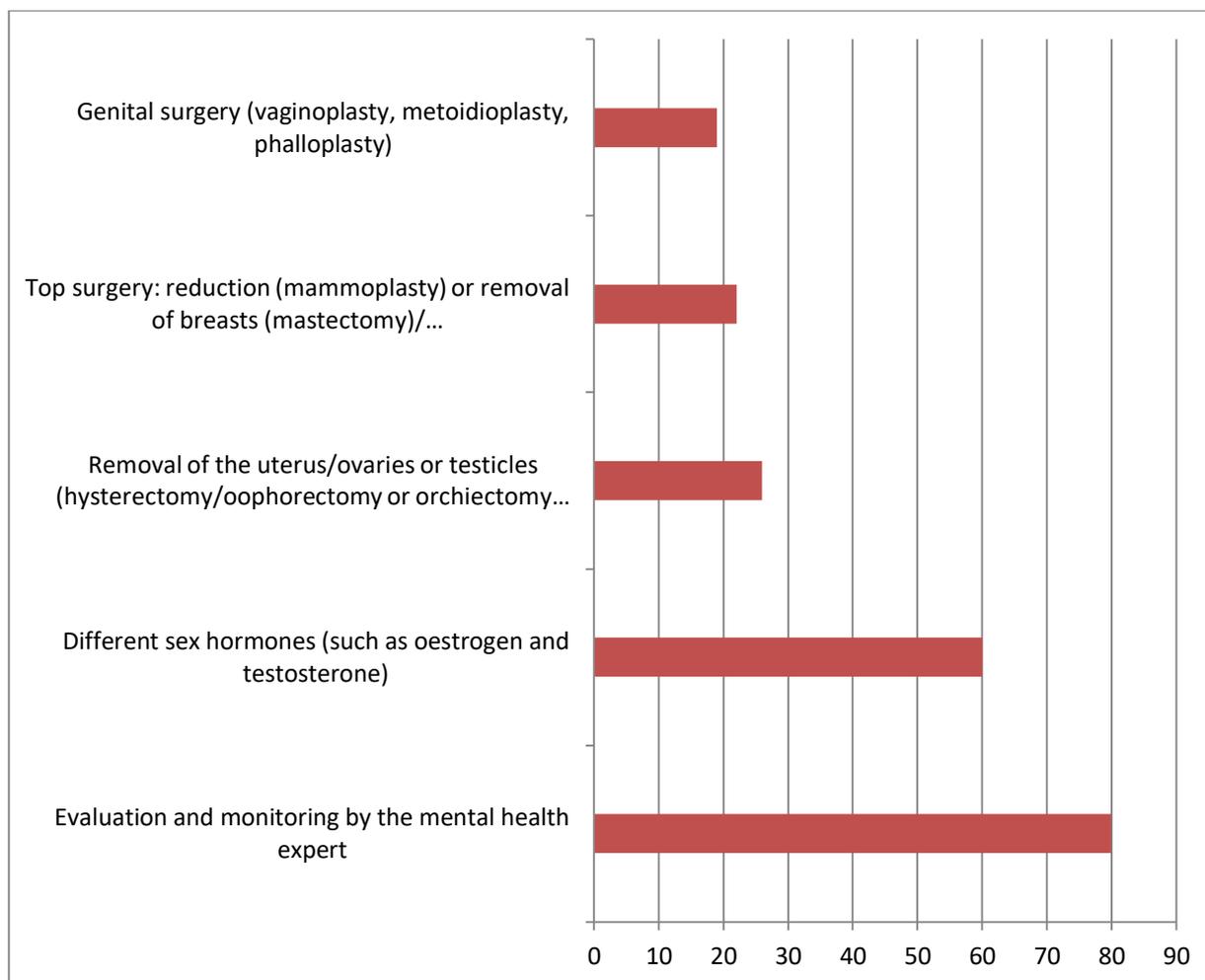
The research, a part of whose results will be presented in this report, had the objective to collect data about experience, attitudes and needs of trans people from five European countries when it comes to general and trans-specific health care, in order to better understand the existing state and offer recommendations for the improvement of the health care and position of trans people. During 2016, the project’s team created a questionnaire which was afterwards translated to languages of the country-participants and distributed in various ways, primarily via organisation Geten’s web site, social networks and mailing lists. The overall sample consisted of 885 persons from Sweden, Spain, Poland, Georgia and Serbia.

The entire questionnaire was completed by 38 trans people with current residence in Serbia. The largest number of respondents in the research identify as trans men (55,3%), one quarter of the sample consists of trans women (23,7 per cent), 15,8 per cent are non-binary people, while 5,3 per cent of respondents perceive their identity in some other way. The age of the respondents spanned from 16 to 45, with the average age being 27 years; the largest percentage of the respondents live in urban environment (93,8 per cent), mostly with their parents (62,5 per cent) and/or other family members (31,3 per cent), while 9,4 per cent of the respondents live independently (on their own) or with a partner (15,6 per cent), which means that less then a quarter live independently from their family.

Taking into account the fact that trans people are one of the most marginalised groups in a country where the majority is in an extremely bad socio-economic position, it is not surprising that as many as 37,5% of the respondents state that they hardly make ends meet, which is also the largest percentage in the entire research.

## Turning to medical doctors when a person is transgender

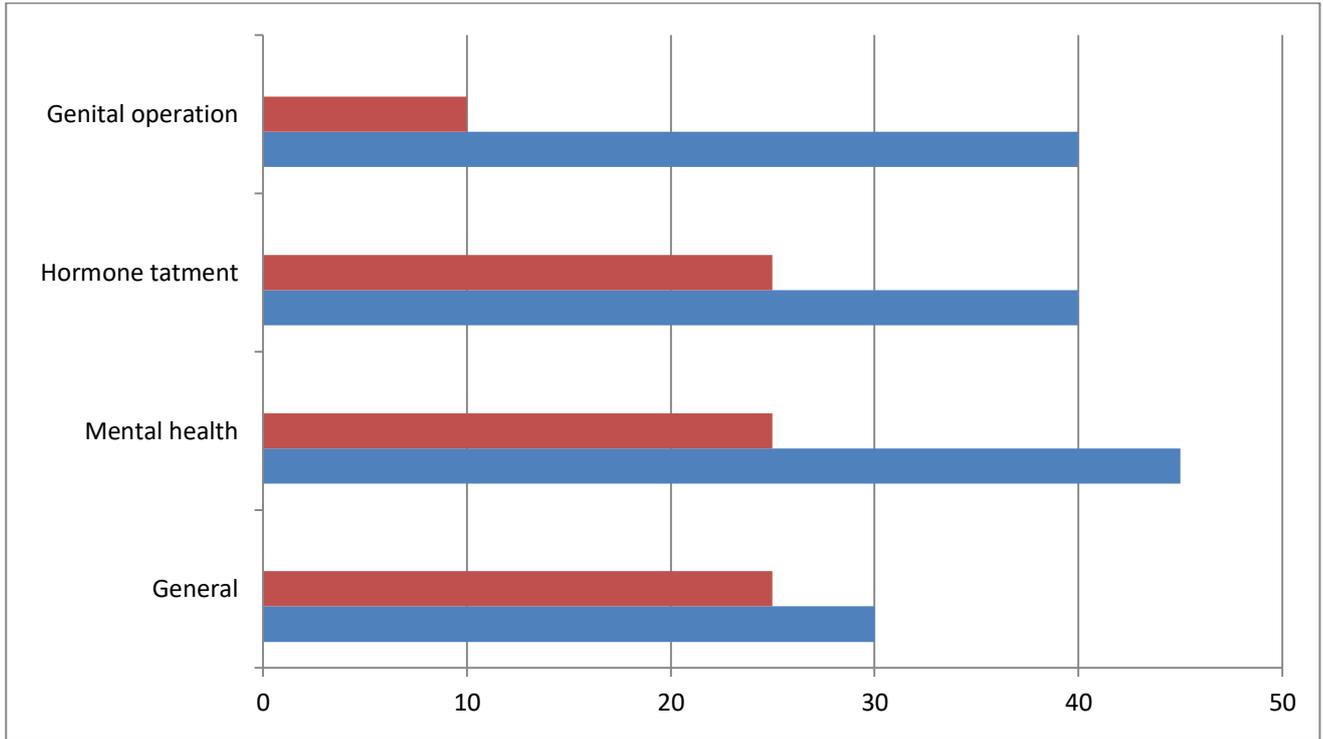
The majority of respondents (86,8 per cent) turned to medical experts or mental health experts due to being transgender. The largest number contacted mental health experts (84, 4 per cent), while 71 per cent contacted an endocrinologist. It is interesting to note that as many as one fifth of respondents (22,6 per cent) used puberty blockers, although they are not officially available. Depending on the type of the intervention, between 19,4 and 35,5 per cent of the respondents underwent surgical interventions.



Question 44. We ask you to tell us which types of services as part of the trans-specific health care have you already used and when was that? In the table are the percentages for persons who have already had interventions mentioned.

## Levels of satisfaction in trans-specific health care

When we consider the levels of satisfaction with services provided by the Gender identity team, we notice that respondents have a tendency to rate them rather as good or very good, than as bad or very bad, with the highest level of satisfaction is with services from the domain of mental health protection.



**VERY GOOD** Very good

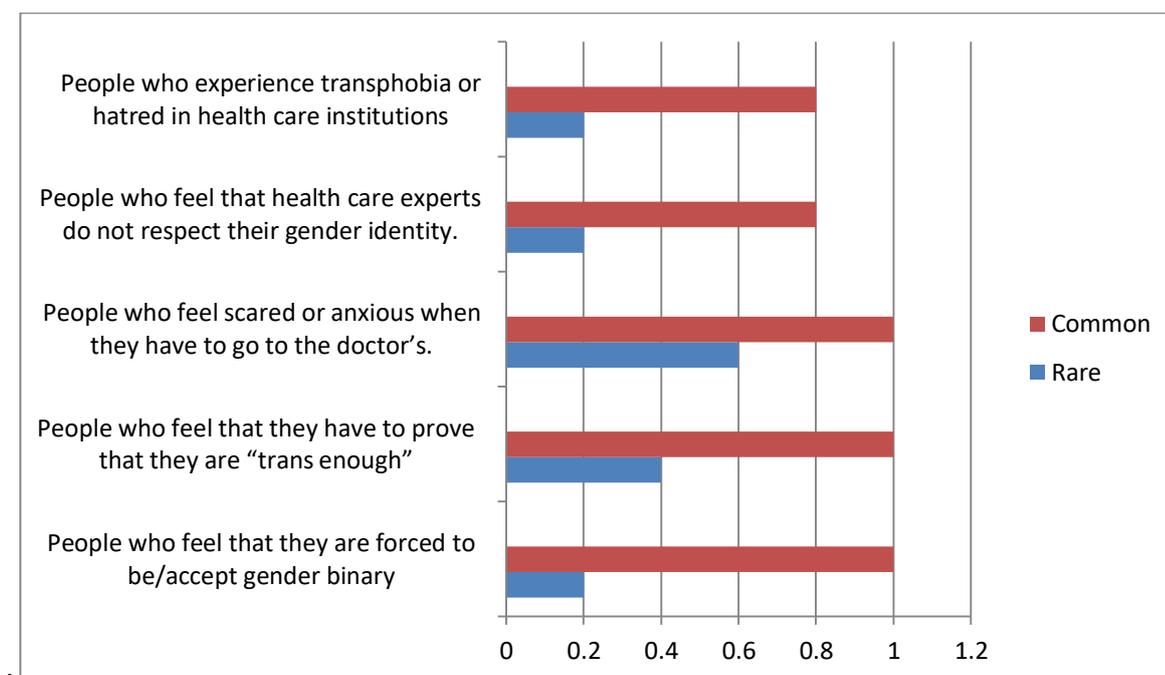
**VERY BAD** Very bad

Question 58. Taking everything into account, how would you describe the provision of trans-specific health care in your country?

### **Discrimination in the health care system – experience and perception**

When it comes to discrimination, one third of respondents (32,4 per cent) reported that in the previous 12 months they felt discriminated against by the health care provider (practitioner) due to their gender identity and/or gender expression.

On the other hand, respondents have the impression that discrimination in a health care setting happens very often, with at least seven to ten respondents reporting that they are anxious or scared when they are supposed to go to the doctor's, that they are forced to prove that they are trans enough and to fulfil expectations to fit in the concept of gender binary.



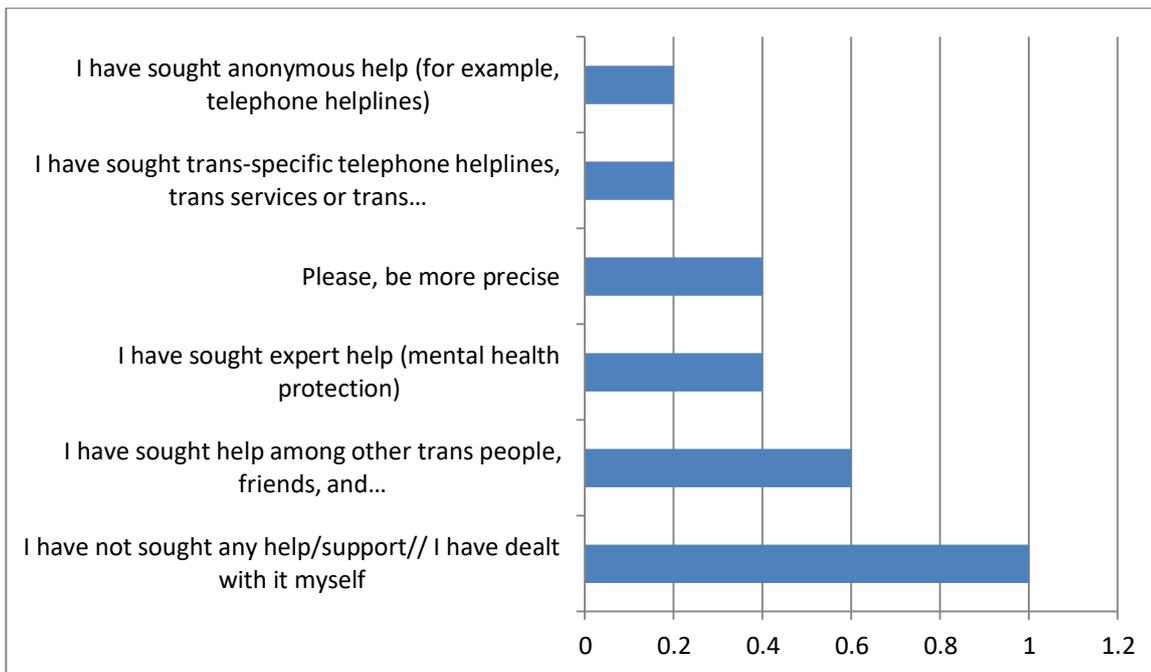
Question 59. In your opinion, how common are the following situations in the trans-specific health care in the country you live in?

It is also essential to stress that 70,6 per cent of respondents stated that at some point they postponed going to the doctor's (general practitioner) due to their own gender identity.

## Mental health

A number of research point out to a significantly higher prevalence of various mental problems in trans people compared to the general population; first and foremost, depression, anxiety disorder, and suicidal ideation and suicide attempts. A large majority of respondents from Serbia – as many as 86,8 per cent – have stated that they at one point seriously contemplated taking their own life, while 39,4 per cent have thought about it in the last twelve months. Out of people who contemplated suicide in the last twelve months, 69 per cent have at some point during their life time attempted to kill themselves, and out of those, 44,4 per cent tried committing suicide in the last twelve months.

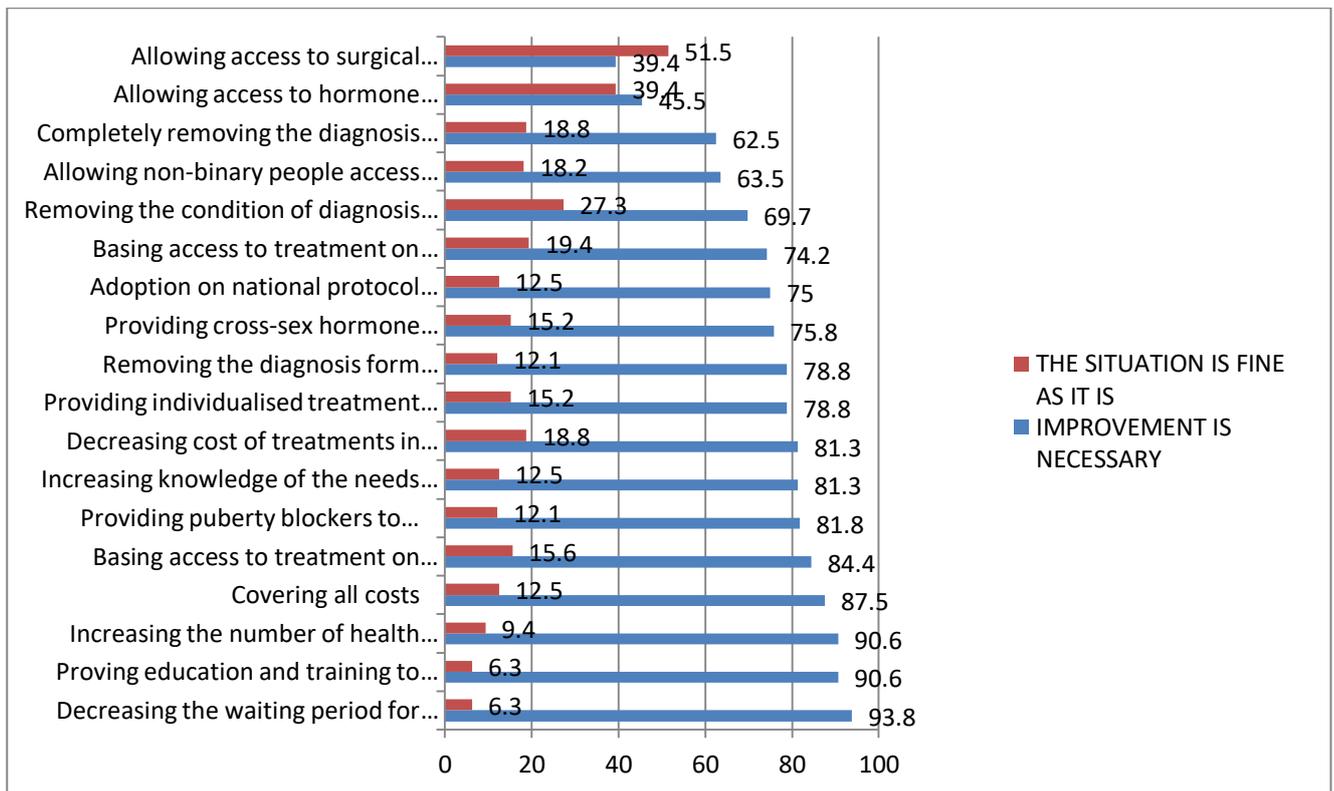
Bearing in mind such high percentage of suicidal ideation and attempted suicide, it is especially serious that more than a half of respondents - as many as 57,6% - have not sought any help or support!



Question 32. Where did you seek help after contemplating suicide/attempting suicide? Please, chose all answers that relate to you.

### **How to improve trans-specific health care?**

One of the questions in the research pertained to the domains of trans-specific health care which have to be improved. Nine out of ten respondents think it is essential to solve the problem of waiting lists (the waiting period is too long) when it comes to providing these services, to train more medical doctors for work with trans people, as well as medical doctors who provide services from the domain of trans-specific health care. As the questions of high priority, the following were identified: covering all costs of health care services by the mandatory health care, individualised treatment, introducing puberty blockers as therapy for trans youth and increased sensitisation and knowledge of medical doctors when it comes to non-binary people's needs.

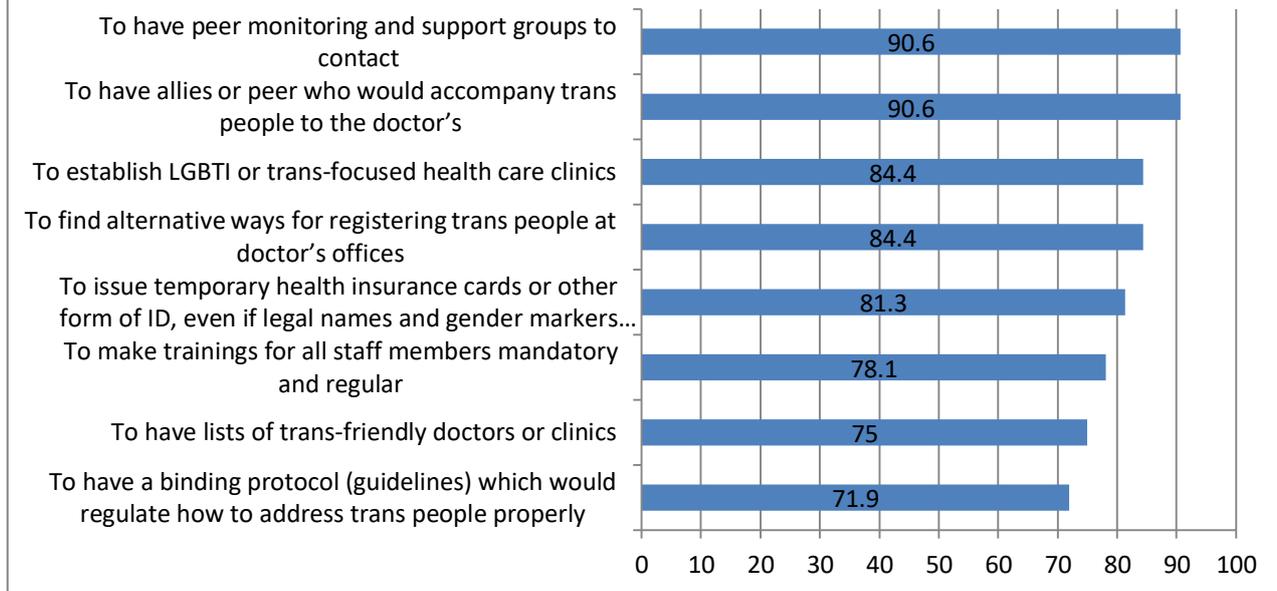


Questions 63. and 64. In your opinion, what would improve and advance the access to trans-specific health care in your country?

The next significant question relates to the improvement of general health care, so that it better suits and corresponds to the needs of trans people. As the questions of the highest priority the following were recognised: the existence of obligatory and binding general protocol which relates to how to talk to trans people, as well as the existence of lists of medical doctors and medical institutions which are sensitised for work with trans people. A few respondents stated that the situations when medical doctors talk to them using wrong gender, or when health care providers call out their names in full waiting rooms, using a name which does not correspond to their gender identity (and often their appearance) are extremely unpleasant, as well as stating they are trans (coming out as trans) to their doctors or the very situation which involves a medical check-up.

Here it is essential to put an emphasis on the fact that the issue of the lack of sensitivity of the medical system to the relationship of some trans people to their body exists also when it comes to trans-specific health care, for example in the demand that all trans men have to go through a complete gynaecological check-up, including colposcopy as well as one of the preconditions for the operation – an experience which to many is an extremely traumatising.

## THE ADVANCE IS NECESSARY



Question 74. In your opinion, what would advance the access to general health care for trans people in your country?

### Recommendations

One of the recommendations for the advance of trans-specific health care services is common to all countries which took part in this research: the decrease of the period of waiting for various health care services, education and training of as many as possible health care providers and associates on the topics of trans-affirmative approach and health care needs of trans people, instead of insisting that a person should fit in with the expectations by putting pressure on them. It is essential to stress that some steps towards the realisation of these objectives have already been taken: according to the information which organisation for LGBTIQ people's rights, Geten, obtains from trans people and team members they are in contact with, The Commission for transgender states filed the demand for the increase of the number of operations which will partially be financed from the fund of mandatory health care; non-binary people and people who do not want a genital operation to obtain approval for the hormone treatment; recently the first person who expressed a need only for the top surgery, received a recommendation letter from the psychiatrist and endocrinologist for this intervention (something that up until now was not possible if the person does not want to undergo genital operation as well), and the Commission filed a demand to the Ministry of health asking for the approval that part of the cost be covered by mandatory health care. Additionally, after the intervening and advocacy by Geten, the Commission for transgender states expressed opinion that legal gender recognition should not be conditioned by sterilisation and genital operations, but that it should instead be available to people undergoing hormone treatment.

Although indisputably important, the steps that have been taken represent only the beginning of the work on the advance of the position of trans people in the health care system of the Republic of Serbia. Even the doubling of the number of interventions whose cost is partially covered by the Republic fund for health care insurance would not solve the problem of the waiting lists. The essential issue that remains is the issue of cost of intervention covered by trans people themselves, and which equal three average monthly salaries in Serbia. Taking into account the fact that more than a third of the respondents stated that they can hardly make ends meet on monthly basis, it is clear that the operation

is an impossible feat for many trans people who want it due to financial reasons. Although not covered in this research, the question of occasional hormone therapy shortages puts into danger both the physical and mental health of trans people. Additionally, although one part of the respondents stated that they used puberty blockers, this treatment is still officially not available in clinics in Serbia, despite of the fact that its benefits are manifold: besides the possible alleviation of gender dysphoria and providing a young person with some time to decide what they want to do with their body, puberty blockers decrease the need for certain surgical interventions, precisely because they prevent the development of secondary sex characteristics, which are not compatible with the person's gender.

An extremely important question which will probably not be regulated in the near future is the issue of decentralisation of services related to trans-specific health care. Namely, besides the difficulties which accompany a trans person's attempt to obtain a medical check-up appointment date, trans people who do not live in Belgrade have to cover the travel costs, and sometimes even accommodation in Belgrade, and they go through a significantly more complicated procedure involving going to a medical check-up at the Gender identity team members. This also involves going to an appointed check-up to see a medical specialist, seeing the medical doctors' board and obtaining approval from the local office of the Republic fund for health insurance. Apart from the fact that it is complex, demanding and that it requires a lot of time, such procedure significantly increases the number of people who know that the person is transgender and in that way the risk from that information leaking out of a close circle of people who should be acquainted with it in order to know how to adequately respond to a person's needs, especially when it's not the will and the decision of the person themselves, not to mention that it breaks the rule of confidentiality.

An especially important issue refers to the sensitisation of health care providers who in their work are not focused on trans people, trans people's needs and education on trans-affirmative approach, which also implies the use of adequate personal name of the trans person and personal pronoun and gender when talking to the person.