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Access to healthcare for transgender adolescents: the current situation and challenges in Chile and Portugal

Análise Social, LVIII (2.º), 2023 (n.º 247), pp. 248-269
https://doi.org/10.31447/AS00032573.2023247.03
ISSN ONLINE 2182-2999

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Análise Social, 247, LVIII (2.º), 2023, 248-269

Access to healthcare for transgender adolescents: the current situation and challenges in Chile and Portugal. As a result of family rejection, harassment and social exclusion, transgender adolescents are prone to suffering from symptoms of depression, anxiety, eating disorders, self-harm and even suicidal ideation. In gender binary and heteronormative social contexts, as in Chile and Portugal, such adolescents may feel pressured to conform to dominant gender normativities, seeking to align their bodies according to the socially imposed ideals of female and male. Although Chile and Portugal have advanced in the legal recognition of self-determination of gender identity in recent years, they have also encountered problems in implementing health policies aimed at the adolescent transgender population, which would thereby imply a failure to guarantee the fundamental right to health.
KEYWORDS: transgender adolescents; trans; gender identity; gender binarism; healthcare.

Acesso a cuidados de saúde para adolescentes transgénero : situação atual e desafios no Chile e em Portugal. Em resultado da rejeição familiar, do assédio e da exclusão social, as pessoas adolescentes transgénero estão mais dispostas a sofrer de sintomas de depressão, ansiedade, distúrbios alimentares, de automutilação e até de ideação suicida. Em contextos sociais de género binário e heteronormativos, como no Chile e em Portugal, estas pessoas podem sentir-se pressionadas para se adaptarem às normatividades de género dominantes, procurando alinhar os seus corpos aos ideais socialmente impostos de feminino e masculino. Embora no Chile e em Portugal tenha havido, recentemente, avanços no reconhecimento legal da autodeterminação da identidade de género, estes países também têm encontrado problemas na implementação de políticas de saúde direcionadas à população transgénero adolescente, o que acabaria por implicar uma falha na garantia do direito fundamental à saúde.
PALAVRAS-CHAVE: adolescentes transgénero; trans; identidade de género; binarismo de género; cuidados de saúde.

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INTRODUCTION

Transgender identity is defined as an "umbrella" concept that thereby includes different gender expressions and identities, such as: transgender, transsexual, gender non-conforming, etcetera (Platero, 2014). This identity conveys those persons, whose ways of being, expressing and presenting themselves in the world, meaning they do not perceive themselves, nor are they perceived by others, as falling within that typically expected according to their sex and may socially express one binary gender role or another different to that assigned to them at birth (Pyne, 2014). This term broadly refers to any person who changes their gender expression to one other than that they were assigned at birth according to their sex. However, although the concept of transgender is widely used and with which many people in the trans umbrella identify, there are those who consider it limiting, as it refers only to people who identify with a binary gender and, therefore, choose to use other names for their identity (Stryker, 2017). The concrete situations people face in their lives shape and redefine these concepts to render them perpetually provisional and fallible (Missé, 2014). There are thus many ways of talking about trans-diverse identities in keeping with the many ways of conceiving the experiences we have of gender norms and their ruptures (Rodrigues, 2016).

Although transgender people may wish to express their identity outside the framework of gender binarism (Marques, 2019), some may feel pressured to conform to the dominant gender normativity, seeking to align their bodies to the dominant gender norms in accordance with socially imposed ideals of

women and men (Davis, Dewey and Murphy, 2015). In these cases, existing experience demonstrates how the best results are obtained through medical interventions that start early in adolescence (Telfer et al., 2018). Given the increases observed in the number of health service consultations by this population in recent years (Herman et al., 2017), it is essential we address the ethical issues related to appropriate, client-centred care as well as the challenges faced by trans adolescents and their families in accessing care that meets their needs (Kimberly et al., 2018). The health system must be prepared to welcome and support them whenever they request support and intervention.

Although in recent years Chile and Portugal have advanced in their recognition of self-determination of gender identity and, therefore, in their guaranteeing of rights for the transgender population, they have encountered problems in implementing health policies aimed at the adolescent transgender population, which would thereby imply a failure to guarantee the fundamental right to health in preventing them from enjoying the highest level of physical and mental health.

This article presents a theoretical review of the current situation of the medical approach to transgender adolescents' health in Chile and Portugal, their access, the biospychosocial implications and the challenges that remain to be faced.

SITUATION OF THE TRANSGENDER ADOLESCENT POPULATION IN THE WESTERN CONTEXT

Current data indicate that people who identify as transgender represent a significant and growing proportion of the general population, bearing in mind that these proportions may vary depending on the inclusion criteria (Zhang et al., 2020). In a random sample of New Zealand high school students in 2012, Clark et al., when asked "Do you think you are transgender?," found that 1.2% answered "yes" and 2.5% said they were unsure of their gender (Clark et al., 2014). In 2016, another study asked a universe of 81,885 9^{th}- and 11^{th}-grade high school students in the U.S. state of Minnesota: "Do you consider yourself transgender, genderqueer, genderfluid, or unsure of your gender identity?" with 3.6% of birth-assigned females and 1.7% of birth-assigned males answering "yes" (Eisenberg et al., 2017). More recently, in a systematic review of transgender studies involving surveying whether children and adolescents from Northern Europe, the United States and Taiwan identify as transgender, the results ranged from 1.2% to 2.7%, and when this question is extended to other manifestations of gender diversity, the proportions increase from 2.5% to 8.4% in this age group (Zhang et al., 2020).

Overall, statistical information on the transgender adolescent population is scarce and inaccurate either because population-based reporting excludes transgender people who identify more with the designations "male" or "female" than "transgender" or simply does not include the category "non-binary."[1] Moreover, existing statistics tend to refer only to transgender people who seek hormonal or surgical body readjustment healthcare without considering those who self-medicate and/or do not attend health centres (Deutsch, 2016).

Neither Chile nor Portugal collects information on the estimated trans adolescent population and thus it only remains to extrapolate the information from these available studies to the local reality.

The literature now conveys how gender-variant behaviours expressed during childhood do not necessarily persist through subsequent social transitions (Steensma et al., 2013) but when expressions of transgender identity are maintained or emerge strongly during puberty, it is unlikely they will be abandoned during social transitions (Baetens and Dhondt, 2021). Therefore, this identifies adolescence as a critical stage in the process of identity construction due to changes in social interactions with peers, the emerging physical characteristics of puberty and the first romantic experiences taking place during this time of life (Leibowitz and de Vries, 2016). Nevertheless, some adolescents may only begin this transition process or express their transgender identity following puberty (Lawrence, 2010).

While not all transgender adolescents seek body readjustment, there are those who reject their body shape right from childhood, which is then exacerbated by the emergence of secondary sexual characteristics (Baetens and Dhondt, 2021), especially in societies where body valuation is strictly normative and strongly linked to gender roles. In these cases, we encounter several problems related to mental health, such as dysthymia or depressive symptoms, with an incidence ranging from 12% to 64% and with most studies reporting a rate of around 30% for the prevalence of these symptoms (Bonifacio et al., 2019). Anxiety affects between 16% and 25% of this population; between 2% and 15.8% are diagnosed with eating disorders; between 13.1% and 53% experience self-harm; and between 9.3% and 30% have attempted suicide (Arcelus et al., 2016; Khatchadourian, Amed and Metzger, 2014; Spack et al., 2012). It should be emphasised that transgender adolescents do not experience these medical, psychological or psychiatric difficulties simply because they are transgender but these problems instead directly relate to the many ways in which society does not accept them and instead excludes, segregates and stigmatises

1 Non-binary people do not identify with Sex/Gender Man/Male or Woman/Female and may or may not identify as trans (Stryker, 2017).

them (Swann and Herbert, 2009; Telfer, Tollit and Feldman, 2015). In Westernised societies, there are pressures to express certain behaviours that reproduce hegemonic gender norms, characterised as binary and heterosexual, which hinder liberating gender expression and even determine and pigeonhole the gender of different people (Butler, 2009) while also recognising trans people who feel liberated following their transitioning of gender within this binarism (Rodrigues, 2016).

Many transgender youths experience a lack of acceptance and misunderstanding in different contexts in society as they navigate the complexities and challenges of transitioning from childhood to adulthood, with health services representing one such context (Rodriguez, Carneiro and Nogueira, 2018). The literature on the phenomenology of transgender identity development in children and adolescents is scarce which, coupled with differing interdisciplinary perspectives, means providers often face difficult, complex and unclear decisions, with limited evidence-based practices, when working with these young people (Edwards-Leeper, Leibowitz and Sangganjanavanich, 2016).

The gender binary and heteronormative social paradigm prevailing in Chile (Núñez, Donoso and Parra-Villaroel, 2018) and Portugal (Santos, 2013), reinforced by the medical model, continues to be influential in multiple social contexts. Trans adolescents are not immune to this influence, leading them to "surrender" to its hegemony and consider undergoing medicalised transition processes following their diagnosis of gender dysphoria[2] (Hilário and Marques, 2020).

(DE)PATHOLOGIZATION OF TRANS IDENTITIES

Clinical guidance for gender diverse children has for decades been dominated by cis (non-trans)[3] sexologists, psychiatrists and psychoanalysts, centred on incorrect assumptions that gender diversity is either pathological or that being trans is inherently worse than being cis, and that external forces can and should direct children's identities towards being cisgender (Gill-Peterson, 2018; Pyne, 2014; Suess Schwend, 2020).

2 In the DSM-V, gender dysphoria refers to the distress that can accompany the incongruence between experienced or expressed gender and assigned gender. Although this incongruence does not cause distress in all individuals, many end up suffering if the desired physical interventions through hormones and/or surgery are not available (APA, 2013).

3 The concept of cisgender emerged within trans activism as a way of identifying systems of oppression that oppress people who do not conform to gender norms. However, it should be noted that the construction of gender is much more plural than its narrow and reductive association with the categories of "trans" and "cis" (Rodrigues, 2016).

Transgender identities were reconceptualised in the latest versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (APA, 2013 and the International Statistical Classification of Diseases in its eleventh version (ICD-11) (Newhook et al., 2018). Nevertheless, these still maintain the morbid connotation of the diagnostic category, we continue to find the diagnoses of "Gender Dysphoria" and "Gender Incongruence," respectively, in these classification systems. ICD-11 brings about a timid depathologisation, no longer naming transsexuality as a "disorder" but as an incongruence, following in the footsteps of the DSM-5. ICD-11 decided to divide the diagnosis of Gender Incongruence into life stages: adolescence and adulthood (HA60) and childhood (HA61), making its pathologising approach even more visible in the latter group. Moreover, the diagnosis is no longer found in division F.64.0, referring to the categories of "sexual identity disorder," but is now in a section of "sexual health-related conditions." In other words, transsexuality may have moved out of the field of mental disorders, which reflects an interesting step in terms of any depathologisation process, however, it has not ceased to be portrayed as the grounds for diagnostic criteria (Favero and Machado, 2019). Additionally, despite the current discourse among those who defend that maintaining this diagnosis is of benefit to guaranteeing access to healthcare, there are still many health professionals for whom transgender identity alone is susceptible to diagnosis (Mas, 2017), which only perpetuates the idea of its pathologisation. These classification models place the problem in the individual and do not problematise the transphobia existing in society (Rodrigues, Carneiro and Nogueira, 2021). To illustrate, in Portugal, according to ILGA's 2019 report, out of a total of 171 complaints received by the Observatory on Discrimination against LGBTI+ People, 16.87% correspond to children under 18 of age. Of the total, 10.14% correspond to complaints of transphobia and 19.57% to transphobia and homophobia (ILGA-Portugal, 2020).

According to the data provided by the T Survey in 2017, the first was aimed exclusively at trans and gender non-conforming people in Chile, in which 315 people participated with 17% aged between 14 and 18 years. Of the total, 40% reported having suffered violence at school and 95% reported feeling questioned because of their identity in the health centre context, which conveys the high levels of violence faced by this population (OTD, 2017).

Even though recent years have seen progress in reconceptualising and depathologising the diverse transgender identities, most international protocols for the clinical care of transgender people, including adolescents, are designed in keeping with the "gender dysphoria" diagnosis. One example comes from the 2012 World Professional Association for Trans Health

(WPATH)[4] "Standards of care for the health of trans and gender variant people" even though its latest version does now establish a distinction between "gender dysphoria" and "gender variability" (Coleman et al., 2018). These standards, while having shifted from an identity assessment paradigm to a distress assessment/measurement paradigm, continue to endow a strong pathologising component on health services (Rodrigues, Carneiro and Nogueira, 2021). Depathologising trans identities does not only extend to eliminating their mention in the classifications of psychiatry and health manuals, this also needs to reach further and accept how these people can decide for themselves, respecting their progressive autonomy regarding their bodies and their self-determination as well as ending a binary conception of gender and valuing diversity (Rodrigues, 2016).

LEGAL RECOGNITION OF TRANS IDENTITIES IN CHILE AND PORTUGAL

In the debate around the legal recognition of gender diversity, increasing numbers of countries have legislated in favour of such recognition; even though many have done so by adhering to a model that tends to impose a norm rather than recognising diversity (Aboim, 2020). This represents the cases of both Chile and Portugal, which have moved in this direction while recognising the right of trans people to self-determination of their gender identity and expression.

In Chile, law no. 21.120, enacted in 2018, recognises and protects the right to gender identity (Núñez, Donoso and Parra-Villaroel et al., 2018), regulating the procedures for the respective administrative structure undertaking the rectification of a person's birth certificate regarding their sex/gender and name when the said certificate does not correspond to or is not congruent with their gender identity. Prior to this law, transgender people, including children and adolescents, could access the changing of name and sex/gender only through the courts in keeping with laws no. 4.808 and no. 17.344 (Gauché and Lovera, 2022). These are not laws that specifically regulate the situation of transgender people and therefore left the decision to the discretion of the presiding judge, which was generally subject to medical reports and in many cases even the requirement of the applicants having undergone genital surgeries (Ravetllat Ballesté, 2018).

Although the current gender identity law in force in Chile excludes persons under 14 years of age from access to legal recognition, it does guarantee the right to their gender expression and, in the opinion of the experts, the right

4 At the time of writing this article, WPATH is in the process of revising its recommendations.

to rectification of their name and registered sex would remain intact through the general norms (laws no 4.808 and no 17. 344), which in any case falls under the influence of the stipulations of Law 21.120 and of international standards in light of Article 5 of the Republic's political constitution, which refers to the State's duty to respect and promote the essential rights emanating from human nature, guaranteed by the Constitution as well as by different international treaties ratified by Chile (Gauché and Lovera, 2022).

According to the Movement for Homosexual Integration and Liberation (MOVILH according to its Spanish acronym) website, one year after the entry into force of Law 21.120, there was a record of 2,229 people who underwent the procedure to change their name and legal sex of whom 82 were aged between 14 and 18 years. The total figure for this year represents 197% more than in the previous 30 years (MOVILH, 2020).

Over the last two decades, trans rights in Portugal have begun to be autonomously framed and expressed even while still falling under the broader umbrella of LGBTIQ activism and struggling with a clear shortage of financial and human resources. The trans movement in Portugal began to mobilise around formal recognition, especially after the murder of Gisberta, a trans woman killed in the city of Oporto by a group of boys and male adolescents in 2006 (Santos, 2013). This event triggered media attention to the specificities of trans people as a population subject to widespread violence, including the absence of appropriate legal protection.

Portuguese legislation has been making progress in terms of the legal recognition of people with a trans identity ever since 2011. Law no. 7/2011 attributed an administrative character to the legal recognition process for gender identity. Persons of Portuguese nationality, of legal age, whether residing nationally or internationally, are entitled to apply for this procedure at any civil registry office, which must be accompanied by a report accrediting the "gender identity disorder" diagnosis signed by a multidisciplinary clinical sexology team at a public or private health centre, national or international. At the time, this law was celebrated by activists and the media as one of the most progressive in the world for allowing sex markers to be changed on official documents regardless of any body modification (Hines and Santos, 2018). According to a 2015 report published by API (Action for Identity), an organisation working on transgender and intersex issues, this law was the first worldwide to comply with the Yogyakarta Principles (Aboim, 2020), protecting applicants from the need to undergo any kind of body modification, hormone treatment or sterilisation, as was previously the case (Pereira and Ferreira, 2015).

Unlike law no. 7/11, current law no. 28/2018 eliminates the requirement of a medical certificate accrediting the diagnosis of transsexuality for adults

while in the case of minors (16 to 18 years of age) a medical report is required that exclusively accredits the capacity of decision and informed will, without referring to any gender identity diagnosis (Aboim, 2020).

Despite progress in terms of legal gender recognition for transgender people, the Portuguese legislation only complies with one of the three indicators established by the Trans Rights Map for legally recognising minors: the existence of the procedure for minors (16 and 17 years of age), but not only with an age restriction but also failing to consider a non-binary gender (TGEU, 2022).

According to the *Público* newspaper, 399 people changed their names and corrected their birth-assigned sex on their identification documents in 2021, the highest number since the entry into force of the first Gender Identity Law in March 2011, and an increase of 71% in 2020, when 233 people carried out this procedure. Since the entry into force of law no. 38/2018 in 2018 and February 2021, 84 young people between 16 and 17 years of age legally affirmed their identity (Público, 2022).

Even though the current laws of Chile and Portugal represent an advance in terms of the recognition of transgender identities, these laws share two shortcomings: 1. The right to self-determination limits transgender people to identifying with a binary gender system that does not recognise any other identities, thus a binary ordering of sex that produces the very categories, identities and social relations around which inequalities get constructed (Verloo and van der Vleuten, 2020); and 2. Establish age limits of 14 years in the case of Chile and 16 years in Portugal before holding the right to carry out this rectification, depriving those younger than these ages of any access to this right.

These laws nevertheless represent an important step towards the depathologisation of diverse identities as transgender people no longer need to submit any diagnostic report to make the aforementioned rectification.

ACCESS TO MEDICAL INTERVENTIONS IN THE HEALTH SETTINGS OF CHILE AND PORTUGAL

Basic access to gender-affirming medical care remains a serious issue in many countries around the world, even in those recognized for their progress in these matters, for example, the Netherlands experiences delays of up to 18 months for initial consultations and hormone treatment for adult trans people (van der Miesen, Raaijmakers and van de Grift, 2020). In Australia, trans youth encounter difficulties in accessing the most basic mental health services and even when seeking support for general mental health problems not directly related to gender identity or gender-affirming medical interventions (Strauss et al., 2021).

Overall, transgender people experience many barriers to healthcare (Rowe, Ng and O'Keefe, 2017). These may include the lack of gender-affirming policies, the absence of transgender-specific services, the provision of health services according to heteronormative and cisnormative frameworks and health professional *curricula* that exclude the needs of transgender people (Chan, Skocylas and Safer, 2016; Roberts and Fantz, 2014; Ross, Law and Bell, 2016), in addition to a shortage or non-existence of sensitive and trained professionals, the cultural and gender shortcomings of health workers who lack the knowledge to provide gender-affirming services, and the lack of or inadequate access to care and health insurance (Davies et al., 2013; Safer et al., 2016; White Hughto, Reisner and Pachankis, 2015). These barriers inevitably result in transgender people experiencing adverse experiences in health systems (Griffin et al., 2019). All of these barriers pose a challenge to transgender adolescents, who need guidance and accompaniment even while health service providers remain unable to adequately address their needs (Mulqueeny, Nkabini and Mashamba-Thompson, 2020).

As mentioned above, the legal frameworks of Chile and Portugal contain age limitations on State recognition of gender identity (14 and 16 years, respectively), potentially impacting, among other aspects, access to transgender-specific health services by this population (Telfer et al., 2018).

THE CHILEAN CONTEXT

The current law on "gender identity" only guarantees access to a counselling programme (Chile, 2018) that aims to provide psychosocial support to children and adolescents, this legislation requiring proof of having attended this counselling for one year in order to access the right enshrined in the law. The definitions of this programme are nevertheless flawed by the lack of any adequate regulatory framework stipulating the mandatory training and specialisation of the professionals providing this support (Gauché and Lovera, 2022) as well as entirely ignoring any other health needs and interventions this group may require. In this country, although there are local experiences in designing protocols for the care of transgender children and adolescents, such as the cases of Hospital Las Higueras in the city of Talcahuano and Hospital Sótero del Río in the capital, Santiago (Martinez-Aguayo, Arancibia and Mendoza, 2019), the only ministerial protocol available for the care of transgender people is entitled "Clinical pathway for body adaptation in people with incongruence between their physical sex and gender identity" and dates to 2010. This protocol, in addition to its pathologising approach, probably due to the lack of any subsequent update, includes neither children nor adolescents (Zapata et al., 2019).

In the public health system, the coverage of transgender-specific services is insufficient and territorially limited, resulting from the scarcity of health centre resources, further compounded by the lack of staff training in transgender health. According to users, these situations stem from the lower priority attributed to these services. Furthermore, in the private health system, the high cost of such services constitutes the main barrier to access (Núñez, Donoso and Parra-Villaroel, 2018).

According to the guidelines published by the "Todo Mejora Foundation" for health professionals in 2017, health teams commonly display prejudices that result in a lack of sensitivity towards trans people. Furthermore, there is a lack of both training and clarity in the care processes and with professionals, therefore, encountering difficulties in understanding the particular needs of this population at the primary level of care as well as problems over coordination and referral to more specialised services (when existing) and coupled with the significant issues arising from the pathologisation of their identities, which all amounts to inadequate responses from the health system that makes it still more difficult for trans people to transit (Infante, 2017). A qualitative study carried out with a trans adult sample reported that the series of difficulties they encountered with the health system during their adolescence led them to evaluate this system as inaccessible, with medical knowledge seeming to recognise only biologically aligned parameters that ignore their subjective and social trajectories (Vásquez-Saavedra, Abarca-Brown and Castelli, 2022).

Despite the insufficient supply of trans-specific services and, more specifically, services for the child and adolescent transgender populations in the Chilean public health system, the system has made progress concerning respectfully treating their identities. In 2012, the Ministry of Health issued Circular no. 21, which provides instructions on the treatment that transgender people should receive in the entire healthcare context (Ministerio de Salud de Chile, 2012). More recently, in 2022, the Ministry of Health issued new instructions, Circular no. 05, which specifically caters for transgender children and adolescents (Ministerio de Salud de Chile, 2022).

THE PORTUGUESE CONTEXT

With certain differences in Chilean law, the Portuguese legal framework does provide guarantees in relation to health protection and access to transgender-specific services, although these healthcare access guarantees did not get reflected in the recently published "Health strategy for lesbians, gays, bisexuals, transsexuals and intersexuals," which refers only to the situation of intersex children and adolescents and not to these transgender age groups (Ministério da Saúde de Portugal, 2019).

Research findings on the experiences of transgender people with health services still remain very scarce in Portugal. An API survey reported that many trans people did not feel safe accessing the National Health Service (NHS) and that the vast majority of trans people who then wanted to access sexual reassignment surgery did so privately (Gato, 2022). In another study, 21% of people felt discriminated against by health and social service professionals while 37% of respondents had never disclosed their gender identity to any health professional (FRA, 2020).

Existing data suggest there is a gatekeeping process in relation to accessing the medical treatments necessary for gender affirmation processes (ILGA-Portugal, 2014; Iscte-IUL and ILGA-Portugal, 2016). Trans and non-binary participants (N = 14) in a qualitative study undertaken by Marinho, Gato and Coimbra (2020) reported diverse experiences in their interactions with NHS professionals during the gender affirmation processes. Among the negative experiences in their accounts were: the slowness of procedures, the lack of professional training in working with transgender people and the usage of inappropriate pronouns. The parents of LGBTI+ children association (AMPLOS) points out certain lapses that portray the precariousness of the National Health System response, in particular, the lack of any specialised service for childhood and adolescence, without any specialised child psychiatry consultations coupled with puberty blockers not getting prescribed and a general lack of any information or guarantee over the availability of hormone treatments aimed at this population group (Carvalho, 2021).

Although in Portugal the right to health is a constitutional guarantee, the data available portrays how, as is the case internationally, many barriers and situations of discrimination against LGBTI+ people still remain in our country. In particular, the situation of trans and intersex people, who require specific attention from the healthcare system, stands out (Gato, 2022).

The reality of adolescents in both countries has to take into consideration the costs and coverage of health insurance for this type of intervention. On the one hand, health insurance does not usually cover these generally expensive services (Marks et al., 2020) and, on the other hand, adolescents may not have access to any such health insurance irrespective of the coverage (Ngaage et al., 2020).

Therefore, the lack of public provision of trans-specific health services in Chile and Portugal for the adolescent population forces them to resort, in the best of cases, to the few existing benefits in the private health system, which only adolescents from families with higher incomes are able to access, deepening the inequalities faced by these young people (Halberstam, 2018) and relegating those from impoverished families to living in bodies with which

they do not identify, preventing them from obtaining the professional support that would allow them to deal with the binary and normative impositions of the society in which they live.

IMPORTANCE OF ACCESS TO TRANS-SPECIFIC HEALTH SERVICES AND CHALLENGES FOR CHILE AND PORTUGAL

The various medical interventions, from puberty suppression to genital surgeries (Baetens and Dhondt, 2021; Chew et al., 2018; Hembree et al., 2017; Mahfouda et al., 2017; Rosenthal, 2014; Spack et al., 2012; Telfer et al., 2018), each have their own psychological and social impacts, potentially reducing the intense suffering and mental health problems that may occur during adolescence and subsequently improving overall functioning and quality of life now and into the future (de Vries et al., 2014; Kreukels and Cohen-Kettenis, 2011), including reducing the likelihood of suicidal contemplation later in life (Turban et al., 2020). In most cases, these medical interventions take place following parental approval and these adolescents may therefore experience a more favourable social and psychological path of transition in keeping with this support (Panagiotakopoulos et al., 2020). In fact, both the psychological and social outcomes are further improved whenever transgender adolescents receive gender identity affirmation from their family and the surrounding environment to the extent that these adolescents require neither medical interventions nor psychological support beyond intermittent contact with professionals, such as the family's primary care physician (Telfer et al., 2018). However, the evidence demonstrates how only a very low percentage of this population receives support from their parents (Alanko and Lund, 2019). Indeed, a significant percentage of adolescents even face prevention from accessing these types of services due to the lack of authorisation from their legal guardians (Kimberly et al., 2018). The challenges for Chile and Portugal begin with the implementation of focused trans health strategies for this population group, which must include appropriate physical spaces and geographical access, trained and specialized healthcare personnel for this population not only to respond to their specific needs but also to provide general healthcare that focuses on respect for trans diversity and, in keeping with this type of intervention, accompanied by constant psychosocial support in spaces with healthcare personnel who are sensitive and respectful of identities and enabling decisions taken jointly by adolescents, their families and the health team (Bonifacio et al., 2019). This may never ignore how while the medical approach provides some trans youths with an intelligible explanation for their feelings and improves their social acceptance, for others, gender may be less

rigid and they hold no wish to position themselves as either male or female according to the binary gender framework (Hilário and Marques, 2020). Therefore, any transition involves setting out on an individual path and health services must be respectful of this trajectory.

At the same time, work needs to be done on integrating or otherwise improving the legal framework and the regulations supporting these initiatives and enabling trans adolescents to demand their right to quality healthcare as these requirements are not explicitly stated in the legal framework and may therefore be interpreted as restrictions by health professionals with such services therefore not provided to this group (Telfer et al., 2018).

Healthcare for transgender adolescents, from an ethical standpoint, must balance the need to maximise medical interventions and their benefits while allowing for individual autonomy and minimising the harms and risks associated with such interventions, or lack thereof, with due consideration that little is known about their long-term effects (Kimberly et al., 2018). The current clinical needs must respect the nuances and subjectivity of gender identity as well as the ethical principles of beneficence, non-maleficence and autonomy (Drescher and Pula, 2014). Adolescents must also provide their own written consent for any intervention, in addition to informed consent from their parents or legal guardians (Kimberly et al 2018; Wylie et al., 2016), thus safeguarding an ethical approach to caring for this population. Informed consent might present a barrier to accessing medical interventions for adolescents, not because of any deficit in adolescent decision-making capacities but rather due to the paucity of information available on the long-term effects of these interventions. This compounds not only the gaps in the study of medical interventions for trans adolescents but also the significant shortcomings in the literature on trans gender identities in general (Olson-Kennedy et al., 2016). Nevertheless, even though such interventions carry long-term uncertainties, not accessing them drives far more immediate uncertainties for the adolescents requiring them (Giordano, 2007; Murphy, 2019).

FINAL REMARKS

Not every young transgender person feels either as though they were born in the wrong body, even if the medical model suggests this, or that they wish to break with gender binaries as highlighted by the beyond the binary model. For certain trans people, neither of these models is entirely appropriate for understanding their gender self-identifications and transgender embodiments (Hilário and Marques, 2020). Nevertheless, the desire of transgender people to modify their bodies remains legitimate and these changes must therefore be

self-determined (Rodrigues, Carneiro and Nogueira, 2021). We should duly note that trans adolescents who advance with the suppression of puberty will not necessarily end up undergoing physical body modifications; acceptance of their gender identity and being allowed to live in their desired gender roles may be "therapeutic enough" to respond to any discomfort they may still have with their body (Murphy, 2019).

In the collective imagination, this medical model nurtures the view that all transgender people wish to undergo surgery, thereby reinforcing the idea that the only "treatment" is body modification, especially through sexual reassignment surgery (Missé, 2014; Rodrigues, 2016). This leaves little space for people who do not identify themselves with the sex assigned at birth and who do not wish to undergo medical interventions (Hilário and Marques, 2020).

Diversity in gender expression should be encouraged and valued right from the earliest years, enabling the construction of supportive spaces for these children and allowing them to lead more fulfilling lives in increasingly safe and diverse contexts (Rodrigues, 2016).

CONCLUSIONS

Both Chile and Portugal lack comprehensive health policies aimed at the adolescent transgender population, which translates into a lack of resources for professional training, for implementing physical spaces and providing the instruments and supplies for health services appropriate to respond to the needs of this population. This reality places their health situation at the discretion and decisions of local health teams who often do not have the necessary skills to provide adequate care for this group of people, forcing them either to turn to the private health system or simply not receive the type of care that would partly resolve the suffering of living with a body that they do not identify with and all the consequences for their mental health and social wellbeing that this implies.

As long as the social contexts of Chile and Portugal do not move towards any real recognition of diversity, there will be transgender adolescents who seek to reduce their suffering and improve their quality of life by aligning their body appearance with their felt gender. To this end, these countries must improve their health services in order to be prepared to welcome and support them. Whether trans identities can be normalised to the extent that a transgender or gender non-conforming identity does not pose any problems either to the child or their families (Murphy, 2019) represents an open question at this point in time. Furthermore, considering the scarcity of evidence obtained from the transgender adolescent population itself, their own experiences in the healthcare system should be subject to deeper exploration.

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Received on 12-12-2021. Accepted for publication on 03-01-2023.

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