

Plain Language Summary: Lacombe-Duncan, A., Kattari, S. K., Emrick, R., Alexander, F., Kluger, H., Kattari, L., Niedzwiecki, A., Scheim, A. I., & Misiolek, B. A. (2025). "It's a big ordeal": A mixed methods study of the experiences of non-HIV STI testing among trans and gender diverse people. *International Journal of STDs and AIDS*, 37(4), 625-643. doi: 10.1080/19317611.2025.2536252. Summarized by Grey Weinstein

This study asks what factors help and hinder trans patients' access to non-HIV STI tests. It looks at data from the 2018 Michigan Trans Health Survey, and focuses on transmasculine and nonbinary as well as transfeminine patients. This is a mixed methods study; the quantitative analysis uses the responses of participants in the Michigan Trans Health Survey who stated they are sexually active (528 people), while the qualitative analysis looks at the responses of 10 focus groups conducted with sexually active trans and gender diverse people.

For their quantitative analysis, researchers used t-tests and chi-squared tests to determine statistical significance, and adjusted for age and race. People who experienced sexual violence, accessed sexual and reproductive healthcare, and/or had access to a primary care provider were more likely to get an STI test. For their qualitative analysis, researchers found five major themes in the responses of focus group participants. First, they found that participants often wanted STI tests because they thought their risk had become higher. This might be because they'd experienced sexual assault, had sex with new or multiple people, had STI symptoms, or recently had sex. People also got tested because it was convenient, especially if they were already getting PrEP. Researchers found that people who get STI testing often need to advocate for their ability to get tested. Some people found this empowering, but other people were frustrated and felt that they were in conflict with their doctors. Participants stated that they found it difficult to access STI tests because their doctors were not affirming, they had logistical challenges (like cost of care, transportation, scheduling, etc), there was cisnormativity in their clinic, their doctors did not communicate clearly, and/or because their doctors rushed their visits. These barriers were greater for patients with multiple marginalized identities. Researchers found that trans people were grateful to be given even bare-minimum respect from their doctors. They found that patients have better experiences when they are given clear communication, asked for consent during physical exams, and feel like their doctors affirm their identities and sexual experiences.

Researchers conclude that trans patients are resilient when they try to access STI tests. However, there are still major barriers to STI testing for trans and nonbinary patients. Researchers suggest three major changes to address this. First, providers should utilize trauma informed care practices; they should increase patient autonomy and be sensitive to patients' histories of sexual violence. Next, care should be gender affirming, as well as affirming to other identities (such as race, (dis)ability, and stigmatized sexual practices). This can be accomplished through intersectional inclusion and anti-stigma training. Lastly, systems level changes are necessary, such as training medical students to work with trans patients, and making healthcare affordable.