Exploring Barriers and Facilitators in Achieving a Positive Sexual Health among Trans-Femme Young Adults: Community-Based Participatory Research Project

by

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ABSTRACT

Transgender people face unique multiple levels of barriers and challenges regarding sexual health and wellbeing. While there has been a significant number of studies exploring sexual health among the 2SLGBTQ+ population, there is a paucity of research that uses a participatory approach targeted towards the trans-femme community. Moreover, young adults' perspectives on sexual health are rarely explored. Guided by a community-based participatory research approach and arts-based techniques, I explored the views of the trans-femme young adults, the perceived facilitators and barriers of positive sexual health and wellbeing and made possible recommendations for the improvements in sexual health.

Situated within a transformative paradigm, I worked with trans-femme young adults and peer advisory in Edmonton, Alberta, to explore the sexual health-related concerns and needs. Using a photovoice inquiry to guide the data generation strategies, I conducted four small group conversations with eight co-researchers and dialogue with practitioners and service providers. I continued young adults' engagement for data analysis and knowledge translation work. Due to the Covid-19 pandemic and social distancing in place, all the meetings were conducted online using Zoom video communication software.

Through this research, we identified inter-related barriers around different system levels: the individual experience, experiences with the healthcare system, experiences relating to the non-healthcare sector, and experiences within the society in general. Facilitators included opportunities to navigate and embrace identities, reclaiming femininity, navigating and experiencing sexual pleasure, euphoria from access to hormone replacement therapy, and having pride in trans identity. Barriers included financial limitations, health conditions, challenges accessing competent trans-friendly health service providers, inadequate resources on trans sexual health, perceived and increased reliance of health service providers on trans people, prejudice-motivated refusal of health care, lack of proper and accurate media representation, heteronormativity, cisnormativity, gender stereotyping, transmisogyny and accessing safe space.

Results of this study provide an understanding of the experiences and concerns around sexual of trans-femme young adults. The participatory data analysis conducted in this research is very unique and powerful on its own. Using various arts-based ways and artistic expressions to gather data and share our findings allows trans-femme co-researchers to communicate directly with the community and the targeted audience. Disseminating the findings via virtual exhibition and webpage in the form of arts, such as participatory films, digital stories, and postcards, helped to incorporate the lived experiences of the young adults and connect with the target audience, generate suggestions for policymakers and advocate for their sexual health needs. This research also contributed to empowering trans-femme young adults by engaging them in the overall research process and decision-making.

PREFACE

This thesis is an original work by Deena Giri. The research project received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Exploring barriers and facilitators in achieving a positive sexual health among trans-femme young adults," Pro00095420, on November 26, 2019.

DEDICATION

To the trans-femme young adults with whom I worked, learned from, laughed, cried, and shared experiences together. Thank you for sharing your stories and insights with me. Working with you has been an inspiring and transformative journey for me. Please always remember that you are strong, amazing, and are capable of doing incredible things!

It was a privilege working with you all!

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To the co-researchers and peer advisory, I feel so privileged to have had the opportunity to work with you; you are all so wise and resilient. I have learned so much from you than you realize. Thank you for all our thought-provoking discussions that challenged me to think critically and be vulnerable. I will forever remain indebted to your input and contribution to this project. It was such a pleasure getting to know each one of you.

To my thesis committee – it has been a tremendous learning opportunity that I will never forget. Most of all, thank you for your guidance, encouragement, and flexibility as I made my way through this work. Thank you to my supervisor, Dr. Jane Springett, who accepted me as her student in the first place, and hence my master's degree journey began. In September 2018, you first introduced me to the community-based participatory research approach by inviting me to work as a graduate research assistant in the research project that supported the work of the International Collaboration on Participatory Health Research. I am forever grateful for your skilled mentorship, generosity, and endless inspiration to be brave and constantly challenge myself. Thank you for believing in me and supporting my development as a participatory researcher. I would also like to thank my co-supervisor, Denise Spitzer, thank you for instilling your confidence in me over the years and for supporting me to keep growing to learn continually. Your breadth of knowledge and depth of understanding of the field and the theories has been instrumental to not only this project's success but my personal development as well Furthermore, thank you for checking on me from time to time beyond the academic work. Dr. Glynnis Lieb, thank you for always supporting my work and constantly guiding me towards numerous opportunities. Thank you for taking the time to contribute your knowledge and wisdom to my research.

I will forever remain grateful to the Institute for Sexual Minorities Studies and Services (iSMSS) and Pride Centre of Edmonton. Without your support and encouragement, this research would not have been possible. I would like to thank the Executive Director of iSMSS, Dr. Glynnis Lieb, and former Executive Director of the Pride Centre of Edmonton Estefania Cortes-Vargas, for welcoming me for partnership with open arms and for always supporting me throughout my

work. I would also like to thank Jesse Murray, former Seniors Outreach Coordinator at the Pride Centre of Edmonton. Thank you for our many thought-provoking conversations about researching with trans-femme communities. I am incredibly appreciative to all the staff of my partner organizations, who have always encouraged me for my work. This research also received financial support from the iSMSS.

Thank you to the many funders whose financial contributions allowed me to dedicate myself to my research project and facilitated the execution of the project. I would like to acknowledge support from the Institute for Sexual Minority Studies and Services, Alberta Public Interest Research Group, Mitacs Accelerate, University of Alberta Intersections of Gender, and Edmonton Community Foundation Bursary and Award.

To my family and friends, thank you for believing in me and supporting me throughout my master's journey. I am incredibly grateful to my parents for their ongoing love and support. I am particularly thankful to my mother for forever listening to me talk about my project even though you barely understood what I was saying. Thank you to my best friend Shreelata Rana for being there during my emotionally challenging times and always believing in me.
Last but not least, thank you to everyone who, directly and indirectly, was involved in the project. Thank you for your invaluable support in helping me make it across the finish line. I am forever grateful!

Dhanyabad!
Thank you!

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LIST OF ABBREVIATIONS

2SLGBTQ+	Two-Spirited, Lesbian, Gay, Bisexual, Transgender, and Queer or sometimes Questioning
WHO	World Health Organization
STIs	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus
CBPR	Community-based Participatory Research
WPATH	World Professional Association for Transgender Health
TGD	Trans and Gender Diverse
ICPHR	International Collaboration for Participatory Health Research

CHAPTER 1: INTRODUCTION

General Research Introduction

"I just completed a small group conversation with two trans-femme young adults for my graduate thesis work. After completing this field diary, I look forward to taking some time to take care of my mental health and gather all those pieces of myself that might have been broken or dispersed while hearing their stories and experiences. As I am writing this diary, I am extremely emotional and numb. Of all the experiences and stories they shared, I find myself deeply impacted and saddened by how they felt unsafe in society, online spaces, and, most importantly, within the houses they reside. I had never thought that our own house could sometimes be unsafe and that we have to be cautious of our actions and activities. Can we imagine that? However, I find it amazing and thankful at the same time to see the positivity and the hopefulness when they talked, the hope for change, hope from this research work." (Deena Giri, research diary, unpublished, May 2020)

Despite significant shifts in attitudes to sexuality in Alberta (or Canada), there remains a number of areas where progress has been slow. In particular, there have been challenges in addressing the sexual health of a specific group, the trans-femme community. More research studies have focused on the Two-Spirited, Lesbian, Gay, Bisexual, Transgender, and Queer or sometimes Questioning (2SLGBTQ+) population, mostly youth groups. Though the 2SLGBTQ+ population faces similarities in sexual health experiences and needs, there are also significant differences in the experiences and have unique needs. Consequently, studies often tend to miss the lived experiences and narratives of the trans-femme adults' groups. This thesis, therefore, focuses on using a community-based participatory research approach, photovoice, and other visual methods to explore barriers and facilitators that trans-femme young adults have had in achieving positive sexual health. The research project was designed to engage participants as co-researchers and co-create knowledge to impact trans sexual health and wellbeing positively. I used a variety of arts-based methods and engaged the co-researchers throughout the research process. We used photovoice inquiry for data generation, participatory analysis, and various messaging and knowledge translation tools such as film, comic books, and postcards.

Choice of Terminology

Terminology comes with power, a power that historically had been assigned to an outsider who would designate and marginalize those with less power. It is more vital than ever to use proper terminologies to empower the community through the use of self-identified terminologies (Oxford University Press, 2019).

My intention in this research is to use inclusive and respectful language and allow a safe space for learning and understanding for everyone involved in the study. In this thesis, I have chosen to follow the terminologies that have been proposed and accepted by the peer researchers as well as from the literature.

Trans is an umbrella term that describes a wide range of people whose gender identity and/or gender expression differ from their assigned sex and the societal norms and expectations of the sex assigned to them (Johnson, J., 2009). The term '*femme*' describes gender expressions and/or social and relationship roles that are perceived as being feminine (Johnson, J., 2009). I use the term '*trans-femme*' when I am referring specifically to the individuals I am working with as co-researchers. The term represents those assigned as male at birth and now identify as a woman or gender non-conforming. They might or might not present themselves as feminine depending on their personal choices and preferences. In the literature review section, I have used the language and terminologies the researchers chose in order to remain true to their choices of words and terminologies. However, some may find this language to be inappropriate or offensive. I would also emphasize that terminologies are continually changing, and there is no universal or one right or wrong term. The use of terminology depends on the community we are working with, their cultural background, history, and experiences.

Research terminology is traditionally situated within positivist language, according to which there is one single truth that can be identified by an academic researcher or an 'expert'. I choose to use the term 'strategies of inquiry' suggested by Wilson (Lukasewich, 2015; Wilson, 2008). The terminology 'strategies of inquiry' implies that there is more than one research method that can be used to answer research questions or more than one approach to creating knowledge together with the community. The use of this term allows flexibility for adaptation and modification as needed throughout the research process (Lukasewich, 2015; Wilson, 2008).

For the trans-femme young adults involved in this study, I refer them with the term co-researchers since we are all working on a common issue and together co-creating knowledge.

When referring to sexual health, I am following the definition given by the World Health Organization (WHO). The WHO defines sexual health as a state of physical, emotional, mental, and social wellbeing concerning sexuality and not merely the absence of disease, dysfunction, or infirmity. The factors that determine positive sexual health are presented in a diagram as follows:

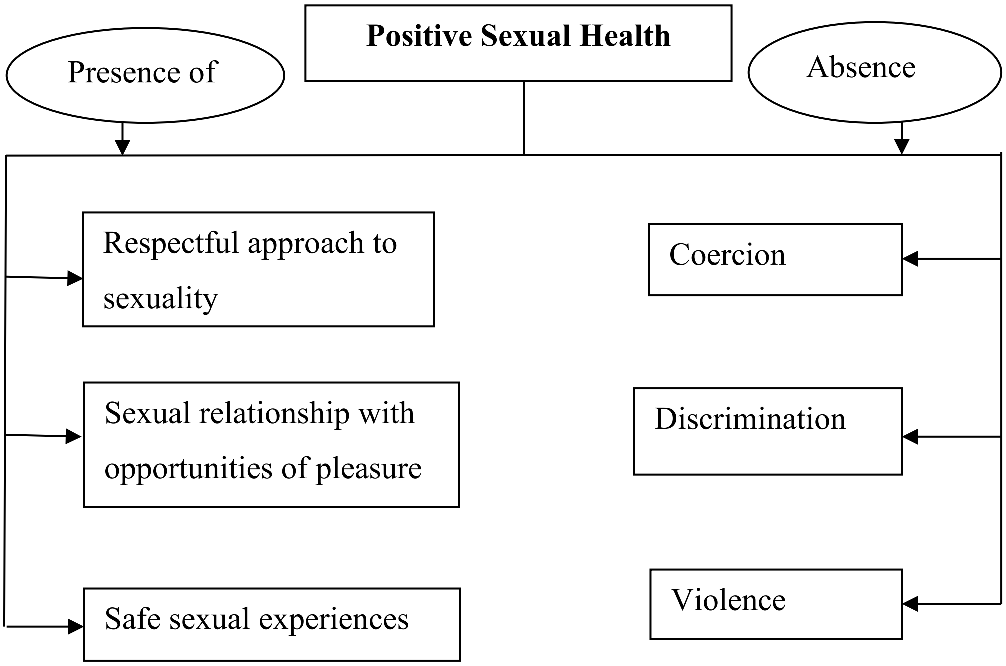

Figure 1.1 Factors affecting positive sexual health (WHO, 2019)

To understand sexuality, we need first to understand sexual health. We experience and express sexuality through our thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships (World Health Organization, 2019a). Factors like access and affordability, gender roles, norms, expectations, and power dynamics significantly influence sexual health (World Health Organization, 2019a). From the perspective of the WHO, the sexual health concerns that are particularly significant to gender and sexually diverse groups include the need for: freedom from contracting or transmitting STIs (Sexually Transmitted Infections) and HIV (Human Immunodeficiency Virus); the reduction of the impact of medical and surgical conditions or treatments on sexual life; knowledge about the body; and the promotion of safe and responsible sexual relationships (World Health Organization, 2020). These concerns are rather medicalized despite the influences of social determinants on health.

The problems here are not inclusive of the perspective of the sexual and gender diverse groups and rather seem to come from expert's perceptions.

My Research Saga: The Beginning

The basic idea for this thesis arose from the previous qualitative research work I was involved in while I was back in Nepal. I was working on a project exploring the use of hormones among transgender individuals. Working on the project left me with several unanswered questions, such as whether trans people are satisfied with the health care service they have been receiving, the challenges in accessing health care service, and what kind of new programs they needed. Hence, that moment I decided that I would pursue higher studies, and I knew I wanted to answer these questions through my thesis work.

Soon after I started my graduate studies, my supervisor, Dr. Jane Springett, first introduced me to Community-based Participatory Research (CBPR) by providing me an opportunity to work as a graduate research assistant within the Centre for Healthy Communities. I worked on a research project that supported the work of the International Collaboration on Participatory Health Research and aimed to create an interactive web-based database of participatory health research papers. I always knew I was interested in research work that prioritized community engagement and collaboration, but I was never aware that an approach like CBPR existed. The project provided me the prospect to learn about various participatory health research work conducted worldwide. I started growing my interest in the CBPR approach to research and shared with my supervisor that I wanted to apply CBPR in my thesis work. My supervisor immediately approved the project idea and has since then encouraged me to travel the road I had never traveled before. To increase my awareness and understanding of the trans community, I also volunteered with some not-for-profit organizations in Edmonton, working with 2SLGBTQ+ communities.

Having decided the people I wished to work with, I needed to find a group to work with so that, true to the CBPR approach, the focus of the research could be co-led by the community, and representatives from the community could be directly involved in research decision making. I began my research project by collaborating with the Institute for Sexual Minority Studies and Services (iSMSS) and the Pride Centre of Edmonton (PCE). Also, I collaborated with other organizations working for the health and wellbeing of 2SLGBTQ+ communities. I reached out to two peer researchers who identify as being from within these communities. I shared the purpose of the study and proposed methodology with my partners and peer researchers. As partners in this research project, the partner organizations and peer researchers expressed their interest as well as consensus in exploring trans-femme young adult's perspectives around sexual health. In particular, the partners agreed to collaborate in exploring sexual health challenges and the needs of trans-femme young adults.

Research Questions and Objectives

This research was driven by a participatory approach and used qualitative inquiry guided by the photovoice technique to explore trans-femme young adults' concerns regarding sexual health. Though the focus of the study was not solely proposed by the community partners, it was finalized after having a few meetings with partner organizations and peer researchers.

The research question was: "What are the barriers and facilitators in achieving positive sexual health among trans-femme young adults?" Guided by this question, I addressed the following objectives:

1. Explore barriers and facilitators in achieving positive sexual health among trans-femme young adults.
    a. To co-create understanding of individual-level barriers and facilitators influencing positive sexual health.
    b. To explore health care system-level barriers and facilitators influencing positive sexual health.
    c. To identify non-healthcare-related barriers and facilitators influencing positive sexual health.
    d. To explore socio-structural barriers and facilitators influencing positive sexual health.
2. Together make recommendations for improving trans-femme sexual health using a participatory approach

Locating myself

"It starts with negotiating Who is Who." (Brown & Strega, 2015, p. 22)

One of the challenges that researchers often face while building trust and relationships with the community depends on our insider and/or outsider status in relation to the community we are working with (Katz-Wise et al., 2018). A researcher's background and position affect what they choose to study, their interpretation, findings, and conclusions generated from the study (Malterud, 2001). I begin by self-locating myself, presenting my current reality, and explaining my intentions behind this thesis work. The process of self-location and reflection is an ongoing one and has evolved throughout the research process.

I am a temporary immigrant from Nepal. I am a cisgender woman, a heterosexual person, a person of color, and a non-disabled individual. I want to acknowledge that I am a guest on the treaty-6 territory, the traditional and current land of the First Nations and Métis people. When I started my thesis work (2018), I had a family of four: my mother, father, and my younger brother, and now when I am towards completing my thesis work (2021), my family has welcomed two additional members and has grown to six members altogether: my sister-in-law and a one-year-old nephew. I grew up in a middle-class family in Kathmandu, the capital city of Nepal. I have been timid and introverted both as a child and as a student. Gradually I learned to overcome my shy behavior in a positive way. I had believed that coming from a middle-class family and growing up as a woman in a developing country that is highly dominated by patriarchy provided me some sense of relatability to the co-researchers who are facing poor and discriminated behaviors due to various systems of oppression. However, I became much more aware of the things that made me an outsider: I am a cisgender woman, a heterosexual person, was attending university as a graduate student; I had worked for several years as a researcher and had professional income from the work I was doing.

I strongly believe that the multiple layers of my identity have helped me develop as the person I am today, a person with deep empathy, love, and support towards other people. I am open to the fact that every person has a history or background that we are not aware of. The ability to understand and respect this fact has developed a non-judgmental personality inside me. Each of *these identities combines and intersect to build and represent the level of privilege I hold and the efforts I have made to become more aware of those privileges. I am indebted to the connections that I have established for this research. I understand that all of these characteristics could potentially influence the research process.*

Thesis Organization

This thesis is a six-chapter monograph aimed at exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults using a participatory research approach.

In Chapter Two, I provide a detailed review of relevant literature in the scope of the research project; an overview of theoretical perspective on sex, gender, and sexuality; health disparities and social disadvantages experienced by transgender people; sexual health-related experiences, health research conducted with transgender communities and situate the need for this research project.

In Chapter Three, I discuss the theoretical underpinnings and the strategies of inquiry for my work. I begin with a description of my worldview, research paradigm, and theoretical perspectives. I explain how I utilized Community-based Participatory Research (CBPR) and its principles to inform my work and the challenges and facilitators in adopting the participatory approach. I also present a few silver linings and challenges in continuing the project during the Covid-19 pandemic. I then provide a thorough detail about the ethical considerations. Subsequently, I explain the theoretical frameworks that influenced my research work and the research strategies. Then I move into the strategies of inquiry and knowledge translation. Finally, I discuss and rigor and trustworthiness of the work along with an additional set of criteria relating to the CBPR approach.

In Chapter Four, I addressed the first objectives of this study; inter-related barriers around different system levels: the individual experience, experiences with the healthcare system, experiences relating to the non-healthcare sector, and experiences within society in general. The chapter also includes various quotes shared and photographs taken by the co-researchers to illustrate the findings.

In Chapter Five, I provide a critical discussion on the findings from this study and compare and contrast it with the previous research studies. The critical argument is also based across three system levels: the individual experience, experiences with the healthcare system and non-healthcare sector, and experiences within the society.

In the Final Chapter, I summarize key findings from this research, provide recommendations shared by the co-researchers, and recommendations from myself for health care practitioners, policymakers, and future research ideas with trans-femme young adults. I conclude by reflecting on how this research process was a critical and transformative learning journey for me.

CHAPTER 2: LITERATURE REVIEW

Overview

Transgender people are a culturally diverse group (Oaks, Israel, Conover, Cogger, & Avellar, 2019; Scheim & Bauer, 2019) and attain a high level of resilience (Alessi, Kahn, & Chatterji, 2016; Asakura, Lundy, Black, & Tierney, 2020; Logie et al., 2017a). The range of diversity that exists within the transgender community includes sexual orientation, identity, gender expression, age, racial status, relationship status (Oaks et al., 2019), sexual behaviors, and of course, transitions (Scheim & Bauer, 2019). Nevertheless, systemic health disparities and social and economic disadvantage experienced by all transgender people results in compromising their rights to attain positive sexual health (Blais, Bergeron, Duford, Boislard, & Hebert, 2015a; Caceres, Jackman, Ferrer, Cato, & Hughes, 2019; Logie et al., 2019; Steele et al., 2017; Valentine & Shipherd, 2018).

Through an application of a participatory approach to research with transgender communities, we have the potential to reduce those health and social disparities to some extent (Abma et al., 2018; Ledwith & Springett, 2010). CBPR is particularly beneficial for understanding the needs, concerns, and experiences of underserved communities such as 2SLGBTQ+ communities and transgender communities (Felner, 2020; Oaks et al., 2019; Paxton, Guentzel, & Trombacco, 2006; Schnarrs et al., 2019; Teti, Morris, Bauerband, Rolbiecki, & Young, 2020). CBPR is a collaborative research work designed to ensure and establish structures for participation by community stakeholders allowing the voice of an underserved group to be heard (Abma et al., 2018; Hacker, 2013; Israel, 2005; Minkler & Wallerstein, 2008).

Despite an increasing interest and demonstrated benefits of engaging the community as partners in research, limited research exists that uses a participatory approach to involve transgender communities as co-researchers and engage them throughout the research process. Involving trans-femme people, especially young adults, to explore their concerns and perspectives by allowing them to facilitate and direct the research process are rarely found.

This literature review explores previous studies conducted with 2SLGBTQ+ populations, mainly focusing on the transgender population. I start with a general introduction to the process of literature search, and then I review evidence-based research on health disparities and social disadvantage experienced by the transgender population, followed by the studies that focus on transgender people and their sexual health. I subsequently concentrate on different types of health research conducted with transgender communities so far. Lastly, I conclude by presenting research gaps on the sexual health area of the trans-femme community in Canada, how my research offers an opportunity to fill the knowledge gap.

However, before moving onto discussing the health, specifically sexual health inequalities experienced by transgender people, it is necessary first to review the concept of sex, gender, and sexuality and present definitions given by various agencies and organizations. I choose to discuss this topic to critically reflect on the issues of the definitions because it has direct implications for my thesis work. Definitions and the various terminologies used have implications for the literature research. Terminology is constantly evolving however terminological changes are not always shared across cultures, countries, and groups.

Concepts of Gender, Sex, and Sexuality

The World Health Organization (2021) defines gender as the characteristics of women, men, girls, and boys that are socially constructed and include norms, behaviours, and roles associated with being a woman, man, girl, or boy, as well as relationships with each other. This definition of gender given by WHO is contested and is not inclusive of the understanding that neither sex nor gender is strictly dichotomous; instead has the potential of fluidity and flexibility within the well-known binary categories. People with trans identities destabilize these binaries of sex as male and female (Marinucci, 2010). World Professional Association for Transgender Health (WPATH) has given a revised and more inclusive definition of gender and few other terms as presented below.

Gender is a socially and culturally constructed roles, behaviours, expressions and identities of girls, women, boys, men, and trans people.*

Sex is assigned at birth as male or female, usually based on the appearance of the external genitalia.

Gender Identity is defined as a person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender (e.g., boygirl, girlboy, transgender, genderqueer, eunuch). For most people, gender identity and expression are consistent with their sex assigned at birth; for transsexual, transgender, and gender-nonconforming individuals, gender identity or expression differ from their sex assigned at birth.1

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[1] *The above definitions have been taken from the WPATH Standard of Care Version 7 by Johnson (2009).*

Process of Literature Search

The literature search was done by entering keywords; "trans* or trans gender or transsexual* or trans sexual* or gender minorit* or sexual minorit*," "sexual health or reproductive health" and "Canada" into four databases (Medline, Academic Search, CINAHL Plus, and Scopus). I included the studies that were conducted between 2000 to 2020. I also search for any new articles published so far and have included the recent research articles too. Further, I included literature that were in press for publication [full text available online] at the time the search was conducted. Even though the search term included Canada in terms of geography, results included studies conducted outside Canada which I have included in the review as they seemed to add relevant and essential information.

I reviewed additional books, reports, and videos for a better understanding of the context. Inclusion criteria were empirical studies about trans, or sexual minorities published in peer-reviewed journals in English. Studies that included both trans and sexual minorities' health were included if they reported transgender and gender non-conforming experiences. I also included a few systematic literature reviews, articles that reported healthcare professionals' views about sexual minorities' health. I excluded studies that excluded transgender and gender non-conforming experiences, especially transwomen's experiences. I also excluded conference abstracts, personal reflections, personal reviews, and case studies. Literature was removed based on the title and keywords, followed by an abstract review where there was no important information on the sexual health of transgender people.

Health Disparities and Social Disadvantage experienced by the Transgender Population

The transgender population confront several personal, cultural, and structural barriers to accessing healthcare services (Hoffman, Freeman, & Swann, 2009). Geographical, social, and healthcare factors largely shape health care access experiences of 2SLGBTQ+ people (Logie et al., 2019). Garcia et al., (2019) suggest a context of exclusion and deprivation experienced by trans-women with poor access to trans-specific health and mental health care. Based on qualitative data from focus groups of Phase I of the Trans PULSE Project, a community-based research project in Ontario, Canada, a theoretical framework was developed to illustrate how erasure functions impact experiences interacting with the health care system for the trans

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population. Two types of erasures were identified as: Informational Erasure- both a lack of knowledge regarding trans people and trans issues and the assumption that such knowledge does not exist even when it may; Institutional Erasures- Institutional erasure occurs through a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary were impacting experiences interacting with the health care system was developed (Bauer, Greta R. et al., 2009).

A questionnaire-based survey completed by self-identified transgender people in Virginia found that geographic context, gender (female-to-male spectrum vs. male-to-female spectrum), low socioeconomic status, being a racial/ethnic minority, not having health insurance, gender transition indicators (younger age at first transgender awareness), health care needed but unable to be obtained (hormone therapy and mental health services), history of violence (sexual and physical), substance use health behaviors (tobacco and alcohol), and interpersonal factors (family support and community connectedness) as factors associated with transgender-related discrimination (Bradford, Reisner, Honnold, & Xavier, 2013).

Further, transgender people face multiple levels of discrimination and biased events in daily life that further bring negative consequences to their health and wellbeing adulthood (Alessi et al., 2016; Valentine & Shipherd, 2018). The discrimination and negative events were coming especially from those immediately around such as parents and caregivers, resulting in severe verbal and physical abuse which started in childhood and continued into young adulthood (Alessi et al., 2016). Studies suggest a higher rate of poor mental health among gender diverse women than heterosexual women (Caceres et al., 2019) as a consequence of exposure to several social stressors such as stigma, discrimination, and bias events (Valentine & Shipherd, 2018) and existing health disparities and social disadvantages (Steele et al., 2017). An increased incidence of sexual and physical abuse was reported among trans women (Leonardi, Frecker, Scheim, & Kives, 2019; Logie, Abramovich, Schott, Levermore, & Jones, 2018). A Canadian data review study found that risk factors such as family rejection for one's sexual orientation, homophobia, bullying, and victimization results in psychological distress or malfunctioning, suicidality, substance misuse, intercourse without a condom, and pregnancy involvement among gender diverse youths (Blais et al., 2015a).

Existing health care and structural barriers also lead to an increased risk for several mental health conditions as well as chances of substance use (Blais et al., 2015a; Caceres et al., 2019; Garcia Ferreira et al., 2019). *Transcendendo*, the first trans-specific cohort study conducted among trans women aged ≥18 years Rio de Janeiro, Brazil observed that substance use such as the use of cannabis and cocaine was higher in trans women than heterosexual women (Garcia Ferreira et al., 2019). A survey conducted as a part of a larger community-based participatory research study with sexual and gender diverse individuals found that transgender participants have reported emotional abuse, physical and emotional neglect more frequently than the cisgender LGB people (Schnarrs et al., 2019). An online survey of transgender youth (aged 14-25) conducted across Canada indicated that harassment and discrimination were also found to be risk factors for the past year's binge eating and fasting or vomiting to lose weight (Watson, Veale, & Saewyc, 2017).

Transgender Population and Sexual Health

Appropriate, effective, and accessible sexual health services such as access to hormones and safer sex are a significant sexual health concern for trans people (Pilgrim & Karakashian, 2018; Travers et al., 2010). However, a qualitative study conducted with LGBTQ+ persons in the Northwest Territories (NWT), Canada found that the interplay between heterosexism and cis-normativity, intersectional forms of stigma limits 2SLGBTQ+ persons' access to sexual healthcare as well as produces negative experiences of accessing sexual healthcare services (Logie et al., 2019).

Another qualitative study conducted with 2SLGBTQ+ persons in the NWT found that structural contexts: heteronormativity in sexual health education and a lack of access to safer sex tools; social contexts: intersectional stigma resulting in shame, concealment of identities, and fear of accessing safer sex materials limited the ability of the 2SLGBTQ+ people to practice safer sex (Logie et al., 2018). A scoping review of gender-diverse women's health in Latin America found an increased risk for Sexually Transmitted Infections (STIs) as a consequence of low access and use of contraceptive methods during sexual practices (Caceres et al., 2019).

A socio-demographic and health profile of trans and non-binary participants from the community-based bilingual 2018 Sex Now Survey identified significantly higher reported rates of sexual health service barriers for trans and non-binary participants than the cisgender group (Rutherford et al., 2021). A scoping review was conducted to examine the empirical literature related to the health disparities and health needs of gender-diverse women in Latin America and the Caribbean (LAC). The study revealed a low level of sexual health education among gender-diverse women (Caceres et al., 2019). Survey results from the Trans PULSE project conducted in Ontario, Canada, show that a quarter of trans Ontarians currently using hormones; obtained hormones from nonmedical sources such as friend or relative, street or strangers, Internet pharmacy, herbals, or supplements). The study also found that fourteen participants were taking nonprescribed hormones. Some of the reasons leading to nonprescribed hormones, as suggested by the survey, were: a previous negative experience with service providers, limited financial resources, and a lack of access to transition-related services (Rotondi et al., 2013).

Moreover, trans women are around 49 times more likely to be living with HIV than other adults of reproductive age. In some countries, the prevalence rate of HIV among trans women is 80 times that of the general adult population (Pilgrim & Karakashian, 2018; World Health Organization, 2019b), thus indicating a higher need for sexual health education and access to sexual health care and services. A Canadian data review on the mental, physical, and sexual health outcomes found that unsafe sex was among the common concerns among gender-diverse youth in Canada (Blais et al., 2015a). A cross-sectional internet-based survey administered to gender-diverse women in Toronto suggests that low levels of social support and higher levels of enacted sexual stigma were associated with fewer safer sex practices (Logie, Lacombe-Duncan, MacKenzie, & Poteat, 2016). Scheim and Travers (2017), in a qualitative interview conducted as a part of a community-based research project investigating HIV risk and resilience among transgender men who have sex with men (trans MSM), aged 18 and above and living in Ontario, Canada noted that trans-specific and general challenges in accessing sexual health services, lack of trans health knowledge among service providers, and limited testing capacity were acting as barriers to accessing HIV and STI testing.

Similarly, a mixed-methods investigation conducted in India examined sexual risk behaviours, and HIV status disclosure among HIV-positive male-to-female trans people and HIV-positive men who have sex with men (MSM) found a high prevalence of irregular condom use for anal sex with male partners. The influencing factors for inconsistent use of condoms were the type of partner (regular, casual) and sexual role (receptive, insertive; (Chakrapani, Shunmugam, Newman, Kershaw, & Dubrow, 2015). A study in Chennai, India, conducted among men who have sex with men, trans women, cis-gender female sex workers, and injecting drug users found that HIV stigma, marginalized-group stigma, discrimination in healthcare settings, and fears of the adverse social consequences of having a positive result of HIV tests were acting as barriers to voluntary HIV testing (Woodford, Chakrapani, Newman, & Shunmugam, 2016).

Health Care Service and Service Providers

Health service providers play a crucial role in assisting in maintaining positive sexual health and wellbeing among transgender people by delivering a trans-friendly health care service. A significant aspect of sexual health among the transgender population includes access to transition services where health care providers play a vital role. However, previous studies indicate a lack of formal education among healthcare providers or were requiring knowledge regarding the health requirements of the trans and gender diverse (TGD) individuals (Aslan, Şahin, & Emiroğlu, 2019; Stroumsa, Shires, Richardson, Jaffee, & Woodford, 2019). Instead, an evidence-based care sheet in the U.S also shows that trans people have to be an expert and guide their service providers on trans medical issues (Pilgrim & Karakashian, 2018). A secondary qualitative research study among sexual and gender diverse people from across Ontario, Canada, conducted between 2010 and 2012, showed an absence of trans-friendly health care environments and an unwillingness or lack of understanding of trans health needs among some service providers (James-Abra et al., 2015). Such incompetence and unwillingness to meet the needs of trans people by the health service providers often results in distrustful behavior and low service utilization.

A number of studies indicates that gender-diverse women are distrustful of healthcare providers and view the healthcare system as heteronormative conduct (Caceres et al., 2019; Woodford et al., 2016). An evidence-based care sheet in the U.S shows that around 19% of trans people have been refused medical care because of their gender status (Pilgrim & Karakashian, 2018). Distrust towards health service providers also results in a delay in seeking preventive health services (Pilgrim & Karakashian, 2018) and less likely to receive urgent medical care due to the fear of mistreatment (Caceres et al., 2019). The reason behind distrust was believed to be because of the lack of the knowledge and skills required to provide culturally competent care to gender-diverse populations (Caceres et al., 2019). In-depth, semi-structured interviews conducted with clinicians' experiences providing sexual health services to 2SLGBTQ+ youth communities in British Columbia, Canada, indicated many clinicians provided services to 2SLGBTQ+ youth with a lack of cultural competency, either implicitly (e.g., by describing heteronormative practices) or explicitly (e.g., by expressing frustration that they had not been sufficiently provided with appropriate training related to 2SLGBTQ+ youth sexual health). Further, institutional norms and values were identified as the dominant barriers to effective delivery of 2SLGBTQ+ specific services (Knight, Shoveller, Carson, & Contreras-Whitney, 2014).

A cross-sectional Internet-based survey conducted among 2SLGBTQ+ individuals aged 13-21 years and living in the U.S. or Canada found that health service provider qualities and interpersonal skills equally important as provider knowledge and experience. The competence of the service providers overall and specifically in issues unique to youth and 2SLGBTQ+ persons, as well as receiving respectful and equal treatment as other youths, were indicated to be the most important qualities regarding health service providers (Hoffman et al., 2009). A literature review in PubMed, Academic Search Premier, government documents was conducted to examine the social and health-related experiences of 2SLGBTIQ+ youth in Canada. The study revealed exclusion, isolation, and fear as an existing bitter reality for Canadian 2SLGBTQ+ adolescents (Dysart-Gale, 2010). As part of the Toronto Teen Survey, focus groups conducted with service providers in the Greater Toronto Area indicated that the need to address the specific service needs of transgender youth and the intersection of racial and ethnocultural diversity with sexual orientation were acting as challenges to working effectively with the 2SLGBTQ+ clients (Travers et al., 2010).

Health Research with Transgender Communities

A review of the literature indicates that most of the studies have focused on 2SLGBTQ+ population or gender diverse population as the study group. The studies that have been conducted among transgender communities have used qualitative research using in-depth interviews (Logie et al., 2019) and key informant interviews (Logie et al., 2019). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States found that about 88% of the studies relied on self-report data collection procedures, including the use of in-person surveys (29.41%), semi-structured face-to-face interviews (22.05%), computer-assisted self-interviews (11.76%), and structured telephone interviews (1.47%; (Valentine & Shipherd, 2018).

The use of CBPR approach to engaging the communities directly affected by the focus of study has been found to have a positive impact in reducing health and social disparities (Abma et al., 2018; Ledwith & Springett, 2010). Despite the increasing popularity and benefits of community-based participatory research in health sciences (Asakura et al., 2020; Lukasewich, 2015), a very handful of research has engaged the transgender population as community partners and actively sought to engage them throughout the study. Among the few studies that have used the participatory approach have mostly involved the trans* youth population (Asakura et al., 2020; Holtby, Klein, Cook, & Travers, 2015; Pullen Sansfaçon et al., 2019). Projects using a CBPR approach entirely depend on the input and contribution from community partners throughout the research process (Minkler & Wallerstein, 2008); therefore, it is an extremely rewarding approach to research (Strunk, Baggett, Riemer, & Hafftka, 2017). Engaging underserved communities in research is considered vital in providing future recommendations for culturally acceptable change to the community (Oaks et al., 2019). CBPR is particularly beneficial for understanding the needs, concerns, and experiences of underserved communities such as transgender communities (Felner, 2020; Oaks et al., 2019; Paxton et al., 2006; Schnarrs et al., 2019; Teti et al., 2020).

Research Gap

The review of literature shows two significant gaps in trans sexual health. (I) Most of the previous studies have been conducted with people who identify as Lesbian, Gay, or Bisexual person or 2SLGBTQ+ people as a whole. This has resulted in excluding transgender and gender non-conforming experiences who have their own unique sexual health needs and concerns. (II) Most of the studies conducted were quantitative with a few mixed method and qualitative studies. There is a paucity of research studies using CBPR approach with the trans-femme communities while remaining true to the CBPR principles. Among the fewer CBPR studies conducted with trans communities, most of the studies have engaged the youth population. While youth populations are a high-risk group and need more focus regarding sexual health care and services, it often tends to miss out on other age groups deserving of access to quality care and services. These gaps limit our ability to ensure the accurate representation of the lived experiences of those whose lives are directly impacted by the problem. To address the gaps in our understanding, I will engage trans-femme young adults as co-researchers in exploring their perspectives and needs in attaining positive sexual health.

This research project has the potential to benefit future CBPR projects engaging with trans-femme adults in addition to making a positive impact on their health and wellbeing through active participation and policy advocacy in the longer term. This thesis addresses a significant gap in our knowledge and understanding of the lived experiences of trans-femme young adults about their sexual health using different arts-based techniques. The research engaged trans-femme young adults in Edmonton, Alberta, in a participatory photovoice and visual arts research to co-create knowledge and understanding about their sexual health concerns and needs and make possible recommendations for improvement. Using a CPBR approach, co-researchers and peer researchers were engaged throughout the research process.

In the next chapter, I provide a detailed description of my research paradigm and the strategies of inquiry employed in this study.

CHAPTER 3: THEORETICAL UNDERPINNINGS AND STRATEGIES OF INQUIRY

Overview

"The master's house will only be dismantled with the master's tools. - Henry Louis Gare Jr."
(Brown & Strega, 2015, p. 119)

The purpose of this chapter is to provide a detailed description of my research paradigm and the inquiry strategies applied in this research study. Grounded in a transformative paradigm, a community based participatory research (CBPR) approach and principles informed this research. The theoretical underpinnings of the research include queer-feminism and intersectionality. Visual arts (photovoice) guided the qualitative inquiry for generating data and dialogues, field notes, and my reflexive journal. Lastly, participatory thematic analysis guided the process of coding and interpreting the results. In this chapter, I also discuss how I incorporated action within CBPR, some of the facilitators and challenges in applying CBPR in this study, and ethical considerations. I conclude by explaining how I attended to rigor and trustworthiness throughout the research process.

Transformative paradigm

The research paradigm is a "net" that holds the researcher's beliefs, perspectives, assumptions, and orientations together (Mayan, 2009). A paradigm reflects our worldviews and forms the framework of our position and idea about what can be known (ontology) and how we can know it (epistemology) (Mayan, 2009).

Grounded in a transformative paradigm, I value the use of knowledge for social change. With this collaborative work, I strive to help reduce health disparity by power-sharing and ownership through-out the research process (Ledwith & Springett, 2010; Springett, J., 2010). The transformative paradigm acknowledges the importance of collaboratively working with the community to strive for change and action (Ledwith & Springett, 2010). I value the power of participation and experiences. Therefore, utilizing a transformative paradigm in my thesis was appropriate for the research because it enables the researcher to understand underserved populations' voices and empower individuals to share their stories with the decision-makers and policy influencers.

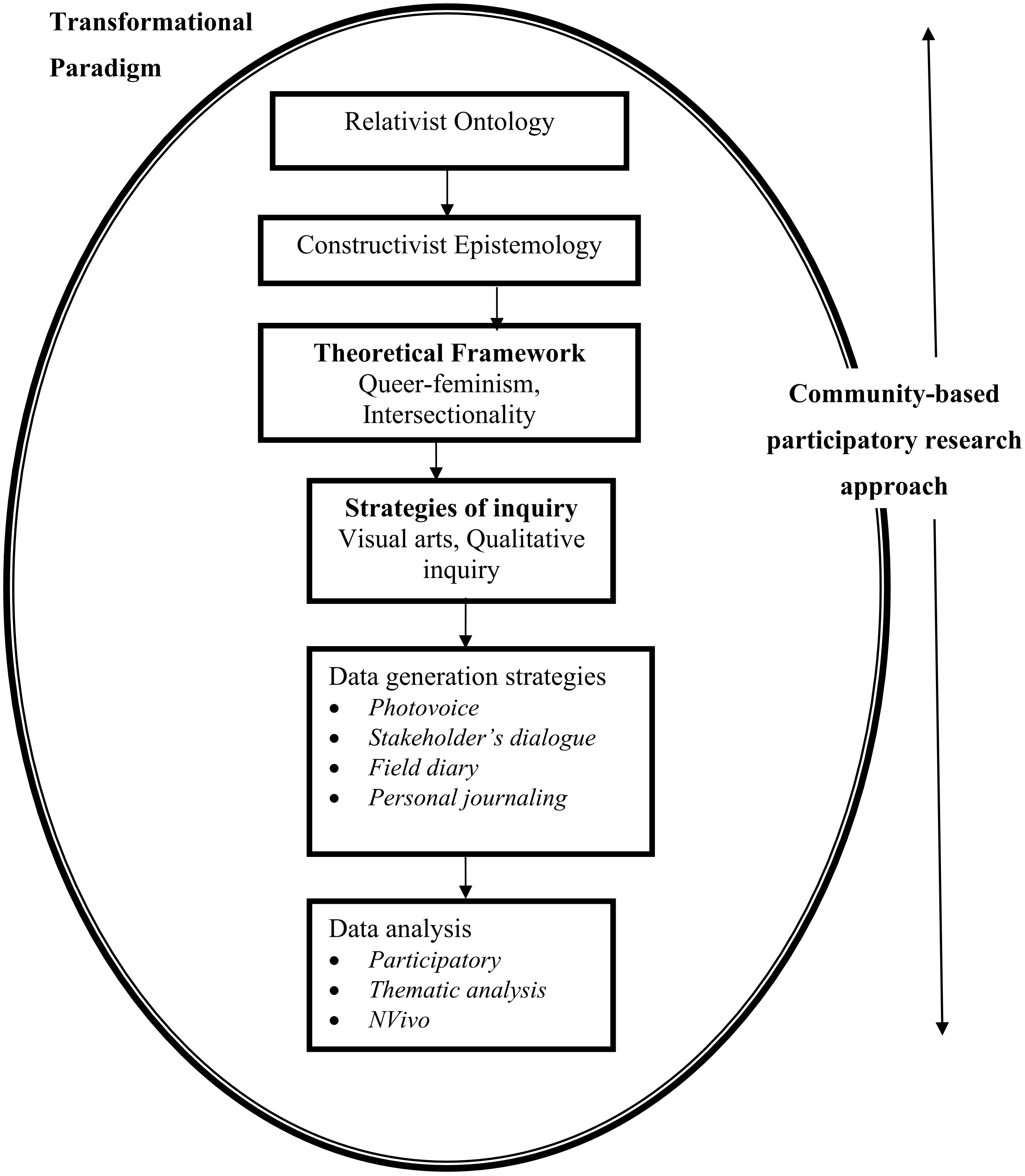


Figure 3.2 **Interconnection of the research paradigm and research (Adapted from (Lukasewich, 2015))**

Working with trans-femme communities, I recognized the importance of grounding the research within a transformative paradigm where knowledge is co-created by working together with the community members. The generated knowledge is then applied towards social action and an informed decision-making process. As a cis-female person, approaching my work from a transformative paradigm facilitated the ethical conduct of the research work with a participatory focus, and also provided an opportunity for collaborative advocacy for social change.

Below, I describe my understanding of the nature of our reality (i.e., ontology), how I can explore the reality (i.e., epistemology), and how I come to know about this reality and truth in this research project (i.e., methodology).

Ontology and Epistemology

Ontology is defined as a philosophical belief system about the nature of the social world, reality, or truth (Leavy, 2017). Within the transformational paradigm and the ontological philosophy, I believe that there are relationships and interactions between the natural and social worlds (Springett, J., Wright, & Roche, 2011). I chose a relativist ontological position for my research. The relativist ontological position suggests that multiple truths exist, and the one I am presenting through this research work is just one of them. The reality is co-created by collaborative work between the academic and community researchers (Mayan, 2009). The truth is constructed by our everyday interactions with the social world and how we interpret those interactions (Springett, J. et al., 2011). There is an external world existing objectively, which can be represented by multiple interpretations of people (Springett, J. et al., 2011).

Similarly, epistemology is a philosophical belief system about how we proceed with the research work and what counts as knowledge (Leavy, 2017). An objective epistemology, which claims that social reality is an absolute truth existing out there for researchers to find out, is inconsistent with my ontological position as the constructivist epistemology is more aligned with this ontological position for my research study as community partners co-create an understanding and work towards social action and change (Abma et al., 2018; Ledwith & Springett, 2010; Minkler & Wallerstein, 2008). I highly value trust, relationships, and partnerships to create knowledge to improve underserved populations' health and wellbeing. Therefore, I have chosen a constructivist epistemological position for my research.

Research Approach

Methodology refers to how we approach knowing about our reality or truth. Based on our ontological and epistemological assumptions within the participatory transformative paradigm, methodology comprises the actions and strategies we follow to find out about our reality (Ledwith & Springett, 2010; Springett, J., 2010; Wilson, 2008).

I approached my methodologies by utilizing the CBPR approach. Below, I discuss the CBPR approach, how I proceeded with identifying my community partners and my research team, how I initiated trust and relationship building, and how I engaged trans-femme young adults throughout the research process. I also present some of the opportunities and challenges of using CBPR with the trans-femme community.

CBPR: a participatory approach

Due to the project's collaborative nature, this study aligned with the principles of CBPR to highlight the trans-femme young adult's voice and concerns (Israel, 2005; Minkler & Wallerstein, 2008). The approach allowed me to work directly with the trans-femme co-researchers to identify their sexual health concerns and facilitators and position their stories and experiences as crucial for advocating for change. Participation is a transformative concept that also has the potential to bring empowerment with it. Using a participatory approach means engaging and working together with the communities rather than researching them (Abma et al., 2018; Ledwith & Springett, 2010). CBPR is an approach to research where the co-researchers and the researchers collaborate and work together from developing the research concept to the final stage (Abma et al., 2018). ‘CBPR’ as a term originated in the US; however, it is not universal. Various other terms are used based on academic disciplines or geographical locations, such as: “participatory research,” “participatory action research in Canada,” “participatory feminist research,” “action science/inquiry,” “empowerment evaluation,” “cooperative inquiry” (Israel, 2005). However, the focus of all the terms is always the notion of action for social change (Springett, J. et al., 2011).

The use of the CBPR approach in research helps to generate knowledge and improve the lives of people facing inequities (Mayan & Daum, 2016). In CBPR, academic researchers, community members, and partners come together, seek to account for power imbalances, and engage together in decision making (Denzongpa, Nichols, & Morrison, 2020; Hacker, 2013;

Israel, 2005; Minkler & Wallerstein, 2008). However, I also acknowledge that a true power balance is idealistic; hence some power disparities persist. The underlying values and principles of CBPR, as given by the International Collaboration for Participatory Health Research (ICPHR), are to maximize participation, enable people to act, and add local value. Through CBPR, researchers produce knowledge that seeks to balance community power and resources (Hacker, 2013; Minkler & Wallerstein, 2008). CBPR facilitates collaborative and equitable partnerships through relationship building between external researchers and community members (Minkler & Wallerstein, 2008). In CBPR, academic researchers and community members come together for a shared concern and develop a partnership to create knowledge and change (Mayan & Daum, 2016). The core aspects of CBPR are to research ethically and rigorously, build trustworthiness, and maintain integrity throughout the research process (Kingsley & Sherry, 2013). Positive relationships and trust result in a quality research process and outcomes (Baker, T. A. & Wang, 2006; Forge et al., 2018; Mayan & Daum, 2016; Rhodes et al., 2015; Wang & Burris, 1997).

Identifying community partner and relationship and trust building

Through my previous research and experiences, and my literature review, I was aware that trust and relationships are vital while working with the community, especially with an underserved population (Israel, 2005; Minkler & Wallerstein, 2008). The quality of data is often dependent upon the relationship and trust we build with the people and organizations who have a previous connection with the communities. Therefore, I initiated my research project with the exploration and identification of potential research partners. From the exploration, I developed an introductory expression of interest and sent an email a few different organizations I had identified. The purpose of this introductory email was to introduce myself and my research work intentions as a master's degree student and inquire if they would be interested in partnering or collaborating in potential research work.

I received a response with positive interest from iSMSS (Institute for Sexual Minority Studies and Services) and the Pride Centre of Edmonton as my research partners. iSMSS is an institute within the Faculty of Education of the University of Alberta. iSMSS works to bring together education, research, policy development, and community services to ensure that sexual and gender diverse people are recognized and well served by their communities (Institute for

Sexual Minority Studies and Services, 2021). After communicating through emails with the Executive Director of iSMSS, we set a date and time for an in-person meeting. During the first meeting with iSMSS, I met with the Executive Director, Dr. Glynnis Lieb, and three of the program staff, and we spent time getting to know more about one another at their office. Similar process was followed to build partnerships with the Pride Centre of Edmonton (PCE). Pride Centre of Edmonton is a not-for-profit organization in Edmonton that provides supports that respond to the needs of people with diverse sexual orientations, gender identities, and gender expressions (The Pride Centre of Edmonton, 2021). Following an exchange of emails and in-person meetings with iSMSS and PCE, I became familiar with each organization and its origins and the challenges they and their clients faced, through a series of meetings during which I shared my own background. This led to the start of a successful partnership which made me optimistic about the possibility of being able to engage in a CBPR project as part of my master's degree work.

My research team was comprised of four groups. First was my research committee with three academic members. Second, I had an influential group of peer-researchers and co-researchers who have been co-leading the project from the beginning. Peer researchers (two) co-led the project since the design phase while co-researchers were engaged from the onset of data generation and continued through the action stage. Peer researchers and co-researchers self-identified as a transwoman between the age of 24 to 35 years of age. One of the peer researchers identified from the 2LGBTQ+ community and had significant years of experience working with trans-femme communities.

The research partners in my study are as follows:

University of Alberta
Co-researchers and Peer researchers
Institute for Sexual Minority Studies and Services
Pride Centre of Edmonton
Funding organizations

Engaging trans-femme young adults in the research

One of the beauties of participatory research is that the process and outcomes are unpredictable (Abma et al., 2018). However, due to academic institutions' nature, students are required to have a fully developed proposal to acquire research funding and ethical approval. To align with CBPR principles, I created a proposal guide that was reasonably flexible for modifications based on the feedback provided by the research partners, peer researchers, and co-researchers.

I initiated this project as a participatory photovoice project to engage trans-femme young adults to identify and explore their concerns regarding sexual health and sexual health services. Later, I also aimed to engage trans-femme young adults to develop various knowledge translation products for advocacy purposes. The academic process of a research project (Proposal development, Ethics application, and invitation for partnership) started in July 2019. There was a need to balance the requirements of the masters 'degree with university ethics approval so the time lag in gaining the latter led to a few dropouts from those recruited initially. Once I received ethics approval and funding for the study, I started actively working with trans-femme young adults. After this, co-researchers participated in an introductory workshop, created photographs, were involved in data generation and participatory analysis, and made various products for advocacy such as post-cards and videos that portrayed their takeaway messages regarding sexual health challenges and concerns. Due to the COVID-19 pandemic and restrictions, all the works were conducted online using video calling apps like Zoom and Google meet.

I used (Cornwall, 2008)'s six levels of participation (see Table 2.1) as a framework to reflect on the participatory nature of the photovoice project. In order to summarize the nature of participation throughout the different phases of this study, I used a participation matrix adapted from (Cook, Boote, Buckley, Vougioukalou, & Wright, 2017), as presented in Table 2.2.

The six different levels for articulating dimensions of participation (Cornwall, 2008).

Co-option	Token representatives are chosen without any significant input or power in the research process
Compliance	Outsiders decide the research agenda and direct the process, with tasks given to participants
Consultation	Local opinions are asked for; however, the outside researcher conducts the work and determines the course of action.
Co-operation	Local people work together with outside researchers to determine the research priorities, with responsibility remaining with outsiders to direct the process.
Co-learning	Local people and outside researchers share their knowledge in order to create new understanding and work together to develop the priorities and action plans, with outside researchers providing facilitation.
Collective action	Local people set their own agenda and priorities and mobilize to execute the research in the absence of outside researchers or facilitators.

Table 3.1 **The six different levels for articulating dimensions of participation (Cornwall, 2008)**

Type	Deciding on research focus	Designing research methodology	Data Generation	Data analysis	Report writing	Dissemination	Action
Co-option							
Compliance							
Consultation					✓		
Co-operation	✓	✓		✓		✓	✓
Co-learning	✓	✓	✓	✓		✓	✓
Collective Action							✓

Table 3.2 **Participation Matrix presenting the dimensions of participation [adapted from (Cook et al., 2017)]**

Table 2.2 presents the participatory matrix for the photovoice project. I adapted this table from Cook et al., (2017) to reflect on the participatory nature of the project. In reflecting on the dimensions of participation with the research partners, the process of determining the focus of the research and designing the research methods was a combination of *co-operation* and *co-learning* participatory processes (previously defined in Table 4.1). As an outside researcher, I brought my own research interests guided by my previous research experience to the table, and partners (organizations and peer researchers) shared their interests based on their experiences of working with the community. Through our iterative process and consensus, we framed our research priorities, process, and methods. The process of data generation was a co-learning participatory process where co-researchers guided the focus of the data, and I was playing more of a facilitator's role. Data analysis was again a combination of *co-operation* and *co-learning* participatory processes where I brought to the table an academic knowledge of the process of coding. However, once the co-researchers were clear about what was expected from them, they started taking more control of the process. Report writing was a participatory *consultation* process as I constantly shared back the writing and sought their validation and feedback. The dissemination and action stage were again a *co-learning* and *co-operation* process and sometimes a *collective action*. *Collective action* was followed when the community members had the skills required to prepared various action materials, which was developing a participatory film.

Facilitators and Challenges of using CBPR with trans-femme young adults

Facilitators

Reflecting back on my experience of initiating and applying the CBPR approach with the co-researchers, I encountered a number of different facilitators through-out the process. These facilitators included: meaningful activities and opportunities for young adults, shifting roles and strength mobilization, and flexibility in the level of participation. In additions to overall challenges and facilitators, there were also few challenges and silver linings brought into the project due to the COVID-19 pandemic which I discuss later in this section.

Meaningful activities and opportunities for young adults

The fact that I was working with a group of young adults happened to be one of the most significant facilitators for my project. Co-researchers were already familiar with using the internet and social media applications, making it easier to conduct this project virtually. It saved me a lot of time that could be lost in training them using applications like Zoom, email, or any other applications. Second, I could see that co-researchers were extremely excited about arts and photography. The Knowledge Translation (KT) products that we planned and decided on were of greater interest to them. All the eight co-researchers from the data gathering phase engaged in the action phase too. Our longer-term aim of the project to advocate for the needs of trans-femme people was something that created hope and excitement among the co-researchers. Box 2. presents a reflection shared by one of the co-researchers on her experiences while engaging in this participatory photovoice and action project.

> *"Once we started talking regarding what was to be done with the transcripts, I went into full business mode. I had a couple of ideas for the film portion, as well as other parts. I quickly volunteered to be heavily involved in making the film portion - and when we went back to our interview document, I was very eager to parcel everything out for various purposes. It was fun, even. I've been glad to be a part of this. More word of the community needs to get out; people need to understand that we exist, what problems we face, etc."*
>
> *Experience shared by one of the co-researchers and filmmaker*

Box 3.1 Reflection shared by a co-researchers and filmmaker

Beyond monetary compensation, other forms of remuneration are essential to recognize and acknowledge the time and effort of the co-researchers (Cullen & Walsh, 2020). I arranged for few different ways to recognize the contribution and time of the co-researchers in this project. I also offered a sexual health workshop to the co-researchers though I did not hear back from more than one of them, and hence I had to drop this plan. We could order food worth $17 each time we would have a virtual meeting via Zoom. Co-researchers would order food, and we could enjoy the food while interacting virtually. Additionally, an e-copy of each KT materials produced, a certificate of engagement as co-researchers were provided to the co-researchers at the end of the project though it is said that there is no formal ending to a CBPR project. Co-researchers could also choose to have their name listed as co-authors in the publications to help build their resumes (Cullen & Walsh, 2020). However, this was one of the significant issues to deal with when it comes to maintaining the anonymity of those involved in the researchers. The dilemma of anonymity and ownership has been explained in the limitations section later in this chapter.

Shifting roles and strength mobilization

Shifting roles and mobilizing strengths was another facilitator of the participatory relationship-building process in the KT. As said, diversity brings strength; co-researchers belonged to diverse backgrounds bringing in a variety of skills and experiences to the project. Project roles constantly shifted depending on the progressing stage, co-researcher's interests, time, and abilities. The co-researchers were a vital asset to the research team and the project. They had many skills to co-facilitate the action phase, including creating quotes, scriptwriting, editing, and finalizing the film well as providing valuable feedback to the material produced. Identifying and utilizing the strengths of co-researchers in the various stages of the research contributed to the success of the project. Even my role as a graduate student researcher kept constantly shifting through-out the project. During the first phase of the CBPR photovoice project, I played a more active role in certain aspects of the planning and executing of the project. However, during the action phase with the co-researchers, the co-researchers were more co-leaders of the project as they had particular interests as well as skills required for the project.

Flexible level of participation

"There is value in providing a flexible and supportive space in which young people can explore, discuss, inquire, plan, act, reflect, as well as have fun, socialize, and informally interact in ways they feel appropriate." (Percy-Smith, Cuconato, Reutlinger, & Thomas, 2019, p. 268)

Participation varies significantly between various research projects ranging from participants or beyond 'participant.' Co-researchers might not always want to be involved in all the research aspects; hence it is essential to understand their expectations and desired level of participation. It is crucial to provide a relatively flexible and supportive space for young adults to formally and informally interact in ways they feel appropriate (Barry, Britten, Barber, Bradley, & Stevenson, 1999). In this project, proving flexibility for participation allowed young adults multiple opportunities for involvement throughout the project. It provided a range of options on activities in which they could choose to engage. Co-researchers who lost interest during the film-making project became interested in the review and feedback process and participated in the research findings' exhibition activities.

Limitations and challenges

Reflecting back on my experience initiating and building a participatory research relationship, I also encountered some challenges in the process. The challenges included: navigating roles and boundaries, extensive time investment, and anonymity vs. Ownership – An Ethical Dilemma.

Navigating roles and boundaries

"Does This Mean You're Not Going to Come Visit Me Anymore?" (Huisman, 2008, p. 372)

I experienced struggles with myself navigating roles and boundaries during the initiation phase and throughout my research. The battle kept increasing as the trust and relationship became deeper. I struggled to bridge the divide of my constantly shifting identities as a woman, a graduate student researcher, a friend, and a human. I was honest and transparent with the team about my academic roles and boundaries. However, when working closely in partnership with the community, the boundaries started blurring as the number of interactions increased.

As an example: *Isabel, one of the co-researchers and filmmakers, had been working with me for more than a year. She participated in the photovoice project, helped analyze and interpret the data. She also engaged in the action phase in various activities like planning, creating content, and making a film. We used email and Zoom video communication applications to schedule our research meetings, and with time, these casual and friendly exchanges included more personal stories. She shared her issues with her roommate and was looking for a place to move in. One day, I received an email from her explaining her increased struggle and a need for a place to stay for a couple of days. She explained that her newly rented space would only be available after few days and asked if I had a little room in my apartment or knew anywhere, she could stay for a few days. I could see myself in a dilemma and struggling to navigate and balance the professional and personal boundaries and relationships. I responded to her email*

> *and requested a blurb explaining her situation. I shared the blurb with the team of co-researchers'. Fortunately, one of the co-researchers responded to the email saying that she could manage a space to stay for a few days. I also apologized that I could not arrange a place for her at my place as I was sharing space with a family. I am not sure if what I did was the right decision, but that was the best I could think of at that time. I did not want to forget my responsibility as a friend and a human being while fulfilling my professional role.*

Regardless, this scenario highlighted one of the few relational challenges I faced while working on the project.

Extensive time investment

> *"This was not about undertaking the perfect piece of action research in an ideal context, but about using action research as best we could to try and generate new insights and learning."*
> *(Percy-Smith et al., 2019, p. 268)*

A significant amount of time and attention needs to be invested in supporting meaningful participatory work with academic and non-academic team members. Pre-existing relationships with the research partners are one of the facilitating factors in a participatory project (Nystrom, Karltun, Keller, & Gare, 2018). However, working with academic, non-academic, and community members and building trust and relationships was a time-consuming process in the project (Nystrom et al., 2018). If the collaboration is not already established among researchers and involved partners, the experiences show that these processes need significant time and effort on behalf of both researchers and practitioners (Nystrom et al., 2018). It took me a while to realize that I should have initiated the relationship-building process while I was completing my graduate coursework. The tension I was going through on deciding my areas of interest and project feasibility did not allow me to proceed with the relationship building at an early phase of my graduate work. I also felt tension with academic timelines during the process, but I was more focused on the process rather than the outcome of the work (Percy-Smith et al., 2019). I wanted to rush and get my thesis work done, while I also wanted to take it slow and develop a meaningful relationship with the co-researchers. Most of all, I wanted to give back to the community in a meaningful way through this research (Huisman, 2008). Despite all the tensions, the pace of my work was faster than most participatory research work since I was developing relationship from scratch and also dealing with the pandemic. The speed of the participatory works with the co-researchers was even slower than I had anticipated. Often, I found myself feeling anxious and frustrated with myself. I wanted to finish my thesis sooner, although I did not want to rush the process and compromise the quality of the work. Huisman (2008) has captured a similar dilemma with the academic timeliness and her and her participant's expectations and desires from the dissertation work.

In my project, initiation of the participatory KT work required us to complete the CBPR photovoice project first. We needed major themes and at least the transcript ready before we focus on knowledge translation. I also had to routinely share the materials with the committee members, partners, and co-researchers and wait for their feedback and direction before finalization. Another internal challenge I experienced related to negotiating the balance between master's degree timeframes, honoring the core principles of participatory work.

Sustaining enthusiasm and interest was a challenge considering the length of the project and rapidly changing personal and environmental circumstances. I needed to understand and respect that people have their own life and constantly shifting priorities. While this project and the degree might be the most important thing for me right now, it might only have a very minimal impact on their life compared to what I might gain after completing this project. As mentioned earlier in the opportunities section, really having that flexibility of participation allowed the co-researchers to engage in their particular interest activities based on their availability.

Anonymity vs. Ownership – An Ethical Dilemma

Confidentiality and anonymity are central to any research study (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, 2018). According to Walford (2005)'s definition of anonymity" *it simply means that we do not name the person or research site involved but, in research, it is usually extended to mean that we do not include information about any individual or research site that will enable that individual or research site to be identified by others (Walford, 2005, p. 84)."* It often remains more challenging to work on a participatory project with an emancipatory lens. Scarth (2016) shares an experience of her master's thesis examining participants' experiences of partaking in qualitative research on a sensitive issue. She found that some of her research participants wanted their real names to be used in her written dissertation and any future publications (Scarth, 2016). Therefore, it is not unusual for co-researchers or knowledge users engaged in participatory to desire to be acknowledged and have ownership over their contribution to research which invites an ethical challenge to the researcher (Cullen & Walsh, 2020). The conflicting demands of research ethics requirements for anonymity versus the pressure of data ownership and acknowledgment can place researchers in an ethical dilemma (Tilley & Woodthorpe, 2011).

I acknowledge that it is not possible to have a perfectly right or wrong decision when it comes to maintaining anonymity while recognizing the contribution. Hence, I have attempted to balance anonymity and ownership by taking a mutual decision and continuous consent procedure as necessary in this project. There was also increased flexibility from the University of Alberta Human Research Ethics Board [Pro00095420], aligned with the participatory project principles to maximize participation, empowerment, and acknowledgment of the co-researcher's contribution to the project (Cullen & Walsh, 2020). Co-researchers were asked if they wanted to have their name or pseudonyms listed in any materials produced, including scholarly articles. I sought consent from the co-researchers where appropriate and wherever possible and did my best to ensure the consent was fully informed. Few of the co-researchers expressed that co-authorship was a proper way to honor their contribution since it would add an advantage in their academic and professional career.

Reflections on challenges and opportunities amid COVID-19

Despite many other challenges and facilitators discussed above, there were few additional challenges, and silver linings that has come out of the COVID-19 pandemic. I pivoted from in person approach to online due to the pandemic as it was important for the direction the project took and the nature of the engagement process.

The virtual nature of the meetings resulted in limited in-person meetings resulting in a small size of the working group. While face-to-face meetings often facilitated the best forms of engagement, virtual meetings technology helped bring people together and bridge distances. (Keefe et al., 2020). The smaller number of people in the groups allowed us to have an in-depth conversation and sharing that might not have been possible with a larger group with a larger number of people. I had this assumption that our home is the safest space for us to be. This assumption was broken when one of the co-researchers expressed that she was not safe at her house being heard by her roommate. Hence, we decide that she will not be speaking but typing her responses and opinions in the chat box. The use of the chat box option available in the video conferencing tools helped me keep my co-researchers safe in their space.

Second, the initial idea for knowledge dissemination was to share the photographs and films via an in-person exhibition at the Art Gallery of Alberta. Due to the pandemic, I had to modify the idea of an in-person exhibition into a virtual exhibition. It took a significant amount of time to explore different virtual exhibition programmes available, research each of them and decide the most feasible one for the project. I did have a simpler alternative to share everything via Zoom application, but then it would no longer align with an exhibit's principles and format which is a more artful presentations, ability to move independently for audiences and targeting larger audiences. Going virtual from something different than what I had intended for was another challenge for me, which I honestly did enjoy a lot. It was an opportunity to challenge myself, move beyond my comfort zone and try something new and unexpected, which brings us back to one of the qualities of participatory work that is an unexpected and messy process but and evolving work (Berge, Mendenhall, & Doherty, 2009; Mayan & Daum, 2016).

Third, soon after the pandemic, people started staying indoor due to which I started receiving an increased number of interest emails from trans-femme adults. For this reason, pandemic happened to be a silver lining for recruitment and long-term engagement. Before this, I have to admit that I struggled a bit to find the co-researchers initially along with few dropouts. However, since the pandemic, trans-femme people shared that they have an increased availability and ability to contribute virtually to the project. Few of the co-researchers also said that they were actually looking for opportunities to remain engaged amid the pandemic, and this project happened to be one for them.

Research Question

In the earlier section, I described how I came to the research question and later discussed it and then finalized it with my community partners. However, I feel it is essential to recall the overall research question and expand on specific research objectives. The research question and purpose were "What are the barriers and facilitators in achieving positive sexual health among trans-femme young adults?" Guided by this question, I addressed the following objectives:

(1) Explore barriers and facilitators in achieving positive sexual health among trans-femme young adults using a CBPR approach.
    a. To co-create an understanding of individual-level barriers and facilitators influencing positive sexual health.
    b. To explore community-level/societal barriers and facilitators influencing positive sexual health.
    c. To identify organizational-level barriers and facilitators influencing positive sexual health.
    d. To explore health care level barriers and facilitators influencing positive sexual health.
(2) Together make recommendations for improving trans-femme sexual health

Ethical Considerations

This research study adheres to the research guidelines provided by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada, 2018). I received ethics approval from the University of Alberta Human Research Ethics Board [Pro00095420]. To ensure co-researchers understood informed consent, they were provided an orientation with information on the research project, purpose, and expectations from the project before data gathering. The orientation session also included information such as benefits and any possible risks of participating in the study, data-generating techniques, potential use of data, and an explanation of confidentiality and anonymity. A generous amount of time was provided for co-researchers to ask any questions, and the question-answer communication was kept open throughout the process. A written informed consent, confidentiality consent was required for participating in the research. Consent was an ongoing process as data were continually evolving. No pressure was placed on the co-researchers to sign the consent forms. Co-researchers were requested to choose their preferred pseudonym before data gathering, and the same pseudonym was used through-out the research process, including all the knowledge translation products. It was emphasized that they had the right to withdraw at any point and could choose not to answer questions during the data generating times. Before data gathering, we talked about the topics that were going to be discussed to ensure the co-researchers were comfortable and understood the process. Please see Appendix A, B and C for the information letter and consent forms and confidentiality forms provided to the trans-femme co-researchers and the stakeholders. Prior to conversations and dialogue, co-researchers were told that they could stop at any point without any consequences. Co-researchers were emphasized that they had control over their participation and could change their mind and were allowed time to ask questions.

In addition to the institutional ethics requirements, CBPR and photovoice both required specific ethical considerations that took into account the nuances of these approaches.

CBPR approach encounters unique and sensitive ethical challenges which require specific ethical considerations that may not be adequately addressed by traditional institutional frameworks for ethical conduct in research. In CBPR, the boundaries between 'researcher' and 'research subjects' are blurred, making it more challenging and needful for ethical sensitivities (Banks et al., 2013) . There are several issues that need to be carefully negotiated in this research, including the ways to negotiate power and control, how people's very personal experiences are shared publicly, and how the different needs and expectations of the co-researchers are balanced in the design of the research process. When the research is closely related to people's everyday lives, particularly their health, these issues become more significant (International Collaboration for Participatory Health, 2013). To address some of the unique ethical sensitivities and challenges in this approach, I sought guidance from the International Collaboration for Participatory Health (2013) 'Guide to Ethical Principles and Practice.' I incorporated the following ethical principles into the CBPR sexual health study (International Collaboration for Participatory Health, 2013, pp. 9-10):

Mutual respect: It was significant for anyone involved in the project to feel respected and that the research relationship is built upon mutual respect. We agreed on the terminologies that were proposed by the peer-researchers and the co-researchers, such as 'trans-femme' instead of 'transgender' and other terms that were considered more respectful within the 2SLGBTQ+ community. The co-researchers prepared ground rules to make the space more open to listening to what others had to say.

Equality and inclusion: Anyone who is interested to engage in the study requires to have the opportunity to do so regardless of their backgrounds, expertise, and potential barriers. I made sure that I was aware of any special needs of the co-researchers before we proceeded with any of the group work and made sure the needs were met. For example, there were co-researchers who were interested in participating and had mental health needs. To facilitate diversity and inclusion, I ensured the presence of a peer-researcher and a counselor during all the photovoice conversation groups.

Democratic participation: I aimed to encourage all the co-researchers and peer-researchers to have a meaningful contribution in framing the research. However, to respect the individual differences with respect to their availabilities, willingness to commit to the project, interest, expertise, some co-researchers had more influence in certain aspects than others which is described in detail in the further section.

Active learning: The research process, as well as the gathering space, was aimed to be a learning space for everyone. This involves learning about both within the research context like data analysis as well as out of research context. For example, one of the co-researchers had more knowledge on the use of the Zoom application; hence she was giving some instructions and ideas during the group conversation. Co-researchers were also sharing about various resources available. This learning and supporting each other continued even after completing most of the research work, which fulfills one of the principles of CBPR: sustainability of the research relationship and benefits.

Making a difference through collective action: One of the major focus of the thesis project was to create opportunities for engagement in planning and creating various arts-based knowledge translation materials and later sharing them with a broader audience.

Personal integrity: This was about having trust and faith among each other and in the research itself. I ensured an active and flexible engagement of the co-researchers for accurate representations of their experiences and stories.

Just as specific ethical considerations are required for research using CBPR approach, photovoice also had its own minimum best practice considerations for ethics developed by (Wang & Burris, 1997). First, I facilitated a training workshop on safety, ethics, and responsibility that comes with using a camera and photography. Co-researchers were advised to avoid taking photos of people and objects to ensure anonymity and privacy. A written release consent and permission were required from the co-researchers to publish any of their photographs. It was explained to the co-researchers that they did not have to provide release consent for all the pictures they had taken and could only consent for those that they would like to share publicly. Please see Appendix D for the release form provided to the trans-femme co-researchers. Co-researchers were told that they had control over their images and could change their mind regarding public sharing of the photographs except for those already been shared or published.

Research involving trans-femme young adults presents unique challenges and vulnerability to the co-researchers. I attempted to be mindful of the Ethical Guidelines suggested by the Canadian Professional Association for Transgender Health (CPATH) on Research Involving Transgender People & Communities (Bauer, Greta et al., 2019). As this research aimed to explore trans-femme young adults' issues and experiences, including sensitive information, an essential priority was to treat the co-researchers and their stories with great sensitivity and create a safe space for them to feel empowered and heard. For this, a peer researcher was present in each group conversation, depending on participant preference. A counselor was also made available virtually for onsite support if sensitive topics arose and if an action was necessary to the co-researchers. All the co-researchers, peer-researchers, actors, and counselors received an honorarium to respect and acknowledge their time, commitment, and contribution to the research project.

Theoretical Framework

"The Map is not the territory- Bateson" (Abma et al., 2018, p. 24)

Queer-Feminism and Intersectional Theory

As Egmose (2011) suggests, no single theory can provide a complete picture for the phenomenon of interest; I have utilized two theoretical frameworks in my thesis work. Queer-feminist and Intersectional approaches shaped this work's conceptual lens and were used to guide the recruitment of the co-researchers, strategies of inquiry, and inform data analysis. These theoretical frameworks have previously been applied among the 2SLGBTQ+ population to explore health and wellness concerns (Angeles & Roberton, 2020; Cho, Kimberlé, & McCall, 2013; Kia, Robinson, MacKay, & Ross, 2021; McCall, 2005; Nourie & Harris, 2018). Among the two theories, I used the intersectional approach in greater detail.

Queer Feminism

Feminism or feminist theory does not have an explicit definition since its inception (Nourie & Harris, 2018). However, according to the most eminent form of feminist theory, our society and societal norms are highly based on patriarchy favoring heterosexual, white men (Dunn, Clark, & Pearlman, 2017). Feminist ideas and approaches connect gender to power (structural oppression and interpersonal dynamics). This connection is key to understanding the relationship between the social construction of gender and its influence on health and wellbeing (Brubaker, 2021). Among the different waves of feminism, the third wave rejected the notion that all women are united in sisterhood and instead discussed women of color, post-feminism, anti-colonialism, essentialism, and differential perception (Nourie & Harris, 2018). This wave uncovered the idea that people can be both oppressed and the oppressor. One of the primary theories that evolved from the third wave of feminism was Intersectionality (Nourie & Harris, 2018) which is why the two theories complement each other and best inform my work.

Next, queer theory rejects the traditional binary categories of gender and sexuality and believes that heteronormativity is socially constructed, which is why queer theory is particularly relevant when working with the trans population. The queer theory asserts that the definition of gender is obsolete and isolating (Chevrette, 2013). This theory is vital in the sense that it helps to advocate for equity, equality, and inclusivity of 2SLGBTQ+ individuals. By utilizing queer theory, we seek to disassemble what is perceived as "normal" and reinstate it with inclusivity, equity, and equality. The idea challenges heteronormativity along with misogyny, racism, and other oppressive narratives. By utilizing queer theory, researchers seek to dismantle gender binaries and assumptions (Sabo-Bassett, 2018). The marriage of queer theory and feminist theory gives rise to queer-feminism idea, which allows for a more intersectional discussion on nonconformity and disparity.

The goal of the queer-feminism approach is centering inquiry from the perspective of those who are most marginalized, which is my thesis work is by actively engaging trans-femme young adults and gathering their voices (Brubaker, 2021). My inquiry and analysis emphasize key feminist concepts of marginalization, privilege, resistance, and agency and their impact on attaining positive sexual health. My study revealed the mismatch between institutional (health and non-healthcare) assumptions and actual experiences of co-researchers.

I do so by using terminologies proposed by the community, avoiding assumptions, and focusing on social identities and factors of inequality. Such analysis helps to reveal the implicit obstacles trans-femme communities face as they attempt to achieve positive sexual health (Brubaker, 2021).

One criticism of the feminist theory, however, is that its overemphasis on structural levels of gendered power conceived as patriarchy. Brubaker (2021) argue that we need to retain the focus on structural power, domination, and oppression plus expand the focus to the recognition of systems and institutions that privilege hegemonic forms of masculinity, heterosexuality, the gender binary, cisgenderism, White supremacy, and other systems of oppression such as the objectifying and alienizing marginalized groups (Brubaker, 2021). Generally, we, as a society, tend to make assumptions of the narratives of 2SLGBTQ+ individuals, and rarely are the authentic stories of 2SLGBTQ+ individuals shared. In this regard, a queer-feminist theory is an essential tool for my work where I am exploring the hierarchical, oppressive, and dichotomizing nature of heteronormativity and examine the binaries created within society and ways to disassemble them (Brubaker, 2021).

Intersectionality

Intersectionality is the second framework that informs my work on a greater level, particularly the analysis approach. The concept of Intersectionality was introduced in the late 1980s as a 'heuristic' term to focus on the chaotic dynamics of differences and the harmonies of sameness in the context of anti-discrimination and social movement politics (Cho et al., 2013). The term "Intersectionality" itself was introduced in 1989 by Kimberlé Crenshaw (Yuval-Davis, 2006). Queer-feminism and intersectionality frameworks complement each other in that the theory recognizes the role of intersecting power relations of class, race, and gender, along with different dimensions of difference for marginalized people. The theory identifies these relationships as marks of social action (Kia et al., 2021). McCall (2005) has categorized much of the contemporary intersectional scholarship as falling into three types of analysis: *intercategorical, intracategorical,* and *anticategorical*. An intersectional inquiry that takes up *intercategorical* complexity largely focuses on social, health, and other disparities between multiply marginalized groups and dominant reference populations, *intracategorical* scholarship is concerned with identifying sources of heterogeneity within a group affected by intersecting systems of oppression. Lastly, *anticategorical* analysis focuses on identifying and deconstructing essentialist and homogenizing categories of identity to which multiply marginalized groups are often relegated. In my work, I utilize *intercategorical* and *intracategorical* complexity in that I analyze and focus on focuses on social and health disparities among trans-femme young adults and also explore sources of heterogeneity affected by intersecting systems of oppression. However, my work is primarily *intracategorical* as I seek to explore the similarities and differences in experiences of trans sexual health along dimensions such as identity, health conditions, age, racial status, and so on (Kia et al., 2021; McCall, 2005).

Intersectional theory exposes how unidirectional thinking undermines disciplinary knowledge production and struggles for social justice. Over the few decades, the intersectionality framework has been increasingly used to investigate the issues and experiences of multiply marginalized groups, including those of sexual and gender diverse communities (Cho et al., 2013; Kia et al., 2021). The theory claims that a person's class, racial status, ethnicity, gender, sexuality, the ability cannot be assumed, and although people can have similar experiences, they can also be different. Until recently, the trans population has been assigned to the 2SLGBTQ+ group as a common identity, despite their multidimensional needs among people of color and populations with lower access to resources. People that identify as trans also have various intersections or essences, which means they can also face multiple forms of marginalization (Nourie & Harris, 2018). The intersectional theory is appropriate for my work because this approach helps to understand the differences or similarities in trans-femme people's experiences relating to the challenges created by structural circumstances, processes, and practices that are centered on heteronormative and binary assumptions, norms, and backgrounds (Brubaker, 2021).

Strategies of Inquiry

Photovoice and qualitative inquiry guides this CBPR research. Photovoice inquiry closely aligns with the principles of CBPR of engaging co-researchers to make sense of the meanings of their lives and experiences (Mayan, 2009; Wilson, 2008). Below, I describe how photovoice guided the data generation and analysis strategies. I conclude this chapter with a description of rigor and trustworthiness.

Data Generation

This research uses various forms of visual arts methods throughout the different stages, such as photovoice for data generation and various messaging tools like postcards, photo-stories and short films for knowledge sharing which I will explain later in this chapter. The visual arts method is grounded in everyday narratives and aims to voice silenced voices (Ledwith & Springett, 2010). The visual arts method is widely used in participatory research. The different visual arts methods are photography, documentary video, photo-story, video, drama, poetry, dialogue, story, music, drawings, and many more (Ledwith & Springett, 2010; Mitchell, 2011; Wang & Burris, 1997). In my research, I utilized photography as a visual arts tool to allow people to share their everyday experiences and stories and later used those images and stories to create various products for advocacy and awareness purposes (Mitchell, 2011; Wang & Burris, 1997).

Photovoice

Photovoice was a creative approach developed by Wang and Burris (1997) while working on a project with women in a rural village in China. Photovoice incorporates a participatory process with images and action by creating opportunities for unserved communities to shares their stories through photographs (Mayan, 2009). In photovoice, the researcher provides cameras to the participants to take pictures of what concerns them the most. The images captured by the participants help others see the world through their eyes (Baker, T. A. & Wang, 2006; Wang & Burris, 1997). Photovoice aligns with the principles of CBPR and focused ethnography, where the study is conducted within a particular context within a targeted group of people to address their concerns by informing the decision-making process (Mayan, 2009). In photovoice, participants take and share photographs to provide a rich understanding of the context and promoting participants' engagement, power balance, ownership, and decision-making (Israel et al., 2013; Mayan, 2009). In this way, participants can bring forth their ideas to influence the decision-makers and policies that affect their lives. It visually represents areas of concern and opportunities for ongoing advocacy to benefit underserved or often misunderstood populations (Forge et al., 2018; Teti et al., 2020). The actions taken through taking photographs and telling stories can be very empowering and impactful. With these feelings of empowerment, community members are more likely to advocate for improved health and wellbeing for themselves and their community (Baker, T. A. & Wang, 2006; Forge et al., 2018; Rhodes et al., 2015; Wang & Burris, 1997).

I chose photovoice as a data generation strategy due to its practical application with trans communities (Felner, 2020; Teti et al., 2020). Photovoice is a technique that allows trans-femme co-researchers to engage actively in the research and share their experiences and stories within the specific context. This method enables the trans-femme co-researchers to be visually expressive of their clothing and identity experiences (Teti et al., 2020). It serves to obtain rich qualitative insight into the lived experiences of trans communities and help address their priorities (Rhodes et al., 2015). A more detailed description of the photovoice process is in the 'Procedures section below.

Dialogue with stakeholders

To answer the research question from multiple perspectives, including those who encounter trans-femme people in their daily work (i.e., health and non-health professionals) and gain a complete understanding of the bigger picture (Maria Fenech & Alice, 2005), I conducted an open-ended group dialogue with service providers. The dialogue involved medical professionals and non-medical professionals working in non-or-profit organizations in Edmonton. If I had only gathered data from one viewpoint, it would not give a complete picture of the situation. Gathering and comparing multiple perspectives enhanced the quality and reliability of the information (Lincoln, Guba, & Pilotta, 1985; Patton, 1999).

The dialogue explored existing services, barriers to access to services, facilitators, successes, and efforts to improve access to sexual health care and services. Please see Appendix G for stakeholder's dialogue guides. A dialogue was conducted with three stakeholders from Edmonton and was audio-recorded with consent and continued for an hour. The conversation provided additional insight into the topic from the care providers' perspectives working with trans communities. Exploring other stakeholders’ views provided insight into how they perceived the existing barriers and facilitators trans-femme young adults faced regarding sexual health care and services.

Fieldnotes

Field notes are the researcher's subjective interpretation of their interactions and observations and include "reflections, feelings, ideas, moments of confusion, hunches, and interpretations" (Mayan, 2009, p. 77). Field notes are taken as soon as a session or gathering is over. Field notes align with the constructivist perspective as they include subjective reflections and thoughts (Ponterotto, 2005).

I wrote a field note after each group conversation with trans-femme co-researchers to supplement the photovoice discussion and transcripts. I documented information like who were present, what was happening, the setting, individual interactions, and other non-verbal gestures and expressions. This process was essential to detail the individual interactions that could have been missed in the audio or transcripts (Poland, 1995). Field notes are crucial for this research as they explored experiences and aimed for an accurate representation of co-researchers their voices to the best possible extent (Poland, 1995). These field notes included my thoughts and feelings that arose while working with the young adults and were included in data analysis.

Reflexive journaling

I maintained a personal journal to reflect on my thoughts and interactions with the young adult participants (Creswell, 2014). I documented my ideas and reflections on my positionality and perspective as I continued my community interactions. I also reflected on my assumptions, perceptions, frustrations over time (Mayan, 2009). It was vital for me to explore my feelings and thoughts through-out the process and express ideas for improvement. By keeping a personal journal, I was able to go back and assess how my positionality and perspective kept shifting throughout the process (Castleden, Daley, Sloan Morgan, & Sylvestre, 2013). I used my journals to critically reflect on my social and economic position, my background, and how this influenced the way I approached the research process and relationship building.

Participant recruitment

Since this research study started with a partnership with community organizations working with trans communities for a long time, we decided that co-researchers will be approached by partner organizations and other organizations working with the communities. I provided an e-copy of the research flyer to each organization for sharing on various platforms.

The partner organizations and some other organizations working with trans communities shared the research flyers on their social media sites and onsite.

Because of the COVID-19 pandemic, while the project was in its recruitment phase, all the research activities were conducted virtually using online video calling applications like Google Meet and Zoom Video Communications. Once I started receiving emails of interest from trans-femme co-researchers, I scheduled a virtual meeting with them. I provided a short orientation about the project, expectations, and ethical considerations for taking photographs in the meeting. After the first meeting, we only used the Zoom Video Communications application for further gatherings and meetings.

A total of eight trans-femme young adults were sampled purposefully. Purposeful sampling refers to selecting the participants based on their interest and experience that fits with the needs of the research project (Morse, 1991). Within qualitative research, sample size can vary significantly (Bauer, Allison, Franklin, Gruschow, & Dowshen, 2019; McCullough et al., 2017) and is often determined based on saturation. Saturation is when we decide to stop gathering more data. It is a conceptual stage "when no new data emerge" and "when the story or theory is complete" (Mayan, 2009). Hence, I continued photovoice group conversation until I stopped getting any new data or information. I ended up with four photo-elicitation small group conversations with two co-researchers and a peer researcher in each SGD.

Photovoice Procedure

Stage 1: Orientation & photo-taking

The first stage included a one-on-one -presentation, an orientation, and a question-answer session. The purpose of the first stage were: (1) To develop a rapport with the trans-femme co-researchers (2) to introduce the research project, (3) to provide an understanding of expectations from the photographs and ethical considerations. I allowed time for questions or concerns throughout the session.

I asked the co-researchers if they needed cameras or any other type of equipment to take photographs. Since all the co-researchers had access to either phone cameras or cameras, no equipment was provided. I advised the co-researchers to avoid taking pictures of people or anything that would reveal any identity. Photovoice project may result in an abundance of images taken by the participants giving rise to methodological and analytic challenges (Nykiforuk & Vallianatos, 2018). Therefore, I asked the co-researchers to take about 10-15 photographs each. I also discussed the time duration required to take the pictures and email the images. All the co-researchers had access to cameras or phone cameras, which helped avoid any physical interactions amid COVID-19. Importantly, I emphasized that there were no wrong or right ideas for the photographs. I also told them that they would be asked to explain the reason why they took the pictures. I requested the co-researchers to keep a short journal to reflect on their participation in this photovoice project.

Stage 2: Small group conversations

Due to the virtual nature of the process, co-researchers shared the photographs via email. We used screen-share on Zoom video communication to present the images to the group. Photovoice typically includes focus group discussion to encourage interactions among participants (Wang & Burris, 1997). Hence, we decided that small group conversations were most appropriate.

Small group conversations allowed the co-researchers to share their experiences in a small group setting, providing a safer space for expressing potentially private and sensitive information. We met for the group conversations from our own individual's convenient space. Conversations ranged from two to three hours in duration and included two trans-femme co-researchers and a peer researcher, and myself from the research team to facilitate the discussion.

The structure of the small group conversation followed two stages given by Wang & Burris (1997): (1) selection, (2) contextualization, and the third stage of (3) codifying transcript was applied as a process for participatory data analysis, which is explained in the data analysis section. Demographic information (Appendix F) was also collected before the conversation, and additional questions were asked to facilitate discussion. The complete conversation guide is in Appendix F.

Selection: I asked the co-researchers to choose around 10 photographs that most closely aligned with their needs, concerns, and experiences on sexual health. The image selection process was extremely flexible based on the participant's judgment (Sutton-Brown, 2014).

Contextualization: I asked the co-researchers to tell the story behind each photograph. Participants discussed their individual and collective experiences, also known as voicing individual and collective experiences (VOICE). The group conversation's contextualization stage followed an adapted version of the SHOWeD technique established by Baker and Wang (2006). Co-researchers were asked to identify the photographs and describe why they chose the picture, what was happening in the picture, how it affected their lives, what we can do to improve or promote the situation they described? I also followed-up with additional questions for further probing when it felt necessary (Gubrium & Harper, 2013). This process allowed co-researchers to tell stories of their photographs and have a meaningful conversation about their experiences.

Data Management

Each group conversation and dialogues were recorded and transcribed for further analysis procedure. To ensure co-researchers' confidentiality and anonymity, data generated were de-identified upon transcription by replacing names with codes and pseudonyms. Electronic documents were saved in an encrypted and password-protected computer. Personal identifiers were kept separate from the data. Due to the virtual nature of the work, only electronic documents were used through-out the process. I will keep the data for five years, and after which it will be destroyed with approval from all the research team members.

Data Analysis

A participatory analysis procedure was performed with trans-femme young adults to make meanings of the data. We used the Zoom Video Communications application for data analysis. Each analysis group had the same group of co-researchers from the data generation stage: two trans-femme young adults and myself. The process has been discussed as follows:

Brainstorming and Orientation

The process of analysis started with a brainstorming session. We began with sharing significant insights, themes, or concepts from the previous meeting of the photovoice group conversation. To facilitate the process, co-researchers were requested to view the photographs that they had shared. After having a few repetitive themes and concepts, we decided to move towards the coding process. I provided an orientation of the coding process in a transcript; how we go through the transcript and give meanings and context to our data. I presented a sample transcript and demonstrated how the process of coding looks. Finally, I shared an example of qualitative research findings from previous research work and showed examples of themes and codes. I also emphasized to the co-researchers that there was no exact, right, or wrong answer for this process. This session was also audio recorded to enrich our analysis process in further process.

Codifying

After orientation, I shared the transcript via share screen in the Zoom video communication application. Co-researchers read through their sections in the transcript and coded line-by-line, few words, whole sentences, or even paragraphs assigning meanings and concepts (Creswell, 2014). The coding process was very interactive, with active description, explanation, discussion, and consensus leading to creating a preliminary codebook to guide further analysis process (McCullough et al., 2017). New codes continued emerging, and the old codebook was constantly revised to reflect these new findings. Some examples of codes included: 'dysphoria,' 'safe spaces,' and 'exploring identity.' The participatory theming process allowed participants to reflect and explain the contextualization of their photographs and data and categorize them based on their experiences (Sutton-Brown, 2014). By identifying and assigning meanings and concepts, co-researchers briefly described the in-depth contextual knowledge behind their experiences.

Codes to Categories

Transcripts were imported into NVivo12 software for further analysis purposes. Once the final group conversation was coded, we identified no new codes. I compared and reviewed master lists of emerging codes, and the codebook was finalized (McCullough et al., 2017). After generating a final list of codes, I clustered them by theme and categories, organized and re-organized the categories as new relationships emerged from the data (Mayan, 2009). Lastly, key themes were developed to provide a rich context and details to the co-researchers' experiences. Concepts within the themes were distinct and did not overlap. I also utilized field notes throughout the data analysis process. Records of researcher reflections, thoughts, ideas, and interpretations also informed data analysis.

Member-checking

Member-checking is a process of returning to the co-researchers to confirm and validate that the re-emerging themes and results represented co-researchers' experiences, perceptions, concepts, and context (Lincoln et al., 1985; Mayan, 2009). By requesting feedback from the co-researchers, the researcher can approve or invalidate the interpretation of the data (Lincoln et al., 1985; Mayan, 2009). Member-checking is often an essential component of the qualitative verification processes (Spiers, Olson, Mayan, Morse, & Barrett, 2002). Transcripts were sent to the co-researchers, and I requested their feedback as partners in the process; a couple of the co-researchers provided feedback for correction. At the end of the data generation and analysis, I sent the final codebook to all co-researchers for feedback. A few of the co-researchers provided positive as well as corrective feedback about the codebook results. To confirm my understanding of the themes emerging from the data set, I also conducted member checks with the co-researchers, peer researchers, and community partners. I prepared a summary of the preliminary results/themes with corresponding quotes, shared it with the co-researchers and peer researchers, and requested their feedback. Feedback and questions from the co-researchers were encouraged throughout the member checking process and incorporated into the final results.

CBPR in Action: Knowledge Translation Procedure

Alongside the CBPR photovoice procedure, I also engaged the co-researchers in activities enabling action based on the research. This phase was focused on translating the knowledge to action for bringing about social change. All the co-researchers were invited to partake in the planning meetings and preparation workshops. All the co-researchers involved in creating content for action materials. The CBPR in action process involved creating various arts-based knowledge translation (KT) products for advocacy purposes which are described as follows:

Brainstorming and planning workshop

I facilitated two brainstorming and planning workshops depending on the availability of the co-researchers. I had shared some of the examples and ideas (websites and videos) of KT (Alberta Addiction & Mental Health Research Partnership Program, 2015) with the co-researchers a couple of days before our meeting. The purpose of sharing the examples was to inform the co-researchers on what we were trying to accomplish and create from our upcoming gatherings. After taking consent from the co-researchers during the meeting, I took notes on different creative ideas. The purpose of our planning workshop was to:

- introduce co-researchers to one another who might not have met;
- review and discuss some of the KT ideas;
- brainstorm and share ideas on various products we can create to represent the
- major themes of the sharing;
- identify existing skills and strength within the group, their interest, and level of engagement; and
- finalize various creative ways to share the major themes and findings.

Workshop for creating content and materials

We decided to create various creative ways for KT, such as postcards, fridge magnets, buttons, participatory films, and digital stories from the first meeting. We planned to move on with creating products that would not require any in-person meetings while COVID-19 restrictions were in place.

To prepare for the second group meeting, aimed at creating content for KT products, I transcribed all the small group conversation audios. I provided each co-researcher with their respective transcript before the meeting. All eight co-researchers participated in the second meeting. We arranged the meeting via Zoom and presented the transcript using the share screen.

We had decided to color code the transcript based on the targeted audiences or content. We used three different color codes for digital stories, postcards, and film.

Some co-researchers chose to code the transcript themselves and later come back together and discuss why they decided to go for the particular color code. On the other hand, some co-researchers asked me to code while exploring and sharing their opinions. In both cases, we were on Zoom video communications. Co-researchers took this as an opportunity to emphasize the themes and content that they thought were important to be represented and shared with the audiences.

Co-researchers who had specific skills and strength required to create various products were involved in the further procedure depending on their availability and interest. A trans-femme young adult who had film-making skills contributed to the development of scripts and the film. Once the script was finalized, I started sharing posters to invite trans-femme actors for the film project. I prepared and shared a flyer (see Image 3.1) on various social media platforms and emailed it to the partner organizations. Once I started receiving emails of interest from the trans-femme actors (Box 1. is an example of the email of interest I received from one of the actors), I shared detailed information about the project and the expectations. I also requested few photographs from them to decide for the best character matching their features and qualities. Once the best-matched characters were finalized for each interested actor, I started sharing the scripts. I requested the actors to self-record themselves and send us the clips. The filmmaker and I reviewed the clips and provided feedback if necessary. We decided to go for a self-recording format to avoid in-person meetings and potential risks for the actors or anyone involved.

TRANS-FEMME ACTORS NEEDED

Participate in a film project aimed at improving trans-femme sexual health

- **Should self-identify as trans-femme**
- **Experience and/or interest in acting**
- **Priority to folks with diverse background**

Cash Incentives and an opportunity to make a difference

For more information email: dgiri@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board (REB 1) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615. [Pro00095420]

Image 3.1 **Flyer inviting trans-femme actors**

> *Hi,*
>
> *A friend sent me the call-out you posted looking for trans feminine women for an interesting sounding film project. It sounds like a pretty worthwhile cause actually and I was wondering if you were still looking for participants.*
>
> *I'm a …….. for my school and work with our counselor with our many and varied queer-identified students. I've been looking to be more active and engaged with the community and be of greater help to everyone.*
>
> *I haven't done any acting previously but would be keen to try it all out. I used to work ……… when we had such things.*
>
> *If you're still looking to fill out your roster, please drop me a line. I'm interested to know more about the project and want to help out. Thanks*

Box 3.2: Email of interest from an actor

Virtual Exhibition

In preparation for the virtual exhibition, firstly, I edited all the photographs and then matched the photos with quotes identified by the co-researchers. The final products created were: - postcards, a comic book, and a participatory film. All the materials were shared back with the co-researchers to ensure that the messages and the photographs were the ones they wanted to share. It was also the second phase of consent to decide which photos and messages could be part of the exhibition project and which were not to be included. In total, about 50 pictures with titles, one digital story (comic book in a video format), and three short participatory films were shared via virtual exhibition.

Choosing a virtual exhibition tool

Identifying a virtual exhibition platform was one of the biggest hurdles for me as it was the first time for me to exhibit virtually. It took a while for me to explore the various options available, but then I found Kunstmatrix. I did in-depth research about the programme and decided to give it a try. Kunstmatrix is a unique tool that enables us to create beautiful 3D showcases of arts to impress interested audiences. It allows us to digitally present and manage artwork (Organize and present your art online | KUNSTMATRIX.).

I chose to present via an online exhibition platform because of two significant reasons. First, due to the pandemic situation, as mentioned earlier, I could not organize any in-person meetings or interactions, as I mentioned earlier. Conducting an exhibition might cause a large gathering increasing the risk for all audiences, organizers, and everyone involved. Second, there were a more significant number of photos for storytelling (50) and a couple of videos to be presented and sharing via exhibition would make the artwork easier to look through than any other software or applications. There are four levels of subscription, and based on the number of artwork my project had, I chose to go for the third level of subscription that cost $ 38.22 per month and allowed 250 pieces of artwork and ten 3D exhibitions (Berry-Lound, 2018).

Working with Kunstmatrix 3D Exhibition

Berry-Lound (2018), an artist and writer, has written a blog with a detailed discussion on the Kunstamatix 3D Exhibition programme and its application. I went through her blog to get an idea and knowledge on how to work with the programme. Below I have attempted to summarize how I worked with the programme in this project.

I uploaded the photos and videos individually. I also gave a title or message to each piece of the artwork. Following the title, in the first section, which asks about the year the work was done, I entered 2020/21 and each of the co-researcher’s pseudonym in the artist section's name. It was to maintain anonymity while also protecting the ownership of the materials produced. Once all the artworks were uploaded, I selected a layout for the 3D exhibition from many available. I also picked a design depending on the number of artworks that were going to be shared. For curating the 3D exhibition, I pre-selected the images that I wanted to display in the collection. I used Eventbrite to distribute free tickets. The fundamental reason to use Eventbrite was to keep track of the total number of attendees in the exhibition. I prepared and shared a flyer (see Image 3) two weeks prior to launching the virtual exhibit.

COME JOIN US AT

TRANSTORIES- A VIRTUAL ART EXHIBIT

A photostory and film exhibition- With Trans-femme Co-researchers

APRIL 28 TO MAY 18, 2021
EXHIBITION LINK:
HTTPS://ARTSPACES.KUNSTMATRIX.COM/NODE/5971956

For more info (Or Feedback), please contact Deena Giri at *dgiri@ualberta.ca*

The Plan For This Study Has Been Reviewed For Its Adherence To Ethical Guidelines And Approved By Research Ethics Board (REB 1) at The University Of Alberta. For Questions Regarding Participant Rights And Ethical Conduct Of Research, Contact The Research Ethics Office At (780) 492-2615. [Pro00095420] (REB 1) At The University Of Alberta. For Questions Regarding Participant Rights And Ethical Conduct Of Research, Contact The Research Ethics Office At (780) 492-2615. [Pro00095420]

Image 3.2 **Invitation posture for virtual exhibition**

The photovoice exhibition was well attended by over a hundred attendees from various geographical locations (Different provinces in Canada, Nepal, U.S and UK). The virtual exhibit was open for attendees starting from April 28 to May 18, 2021. After the exhibition was closed, I collected feedback from the attendees. The feedback responses were very positive some of which are presented in the Box 3.3 below:

"I liked that this exhibit was very personal and provided space for trans femmes in Edmonton to share their experiences with sexuality & transition. My partner is just in the first year of her transition and a lot of the stories really resonated with what she has shared with me about her experience."

"It was my first time participating in an online exhibition. The way that you demonstrate the pictures was awesome. I felt I was in a real physical show. It was amazing. Thank you."

"Hard to compare it to anything to be honest. It was fun and interesting!!!"

"I liked that there was a large number of perspectives, I thought it was visually engaging, it was as educational as it was entertaining."

Box 3.3 **Feedback from attendees of virtual exhibition**

Webpage: "TranStories"

Since the exhibit was closed on May 18th, I created a webpage titled "TranStories" where all the materials shared in the exhibit (photo stories, films and videos) and post card are shared. The focus of creating this webpage is to have all the arts-based materials available beyond the thesis project. Here is the link of the webpage where you can view all the artsy materials created as a part of action and knowledge translation: *https://transtories2021.wixsite.com/website*

Rigor and Trustworthiness

As mentioned in the above section, I have used various research approaches (photovoice, CBPR, qualitative inquiry) in this photovoice sexual health project. Therefore, I also had to choose a combination of multiple criteria that fits or closely fits the approaches used in order to maintain trustworthiness and rigor in this research study. Over time, many different sets of criteria have been developed for maintaining trustworthiness (Lincoln et al., 1985) rigor (Mayan, 2009) in qualitative research and in CBPR (Springett, J. et al., 2011; Wright et al., 2013). In exploring how I attempted to hold rigor and trustworthiness in my thesis work, I decided to focus on the key concepts that were most prominent across different criteria sets, acknowledging that the terminologies might be used differently in different settings while fundamental notion remains the same.

Through the introductory chapter, I detailed my location in this research by sharing my personal and professional background to allow others to determine for themselves the extent of integrity I have represented in my work (Lincoln et al., 1985). Rigor requires an explicit methodological framework (Mayan, 2009), such as the CBPR, qualitative inquiry which I previously described. In the early 1980s, Guba and Lincoln (1981) directly tackled the issue of rigor in qualitative research. Later, they stated a possibility of a negative impact of applying the quantitative rules of rigor to qualitative research. Hence, they argued for a different way of talking about rigor in qualitative research. In 1981, they proposed using 'trustworthiness' instead of 'rigor' which later in 1985, they revised their original criteria to credibility, transferability, dependability, and confirmability (Lincoln et al., 1985; Mayan, 2009).

First, *credibility* is about assessing if the research findings make sense and accurately represent what the participants want to portray (Mayan, 2009). In this study, credibility is about presenting an accurate representation of a reality co-constructed through multiple interpretations of the people who are impacted by the focus of the project (Lincoln & Guba, 1985). I maintained credibility through a *prolonged engagement* of the community members (peer researchers and co-researchers). I ensured regular and multiple member-checks to ensure that findings accurately represent community members' stories and experiences (Lincoln et al., 1985; Mayan, 2009) of the data, findings, and other research products and incorporating their feedback for accuracy.

Second, *transferability* or generalizability is about assessing the applicability of research findings in another context (settings, time) (Lincoln & Guba, 1985; Mayan, 2009). I addressed transferability by providing a detailed description of the scope of the study, co-researchers, data generation strategies, and analysis (Given & Saumure, 2008). Readers can determine the extent to which the results and the participatory approach used in this study may be applicable in other contexts.

Third, *dependability* (i.e., consistency): is about the opportunity, post-hoc, of reviewing the decisions that were made during the research process (Mayan, 2009). I hold dependability by maintaining and continually updating my codebook. I followed an iterative process for developing codes together with co-researchers. After each member check, I went back to the codebook and updated it. I repeated this process as I kept on receiving feedback and suggestions from all the four groups of the co-researchers. This iterative process required me to review and recode the transcripts. For transparency, I used hand-written data coding to create an audit trail of how findings were constructed. I also used NVivo12 data management software throughout the process of data coding and organization (Mayan, 2009). I noted down any decision I made during the process, the reason for taking the decision, and any emotions, feelings, or reflections. I also reflected on my choices of decisions during our regular meetings with the research committee, peer researchers, and partners.

Last, *confirmability* is about ensuring that the findings are logical (Mayan, 2009). To be aware of a range of possible sources of bias (Springett, J. et al., 2011) and my own bias and how it might be influencing my work, I used a reflexive practice by keeping a journal as a record of my assumptions, perspectives on how the research is unfolding, any frustrations, challenges, and emerging thoughts (Mayan, 2009). To minimize bias due to a single perspective and interpretation, I conducted a short debriefing to discuss the emerging findings with my research committee (Mayan, 2009). Performing a participatory analysis of the transcripts together with the co-researchers significantly valuable as it helped to deepen the interpretation of the findings by providing an additional context. I also shared the emerging themes and analysis results with peer-researchers to discuss the direction of my results. This provided insight from diverse perspectives, increasing confirmability, as I could modify the analysis based on their feedback.

Moreover to Lincoln and Guba's (1985) concept of trustworthiness, I also used an additional set of criteria to CBPR approaches as outlined by various scholars in a participatory approach to health research (Dadds, 2008; Reason & Bradbury, 2001; Sohng, 1996; Springett, J. et al., 2011; Wright et al., 2013). These criteria include participatory, empathic, reflexive, intersubjective, consequential, dialectic, and catalytic validity. Below, I discuss four significant criteria that closely fit with the CBPR approach used in this research that has not already been discussed above: participatory, empathetic, intersubjective, and catalytic validity.

First, *participatory* refers to the extent to which all project members act as co-researchers and are able to take an active part in the research process (Reason & Bradbury, 2001; Sohng, 1996). I used a variety of approaches to promote participation, including facilitating meetings at co-researchers' convenience of time and use of the meeting applications they are comfortable with. In addition, I also used a participation matrix to document, assess, and reflect on the levels of engagement of co-researchers across the different phases of the study.

Second, *empathetic validity* is the extent to which the research has increased connections and empathy among those who were engaged in the research together, such that more positive feelings created between them (Dadds, 2008; Springett, J. et al., 2011). The notion of empathetic validity is applicable for understanding that the academic researcher can make a positive difference to the way people feel and act towards one another (Dadds, 2008). In this study, creating an open, welcoming, and safe space for conversation was essential to foster sharing of co-researcher's personal experiences and stories.

Third, *intersubjective validity* refers to the extent to which the process of CBPR itself is viewed as meaningful and credible to those involved in the study (Springett et al., 2011). In the photovoice sexual health project, I worked closely with the co-researchers and partners for over a year to determine a mutually relevant focus of the research inquiry and continual capacity growth and development of everyone involved in the project.

Last, *catalytic validity* refers to the extent to which the research presents new possibilities for social action. Research using CBPR approach demands that the process has to be meaningful for those involved and to build ownership for action (Sohng, 1996; Springett et al., 2011). Further, using photovoice as a knowledge generation method presented many opportunities for bringing together community and raising awareness (e.g., virtual exhibitions) to help stimulate action.

The application of multiple approaches and frameworks (transformative paradigm, qualitative inquiry, and CBPR) into consideration allowed me a more vigorous way of maintaining the rigor and trustworthiness of this CBPR project.

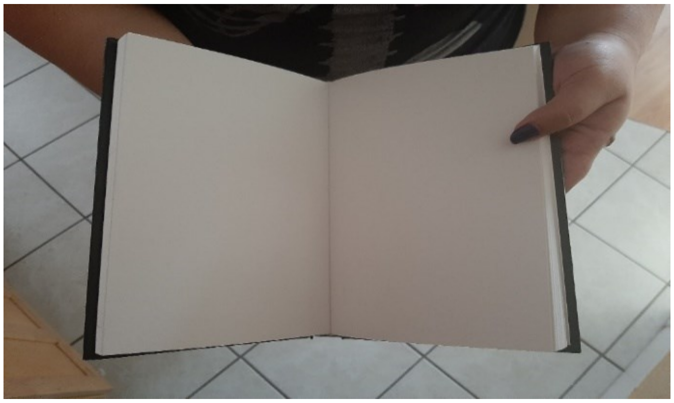
Summary

The chapter presented an overview of the research paradigm and methodological approach of this research study. I began by presenting a diagram representing an interconnectedness between my research paradigm, theoretical perspectives, and research approach. I discussed the theoretical underpinnings of the research: intersectionality and queer-feminism and the visual arts (Photovoice) that rooted the qualitative inquiry. I presented several aspects of ethical considerations required in this thesis study. Next, I demonstrated how the CBPR approach invited both facilitators and challenges to my research process. Finally, I concluded by discussing rigor and trustworthiness.

Chapter 4 presents the emerging themes of the photovoice sexual health project classified under four different categories with sub-themes and narratives.

CHAPTER 4: EMERGING THEMES -THE PHOTOVOICE PROJECT

Overview



Title: I really was left out in my journey of transition
Doctors only tell you the effects of medication. They give no information on how to deal with it. My doctor said to me that my breast would get tender, and I will get breast development, but they didn't tell me what to do with that, like, Do I put an ice pack on it? Do I put a heat pack on it? Do I go and bathe? There was no remedy given to me on how to cope with this because I never learned… I'm learning again that puberty sucks. Personally, my breast tenderness is pretty bad to the point that, like anything that brushes, it would hurt. So, I wish I knew how to deal with it from doctors instead of other trans-femmes from an online forum that took me a while to find. [Jane]

The findings from the thematic analysis of the photovoice project utilizes an intersectional lens and are presented according to the first objective and its four sub-objectives of this research. I have used excerpts as well as photographs where appropriate to illustrate the findings. First, I start with a description of the intersectional diverse characteristics of the co-researchers engaged in this project (See Table 4.1). Second, I present a diagram illustrating an intersecting form of oppressions for sexual health as experienced and described by the young adult co-researchers.

Then I present second diagram showing barriers and facilitators categorized into four major themes: the health care system, the non-health care sector, the socio-structure, and the individual experiences (See Figure 4.1). Thereafter, I describe each thematic group and its sub-themes starting with the barriers and facilitators influencing sexual health at a personal level. Then, I move towards concerns around the health care system, followed by the non-health care sector and socio-structural factors. These themes and narratives contribute to a better understanding of the sexual health experiences and needs of trans-femme co-researchers.

Intersectional diverse characteristics

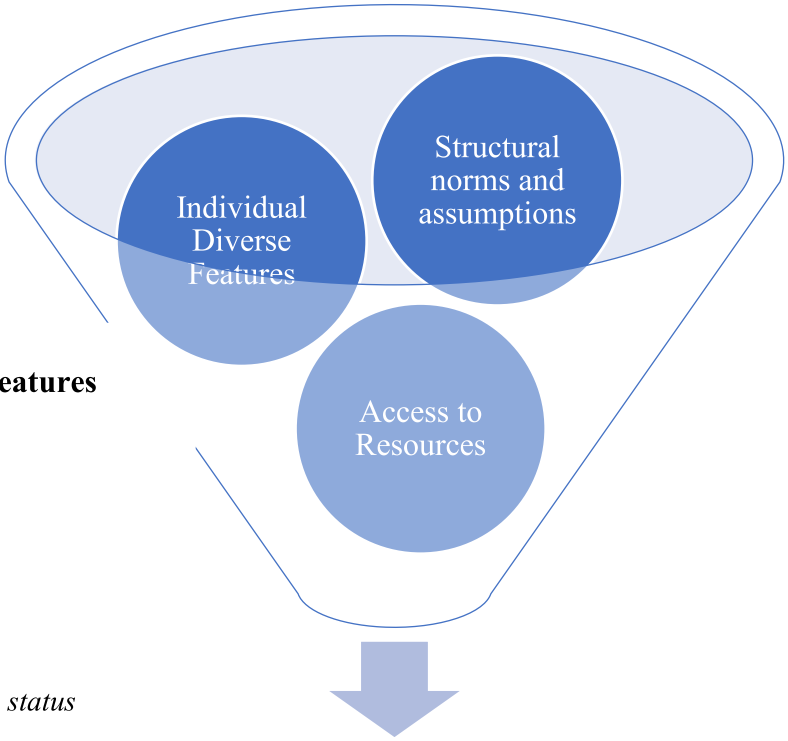
The table below provides an overview of the socio-demographic diversity of the co-researchers of the photovoice study. The Edmonton transgender population is diverse and inclusive of many Black, Indigenous, and People of Color (BIPOC) people including many immigrants and refugees (Statistics Canada, 2019). The small group of trans-femme young adults in this study is not representative of the diversity of Edmonton trans-femme population and hence the findings cannot be used to generalize the experiences of trans-femme people in Edmonton.

Pseudonym	**Pronouns**	**Age**	**Racial background/Ethnicity**	**Level of Education (Current/Completed)**
Dax	she/her	25	White	Undergraduate
Isabelle	she/her	30	White	Graduate
Jane	she/her	24	Asian	Less than High school
Jojo	she/her	28	White	High school
Lenneth	she/her + They/them	31	White	Diploma Graduate
Lorayne	she/her + They/them	25	Indigenous/People of Color (POC)	Undergraduate
Mae	she/her	35	White	High school
Ruby	she/her	22	White	Undergraduate

Table 4.3 **Characteristics of co-researchers in small group conversations (n = 8)**

Intersecting forms of oppressions

Utilizing an intersectional framework, the emerging findings of this study highlights intercategorical and intracategorical complexities and forms of oppressions encountered by the co-researchers. The findings are discussed based on the social and health disparities among trans-femme young adults and also exploring the sources of heterogeneity within the group of co-researchers (McCall, 2005). However, my primary focus is intracategorical complexities presenting similarities and differential experiences of trans-femme co-researchers in regard to sexual health across dimensions such as identity, health conditions, age, racial status, ethnicity and so on. Figure 1 presents the mutual co-constitution of markers of individual and social differentiation and how those positions trans-femme people within the social landscape, where they are exposed to various oppressions and have access to certain privileges. The figure has been created from the photovoice discussion to visually depict how individual, structural and societal factors interact and produce disparities within the trans-femme community and between the community and the cis-world.



Individual Diverse Features

- *Age*
- *Identity*
- *Racial Status*
- *Ethnicity*
- *Education*
- *Socio-economic status*
- *Physical health condition*
- *Mental Health conditions*

Sexual Health Experiences
(health care system, non-health care sector, socio-culture, individual experiences)

Figure 4.1 Intersectional complexities regarding sexual health

(Note: The set of individual diverse characteristics only represents some of the individual circumstances shared by the co-researchers. This is not a representation of all kinds of intersecting forms of oppressions)

Figure 4.2 is a framework/model of the overarching themes that emerged from the photovoice discussions and dialogues. The framework represents similarities or differences of social and health disparities experienced by the co-researchers. The themes have been grouped around different system levels: the individual experience, experiences with the healthcare system, experiences relating to the non-health care sector and experiences within society in general. Then I introduce the different themes as clusters that illustrate barriers and facilitators as shown in the model, also in the narrative, then what follows with expand in those themes. For example: Wood ford et al have explored the barriers and facilitators to voluntary HIV testing uptake among communities (men who have sex with men, transgender women, cisgender female sex workers, and injecting drug users) with regards to HIV/AIDS risks. This general model is useful for clustering the themes that emerge from the data and is presented below:

Emerging themes

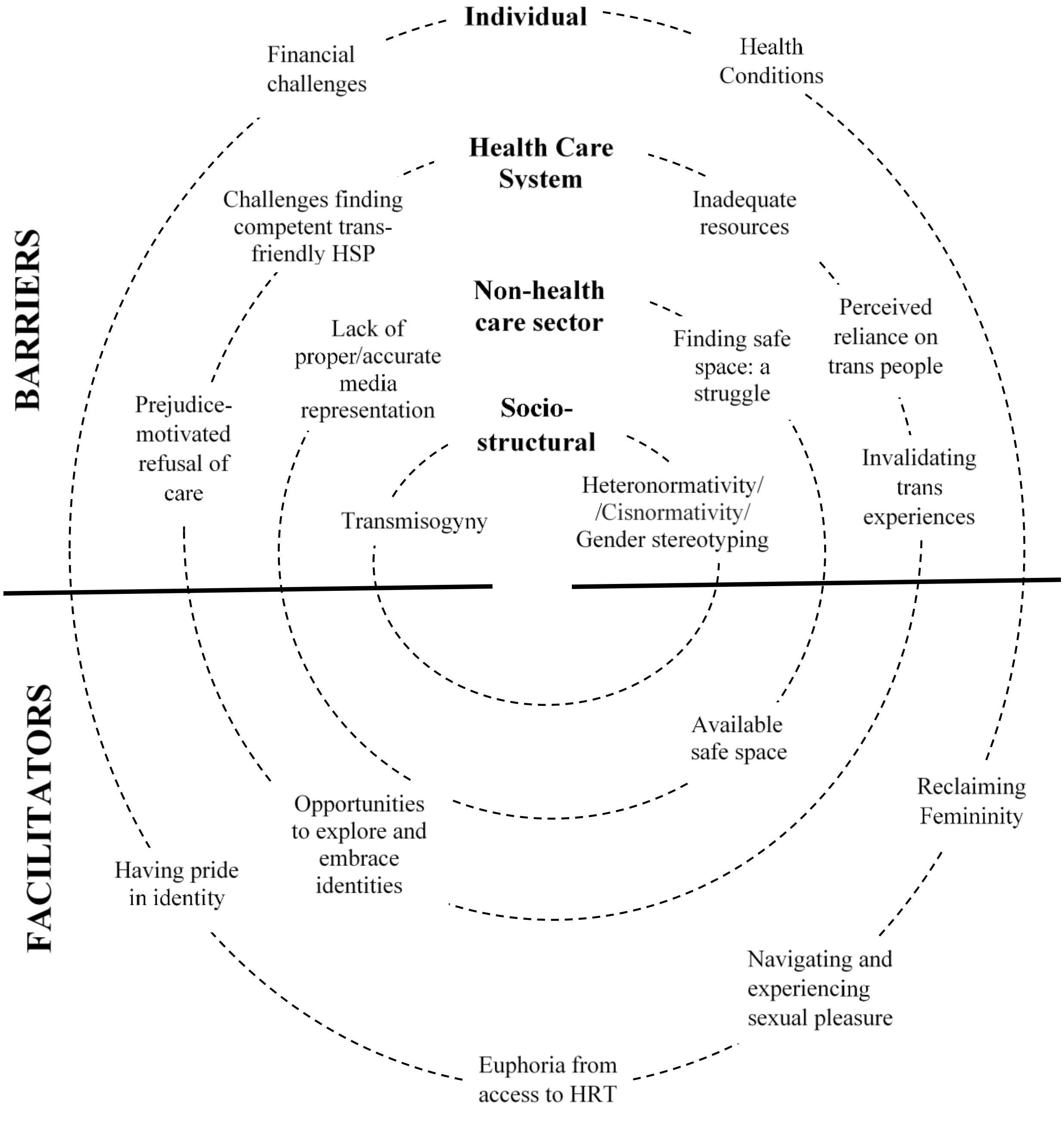


Figure 4.2 Multi-level barriers and facilitators of positive sexual health among trans-femme adults

(Adapted from: Michael R. Woodford, Venkatesan Chakrapani, Peter A. Newman & Murali Shunmugam (2016) Barriers and facilitators to voluntary HIV testing uptake among communities at high risk of HIV exposure in Chennai, India, Global Public Health, 11:3, 363-379, DOI: 10.1080/17441692.2015.1057757)

Facilitators

Individual experiences

Euphoria from access to hormone replacement therapy (HRT)

Co-researchers shared that being able to access hormone replacement therapy (HRT) was significant to their sexual health. Some co-researchers termed HRT as "producing euphoric feelings" for them described as something that made them feel happy about themselves. Co-researchers understood that hormones affected their body, the way they view their body, and their sexual health positively. Ruby said:

> *"Having access to HRT and getting them [hormones] affects both my sexual health as well as mental health in a pretty positive way."* Jane depicted, *"My pills... They ultimately did wonders for all my health. It is making my body finally do the things I wanted to do, the things that I wish I did. The first time I had puberty instead of having to do second puberty.*"

Title: Strength

This picture represents the strength that I have had in my journey to choose this path [transitioning], like finally advocating for myself and getting everything lined up for what I need. This is my Spiro, my estrogen, and my anti-anxiety medications, all of which are really helping me be who I am. It's a huge part of my life now, and I'm very grateful for the opportunities that I have and the privileges that I have to be able to look at this. [Isabelle]

Having pride in the identity

Co-researchers explained that having pride in their identity and being identified as who they are, was essential. Some of the co-researchers said that they had to put a lot of effort to pass as a female. The actions of effort included working on hair, putting on wigs and make-up, clothes, etc. However, some of the co-researchers described themselves as visible femme; hence, they could easily pass as female without much effort. However, even those who would easily pass thought that their identity was still significant. Ruby who described herself as visible femme said:

> *"I think it's vital to be able to be proud of my identity. And even as I pass as a female, I kind of still want to have that visibility that hey, I'm trans, and I'm proud of it. Even though you might not be able to tell when you first look at me, I'm still proud of the fact that I'm trans."*

Co-researchers shared some of the examples and activities to express their identity and be proud of it. One of the examples expressed by Ruby was her laptop which was decorated with different stickers, and she described that as her "wonderfully gay laptop". Another example is from Dax who identifies herself as a butch trans-femme person:

Title: Butch Identity

This represents the freedom to be masculine finally. I am a butch transwoman, and my masculinity and butch identity is essential to how I view my sexuality. It's nice to be able to take that masculinity into my own hands because one thing I struggle with is booking haircuts and figuring out what hairstyle I want. So being able to just get that short hair right away when it gets too long is nice. [Dax]

Reclaiming femininity and taking the control back

Co-researchers expressed that reclaiming femininity and taking control back to themselves was a significant expression of their trans identity. Co-researchers shared that they do not have control over their lives and their bodies for as long as they live with their parents or caretakers and hence cannot express themselves for a very long time. This would more precisely be until they are able to live on their own and make their own decisions. A thought explained Isabelle on reclaiming femininity is presented as follows:

Title: Reclaiming femininity

...acquiring feminine signifiers to reinforce the idea that I am. I am female, and I'm allowed to take up space as a female, and I don't want to be identified as a male.

Some of the ways of reclaiming femininity expressed by the co-researchers were growing hair, putting on accessories, wearing make-up, wearing dresses, and nail polish. Co-researchers also shared some of the ways they adopt in order to claim that they have taken back their control. They indicated that they would take back a sense of power by expressing themselves by changing their appearance, such as coloring their hair and getting tattoos. Dax said:

> *"Being forced to go through the wrong puberty when I knew I didn't want to really suck and was a real sense of violation and loss of control over my body. So, tattoos help me feel like I'm reclaiming my body and making it feel more like my own again. As trans people, we don't have control over our own bodies. We have to ask permission to do anything, which sucks and feels awful. So, if we just had control of our own bodies, I probably would not be so obsessed with tattoos because I wouldn't feel like I need to*

> *reclaim my body. But I do feel like I need to reclaim my body. And when I get enough money, I hope to be completely covered in tattoos one day. "*

Co-researchers pointed out that being able to express themselves helped build their confidence and makes them happy. However, co-researchers also emphasized how people perceive that everyone in the queer community has weird color hair or even question their appearance. Ruby explained that it wasn't about being weird or gaining attention but a way of taking back control of their appearance. She says:

> *"The fact that a large portion of the queer community does crazy things with their hair kind of show that people are trying to take control of those elements that other people want to control. For so long, I was forced to present my hair in a certain way. So now that I've taken control, I want to present it my way. And that includes having non-natural colors and having extensions to make it extra-long, and kind of being extra showy. It's not for other people; it's for me. I really don't care about others' attention."* Ruby further shared:

Growing up being seen as a boy, my hair wasn't something I really had much control over. And I was always forced to have it cut short, at least until I hit junior high. Every time it grew off a little bit, I had to get it cut. After coming out and after letting my hair grow out, I kind of decided that I was going to go full out. I was going to retake this part of myself. So, this was my first time going and getting my hair done. I got it in fancy colors with blue, purple, and pink. And I also got extensions.

Navigating and experiencing sexual pleasure

Being able to navigate and experience sexual pleasure in various ways was shared as an essential facilitator in sexual health. Co-researchers recognized different ways they would adopt to pleasure themselves, such as using sex toys for pleasure, polyam, being open, and learning more about relationships and learning through online media like pornography. Isabelle said: *"These are my sex toys and my condoms and my lube, and these are what enable me to enjoy sex* *now. I do enjoy penetrative sex, and I do enjoy being not the initiator in a sexual encounter. I find that very exciting and very liberating in a lot of ways."*

Isabelle also shares her experience of navigating and exploring ways for experiencing sexual pleasure:

Title: Exploring sexuality

We should really encourage people to invest in their own sexuality, to examine what their sexuality is and what they want out of relationships because that's what I found so paralyzing before I transitioned. I didn't really know what I wanted, and I didn't know how to examine it. And now it's kind of like, and I'll try pretty much anything. I just need a warmup period for some things, and a lot that comes down to just being more comfortable and confident with myself in a way that I couldn't be as a masculine-presenting person.

Nevertheless, co-researchers also highlighted the struggle to access resources to learn about different ways of sexual pleasure. Jane said:

> *"...when I was going through hormones, and my libido was going down or whereas my genital was not able to be functional as it was for hormone therapy. I didn't learn anything about alternative ways of having sex like anal, or like, different ways of how other trans people pleasure themselves. Like you can use the vibrator on parts of your body like none of these alternative ways of enjoying the pleasure as a trans woman was never educated no, never was taught, was never discussed! I had to learn it through, again, internet forums and, and sometimes even through pornography, I'm like, 'Oh, I can do that, oh my god."*

An experience recalled by Lorayne on her journey of navigating sexual pleasure before and after medical (surgical) transitioning is presented below:

Title: It's been with me through a lot
My vibrator symbolizes my sexual health and, on a higher level, symbolizes my surgery. Before I had bottom surgery in November, I definitely had more sex toys available to me because I just had different genitalia and in other ways related to sex. But this is the only one that has stayed with me that still feels appropriate. That is sort of worked with my anatomy now. So, this vibrator has been with me through a lot. It's just very significant, in just the ways I enjoy sex.

Non-health sector experiences

Availability of safe spaces

Here, access to safe space refers to safe and accepting communities both online and in-person. In-person safe space includes space both at home and the external world. The co-researchers expressed that having and access to an affirming and welcoming space was extremely difficult. The safe space described below are: supporting community organizations, supporting partners, safe housing, online forums. However, co-researcher emphasized that none of the spaces were easy to access, and it took a while for them to learn about them and get access to them. But it became extremely helpful once they found it, and it played an exceedingly positive role in terms of their gender and sexuality. Dax described safe space as:

> *"a rainbow flag does not mean they're accepting of trans people and does not mean they're not racist. And I think that that's a big issue. I wish that more people didn't just stick up a rainbow flag but pick something modern that showed the specific struggles we're facing right now, which, right now within the queer community, people of color and trans people are being targeted. To me, a rainbow flag no longer means safe space."*

Access to safe space in terms of supporting community organizations was noted as one of the positives in their sexual health. Ruby said:

> *"I had just come out, and some of my families and my friends had stopped talking to me. I had just gone through a major breakup. All these made me feel really isolated. And having a sense of community where I felt safe to present the way I wanted to present, where I felt safe being myself and talking about it was extremely needed. We need to protect those spaces and organizations."*

However, getting access to the communities that were actually knowledgeable about trans issues and welcoming their identity was identified as a challenge. Jane noted that access to safe space in terms of a supporting partner was a significant factor in achieving positive sexual health. She described her experience of having a supportive partner in her journey of attaining positive sexual health as:

Title: Redefining my body with language with a supportive partner
Having discussions with my trans partner, I was able to find words I could use to talk about my body that was more gender-affirming. If I didn't have a trans partner with connection to the local trans community, I wouldn't have known that I can change the words I use for my body and its parts, and there are no resources on how to be trans and talk about it one on one. Even though I didn't have any development on my breast, I was asking to refer to my chest as titty or even things like using more gender-affirming words like as a girl dick.

Access to safe space in terms of the virtual or online world includes both accessing a supportive online forum as well as experiences of using online dating applications. Jane recalled her experience of accessing a virtual community of support and how it helped her in her journey of transition: 73

Title: Internet forums: A sense of community
This represents an internet forum that I was able to reach out to other trans women and trans-femme people who experienced breast tenderness post-HRT and where we could talk and share tips and stories. Doctors only tell you the effects of medication. They give no information on how to deal with it. Personally, my breast tenderness is pretty bad to the point that, like anything that brushes, it would hurt. So, I wish I knew how to deal with it from doctors instead of other trans-femmes from an online forum that took me a while to find.

Having opportunities to explore and embrace identities

Co-researchers expressed how they embraced exploring their identities and were grateful for the privileges and opportunities they had to do so. The co-researchers shared that not all trans people have access to resources to navigate their identities. Some of the ways that co-researchers understood helped them explore their identities were through role-playing games and video games, relationships, partners, and spending time to explore own sexuality. Ruby described:

> *"This is my Pathfinder books, which is a role-playing game. Role-playing games are one of the ways that I explored myself. Specifically, names and pronouns, because when you're playing a tabletop role-playing game, like people get into character, and people start calling you by that name, they start using the pronouns for your character, as that sort of thing. It really allowed me to explore myself, how it would feel for people to see me in specific ways, that sort of thing. Through role-playing tabletop games, it allowed me to explore things like the fact that I prefer she/her pronouns over any other pronouns because I explored other pronouns. I am glad I had this opportunity, but at the same time, it kind of points out how limited opportunity it is because myself and many other people don't feel comfortable exploring these same questions in our normal life. Not everyone is like me and enjoys these kinds of like nerdy games."*

Title: Role-playing video games

Early on, a kind of way that I dealt with wanting to be a girl and not being out yet was through role-playing games or video games where I could play as a girl and role play as a girl, and kind of alone. And usually, people don't question it. Well, sometimes they did, and I came up with the most horrible excuses for why I always played girls in video games. But this was a big piece of me being able to be comfortable with myself early on in my life because I just lost

> *myself to my characters. I couldn't change anything in the real world. So, I would change things in a game, and I would be myself more in-game. And there was a lot of self-acceptance that came from that. It's like being able to accept that was me before I could in real life and living as myself in one place; I felt safe too. I think that an important thing to have is having places where people can be themselves without any question about it. [Ruby]*

Barriers and Challenges

Individual experiences

Health conditions

Co-researchers shared that physical health conditions and issues were negatively impacting their sexual health. The health conditions were also influencing how they operate their lives on a daily basis. Lenneth expressed: *"I have low physical sensitivity in the intimate regions of my body due to, well, I don't know if it's an 'abnormality' or just 'cough' stunted growth but… to put it simply, my sexual health as I am now, is definitely not helped by the fact that I can't feel sensation of touch itself-the pressure but not the touch. As an example, receiving oral sex is meaningless to me."*

Further examples shared by Mae and Dax are as follows:

Title: It's like a teddy bear to me.
This is my C pap machine. I have a sleep disorder called sleep apnea. So, it feels really sexy when you sleep with someone [Laughing]. So, without this, I don't have a very good memory and I have very little energy. I've noticed that with core sleep, I've had periods of asexuality where I just lost interest in sex altogether. It is something I can't live without. [Mae]

Title: My weight doesn't relate to my life.
I struggle with binge eating and my weight. This, in turn, gives me body image issues. This adds to already sometimes feeling unattractive as a trans woman. My weight stopped me from dating for a year before I overcame it. [Dax]

Financial challenges as survival challenges

Financial barriers were perceived as one of the intersecting forms of oppression that was acting as an obstacle to attaining positive sexual health. The financial struggle was related in many ways, including, but not limited to, access to HRT, acquiring safe housing as costs are expensive, and the investment required in reclaiming femininity such as accessing equipment like razors, wigs, make-up products, etc. All of those expenses would act as a barrier when it came to presenting. Lenneth described her experience living in her apartment and how she had to stay quiet and closed in terms of her identity and had a constant fear of eviction. She also felt that she was not safe and welcomed to open up about her identity at all. Even in our Zoom meeting, she typed in the chat box most of the time instead of talking. She said that she had to keep her identity hidden and could not move out due to what she could afford in terms of housing. She said,

> *"On a literal level, this is how little privacy I have - anytime a light is turned on in most of the house, I will see it. Anything spoken in the house that isn't behind a closed door, I*

> *will hear it. On a more symbolic level, it really is indicative of the level of privacy I have and how quiet I need to keep things from people who might not take me being trans very well. One of my roommates literally intimidated someone else into leaving just because he was openly gay - so being trans is... well, I don't know how he'd react. It's a matter of privacy vs. security, for both me and, well, trans people in general."*

Lenneth also explained her struggle of affordability as below:

Title: Investment vs. Outcome

This is everything that I need and have access to actually shave. I'm restricted to what I can afford. I have had this [razor] for almost 15 years. Basically, all this stuff was given to me. If it were not for these, I would not really have a way to afford even to keep my beard down at all. It would be nice if those sorts of things were again more accessible, more reliable methods of changing our appearances."

Similarly, Lorayne recalled how she was engaged in transactional sex to survive as a result of societal stigma that limited her opportunities for employment. She shared her experience of financial struggle and how that impacted not only sexual health but mental health and her life choices. She said:

> *"a couple of years ago, I was still going through a hard time. I was hooking up with a lot of people at the time. I was having very unhealthy sexual relationships with many people, very unhealthy personal relationships with a lot of people. At a point, I was doing survival sex, so I was like, trying to get food by sleeping with people. It was very hard at the time, and I was like, hooking up with people that were just physically unsafe, sexual assault happened, and it was this whole big thing that happened. Because of all this like trauma within me because of all these unhealthy views happening with me. And I guess I'm in a better place now because I've had therapy, a lot of therapy, just like from a lot of different people, and I've done a lot of self-growth. But yeah, I definitely say that borderline personality disorder has negatively affected my sexuality."*

Health care system

Challenges accessing competent health service providers

While co-researchers perceived access to hormone replacement therapy (HRT) as crucial to their sexual health and described it as "producing euphoric feelings" for them, they also did explain the challenges around accessing medical care, especially health service providers to get their hands on HRT. Co-researchers and stakeholders felt that health service providers still lack sufficient knowledge and training to be able to provide medical service to trans people that they are deserving of. Stakeholders emphasized that there have been efforts made to offer trans-friendly health care; however, the change would take some time. The co-researchers expressed that it was very challenging to find trans-friendly health service providers who actually understand that the individual needs are different depending on the clients or patients. Jane said:

> *"This represents my inability to get an erection after starting HRT. Unlike some other trans woman, I don't really have a whole lot of bottom dysphoria. I am pretty fine with the penis I have. The only dysphoria I have about my bottom is my scrotum. I just think it looks weird anyhow [Laughing]. If you happen to find an understanding doctor who acknowledges my desire to continue to use the penis for penetrative sexual health purposes, they might be willing to prescribe medications like Viagra to help. But the struggle in finding the doctor who is willing to understand that some trans woman or trans-femme people may still want to use their penis and how to make sure it is in the condition to use is a real struggle."*

Co-researchers also highlighted that as a result of different levels of difficulty in accessing and understanding and knowledgeable health service providers and accessing HRT, many trans people were doing self-medication. Dax described about her experience of using hormones as:

Title: I felt like a part of me was missing.
These are my progesterone pills. They are not considered a standard part of hormone therapy, and when they are prescribed, it is usually to help with breast growth. This is not why I take them (I actually want a flat chest in an ideal world). These are what give me my sex drive. I was on just estrogen for a month before I got this prescription, and it was horrible. I felt like a part of me was missing.

Some co-researchers who were able to have their doctors understand their needs highlighted their struggle to get enough time from their service providers to discuss their experiences in detail. Therefore, most of their health concerns would remain untold or unheard as their primary focus for short appointments would be to get access to what they needed which in this case was HRT. Jane described:

> *"If I have 15 minutes with this doctor over FaceTime, obviously, I am not going to mention any of my medical concerns, and I'm going to try my best just to get the hormones I need, and I'm done! I will take care of my side effects because you are not going to be very helpful. I don't want to bring up any side effects because I don't want the doctor to go, "Oh, you have side effects. Okay, we will not give you hormones anymore...."*

Prejudice-motivated care – Transness and Dysphoria

Who decides my identity?

Co-researchers observed how heteronormativity, which is embedded within the medical care practice impacted the care and service they were receiving. Co-researchers further explained prejudice-motivated refusal of care where medical professionals would be deciding whether or not the patient or client identified as a trans person. The decision was based on their appearance in front of the medical care providers. The existing prejudice and lack of trust in their patients hence were impelling trans-femme co-researchers as well as other trans-femme clients to continue putting on an act to present feminine in front of their service providers. While visibly femme trans person who would easily pass as a female were not much concerned about putting an act, it was still a concern for those who would not pass as females or did not want to present feminine.

Co-researchers highlighted that it was about investment: an investment of time, effort, and expenses just to get an access to hormones. Jane shared her experience of the day going to visit her doctor for accessing HRT:

Title: Time to put an act!

On the day I was going to my crappy family doctor to get a recommendation for endocrinology, I had to put full make-up on, curl my hair, wear a full-on dress with my titties, cleavage hanging out to show that I'm a 'real' woman. And I've heard so many cases, so many instances of other trans girls, trans men, and nonbinary people who are getting wrongful treatment because they don't look like what doctors think that we should look like. Like I know of someone who is non-binary who doesn't identify either man and a woman and who uses 'them' pronouns, who like feminine clothes because they think it looks cute and pretty. Your gender expression of how you dress has no relationship with gender identity. Some people like to wear specific gender clothing, and that has nothing to do with their gender identity. But when you're going to these doctors, you have to play by that role in order to get what you need (proper medication and treatment). You want the doctors to trust you instead of doubting.

Co-researchers termed prejudice-motivated refusal of care based on a medical professional's judgment as "gatekeeping," which, according to the co-researchers, reduced their level of trust towards HSP and hence would even lead to self-medication. Similarly, co-researchers also noted about dysphoria and how it looked different on everyone. Some of the dysphoria that co-researchers recognized about experiencing included chest dysphoria, reproductive dysphoria, and bottom dysphoria, which could be different for everyone.

Title: Reproductive Dysphoria
I have a lot of reproductive dysphoria. For a long time, it made me feel inferior and that anyone who dated me was, well, settling for less. [Dax]

As a suggestion, co-researchers highlighted that health service providers should not be making any assumptions that all trans people have similar or the same dysphoria. The co-researchers shared the importance of really listening to the patient or client and trusting them as a solution to "gatekeeping." Jane said:

> *"I noticed that a lot of questions I got from doctors saying, "When will you be getting bottom surgery?" And my answer has always been, "I don't need it. I don't want it. I want to keep my stick [penis]." And it took my doctor a lot to understand that there are just different kinds of women who want different things, who have gender dysphoria or body dysphoria about different things. So, making sure that like the medical industry understands that instead of trying to put us into these molded boxes and use that as an indication whether we are actually trans or not, rather just listening to the patient that what the need of the patients are, which will be different from many other people."*

Dax shared:

Title: Representing oppression

The medical establishment and society, in general, does not recognize masculine transwoman. I have no interest in women's clothes, so I never cross-dressed. I would make crude breast forms, and I would tie my waist in, and I would tuck and then put on men's clothes over top of that. But when I told doctors this, they were like-"Well, no, that's not cross-dressing. So, you're *not trans."... which is very frustrating because I've always known I was trans. And so, to be so sure and to have such strong dysphoria, my entire life be rejected because I didn't want to be feminine and wanted to be very masculine is frustrating. They need to change the standards for people like me.*

Perceived reliance of medical professionals on trans people

- So, who is the EXPERT?

Co-researchers noted about the medical industry's increasing reliance on trans peoples for trans health knowledge and information. Co-researchers felt that this was an additional responsibility put on trans people in order to fulfill the gaps in the medical industry. Co-researchers shared that they had to do some background work before they visit their medical service providers to receive primary care that they were deserving of receiving without expectations of any background work. Co-researchers also said that they would take a medical document with them when visiting a medical service provider for accessing HRT, and similar was the experience of their other tans-femme people they knew. Dax said: *"Even my practitioner who finally did prescribe these, I was the one who provided the medical documents that explained how actually to prescribe them to me and how to monitor me and how to do the whole process properly."*

While medical professionals were relying on trans people to be their own experts when it comes to medical knowledge and accessing HRT, co-researchers emphasized that people, especially HSPs, would be unwilling to listen to trans people's experiences and stories and instead invalidate their experiences. Co-researchers said that people should not be making assumptions or invalidating their experiences and should instead be listening to them in order to understand their experiences and needs.

Title: Trans Periods

When talking to cis women (and/or medical practitioners in training) about trans periods, I generally, very quickly get – 'Oh, except for the blood part or except for the worst part.' It immediately becomes a pain Olympics like 'Oh, sure you experience it, but it's not as bad as mine.' [Ruby]

Ruby also recalled her experience of teaching medical students from a trans person's perspective and explained how she used to receive technical (medical) questions that she was expected to answer. She said, *"I have a background in working with trans people and other people in the GSM community. When I teach students, I try not to talk about the background I don't have. So that is what I try to speak from, but it's near-constant where I get the questions like, 'so, how do I prescribe hormones?' How do I know when to prescribe hormones?"* Co-researcher highlighted that this showed an increasing reliance on trans people to be their own expert and teach medical service providers (In training).

Inadequate resources on trans sexual health

The co-researchers perceived that there was a lack of trans sexual health information and resources. The inadequacy of education and information was related to both health service providers lacking information to provide quality services as well as trans people not being able to access relevant and useful knowledge. Co-researchers highlighted that inadequate sexual health education and resources were acting as significant barriers in attaining positive sexual health. This is because they could not get a hand to needful information ahead of time and hence had to bear the consequences of the lack of that particular information.

Co-researchers also felt that trans health is generally being underfunded and understudied. They suggested that this is one of the reasons that there are inadequate resources and information available on trans sexual health. They emphasized the need for more updated trans health studies and guidelines in order to reduce their struggle to receive quality health care and prevent self-medication. Jane said:

> *"Transgender health generally is underfunded, understudied. There is no recent database. So the only way this can be really taken care of it is through being funded and having more new researches and for the medical industry to be more open to the fluidity, fluidness of transness. And only through understanding those would I have gotten the treatment that I needed which was learning about the side effects because there's so much lack of knowledge in transitioning for trans folks. It's more of a community of effort that is lacking."*

The co-researchers also understood that inadequate funding on trans sexual health resulted in a lack of updated training for the health service providers. Jane suggested, *"So only way this [Trans health] can be really taken care of it is through being funded and having newer research and for the medical industry to be more open to the fluidity, fluidness of transness."*

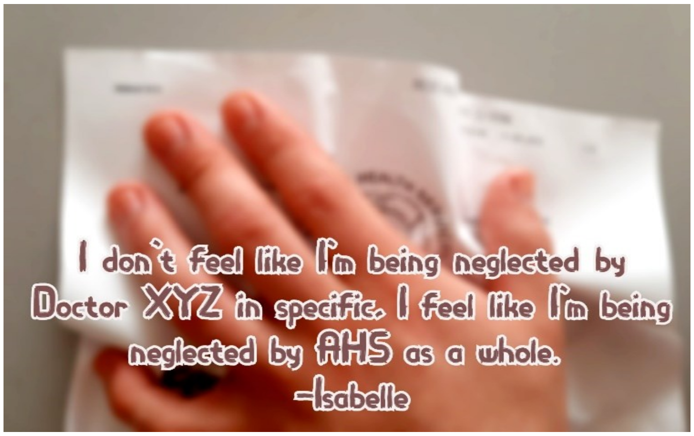


Photo by Jane

Non-health care sector

Perceived lack of proper and accurate media representation

Co-researchers perceived that proper and accurate trans media representation was vital for them but described it as something challenging to find. Dax said, *"Butch representation is hard to find. Butch women: it is a separate identity with a long history and gets sidelined a lot. So that representation is important. It's similar to trans representation. Butch women generally aren't represented in television."* Co-researchers also shared how trans characters were often presented as a punch line, hyper-focused, or as something to make fun of. Ruby described her experience about how media representation of a trans person affected how she was not able to express herself with her closed ones. She recalled:

> *"...In the comedy shows, the whole joke would just be a man in a dress. There was nothing more; that was the joke and the punch line. It was something to laugh at and make fun of. And the fact that the people that were closest to me and those I wanted to reveal these feelings to before I came out as trans were laughing at the idea of a male coded person in a dress. And there, I wanted to wear a dress and was a male coded person."*

Jojo and Ruby shared:

Title: Media Representation (Image by Jojo)

In media representation, they still do creepy things. A specific show comes to mind where they well represented a non-binary person, and it was all well represented. But then one of the main characters throughout the entire episode where they're well represented, the concern was- are they actually a guy or girl? At the end of the episode, they figured it out by giving them a hug, and they're like, 'Oh, they got an erection. So, they are actually dude'. It showed a weird obsession with wanting to know what's in people's pants. [Ruby]

Co-researchers suggested a need for realistic contents and characters, normalization of trans characteristics, and a representation of gender fluidity within trans identity. Ruby recommended:

> *"How we improve upon this is by having good representation all over the place. We have queer people in games and movies and shows and all of our media and all different types of queer people. We need to have lesbians, gay people, trans people, non-binary trans people, asexual people, like they need to be part of our media; we need to know that these people exist. And outside of just the side character that no one cares about. We see a lot of the time of pushback against this idea. It's like, oh, like this person being gay doesn't change the plot. So why are they there? Or why do we care that they're gay? Like, why did you make this? And it's the same when you make anything else in character? Like, why did you make the character straight? Like, getting past the idea that straight and cis are the defaults and that everything needs to be these unless there's a reason not to be is the step we need to take to actually have the inclusion, so people feel safe in their identities, know about their identities and don't harm themselves in their journey through life."*

Finding safe space is a struggle

Here, access to safe space refers to safe and accepting communities both online and in-person. Dax described safe space as:

> *"a rainbow flag does not mean they're accepting of trans people and does not mean they're not racist. And I think that that's a big issue. I wish that more people didn't just stick up a rainbow flag but pick something modern that showed the specific struggles we're facing right now, which, right now within the queer community, people of color and trans people are being targeted. To me, a rainbow flag no longer means safe space."*

Safe space here includes space both at home and in the outside world. The co-researchers expressed that having and access to an affirming and welcoming space was extremely difficult. The safe space described below is: supporting community organizations, supporting partners, safe housing, online forums. However, co-researcher emphasized that none of the spaces were easy to access, and it took a while for them to learn about them and get access to them. But it was worth it once they found it, and it played an extremely positive role in terms of their gender and sexuality. Access to safe space in terms of the virtual world includes both accessing a supportive online forum as well as experiences of dating applications. The co-researchers shared their dating life experiences as one of the challenges that impacted their sexual health and mental health and even led to isolation. We have co-created a comic book titled **"Dating as a Transwoman"** which I present later in this chapter. The comic book provides a detailed description of how it feels to date as a transwoman. Jane recalled her experience of accessing a virtual community of support and how it helped her in her journey of transition: 87

Title: Internet forums: A sense of community
This represents an internet forum that I was able to reach out to other trans women and trans-femme people who experienced breast tenderness post-HRT and where we could talk and share tips and stories. Doctors only tell you the effects of medication. They give no information on how to deal with it. Personally, my breast tenderness is pretty bad to the point that, like anything that brushes, it would hurt. So, I wish I knew how to deal with it from doctors instead of other trans-femmes from an online forum that took me a while to find.

In regard to safe space regarding housing, Lenenth said, *"I need to keep things from people who might not take me being trans very well. One of my roommates literally intimidated someone else into leaving just because he was openly gay - so being trans is... well, I don't know how he'd react. It's a matter of privacy vs. security, for both me and, well, trans people in general."* Safe space as housing has also been described earlier in the intersecting forms of oppression section.

Socio-structural level

Heteronormativity/Cisnormativity/Gender stereotyping

Co-researchers shared their concern with heteronormativity, cisnormativity, and gender stereotyping and how it added pressure to put an act in front of others to be identified as who they wanted to be seen as else there were chances of being misgendered. Jane said: *"Society has definitive views on what makes a woman and what doesn't, which I don't agree with at all. But that is the reality of it. And so, if I'm not wearing those breast forms, I feel less confident even though I'm not less of a woman because I have a small chest. I present, sometimes not so highly feminine. The breast form represents the ability for others to view me as I am."*

Title: Heteronormative bias
I'm an Ace lesbian. So, I am asexual and homoromantic. The reason I included this was because of how heteronormativity affected my ability to accept my identity because of the fact that I am romantically attracted to women. There was kind of this idea that all trans people are straight, all trans women are attracted to guys, and all-trans men are attracted to women. It was a massive struggle for me to accept that I am both trans and lesbian. When I came out, I was in a relationship with a woman. And as soon as I came out with people, they're like, Oh, are you breaking up with your partner? And I was like, No, that's not what I'm talking to you about. I'm talking about my gender. And they're like, oh, but like if you're a girl, they don't want to be with a guy. And I've also seen people being hurtful where they go like, Oh, so you're trans and lesbian? Wouldn't it be easier just to stay a guy and date girls because there are more straight girls than lesbian girls or whatever? And conflating the idea that sexuality and gender are somehow like the same thing. [Ruby]

Title: Covering my weak spots
I did not feel like a woman in many ways, and the wigs definitely helped cover my weak spots. Last week, I went to the grocery store with no wig and very minimal make-up, and I was misgendered by some of the grocery store employees, and it was sparred, and it sucked!!! It comes down to the spectrum of having there being multiple acceptable female body types, having there be kind of a plurality of body types that we consider attractive and everything. [Isabelle]

Co-researchers also shared how not only people but even activities were stereotyped by the society, and hence it affected what they could choose to do and not to do depending on their gender. Ruby said:

> "There was a point where I tried to get into crocheting and needlework, that sort of stuff like stereotypically feminine activities. And especially male figures in my life, like my uncle's, looked at me and be like, 'Oh, are you going gay or something.' like as an insult, dehumanizing... the fact that the activity I was doing was not masculine enough. And so that's something I kind of struggled with. And eventually, I landed on wood-burning because wood burning has this weird middle ground where it was, manly enough, but still artistic that people didn't bug me about doing it."

Co-researchers further expressed that lack of proper media representation and lack of community education on fluidity within gender binary and within trans identity was the reason behind these perceptions. Co-researchers also said that community awareness and education could disrupt these binaries, stereotyping, and assumptions. Jojo said:

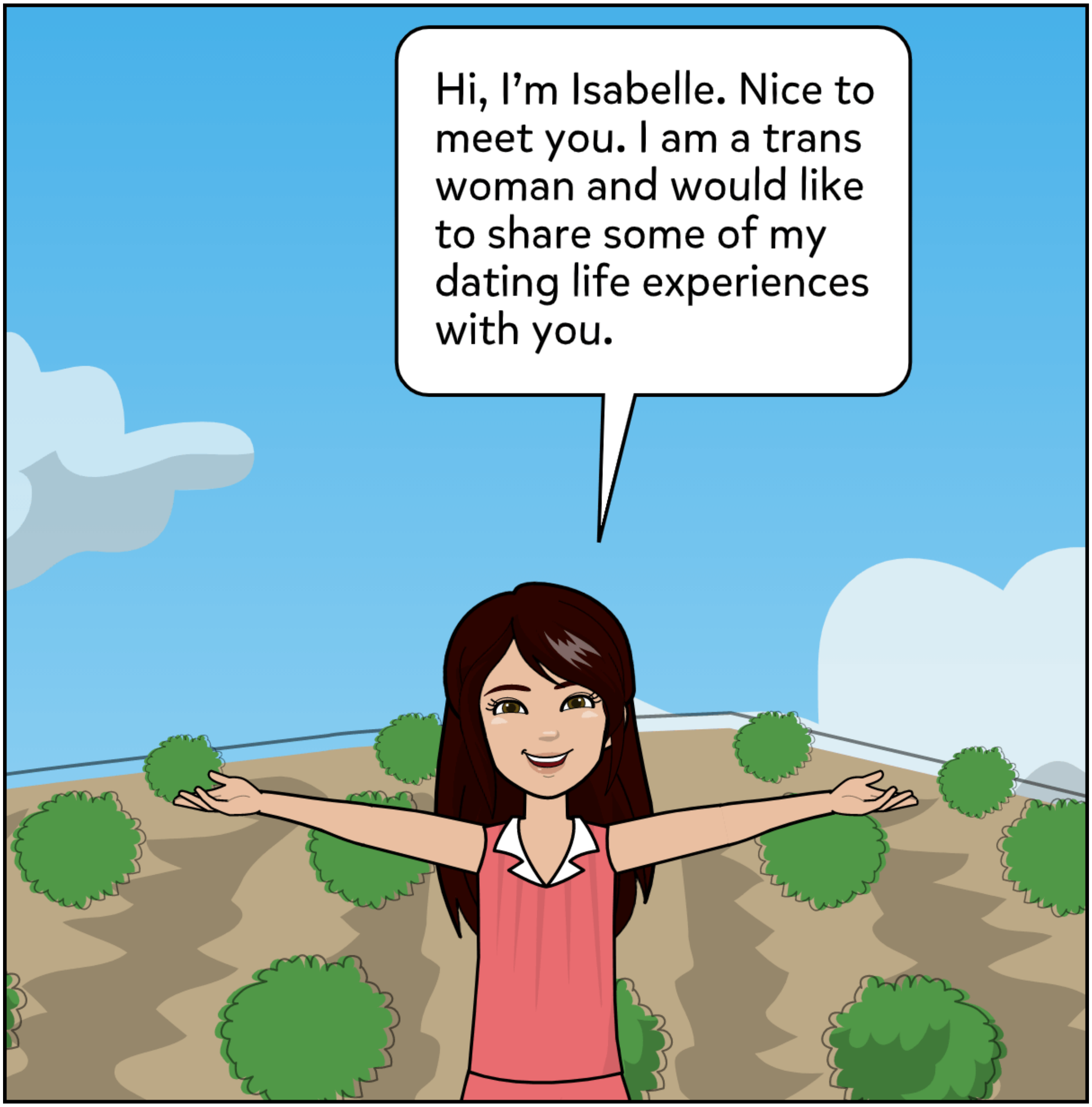
> *"This is a headlamp I wear when I'm biking or when I'm reading at night or when I'm working on something that takes just a lot of focus and a lot of light. I see gender in that way as well; gender is a light that we put on and then stop noticing. It's a lens or a viewpoint that we can see something through. It's kind of a filter that we put over things. You can change the settings, the color settings on that light. Gender education is a means of looking at something, and it isn't necessarily something to look at."*

Transmisogyny

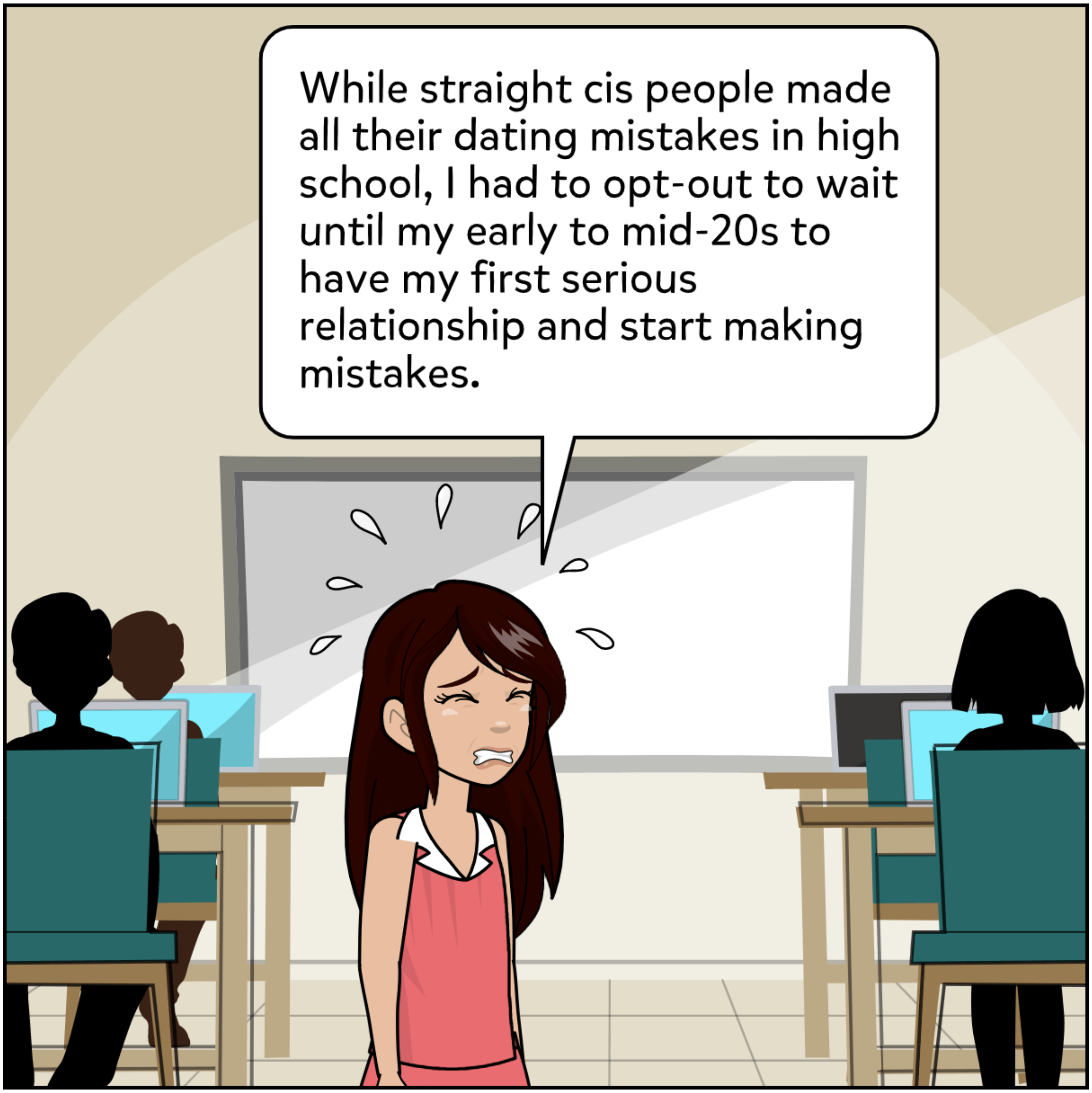
In the simple term, transmisogyny refers to the prejudice or dislike of trans women or an intersection of misogyny and transphobia. According to the co-researchers, transmisogyny such as gender violence, transphobia, hate crime, and stigma around trans identity was affecting their sexual health and how they view their identity. They shared their concern around feeling physically endangered and unsafe, presenting as a transwoman. Co-researchers said that transmisogyny influenced the way they were presented in media, and hence a proper media representation could be a key to address transmisogyny. Jojo said, *"There's also a lot of gay men who will vilify and make fun of trans women. A lot of cis lesbians feel uncomfortable around transwomen. And it all stands from this reinforcement of the idea that trans women are still men on some level or trans women have like, some kind of masculinity to atone..."*

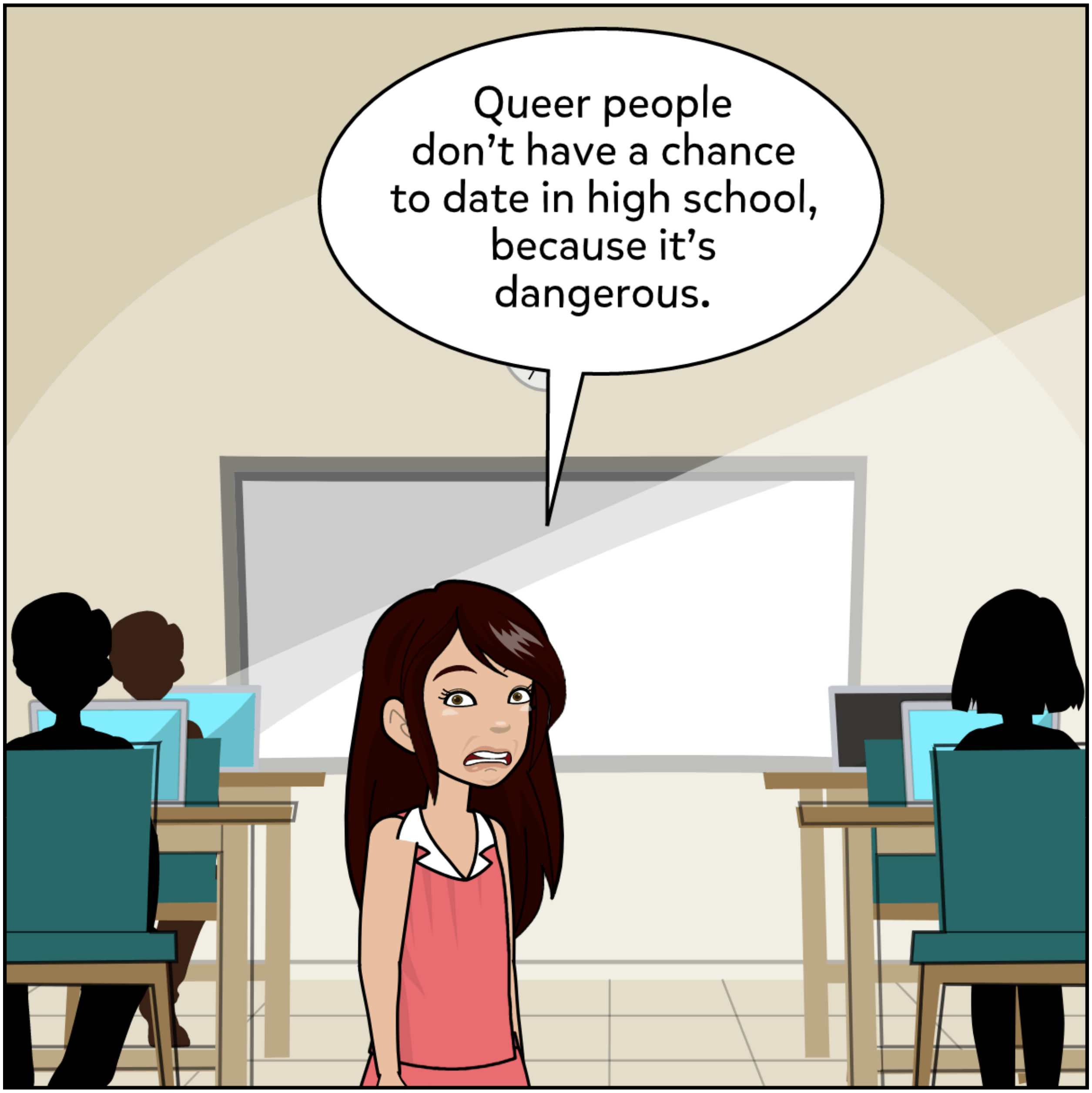
Online dating applications as an unsafe space

As mentioned earlier, co-researchers shared their experiences of using online dating applications. The co-researchers shared dating life experiences as one of the challenges that impacted their sexual health and mental health and even led to isolation. According to the co-researchers, the dating struggle started from as early as when in high school and would continue till adulthood and perhaps even longer. By incorporating, co-researchers dating experiences, we have created a comic book titled "Dating as a Transwoman”. The comic book represents actual words and stories expressed by the co-researchers.

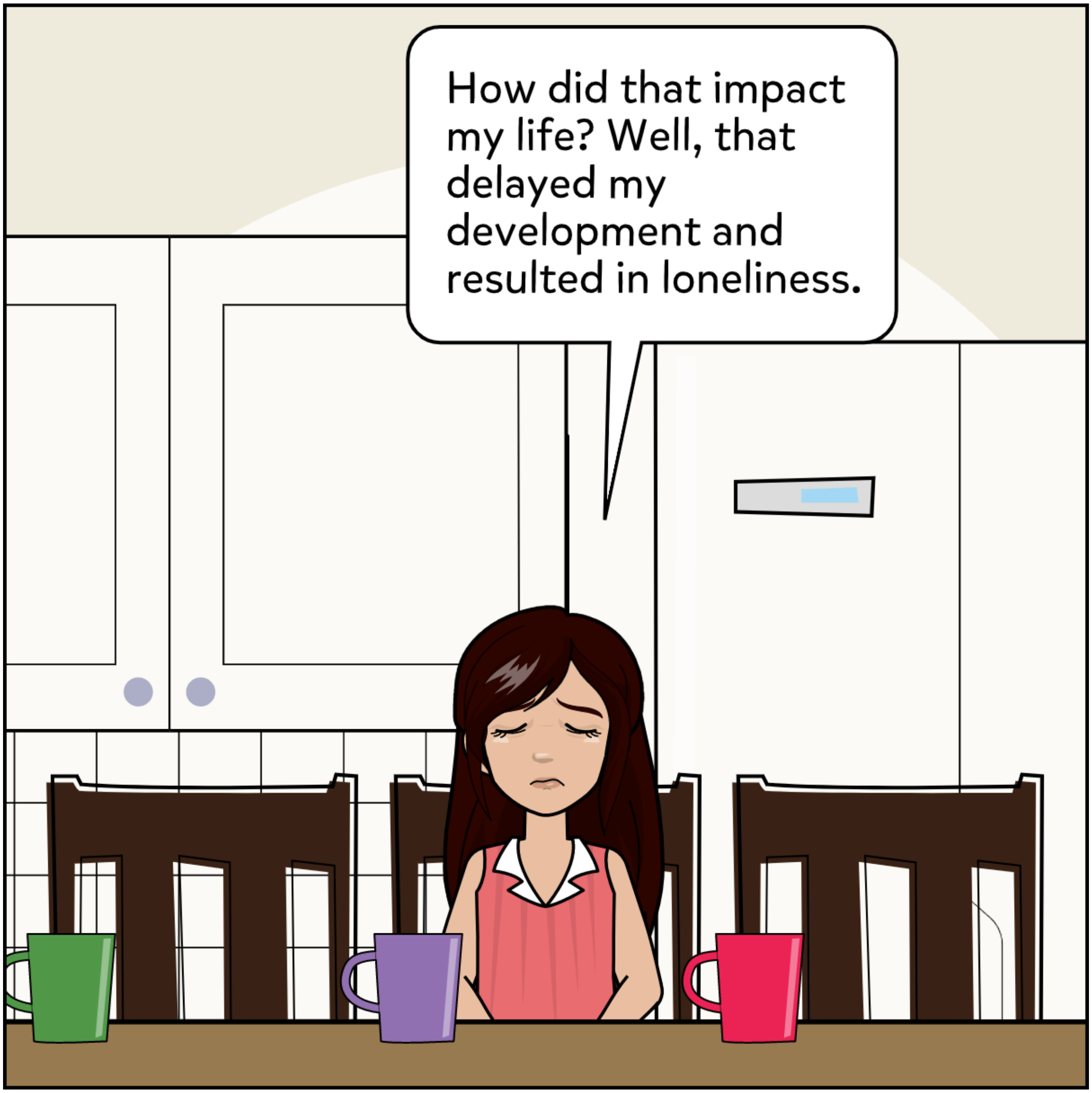

Hi, I'm Isabelle. Nice to meet you. I am a trans woman and would like to share some of my dating life experiences with you.


Public opinion affects our dating life so much.

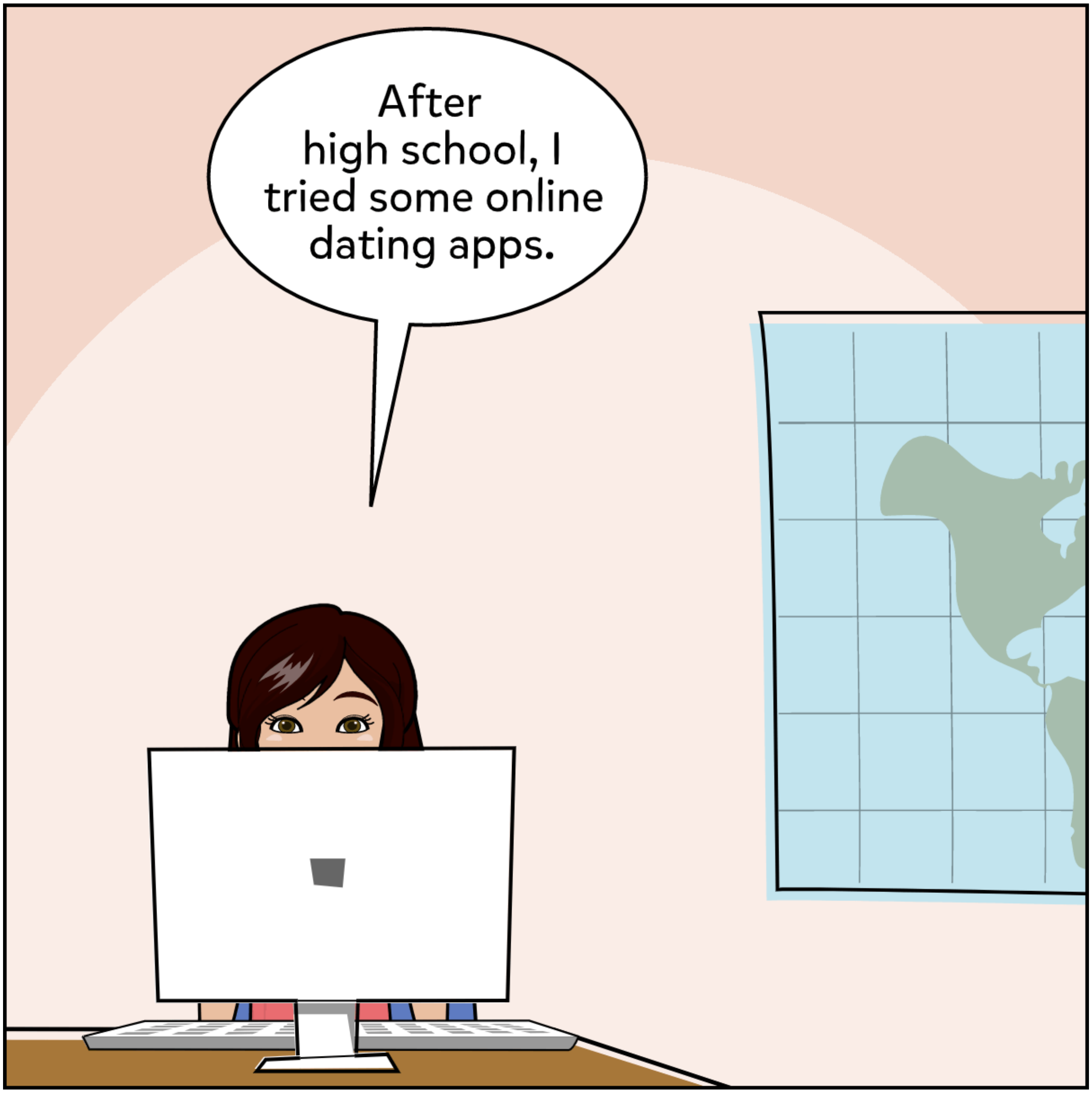

While straight cis people made all their dating mistakes in high school, I had to opt-out to wait until my early to mid-20s to have my first serious relationship and start making mistakes.

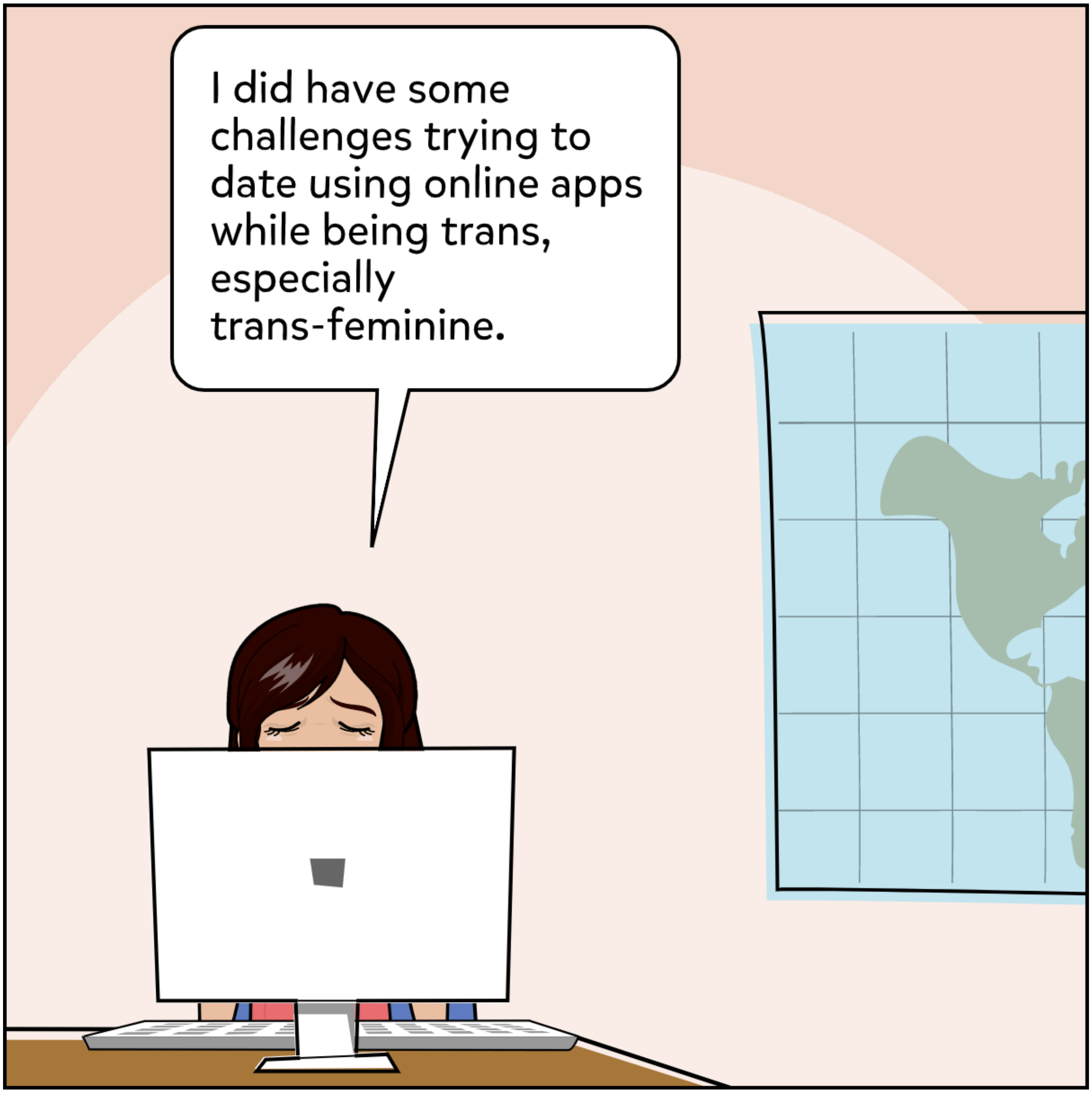

Queer people don't have a chance to date in high school, because it's dangerous.


You can get beaten-up; you can get assaulted very easily. I had to physically defend myself to get through high school.

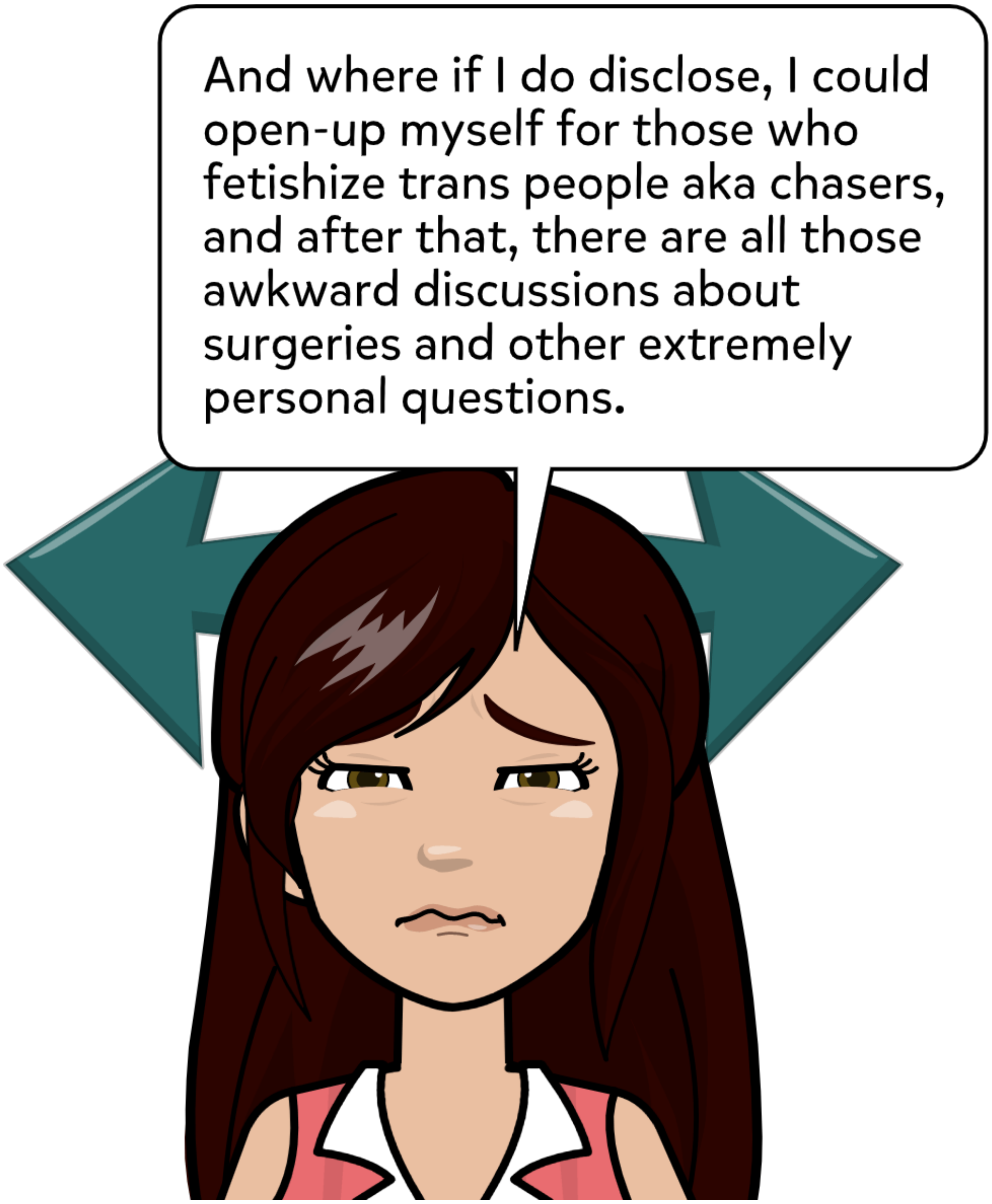

How did that impact my life? Well, that delayed my development and resulted in loneliness.

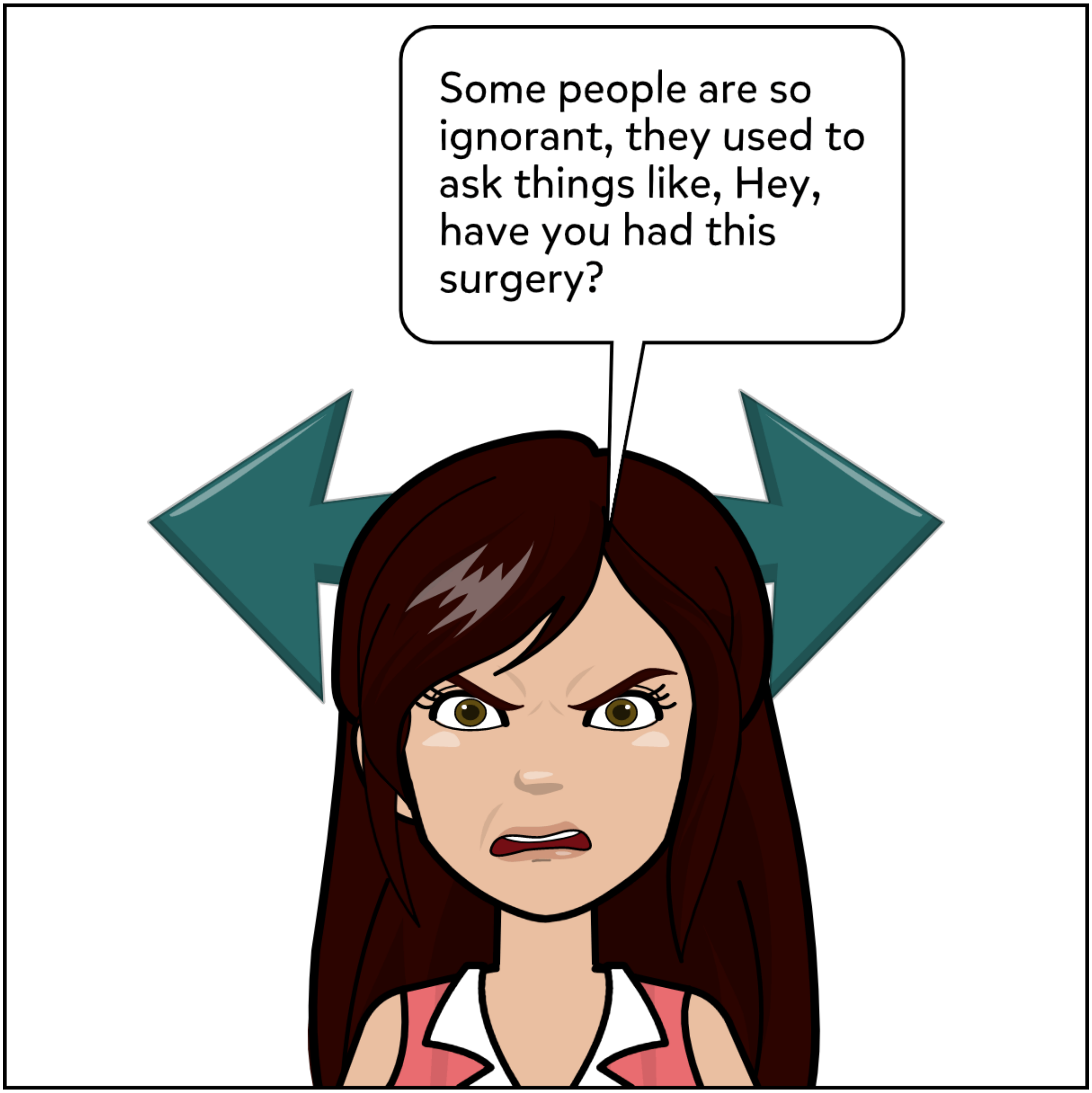

Almost all queer people end up like stunted in development in terms of learning how to have relationships because we can’t openly date and screw up when we’re young.

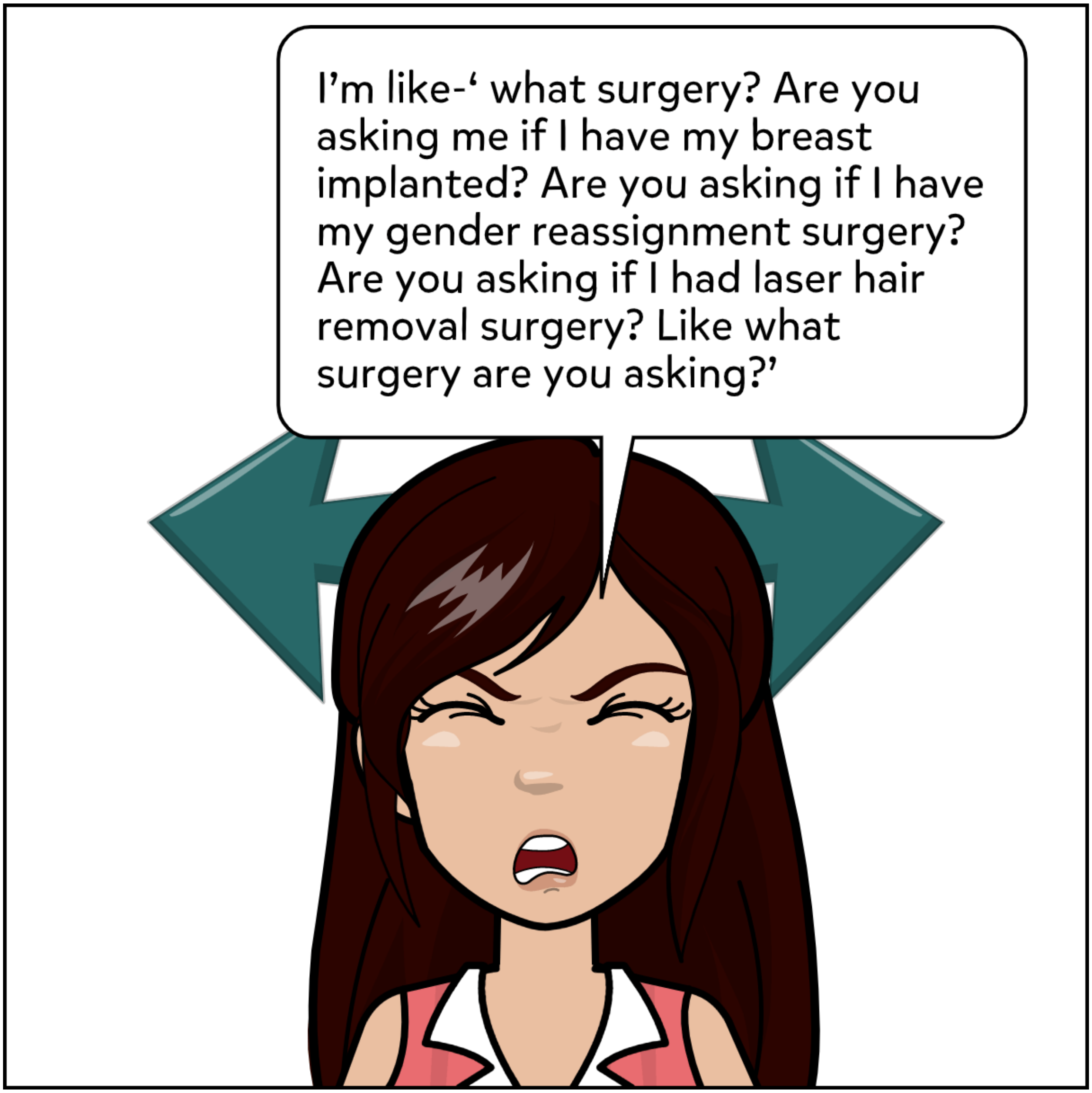

After high school, I tried some online dating apps.

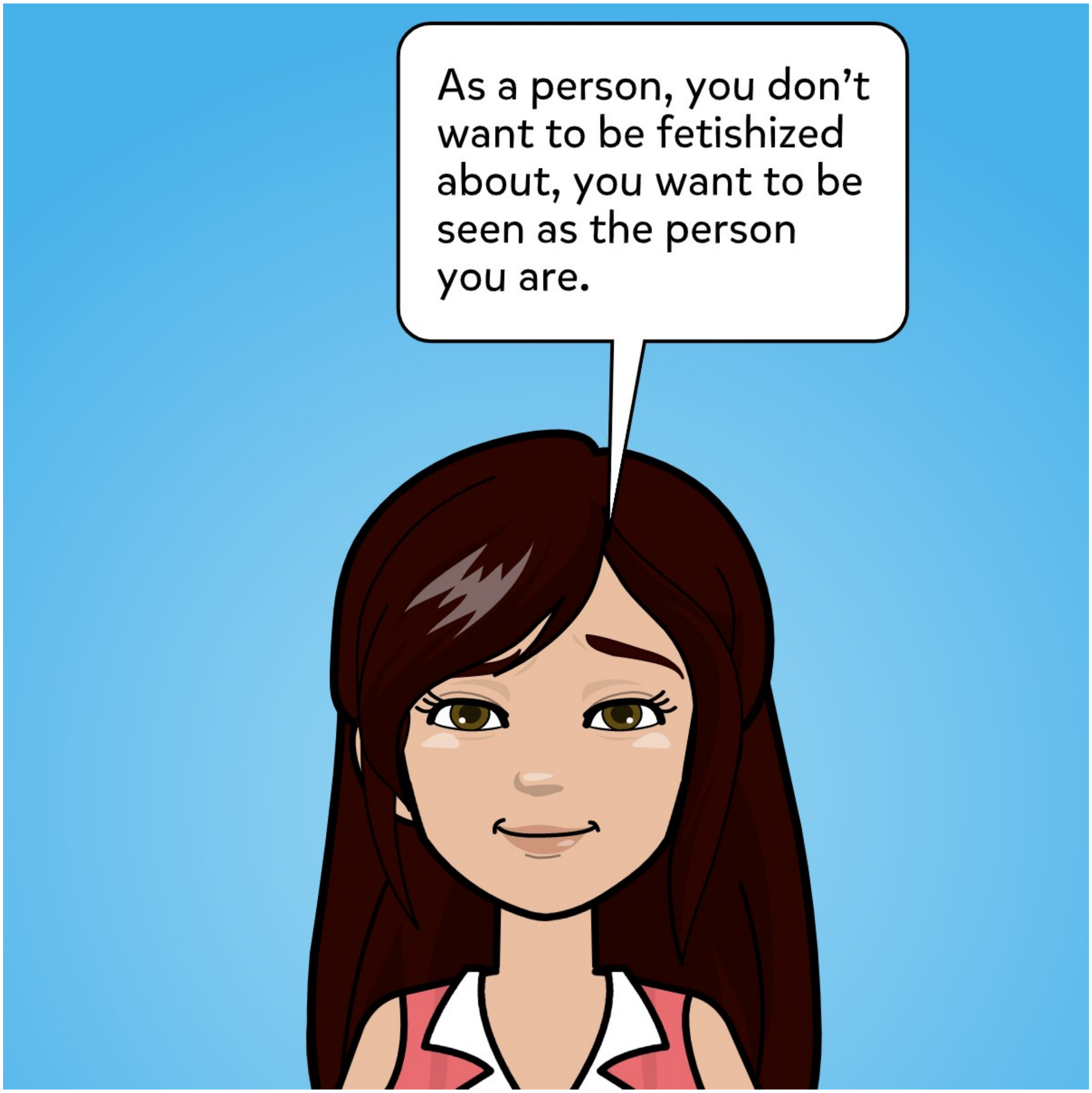

I did have some challenges trying to date using online apps while being trans, especially trans-feminine.


It was difficult for me to decide whether to be openly trans in places like dating apps because if I don't disclose and they're under the assumption that I am cisgender, I could potentially be the victim of a hate crime.

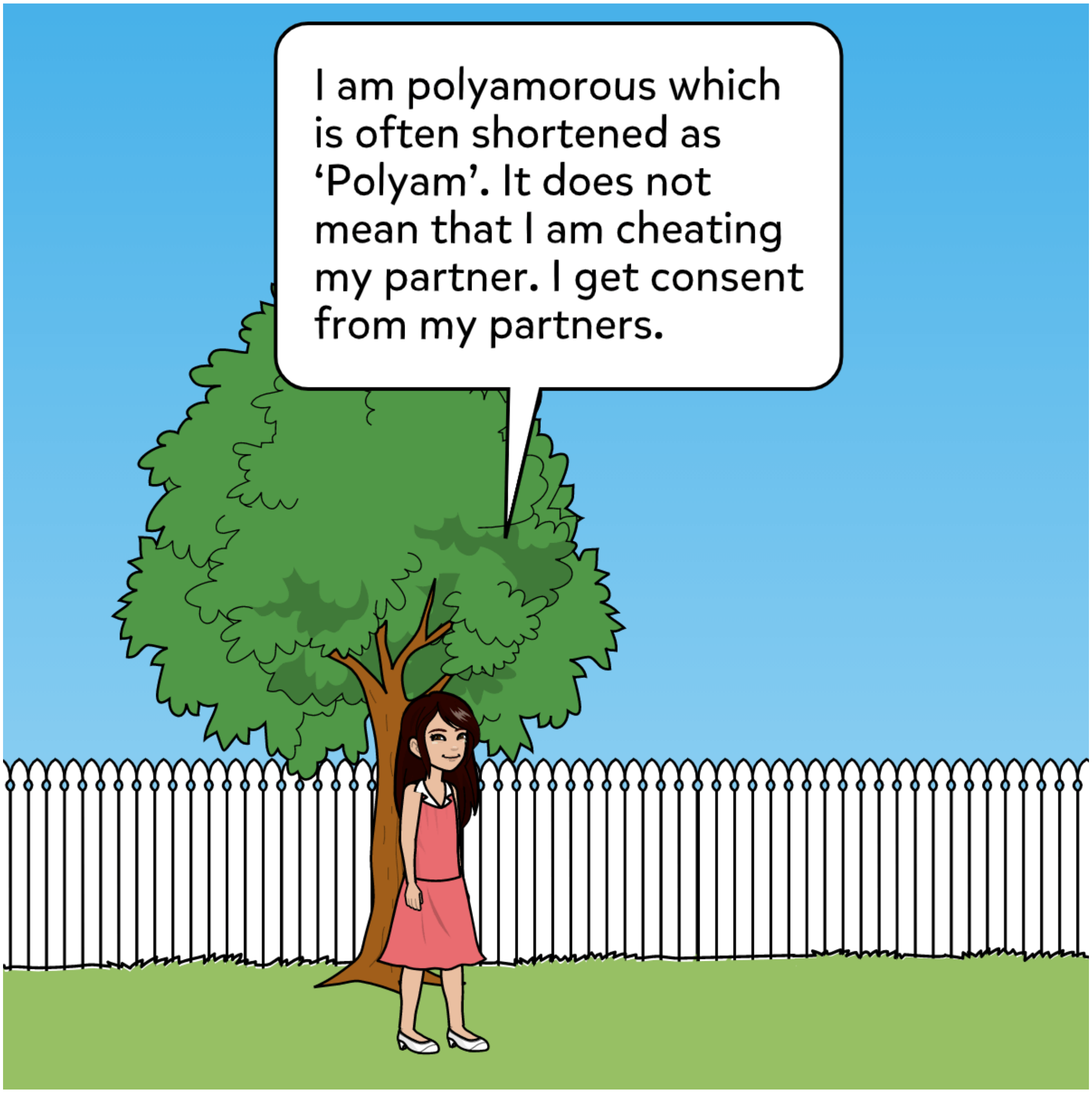

And where if I do disclose, I could open-up myself for those who fetishize trans people aka chasers, and after that, there are all those awkward discussions about surgeries and other extremely personal questions.

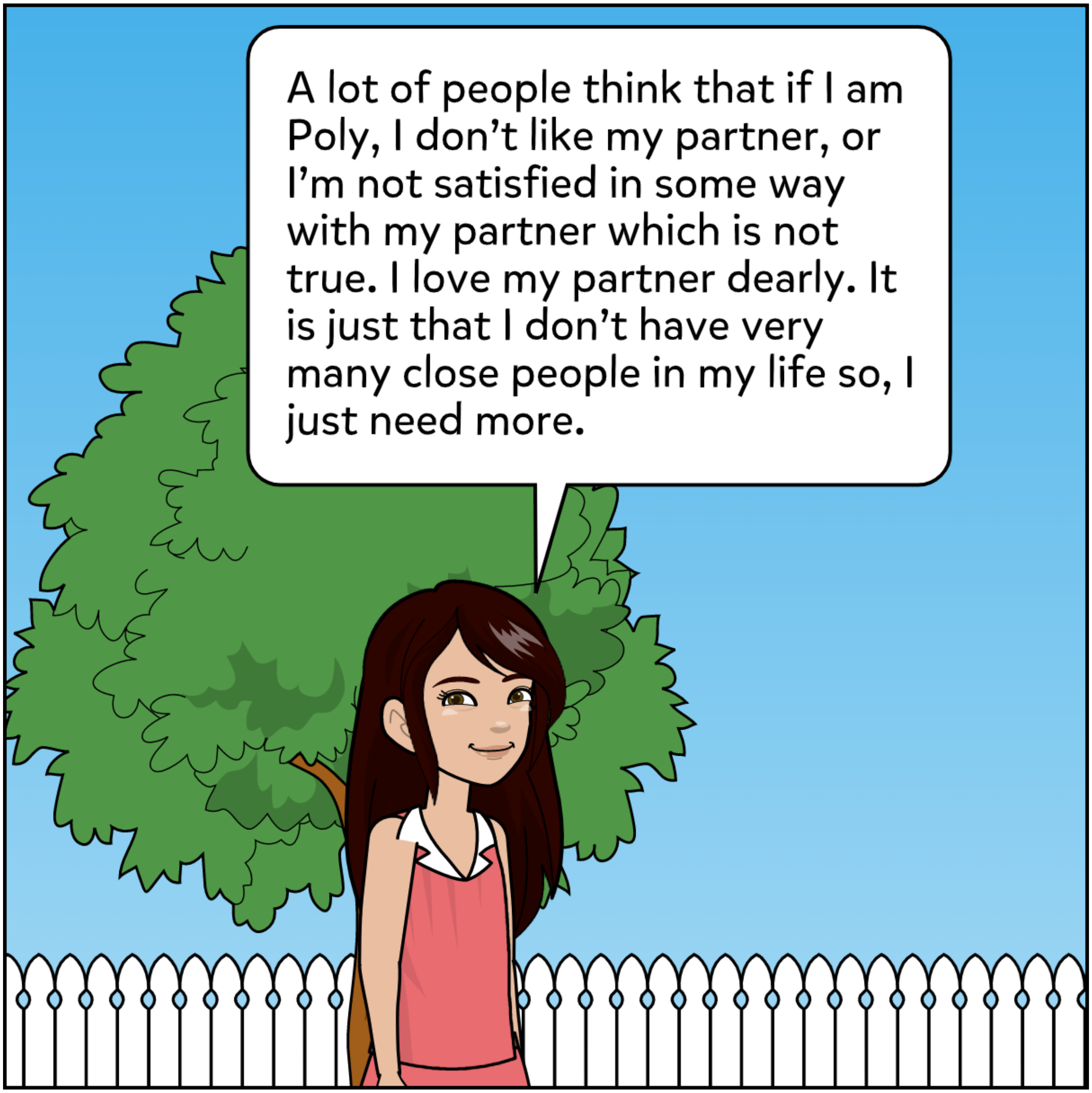

Some people are so ignorant, they used to ask things like, Hey, have you had this surgery?

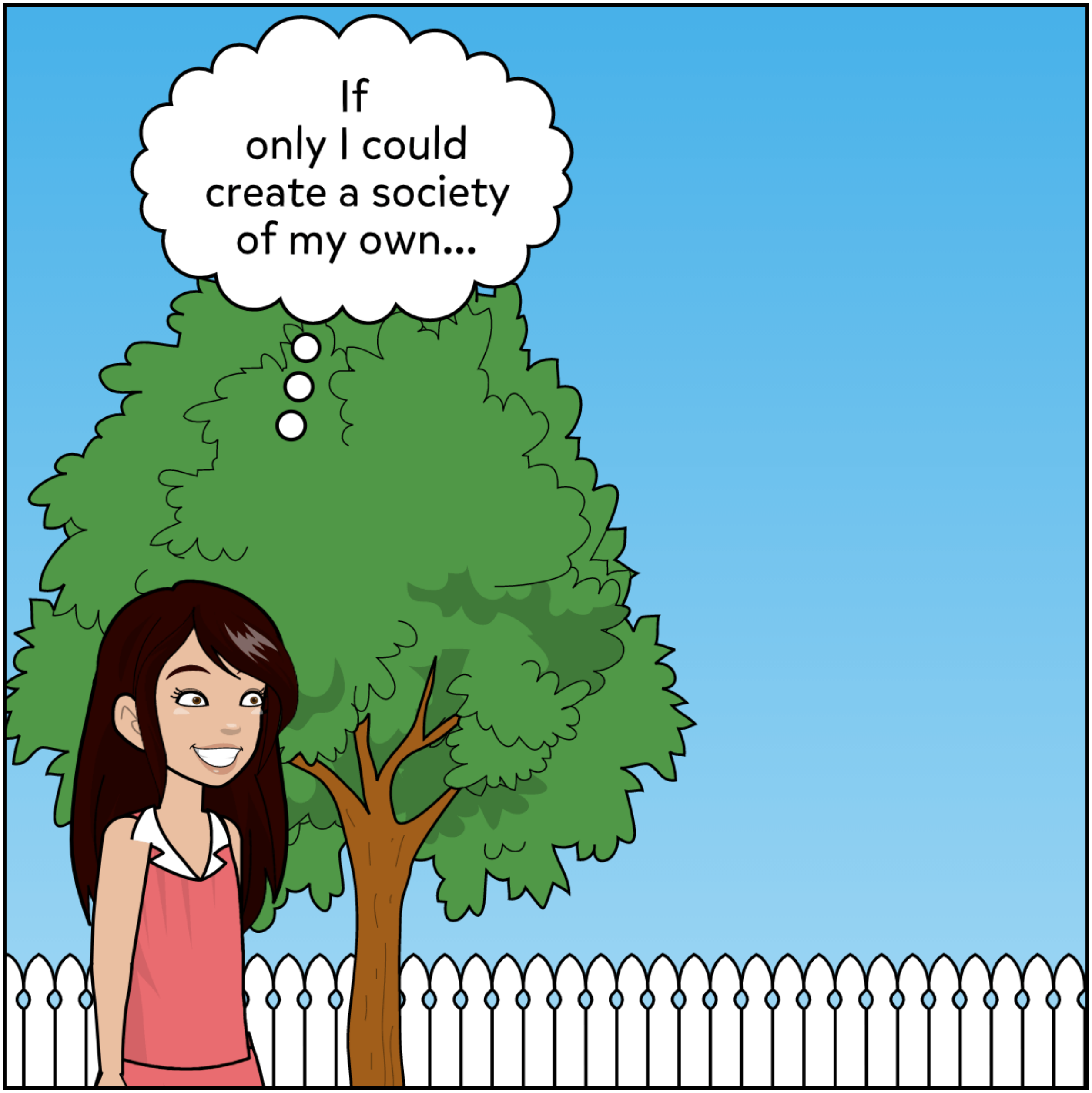

I'm like-' what surgery? Are you asking me if I have my breast implanted? Are you asking if I have my gender reassignment surgery? Are you asking if I had laser hair removal surgery? Like what surgery are you asking?'

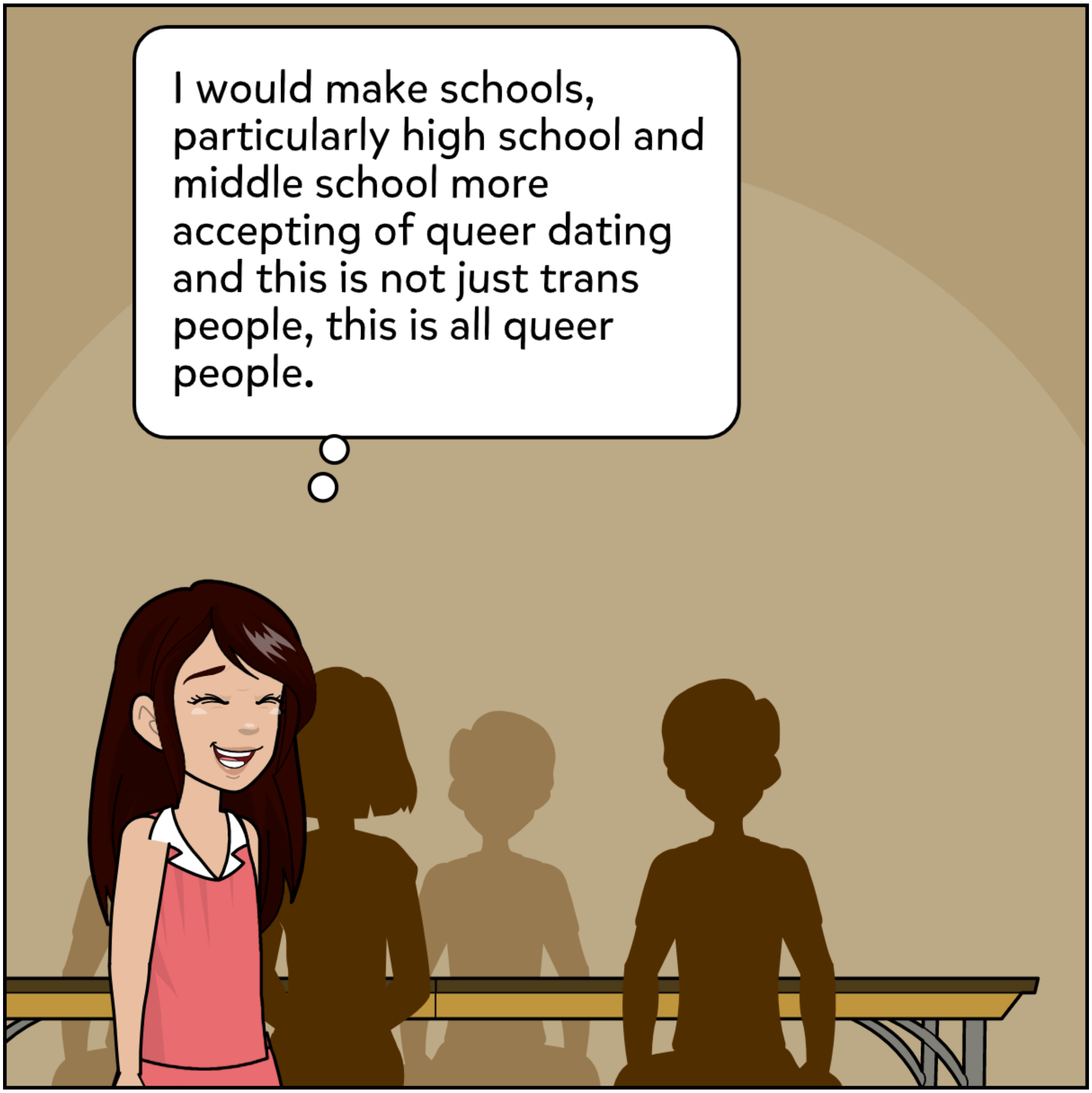

As a person, you don't want to be fetishized about, you want to be seen as the person you are.


Later, I did find some people who were trans-positive and understanding, it helped me to have faith in the future and it helped me communicate openly in other areas of those relationships.


I am polyamorous which is often shortened as 'Polyam'. It does not mean that I am cheating my partner. I get consent from my partners.


A lot of people think that if I am Poly, I don't like my partner, or I'm not satisfied in some way with my partner which is not true. I love my partner dearly. It is just that I don't have very many close people in my life so, I just need more.

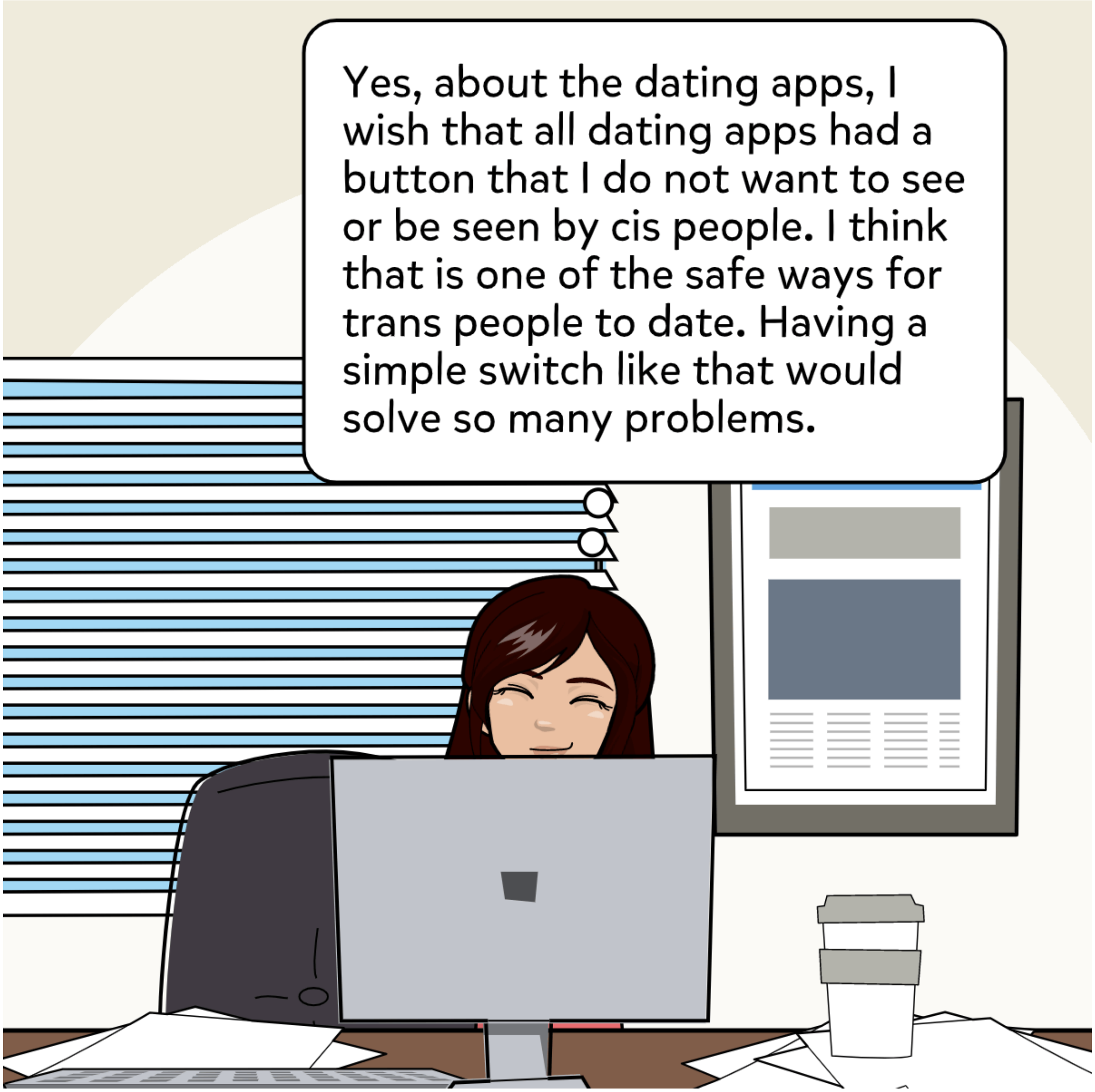

If only I could create a society of my own...

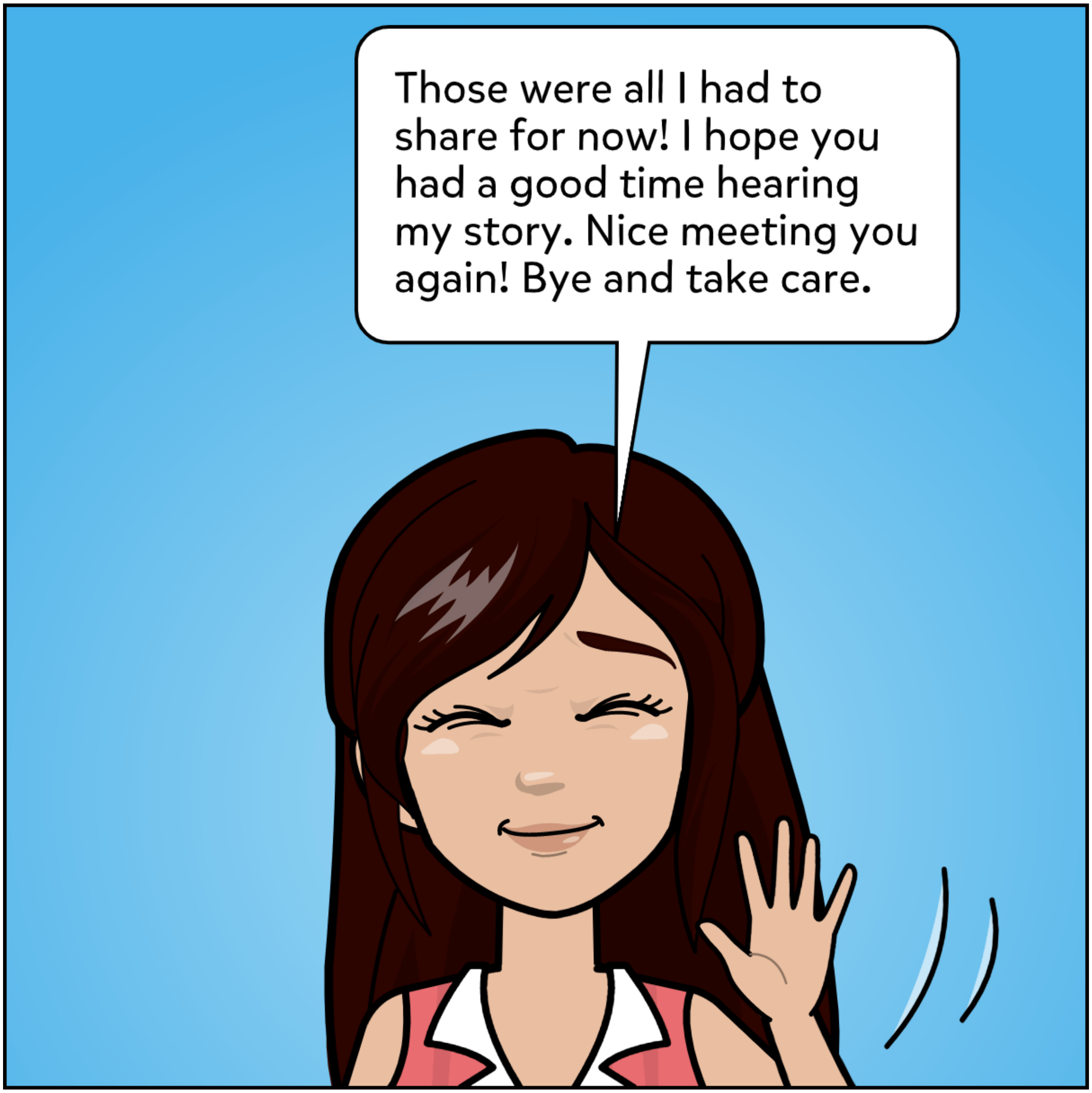

I would make schools, particularly high school and middle school more accepting of queer dating and this is not just trans people, this is all queer people.


I would do this so that queer people can make those mistakes comfortably younger so then we don't experience that loneliness when we're older.


I would create a society that is more respectful of non-monogamous behavior because there is a lot of shame built into that. There is a lot of judgment foisted upon people who are in non-monogamous situations.


There is nothing wrong with having multiple partners as long as you're doing that in an ethical fashion.


Yes, about the dating apps, I wish that all dating apps had a button that I do not want to see or be seen by cis people. I think that is one of the safe ways for trans people to date. Having a simple switch like that would solve so many problems.



Summary

Using the participatory analysis, we identified four core categories illustrating barriers and facilitators in achieving positive sexual health among trans-femme young adults. I presented a framework of the interplay between various intersectional factors then I presented an overarching theme that emerged from the photovoice discussions and dialogues. The themes were grouped around different system levels as clusters that illustrate barriers and facilitators along with the narrative. To summarize the findings, there is a lack of trans-friendly and competent health service providers, insufficient resources on trans sexual health, a lack of accurate and positive trans representation in media, challenges accessing an affirming and welcoming space either in-person, or in virtual world and lack of awareness and education on gender fluidity and trans experience. In the following section, I present a critical discussion on the significant findings of this study and its relation to research studies conducted by various other scholars.

CHAPTER 5: DISCUSSION

Overview

The primary purpose of this study was to explore barriers and facilitators in attaining positive sexual health among trans-femme young adults using a participatory approach. With the utilization of an intersectionality framework, findings from this study shares sexual health issues and experiences of trans-femme people, a multiply marginalized sexual and gender diverse communities (Cho et al., 2013; Kia et al., 2021; Nourie & Harris, 2018). The findings shows that a co-researcher's racial status, ethnicity, gender, sexuality, identity and ability influenced their sexual health experiences across various structural levels, processes, and practices that are centered on heteronormative and binary assumptions, norms, and backgrounds (Brubaker, 2021). The results demonstrate mutual co-constitution of markers of social differentiation and how those interplays to position trans-femme people to various oppressions and have access to certain privileges. Our findings inform a range of interconnected factors – both barriers and facilitators around different system levels – at the healthcare system, non-healthcare sector, societal, and individual experience that need to be addressed to attain positive sexual health. Public health interventions targeting trans-femme populations need to maximize facilitators and minimize or eliminate barriers to positive sexual health.

Overall, the findings from this study show that co-researchers encountered more barriers than facilitators, with the latter mostly experienced at an individual level. Most of the barriers experienced lay within the health care system and in wider society due to heteronormative socio-cultural norms and practices. A place of disempowerment is reflected in the emphasis on individual facilitators which reflected an array of strengths and resilience in the face of those barriers (Alessi et al., 2016; Asakura et al., 2020; Logie et al., 2017a). The results also demonstrated that some essential elements needed to be in place for positive sexual health amongst trans-femme people. This included training and capacity building amongst health care providers alongside the provision of more and updated resources on transexual health to generate a more trans-friendly health system. In the wider society there is a need for a positive and accurate trans representation in media and increased community support and a sense of belongingness. A significant number of participants explicitly said they needed more sexual health information and resources delivered via health service providers, which is in line with a previous study that explains participants demand of wanting to access sexual health information on apps as well as in healthcare settings (Albury, Dietzel, Pym, Vivienne, & Cook, 2021).

Individual Experiences

Our findings support previous research that described that an invisible minority as transgender people, whose identities are inflected by race, class, gender, and ethnicity are often marginalized through health care practices (Baker, K. & Beagan, 2014). Previous studies demonstrate that trans people are at increased risk of physical and mental health challenges (Blais, Bergeron, Duford, Boislard, & Hebert, 2015b; Caceres et al., 2019; Garcia Ferreira et al., 2019) and also recognize the relationship between trans identity with health and wellbeing (Alessi et al., 2016; Bradford et al., 2013; Garcia Ferreira et al., 2019; Hoffman et al., 2009; Valentine & Shipherd, 2018). This aligns with findings from the present study as co-researchers described their sexual health as being heavily impacted by their physical and mental health conditions such as disability, sleeping disorder, anxiety, borderline personality disorder, depression, etc.

Trans identity and their socio-economic status intersected to affect their access to health care services, safe housing, and life choices. Our results show that low financial status directly or indirectly negatively impacted sexual health. Financial limitations also made it challenging to access a safe space such as housing since better housing would cost a lot more than they could actually afford. These findings are in line with a previous study that suggests trans people experience social exclusion and marginalization related to housing, income (Barcelos, 2019a; National Center for Transgender Equality, (U. S.), 2016). Trans identity would intersect to influence their access to job and employment which supports findings from a previous study that reported many trans women recounted difficulties obtaining job interviews, securing work and maintaining their positions following their transitions (Irving, 2015).

Employment has an additional significance to a trans person, specifically because of the financial need related to gender transition (Lenning & Buist, 2013). Co-researchers described an additional financial burden of transitioning both medically and socially. Access to treatment, desired transition, personal income, and geographic location can all affect financial investment required for their transgender identity (Lenning & Buist, 2013). Some trans people who wish to transition are not able to afford transitioning due to a number of hurdles in the health care system and individual’s ability (Lenning & Buist, 2013). Because being able to access HRT and transitioning services is positives to trans people, not being able to access that service negatively impacts their sexual as well as mental health.

For trans people, transphobia, in particular, results in a lack of access to employment opportunities (Herbst et al., 2008; Logie et al., 2017b; Mizock & Mueser, 2014; Sugano, Nemoto, & Operario, 2006) In this study transphobia was explained as a matter of safety and acceptance. Discrimination in employment forces transgender women to engage in sex work to acquire income, as well as use it as means of survival to acquire food, rent, shelter, drugs, and alcohol (Logie et al., 2017b; Nemoto, 2006; Sausa, Keatley, & Operario, 2007; Sevelius, Keatley, & Gutierrez-Mock, 2011). A study found that paid sex and transactional sex were both associated with transgender stigma and unemployment factors (Logie et al., 2017a). The present study supports these findings, where one co-researcher shared her experience of having to engage in transactional sex for survival, such as making money to get food and fulfill other needs. The lack of access to employment further exacerbates the financial situation as financial strain limits as access to additional resources such as education; housing indicating a vicious cycle of marginalizing trans people.

A robust body of literature demonstrates that medical transitioning promotes positive health outcomes and quality of life among transgender people (Lindqvist et al., 2017; Mohammad et al., 2010; White Hughto, Rose, Pachankis, & Reisner, 2017). This aligns with the findings from the present study as co-researchers shared about their euphoric feelings from accessing hormone replacement therapy (HRT). The changes happening to their body after the use of hormones promoted positive sexual health among the co-researchers.

Our results show that ‘assumption’ from health service providers and public in general was a big ‘NO’ whether it be towards their identity, their romantic or sexual relationships, dysphoria, or their needs. This is consistent with the findings of a previous study where trans people felt judged by health service providers’ assumptions about their gender, sexual identity, and practices (Albury et al., 2021). Co-researchers were proud of their identity regardless of being able to pass as a woman (“I am trans and I am proud of it.” says Ruby). Thus, listening to trans patients and clients with openness and without any presumptions about who they are would help healthcare providers understand their needs better and make them feel welcomed.

Co-researchers shared that a sufficient resources on trans sexual health (Albury et al., 2021) and having the opportunities to learn from others and navigate and experience sexual health was an essential facilitator for attaining positive sexual health. This assisted the co-researchers to learn about their body and start embracing their bodies and the way they work. Even though being able to explore their gender and sexuality was a welcome experience for them, not all trans people had access to opportunities and privilege to do so. Co-researchers embraced identities through activities like role-playing games, video games, trying different ways of exploring their sexuality and body, etc. Co-researchers in this study were more likely to be in polyamorous relationships (Rutherford et al., 2021) and perceived it as a way of receiving additional love and care of which they had been deprived. This was because trans people are often rejected or discriminated against because of their identity by their closed ones such as their parents and caregivers (Alessi et al., 2016).

Further, reclaiming femininity and taking back a sense of control of their bodies was significant to the co-researchers. Some ways of reclaiming femininity included growing hair, putting on accessories, wearing make-up, wearing dresses and nail polish. Some of the ways of representing that they had control over their body were through expressing themselves by changing their appearance, such as coloring their hair and getting tattoos. People would automatically judge trans people and their appearance and perceive these actions as weird and something adopted to seek attention. However, this is a myth perpetuated within society. For trans people, it was about gaining strength and being resilient.

Health Care System

Many transgender people seek to affirm their outward physical sex with their internal gender identity through transition (Rotondi et al., 2013). For the many trans people, research studies has demonstrated that medical transition promotes positive health outcomes and quality of life (Lindqvist et al., 2017; Mohammad et al., 2010; White Hughto et al., 2017). This is consistent with the result of the present study, as co-researchers shared that being able to access HRT for transition would enhance their mental health and overall health and wellbeing. This suggests that those who are not able to get a hand on HRT or have been denied the services may therefore experience poor mental health, overall health, and wellbeing. Despite growing recognition of gender-affirming medical transition services as an integral part of transgender health care, more trans people desire medical transition than are able to obtain it (National Center for Transgender Equality, (U. S.), 2016) and which is also true in Canada. This situation is the confluence of various factors: the social, economic and health care marginalization of trans communities, gatekeeping practices and a lack of competent and trans-friendly health care providers (White Hughto et al., 2017).

Attitudes of healthcare providers directly impact the health and wellbeing of transgender people (Stanton, Ali, & Chaudhuri, 2017). Trust between patients and their health care providers is an essential factor in the effectiveness of health service delivery (Robertson, 2017). However, in the present study, co-researchers shared a lack of trust between the trans-femme clients or patients and the health service providers. Hence, this lack of trust was impelling trans-femme clients to continue putting on an act to present the feminine in front of their service providers or else go for a Do it Yourself (DIY). This finding is supported by previous studies that emphasized the use of nonprescribed hormones among trans participants (Clements-Nolle, Marx, Guzman, & Katz, 2001; Rotondi et al., 2013; Xavier, Honnold, & Bradford, 2007) due to reasons like past negative experiences with providers, along with limited financial resources and a lack of access to transition-related services (Rotondi et al., 2013). The current study adds to this research by suggesting that negative healthcare provider attitude regarding sexual identity is detrimental to wellbeing, independent of health status. This evidence suggests a need for trans-friendly and cultural sensitive training to health care professionals to deliver appropriate and effective care for transgender and gender non-conforming individuals may promote wellbeing in this group (Stanton et al., 2017).

It has been argued that within Canada's "universal "health care system there are barriers for transition related health care, and this leads to the self-administration of hormones without any prescriptions. Such challenges and barriers were repeated themes in the previous study (Rotondi et al., 2013). Co-researchers also described their non-prescribed hormonal use because of lack of access to transitioning care. However, a recent community-based survey study has contradicted this experience. In it, trans participants reported higher rates of access to a regular healthcare provider when compared to the cisgender group across Canada (Rutherford et al., 2021). The reason behind the difference in the findings may be differences in the research approach, study population, and geographical locations.

For co-researchers in this study accessing medical care, especially trans-friendly and competent health service providers, was a significant challenge. In Canada, although all provinces fund some aspects of medical transition, there is a dearth of providers and long waiting lists (Chan, 2018). Findings from this study also suggest a lack of sufficient knowledge and training on trans health among health service providers. A lack of trans sexual health information and resources, inadequacy of education and information was affecting both service users (trans patients) and service providers. The lack of information that health service providers had was impacting the quality of service they provided, and for trans clients, potentially negatively affecting their sexual health and wellbeing. Co-researchers were not getting access to useful information ahead of time and hence were significantly disadvantaged in engaging in a fruitful interaction with the health care provider. This compromised the quality-of-care trans clients and patients. The scant training on queer health issues that does exist in medical education curricula is usually attached to "cultural competence" training, which is the most common approach medical education has utilized to sensitize physicians to patient diversity (Baker, K. & Beagan, 2014; Murphy, 2014; Robertson, 2017).

In the present study, the health care system was viewed by co-researchers as heteronormative, which supports the finding of previous studies that suggested that queer patients often viewed biomedical settings through a homophobic and heteronormative lens (Baker, K. & Beagan, 2014; Eliason, 2011; Murphy, 2014; Obedin-Maliver et al., 2011; Robertson, 2017; Sanchez, Rabatin, Hubbard, Kalet, & Sanchez, 2006). Heteronormativity refers to the implicit treatment of reproductive heterosexuality as natural and normal to the extent that it is the assumed default subject position of all people until a non-heterosexual identity is disclosed (Robertson, 2017). Heteronormativity existed within the medical care practice and has impacted the care and services received by trans-femme people. Thus, with a prejudice-motivated refusal of care, health professionals can decide whether or not the patient or client identifies as a trans person. The decision is solely based on their appearance in front of the medical care providers, and if they are not dressed/presented according to their expectations or guidelines, then the client would be refused the service. The institutionalization of heteronormativity in biomedical settings is evident in everyday practices that normalize heterosexuality, such as clinic staff inquiring about a person's opposite-sex partner without knowing their relationship status or sexual orientation, as well as in the pervasive lack of education and training on queer health issues (Robertson, 2017). Exploring gender normativity and heterosexism within health care is crucial to developing patient-centered and culturally relevant practices for LGBTQ communities (Baker, K. & Beagan, 2014). Undergoing medical transition does not determine whether someone is 'really trans,' and not all transgender people desire hormones or surgery (Barcelos, 2019b), and health service providers should understand this. Previous research found that participants reported feeling judged or 'put in a box' by health professionals' assumptions about their gender, sexual identity, and practices (Albury et al., 2021), and this study is no exception.

Co-researchers had to educate their healthcare providers in order to receive appropriate care, which is consistent with previous studies (Noonan et al., 2018; Vermeir, Jackson, & Marshall, 2018). That education took a number of forms including providing health care personnel with a sheet documenting transition or participating in training and educational workshops. Some of the co-researchers who were volunteering to educate medical trainees would often end up receiving technical questions like prescribing hormones which they were not entitled to answer. They were supposed to be sharing their experiences and stories, which usually would be dismissed. Their experiences, such as trans periods, would often be invalidated by the listeners, suggesting a need for an empathetic care service.

Non-Health Care Sector and Experiences within the Society

"An excellent and enriching engagement with the field of cosmetic surgery studies and trans studies shows us how the conviction that "I am a man or woman when I am recognized as a man or woman" becomes the essence of the social selfhood we all seek." (Wegenstein, 2019, p. 1)

Our results show that heteronormativity, cisnormativity, and gender stereotyping is embedded in society, and this, therefore, affects how trans-femme people want to present themselves versus how they were expected to present themselves in front of others. The heteronormative belief added additional pressure on trans people to put on an act in front of the public (putting on breast forms, make-up, wigs, etc.) or else they would be misgendered. Misgendering someone is considered not only disrespectful but also extremely harmful to their mental health (Daley, 2017). Moreover, the unnecessary trend of gendering activities and defining which gender should be involved in what activities affected individual's interest and hobbies. The study suggests that gender should not define hobbies, and people should be allowed to do what they want regardless of their gender.

Next, proper and accurate representation of trans people in media is vital but challenging to find at the same time. In the present study, co-researchers explained that trans characters were often seen to be presented either as a punch line or hyper-focused in the media or presented as a character to laugh at. Consequently, the way trans people are pictured in the media influences how society perceives them. A realistic content and characters, normalization of trans characteristics in the media, would increase a respectful acceptance of trans people by the community.

Moreover, the potential for community-based peer support for transgender and gender non-conforming youth is particularly salient in light of our finding that community connectedness significantly predicted wellbeing independently of family support and community participation (Stanton et al., 2017). Having access to supportive communities like supportive roommates through community organizations or supportive partners was positives for their sexual health. This finding is consistent with a previous study where relying on one's social network has long been a strategy to solicit material, financial and emotional support for coping with health issues (Barcelos, 2019b).

Research has also shown, however that trans people engaged in online dating have experienced high rates of violence and abuse, including physical violence, psychological violence, and sexual coercion, as well as technology-facilitated violence, such as receiving unwanted sexual images (Dank, Lachman, Zweig, & Yahner, 2014). Trans dating app users have reported being viewed as sexual objects (Lloyd & Finn, 2017) and being fetishized by others online in unwelcome ways (Platt & Bolland, 2017). Co-researchers also shared their experiences of being fetishized by chasers online in a disrespectful way. Within dating app cultures, users are often assumed to be cis by default. Further, while popular apps such as Tinder allow users to choose nonbinary options for themselves (while creating their profile), this places an obligation on trans app users to make a difficult choice: whether to disclose their gender in their public profiles (and risk unwanted approaches and/or intrusive questioning by transphobic, predatory, fetishizing or 'curious' individuals/chasers) or to withhold information and risk being identified as a cis person. These findings are consistent with a previous study where trans participants discussed the challenges of disclosing trans and non-binary identities on apps, acknowledging that while placing the information upfront in a profile could filter out the wrong users, it could also render them vulnerable to intrusive questions and fetishization (Albury et al., 2021).

Impact of CBPR photovoice project

The primary objective of this study was to explore the sexual health concerns and needs of trans-femme young adults using a CBPR approach. Assessing and documenting the impact of this CBPR study was not a primary purpose of this study; however, since my research is guided by a transformative paradigm (i.e., taking knowledge to action), I find it crucial to demonstrate the outcomes of this study. Documenting the impact of the research also aids in confirming research value to funding organizations and the wider community (Cook et al., 2017). On the other hand, documenting research impact and improvements also advocate for using the CBPR approach to research. Traditionally, research impacts were evaluated by assessing the number of publications and the impact factor of journals; however, nowadays, the effect is evaluated by exploring actions and improvements brought by the research in the health and wellbeing or social change (Lukasewich, 2015). This is where conventional research different from CBPR research; the action embedded in the process and the change created through the action and knowledge translation, i.e., putting the research into practice (Abma et al., 2018; Springett, Jane, Atkey, Kongats, Zulla, & Wilkins, 2016).

Demonstrating the impact of CBPR, while it is crucial for many different reasons, researchers do face challenges and struggle in doing so. One of the major struggles for me was the time investment required to implement a CBPR project itself and the time needed to build trust with the community. The time-bound can be more challenging for academic student researchers as they are expected to complete the project within a specific time. In this CBPR project, despite the challenges brought out by COVID-19 and having to build trust and relationships from scratch, the project maintained a decent speed and created a substantial impact in a broader community. Below, I provide a list of the strategies used to document the effects in the sexual health photovoice study, and then I summarize the types of impact made by this study to a variety of context: impact on co-researchers and peer-researchers; impact on the organizations and actors and impact in the broader community.

Strategies to document the impact

Below, I present three strategies I used to document the impacts of this photovoice sexual health project.

Field notes and personal journal: I used a combination of my field notes, my personal journal, and the reflection that I collected across the entire CBPR project.

Reflection from the co-researchers and peer researchers: I requested my co-researchers and peer-researchers to document their experience of engaging in the project. I also asked to reflect upon their feelings and thoughts during and after each meeting.

Feedback surveys after the virtual exhibition 'TranStories': After the virtual exhibition was closed, I sent out a survey form to the attendees requesting to share their feedback and experience visiting our exhibition. As part of this reflection survey, I asked attendees (i) what they liked about the exhibition, (ii) how they felt about the exhibition; and (iii) what could be improved about the exhibition. This was an opportunity to understand the impact of the arts-based materials and the stories represented by this study.

Impacts on the co-researchers and peer researchers

Participating in the CBPR photovoice project is a rewarding approach to research for both researcher and those involved in the research process (Strunk et al., 2017). This research was an opportunity for the co-researchers to shine (Lukasewich, 2015). As many of the co-researchers and peer-researchers expressed, by participating in the project, they felt that their voice and existence mattered and the hope that their voice will reach the decision-makers. Lenneth shared: "I was very interested in taking part, for a number of reasons, contributing to the community and staving off the boredom that was quickly building. I've been glad to be a part of this. More word of the community needs to get out; people need to understand that we exist, what problems we face, etc."

Through engaging in the process of creating the short films, co-researchers took on responsibility and decision-making (Lukasewich, 2015). The co-researchers involved in filmmaking said that by participating in the video project, they developed a hope of having a place to use their voice. They felt that their concerns were listened to throughout the project. Having a safe space to share their concerns and express their opinions was empowering for many of the co-researchers. Jane said:

> *"I would like to say that having this platform and this opportunity for me to talk to you Deena [Principal Investigator] and share my #transstruggle and having my personal experience be shared for medical purposes itself is already a big first step. I would like to say that for me to be able to share all the struggles that I personally went through that potentially can be mitigated maybe in near or far future is an amazing opportunity."*

I saw the co-researchers gain confidence to use their voice and speak up for themselves. This research project was not only about 'giving' trans-femme young adults a voice but also providing a platform for them to encourage in their ability to use their voice (Lukasewich, 2015). The co-researchers voiced their concerns around what they wanted, needed, and expected. The project was also a safe space for them to build meaningful relationships and new connections (Lukasewich, 2015). Throughout the research project, co-researchers connected with each other beyond the project, learned from each other, and also supported each other when in need. The co-researchers viewed the CBPR project as one of the first times they had been actively engaged and allowed to frame the discussion. When asked with the co-researchers during a photovoice conversation to reflect on their experience, Dax responded by saying:

> *"I would like to re-emphasize that this format is great. So often, I've done many random online surveys that graduate students throw out there on the internet. Yeah, and the whole survey system, do you all like 99% of the time does not ask the right questions. So, by letting us frame the discussion, we are able to direct the conversation where it needs to be directed. And this is much more effective than surveys, and surveys just don't work. Because people don't know so little about the trans experience that they don't ask the right questions, and the information ends up very strange and muddled, so, while I'm excited about your graduate paper, I'm most excited for this format. And I hope you're able to push for this format to be done more often. Because this is getting actual results about the communities concerned, that just doesn't happen in any other research thing I've been a part of."*

Having flexibility throughout the research project allowed co-researchers to choose their activities of interest in a way that was meaningful for them (Lukasewich, 2015). The multiple opportunities for participation throughout the project provided a range of activities in which the co-researchers could choose to engage. Youth who lost interest during the analysis phase became interested in making films and videos.

Impacts on organizations and actors involved

The CBPR study has also impacted the organizational level and among the trans actors in several different ways. For instance, engaging in CBPR approaches improved academic and non-academic networking and collaboration. Findings from this study provided an opportunity for the organizations to plan evidence-informed programs and care taking into consideration the diverse needs of the trans-femme young adults. The project provided an opportunity to engage in meaningful activities and opportunities for actors and partner organizations. I volunteered as an intern in one of the partner organizations to give back to the community and the organizations that supported my work. A trans actor shared that engaging in the film project had been a meaningful, transformative experience. They said:

> *"It was an amazing experience. As I've shared with Deena through email, even as an actor in this study and event, it was a transformative experience for me. Before participating, I had doubts about my identity as a non-binary person, such as whether I had any right or if it was appropriate for me to identify as non-binary. After participating, I am transitioning to a fully resolved identity as a non-binary person with a new name, new use of pronouns, and no hesitation about my identity."*

Impacts in the broader community

The CBPR study has also impacted the broader community level (non-partners like health service providers, students, academicians). The actions taken through taking arts-based materials created as a part of knowledge sharing and telling stories proved to be very empowering and impactful. After implementing a virtual exhibition attended by over 100 audiences, I received few emails from academicians and therapists requesting access to our video materials for educational purposes. Further, students wanted to learn more about the use of CBPR approach and arts in research.

“What a beautiful piece of work you created! I frequently present to therapists about gatekeeping and the importance of hearing your client's individual story and needs rather than looking for a particular narrative to validate transness. Is your video available as an educational tool?” [Therapist]

“The exhibition was so moving and informative. Would you be willing to allow the video and excerpts to be used for educational purposes in university courses with acknowledgments etc.? Thanks so much for this beautiful experience.” [Academics]

Box 5.4 **Email response received during virtual exhibition**

Summary

In this chapter I discussed on the facilitators and barriers trans-femme co-researchers encountered in attaining a positive sexual health. I also reflected on the short-term impact made by this CBPR study. By presenting a critical discussion and my reflection, I hope to encourage other graduate students to feel hopeful and positive about the meaningful experience of conducing a CBPR project.

Reflecting on the overall findings across various intersecting categories: health care system, non-health care sector, socio-culture, and individual experience, it seems to me that a trans-femme’s sexual health is a product of a need to navigate a society and health system which is inconsistently supportive and/or ignorant, at the same time as a need to assert an identity that conforms to that story of what is acceptable/normative. As with all marginalized groups, they find solace and support amongst themselves i.e., they have to rely on peer support.

In the next chapter, I provide necessary recommendations for improving trans-femme sexual health and conclude the chapter with a short personal reflection of my CBPR journey.

CHAPTER 6: CONCLUSION

Overview

This thesis started as my personal journey for the fulfillment of my master's degree requirement in the bigger picture. However, this thesis also significantly represents a journey taken together with my co-researchers and peer researchers. Utilizing CBPR principles and approach to guide my work, I explored with trans-femme young adults and decision-influencers their experience, concerns, and possible solutions around attaining positive sexual health "Exploring barriers and facilitators in achieving a positive sexual health among trans-femme young adults: Community-Based Participatory Research Project." Photovoice guided the data generation, involving small group conversation with the young adults and group dialogue with the practitioners (Health and non-health professionals).

For this concluding chapter, I start by summarizing the research findings. I then review how this research contributes to the existing literature. I provide recommendations for practice, policy, and directions for future CBPR research.

Summary of research findings

In transgender health research, much attention has been given to study with people who identify as Lesbian, Gay, or Bisexual person or 2SLGBTQ+ people as a whole, youth population and the research using quantitative data with a few mixed method and qualitative studies. There has been less focus on engaging trans-femme young adults' groups as co-researchers to explore their sexual health and wellbeing. It is crucial to involve the populations directly impacted by the focus of the study in order to understand the actual lived experiences and concerns. Overall, these research findings help us to understand the stories and experiences of trans-femme young adults regarding sexual health and also provide culturally acceptable recommendations for improving trans sexual health and wellbeing. Using a CPBR approach and arts-based methods with the trans-femme co-researchers, this research also provides evidence that the CBPR approach and arts can promote active participation and collaborative effort for social change.

Individual Experience

Co-researcher's racial status, ethnicity, gender, sexuality, identity, and ability influenced their sexual health experiences across various structural levels, processes, and practices that are centered on heteronormative and binary assumptions, norms, and backgrounds (Brubaker, 2021). Trans identity and their socio-economic status intersected to influence their access to health care services, safe housing, and life choices. Low financial situation directly or indirectly negatively impacts sexual health. Financial limitations also made it challenging to access a safe space such as housing since better housing would cost a lot more than they could afford.

Health Care System

Access to hormones and medical transitioning enhanced euphoric feelings among trans-femme young adults. The changes happening to their body after the use of hormones promoted positive sexual health among the co-researchers. Lack of trust in trans people by health service providers and vice versa was impelling trans-femme clients to continue put on an act to present the feminine in front of their service providers or else go for a Do it Yourself (DIY). Accessing medical care, especially trans-friendly and competent health service providers, was felt as a significant challenge. A lack of trans sexual health information and resources, inadequacy of education, and knowledge affected both service users (trans patients) and service providers. Trans people felt judged by health service providers due to the assumptions about their gender, sexual identity, and practices. The lack of information that health service providers had impacted the quality of service they provided and for trans clients, potentially negatively affecting their sexual health and wellbeing. In the present study, the health care system was viewed by co-researchers as heteronormative and has impacted the care and services received by trans-femme people. Co-researchers had to educate their healthcare providers in order to receive appropriate care education took a number of forms, including providing health care personnel with a sheet documenting transition or participating in training and educational workshops.

Non-Health Care Sector and Experiences within the Society

Heteronormativity, cisnormativity, and gender stereotyping were embedded in society. This, therefore, affected how trans-femme people want to present themselves versus how they were expected to present themselves in front of others. The heteronormative belief added additional pressure on trans people to put on an act in front of the public (putting on breast forms, make-up, wigs, etc.) or else they would be misgendered. Moreover, the needless trend of gendering activities and defining which gender should be involved in what activities affected individual's interest and hobby. The study suggests that gender should not define hobbies, and people should be allowed to do what they want regardless of their gender.

Next, proper and accurate representation of trans people in media is vital but challenging to find simultaneously. Trans characters were often presented as a punch line or hyper-focused in the media or presented as a character to laugh at. Consequently, the way trans people are pictured in the media influences how society perceives them. Having access to supportive communities like supportive roommates through community organizations or supportive partners was positives for their sexual health. Regarding the use of online dating application, there were experiences of being fetishized by chasers online in a disrespectful way.

Bringing It All Together

Extending beyond the project's focus of exploring barriers and facilitators around sexual health and providing possible recommendations for change, this study also supports the potential of using the CBPR approach with Trans-femme young adults in future research. The results provide evidence on how the CBPR approach and arts-based techniques can lead to positive transformative outcomes that will affect their sexual health and wellbeing in the long term. Thus, this research supports the use of CBPR approach and arts-based methods in future CBPR projects with trans-femme young adults to encourage positive changes for health and wellbeing.

Implications

This thesis provided novel insight into the integration of arts and CBPR to work with the transgender population. Altogether the findings from this thesis can be used to inform future CBPR research and contribute to policy and practices for sexual health promotion and wellbeing. Co-researchers highlighted a greater need for trans-friendly sexual health care, services, resources, and a need to raise awareness at a broader societal level. As well, future sexual health programs and practices should include a strong focus on culturally sensitive training for health service providers. Both co-researchers and practitioners cited 'gatekeeping and prejudice' at the health care system as a barrier to attaining positive sexual health. Co-researchers also emphasized a greater need for an accurate and positive representation of trans people. One of the ways to achieve this is an active involvement of trans people in future research using a participatory approach similar to this research. Based on the findings from this study and the experiences of co-researchers and organization staff who joined this research project, I outline a series of recommendations for policy and practice and future CBPR researchers.

Recommendations for sexual health care policy and practice

Based on the findings from this study and the recommendations provided by the co-researchers, I would like to offer the following suggestions to three different system-levels/categories: health care system, non-healthcare sector, societal and socio-cultural practices.

Health care system: A significant recommendation to the health service providers is not to make assumptions while trans people. We also suggest that health professionals really listen to the patient or client instead of trying to fit them into molded boxes and think beyond the heteronormative norms. There is a need to have increased availability and access to resources and information on trans sexual health. Updated trans health studies and guidelines should be in practice in order to improve the quality of sexual health care and its utilization. A collective belief system must be changed to change the status quo (Nourie & Harris, 2018). By mandating culturally relevant practices and an intersectional diversity training program that includes an integral understanding of the heteronormative bias, we can promote a trans-friendly health care system.

Non-health care sector: We suggest a more accurate and positive representation of trans people in media instead of alienizing or excluding the characters. There is a need for realistic contents and characters, normalization of trans characteristics, and a representation of gender fluidity within trans identity. We also suggest an expansion of safe spaces for trans people where they feel respected and welcomed. Safe spaces here refer to organizations and agencies working for and with 2SLGBTQ+ people, online dating applications, housing, and school environments. All of those places need to be safe and open to trans people, and this can be achieved by increasing education and awareness on trans experiences. Education and awareness act as a weapon to fight against transmisogyny and disrupt gender binaries, stereotypes, and assumptions.

Recommendations for CBPR policy and practice

Often, participatory research projects are expected to fit within specific pre-determined guidelines and quantifiable research goals (Lukasewich, 2015; Mohajer & Earnest, 2009). The policies and goals are created by 'experts' without any input from the communities that are directly affected by the focus of the research project (Lukasewich, 2015; Mohajer & Earnest, 2009). Therefore, it indicates a need for the funding agencies to move beyond the 'gold standard' research such as randomized controlled trials and promote research works that focus on community engagement and studying the lived experiences of the people involved (Lukasewich, 2015). This will facilitate culturally acceptable, culturally sensitive, and respectful research programs and promote health and wellbeing.

Recommendations for Future (CBPR) Research

It is essential that future research critically analyze the dynamics of racial status, ethnicity, gender and sexuality, social, political, and economic factors at play. Addressing the broader socio-economic and political determinants of health requires specific attention to the structural conditions in which trans-femme young adults experience higher health disparities. Future participatory research programs should also recognize the cultural diversity of language, practices, and beliefs when developing programs with trans communities. I suggest that future participatory research utilize frameworks such as Intersectionality, queer-feminism to explore and understand the similarities and differences in sexual health-related experiences. I recommend future CBPR researchers include other various forms of arts within the methods. Also, there is no fixed time to initiate a partnership. If the organizations are open to collaborations, working with them during any phase of the research process is still impactful and effective. Also, when working with marginalized communities, we need to be very flexible with our expectations and level of engagement. I would suggest working together with the communities to determine how engaged they want to be in the process or if there is any particular activity that are of more interest to them.

Overall Strengths and Limitations

There are strengths and limitations within this research project. First, I am not a trans-femme person myself and therefore a bit like an anthropologist in this context. I am an outsider trying to understand a social phenomenon. This could have created a challenge of developing trust and relationship since was working with a marginalized community, however, initiating the project in partnership with peer advisory from 2SLGBTQ+ community and organizations working with the trans community helped build trust and relationship with the co-researchers.

Second, this study involved a small number of trans-femme young adults from Edmonton and therefore should not be considered representative of the diverse transgender community of Edmonton, Alberta. However, the results can be used to understand similar situations that focus on young adults' experiences regarding sexual health. A strength of this study was the value of including a diversity of perspectives, trans-femme young adults, health practitioners, and non-health practitioners. This was valuable as it allowed us to explore and understand a more holistic context of the focus of the study. Through member checking and prolonged engagement with the community, I am confident that the findings accurately represented the co-researchers experiences and perceptions regarding positive sexual health.

Third, participation in the photovoice project was voluntary, which may have resulted in selection bias of the co-researcher's sample. The project was open to all the young adults, and they made their own decision to participate or not. Regardless of the bias, the young adults engaged in the study were interested in contributing towards research and trans health. There needs to be consideration of the importance of engaging and supporting trans-femme young adults who want to contribute towards change. Having a flexible level of participation for the co-researchers was a strength of this project. I also found that photographs and the use of cameras to be powerful tools for storytelling (Wang & Burris, 1997).

Concluding Reflections

Through participatory research processes, such as photovoice, participatory analysis, creative workshop, film making, and creating other messaging tools like postcards and comic book, this project explored the sexual health concerns and also provided a platform for the trans-femme young adults to share their voice. The positive changes young adults experienced will continue to influence their sexual health and wellbeing. Overall, the participatory approach has the potential to actively involve the communities in exploring their lives and their needs and concerns. The research process and the impacts also extend beyond the intended research outcomes.

Lwallée (2007) describes how personal growth in research is a crucial end product, I also have benefited and learned so much from this project, both personally and as a researcher. I am a different person now than when I started the project in 2018. My co-researchers have taught me to stay strong and hopeful and embrace any situation. The process of building the relationship and the effort that goes into continuing that relationship is immense learning for me. I would like to conclude this thesis by recalling the quote I mentioned in Chapter three by Henry Louis Gare Jr. “The master’s house will only be dismantled with the master’s tools” (Brown & Strega, 2015, p. 119) . I chose this because I felt that it closely resonates with the principle focus of this project that is working together with the communities whose lives are directly impacted by the focus of the study. Only then we can understand the true phenomenon and hence can overcome barriers and promote facilitators.

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APPENDIX A: Participant Information Letter and Informed Consent

Title of Study: *Exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults*

Principal Investigator: Deena Giri +1 780 934 3091

We will not use the results against you and will not share them with anyone outside the research team.

This form explains what about this study and how you will engage in this study.

If you have any questions, please ask the principal investigator to explain.

My name is Deena Giri and I am a master's student in the School of Public Health at the University of Alberta. As part of my master's degree, I am undertaking a research project. The title of my project is, "Exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults."

I am looking for trans-femme participants between 18 to 35 years of age. In this study, we will focus on what trans-femme young adults think and feel about sexual health. We will talk about your sexual health experiences.

I am particularly interested in:

- Community Level (Socio-economic and health system) barriers and facilitators of sexual health among trans-femme young adults
- Inter-personal barriers and facilitators of sexual health among trans-femme young adults
- Individual-level barriers and facilitators of sexual health among trans-femme young adults
- Suggestions and recommendations for improving sexual health among trans-femme young adults

Due to COVID-19 pandemic, no in-person activities will take place while social distancing is in place. All the study activities will be conducted online via applications like Google hangouts or Zoom.

Participants are also advised to disable cloud syncing on your smart phones until the images taken for the study have been downloaded from your device. This is something the UofA Ethics Board advises as the data is often stored on servers outside of Canada and thus subject to the privacy laws of that jurisdiction.

If you take part in this study, you will be sharing experiences on sexual health by taking pictures. You will take pictures of anything that represents your experiences of sexual health. You will determine the meanings attached to the images. You will also be sharing two artifacts and keep a journal after each meeting. The activities will be in a group and/or one-to-one. We will e-meet about five times. The hours of the meeting will be around 2 -3 hours.

Risks: I would like to warn you that participating in this study may remind you of something that makes you feel emotional, stressed, or unhappy. This study is voluntary, and you can choose to stop participating at any time, without penalty.

Withdrawal instructions and constraints: You may skip the questions which you are uncomfortable answering. You are free to take a break or withdraw from the study at any stage without giving a reason. You may withdraw anytime with the understanding that anything already presented or published cannot be taken back, but no further quotations will be used. Participants have the right to request to destroy the data any time before analysis.

Benefits: Participants are free to choose or request to be a co-author in any publication. Participants are free to express if they want their names to appear in study material or documents. Participants will also receive a hard copy of the photographs they take. They will also receive a copy of each knowledge translation material we produce. At the end of the project, participants will receive a certificate of participation.

Compensation: For participating in this study, the participant will receive an incentive after each visit. Honorarium for about two hours engagement is $50 and for about three hours is $75. Participants will also receive parking reimbursement.

Confidentiality: This project will help to improve sexual health and sexual health services for trans-femme young adults. Anything you share during this interview or discussion will be kept TOTALLY CONFIDENTIAL. You will also have to sign a confidentiality agreement before the study starts. I will audio-record the conversations or group discussions and transcribe for further analysis. All the data will be kept anonymous and used only for research purposes. At no time will your name ever appear on any materials. We will replace your name with a pseudonym of your choice. With pseudonyms it will not be possible to identify you in any reporting of the data gathered.

The results, like photographs, videos may be published in a journal or presented in a public platform. Example: conference, social media and exhibitions. As required at the University of Alberta, the records will be kept for 5 years, after which they will be destroyed.

Further questions: If you have questions now, please ask the principal investigator of this project. If you have questions after you have completed the study, please contact the principal investigator by email and/or the phone number provided on this sheet.

Contact details of the principal investigator

Name of the principal investigator: Deena Giri

Address: Graduate Student, Health Promotion and Socio-behavioural science, School of Public Health, University of Alberta. Edmonton, Alberta.

Contact No: +1 780 934 3091 Email: dgiri@ualberta.ca

For any support arising from this research, you can contact the Institute for Sexual Minorities Studies and Services (iSMSS). iSMSS is the leading support organization for Sexual and gender minorities. They can also provide access to local support groups across Alberta.

Website :https://www.ualberta.ca/ismss/

Contact information

Institute for Sexual Minority Studies and Services

Email: iSMSS@ualberta.ca Tel: 780-492-0772

By signing this consent form, you are agreeing that you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study.

CONSENT:	Please circle your response:
I understand that I have been asked to be in a research study.	Yes / No
I understand that no in person activity will be required while social distancing is in place	Yes / No
I have read and received a copy of the attached information sheet.	Yes / No
I understand that I will be asked to take and discuss the photographs I took	Yes / No
I understand that I will be asked to share two artifacts	Yes / No
I understand that I will have to maintain a journal/reflection	Yes / No
I understand the benefits and risks involved in taking part in this research study.	Yes / No
I have had an opportunity to ask questions and discuss this study.	Yes / No
I understand that I am free to leave the study at any time without giving any reason.	Yes / No
The issue of confidentiality was explained to me.	Yes / No
I understand who will have access to this study record and data.	Yes / No
I agree to have my responses audio recorded.	Yes / No
I agree that I will need to get release forms signed for people I take photos of	Yes / No
I agree that my photographs can be used in publications related to this project.	Yes / No

I agree to take part in this study:

Signature of Research Participant

____

(Printed Name) ___________________________ Date: _______________________

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Principal Investigator ______________________________ Date

____

APPENDIX B: Stakeholders' Information Letter and Informed Consent

Title of Study: *Exploring barriers and facilitators in achieving safe sexual health among trans-femme young adults*

Research Coordinator: Deena Giri +1 780 934 3091

Your results cannot be used against you, and we will not share them with anyone outside the research team.

This form explains what about this study and how you will be engaged in this study.

If you have any questions, please ask the Research Coordinator to explain.

My name is Deena Giri and I am a master's student in the School of Public Health at the University of Alberta. As part of my master's degree, I am undertaking a research project. The title of my project is '*Exploring barriers and facilitators in achieving safe sexual health among trans-femme young adults'*.

This study will specifically investigate trans-femme young adults's experiences of barriers and facilitators of sexual health. In this study, I will focus on what trans-femme young adults and stakeholders think and feel about sexual health and related barriers and facilitators. Your participation in this study will help us to understand the systemic and policy level barriers and facilitators for sexual health among trans-femme young adults from the perspective of a professional.

Due to COVID-19 pandemic, no in-person activities will take place while social distancing is in place. All the study activities will be conducted online via applications like Google hangouts or Zoom.

I am particularly interested in:

- Community level (Socio-cultural, health system) barriers and facilitators for sexual health among trans-femme young adults
- Inter-personal barriers and facilitators for sexual health among trans-femme young adults
- Individual level barriers and facilitators for sexual health among trans-femme young adults
- Suggestions and recommendations for improving sexual health among trans-femme young adults

If you take part in this study, you will be sharing your opinion towards trans-femme sexual health.
The interview will take from 45 minutes to one hour.

Risks: I would like to warn you that participating in this study may remind you of something that makes you feel emotional, stressed, or unhappy. This study is voluntary, and you can choose to stop participating at any time, without penalty.

Withdrawal instructions and constraints: You may skip the questions which you are uncomfortable answering. You are free to take a break or withdraw from the study at any stage without giving a reason. You may withdraw the data or request to destroy the data up until one month after the interview is complete. As required at the University of Alberta, the records will be kept for 5 years, after which they will be destroyed.

Benefits: The findings from this project will help to improve sexual health and sexual health services for trans-femme young adults.

Confidentiality: Anything you share during this interview or discussion will be kept TOTALLY CONFIDENTIAL. I will audio-record the conversations and transcribe for further analysis. All the data will be kept anonymous and used only for research purposes. At no time will your name ever appear on any materials.

Further questions: If you have questions now, please ask the principal investigator of this project. If you have questions after you have completed the study, please contact the principal investigator by email and/or the phone number provided on this sheet. The contact information of the coordinator is:

Contact details of the principal investigator

Name of the principal investigator: Deena Giri
Address: Graduate Student, Health Promotion and Socio-behavioural science, School of Public Health, University of Alberta. Edmonton, Alberta.
Contact No: +1 780 934 3091
Email: dgiri@ualberta.ca

For any support arising from this research, you can contact the Institute for Sexual Minorities Studies and Services (iSMSS). iSMSS is the leading support organization for Sexual and gender minorities. They can also provide access to local support groups across Alberta.

Website :https://www.ualberta.ca/ismss/

Contact information

Institute for Sexual Minority Studies and Services

Email: iSMSS@ualberta.ca

Tel: 780-492-0772

By signing this consent form, you are agreeing that you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study.

CONSENT:

Please circle your response:

I understand the benefits and risks involved in taking part in this research study.	Yes / No
I understand that no in person activity will be required while social distancing is in place	Yes / No
I understand that I am free to leave the study at any time without giving any reason.	Yes / No
The issue of confidentiality has been explained to me.	Yes / No
I understand who will have access to this study record and data.	Yes / No
I agree to have my responses audio recorded.	Yes / No

I agree to take part in this study:

Signature of Research Participant

____

(Printed Name) ____

Date: ____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Principal Investigator: ________________________________ Date ________________

APPENDIX C: Confidentiality Agreement

Project title - Exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults

I, ______________________________, the __________________________________ (specific job description, e.g., participant/interpreter/translator)

I agree to -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.
2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.
4. after consulting with the *Researcher(s),* erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).
5. other (specify)……………….

Co-researchers/Peer-researchers

______________________________	______________________________	______________________
(Print Name)	(Signature)	(Date)

Researcher(s)

______________________________	______________________________	______________________
(Print Name)	(Signature)	(Date)

APPENDIX D: Release Form

Title of Study: *Exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults*

Principal Investigator: Deena Giri +1 780 934 3091

My name is Deena Giri and I am a master's student in the School of Public Health at the University of Alberta. As part of my master's degree, I am undertaking a research project. The title of my project is '*Exploring barriers and facilitators in achieving positive sexual health among trans-femme young adults'*. This study will specifically investigate trans-femme young adult's experiences of barriers and facilitators of sexual health. In this study, I will focus on what trans-femme participants think and feel about sexual health and related barriers and facilitators.

Participants will take photographs as they participate in the project. The pictures and artifacts will be used for discussion and creating different materials such as videos, photo-album and post-cards. Should you choose to not give consent for this research to release your image or objects, these images or objects will not appear on any materials. Consent can also be revoked at any time by contacting the principle researcher given that the materials cannot be taken back once published or shared.

Please read the following and sign to give consent for sharing the images and material:

I consent to be photographed for this research project	**Yes**	**No**
I consent to use and share my photographs or objects in research materials	**Yes**	**No**
I consent to use and publicly share materials produced in this research	**Yes**	**No**

Printed Name: ___________________ Signature: _______________ Date: ___________

APPENDIX E: Photovoice Guidance and Reminders

'Sexual health among trans-femme young adults'

Photovoice Guidance & Reminders

Please feel free to take photos of objects, spaces or places that are meaningful to you.

You may use the reminders below to help you focus on certain aspects – but you are free not to follow them.

- Try to relax and take your time.
- This is not a photo contest.
- It is not about skills or creativity.
- It is a way of expressing yourself-experience, feelings, emotions through photographs
- It may be useful to capture your thoughts reflected to you by each photograph
- There is nothing right or wrong

APPENDIX F: Photovoice Conversation Guide

Counseling support: 780 ………

Socio-demographic information:

Pronouns
Preferred pseudonym
Age
Level of Education
Cultural Group or family background
Occupation
Currently residing in (City only):

PHOTOGRAPHS

Selecting

Ask: "Select 10-15 photos which best represent what 'Barriers or facilitators of sexual health' looks like for you.

Guidelines for conversation:

1. *Could you please tell me what you See in the photograph?*
2. What is really happening here?
3. How does this relate to our lives?
4. Why does this situation, concern or strength exist?
5. What do you think we can we do about it?

Any probing questions as necessary!

APPENDIX G: Stakeholders Open Dialogue

The dialogue did not have any major questions but was an open discussion on trans-femme sexual health.

Some starting questions:

1. In your opinion, what are the existing barriers trans-femme young adults are facing in regard to sexual health?
2. In your opinion, what are the existing facilitators trans-femme young adults are facing in regard to sexual health?
3. What are your recommendations in order to improve trans-femme sexual health?