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Gender affirming pathway in Italy: law, health issues and social considerations

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Abstract

The transgender experience predicts that the gender affirming pathway is undertaken. The gender affirmation process is not mandatory, and the process is not the same for all people. Affirmation of gender is a social determinant of transgender and gender diverse (TGD) health, but which also has a multidimensional structure: social, legal, psychological, and medical. At this point, however, it is necessary to understand the type of pathway that TGD people can undertake in Italy, so the purpose of this paper is to make the articulation of the pathway known and explicit, trying to detect the sociological aspects and the impacts that the various components of the gender affirming pathway require. The gender affirming pathway in Italy is characterized by many critical issues: it is appearing to be focused on the affirmation of medical, legal, and psychological dimensions; however, the affirmation of social gender is also important to promote their integration into society, their health and general well-being. In conclusion, it is necessary to develop and implement research and concrete impacts of social gender affirmation, the potential of which is to reduce inequalities, in general, and health, which negatively impact the Italian TGD individuals.

Keywords: gender affirming pathway; transgender studies; Italy; health; law; social impact †

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1. Introduction

Nowadays, more than ever, in terms of diversity, the concept of gender variants finds great application. Gender variances, in this regard, are present in the most archaic societies. In some of them they enjoyed a certain degree of acceptance, occupying even important roles and statuses [1]. In this regard, "While gender has been universally used by societies as a main organizing principle, understandings of the importance of gender, and the criteria used to determine gender conformity and variance have been diverse. Moreover, sexuality is generally seen as an integral component of what constitutes gender, although this, too, has varied significantly" [2, p.181]. For gender variants, all those situations are defined in which there is not coincidence between the assigned sexes and the perceived gender. Although there are many definitions, the following will be used in this work "transgender and gender diverse (TGD) to be as broad and comprehensive as possible in describing members of the many varied communities globally of people with gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth. This includes people who have culturally specific and/or language-specific experiences, identities, or expressions, and/or that are not based on or encompassed by Western conceptualizations of gender, or the language used to describe it" [3, p.1].

From a statistical point of view, according to the most updated data, the incidence of TGD individuals is between 0.5% and 1% [4]. Preliminarily, it should be noted that regarding the TGD, and more generally the LGBTQA+ world, they are used many terms with which such people might describe themselves. While the language of gender variance is in constant flux and is important to offer explanations of some of the more commonly used terms to anchor our discussion. In this regard, in the guide for nonspecialists [5] there is a detailed outline of the appropriate or inappropriate terminology to be used, which is proposed again before continuing, to avoid terminological misunderstandings. The appropriate terms are: Gender identity: An individual's internal (i.e., not visible to others) sense of being male, female, or something else; Gender non-conforming: Individuals with gender expression differ from societal expectations related to gender; Transgender: Gender identity, expression, or behaviour is different to the gender assigned at birth; Cisgender: Gender identity, expression, and behaviour conform to those assigned at birth; Gender nonbinary: Not conforming to either binary gender forms of 'male' or 'female'; Trans (gender) men: Individual most likely assigned as female at birth but now identified as a man ('Female to Male'); Trans (gender) women: Individuals were most likely assigned a male at birth but now identified as a woman ('Male to Female'); Gender dysphoria/Gender identity disorder: Terms used in DSM-5 and ICD-10, respectively, describe conditions whereby gender non-conformity leads to distress; Genderqueer: Individual identifies as neither male nor female. The term 'queer' might be viewed as derogatory to some but can also be used to describe a political stance which aligns transgender with lesbian, gay, and bisexual activism; Transition: Time over which a person begins to live as the gender with which they identify rather

than their gender assigned at birth; Crossdresser: Individuals who dress in clothing stereotypically worn by the opposite gender but generally without intent to live full time as the other gender; Drag queen: A man who dresses in female clothing, often for entertainment or performance; Drag king: A woman who dresses in male clothing, often for entertainment or performance. The inappropriate terms are: Transsexual; Non-preferred term for transgender; Transvestite: Non-preferred term for cross dresser; Drag queen: When used to refer to transgender women, this can be derogatory and should be avoided. This clarification is important because, as will be seen later, one of the biggest problems and barriers, primarily in health, that TGD experiences, concerns the use of inappropriate terminology that it generates.

Another clarification, always of a terminological nature, is between TGD people and Disorders of Sex Development (or 'intersex'), which is a term from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Intersexuality encompasses a range of conditions under which individuals are born sexually and / or chromosomal or hormonal anatomy models that do not correspond to stereotyped definitions of 'Male or female'. Regarding TGD people, it is also necessary to resort to the typically sociological distinction between gender and sex. According to common sense, gender, sex, and sexuality are synonymous, and therefore are used and almost always interchanged. Although, a relatively clear understanding can generally be taken from the context in which they find themselves Used when considering people with gender variants, these terms are best treated as distinct, although related, meanings.

The differentiation between what sex means and what gender means are of particular importance, especially regarding transgender. With a simplistic approach, we could argue that by sex we mean the genotypic and phenotypic aspects with which we define men or women; gender, on the other hand, would be the set of social and cultural constructs. Transgender activist Virginia Prince is widely attributed with having quipped “Any kind of carving that you might do on me might change my sex, but it would not change my gender, because my gender, my self-identity, is between my ears, not between my legs”[6, p. 30). Therefore, different types of sex and / or gender can be assigned at birth, or they can be built as identities that are structured and change over time and based on the perception of others. More specifically, “Sex can be comprised of many variables, such as chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics, all of which may appear in a myriad of combinations” [2, p.182]. In particular, “Furthermore, which characteristics are definitive of the sex of individuals have been the subject of intense public, legal, legislative, and medical debates, with outcomes varying among time and place. The widespread occurrence of such debates highlights that sex statuses are ultimately the result of contingent and socially negotiated agreements, rather than the inevitable results of physiological imperatives” [2, p.182]. Thus, even the concept of sex is no longer considered exclusively “biological”, but also of a cultural, and, above all, social nature. It is known that the sexes are assigned at birth, indeed, from the moment in which from an ultrasound point of view, and therefore from embryonic life. In common parlance, gender is considered synonymous with sex. The

kinds of men and women are considered by many to be natural and unavoidable social attributes based on organic imperatives. From this point of view, women and men are thought to look, think, feel, and act as they do because they have physical sex which leads them to do so [7]. Other, they argued that genres are entirely the result of the forces of socialization [8]. The dominant opinion of experts is that genres are an achievement of a mixture of biological and social influences. The sexes, like sex, can be assigned, they can be identities or can be attributed. Genders are social statuses originally assigned at birth based on the presumed correspondence between sex and gender. Because it is common that sex and gender are two words which are used interchangeably for the same thing, when a sex is assigned at birth based on genital observation, the corresponding gender is attributed. Males are assigned as men and females are assigned as women. Thus, all different gender identities on the acceptance the assigned sex, and based on the good quality of life in relation to the assigned genders. Thus, when an individual accepts both the sex and the assigned gender, and therefore perceives a coincidence between the two dimensions, then the term cisgender can be used. In relation to the term cisgender, it must be remembered that "The prefix "cis" comes from the Latin meaning "on this side of" and is used to refer to people whose gender identities are congruent with those to which they were assigned at birth. Variations on the term cisgender (e.g., cis-man, cissexual) have been adopted as parallel terms to transgender-based terms" [2, p.182]. When, on the other hand, there is no coincidence between the perceived gender and the assigned sex, then the term TGD can be used.

An increasingly growing part of the population does not exactly identify with this binary vision, that is, the concept according to which there are only men and women. In this regard, in fact, we speak of gender, fluid, genderqueer, or nonbinary. It's important to remember that "a nonbinary definition of gender is to expand the number of gender types and to analyze data using a more complex representation of the gender variable" [9, p.6]. Thus, non-binaries do not want them to identify themselves as male / male, female / female, or TGD, even if they can assimilate elements of these gender identities in daily life. Very frequently, they resort to the use of pronouns and neutral terms. "Those who do not identify with any gender may refer to themselves as agender, neutrois, or eunuchs. Those people who were assigned as female at birth and who do not fully identify as females/ women, or have adopted another gender identity, are usually referred to as being on the transmasculine spectrum, whereas those who were assigned as males at birth and who do not fully identify as males/men, or have adopted another gender identity, are usually referred to being on the transfeminine spectrum"[2, p.183].

If gender is socially constructed, so that everyone perceives it in a personal and subjective way, despite their social connotations, sexuality, on the other hand, concerns the real body nature, in which it is identifiable with the genitals, somatic features, etc. [10]. Thus, an individual can have a body, and therefore a male sex, but a female gender. Sexualities involve both body and gender. When only cisgender people are part of the equation, sexual identity and attributions may be relatively uncomplicated: gender and sex align in the usual fashion, and sexual identity and attributions can be made based on

either sex or gender [11]. However, TGD people often have bodies which exhibit non-standard mixtures of sex characteristics, and which do not align in the usual ways with typical gender categories [12]. The bases for sexual identity and attribution thus become considerably more nuanced. Gender diversity, in the case of the transgender experience, passes mainly through the body. Corporeity becomes the main battlefield with oneself and with one's own culture of belonging. Thus, the transgender experience sees in the body the tool with which, on the one hand, they try to align the perpetuated gender with sex, on the other hand, to do this they resort to stereotyped social scripts relating to masculinity. or femininity, so that theirs can be recognized and accepted gender and sex identity, based on the assumption that individuals have a body coinciding with the social representations of the concept of gender [2]. This represents one of the greatest limitations in the social life of TGD people, which, as we will see, has a very negative impact on their health; especially when bodily aspects do not fit the social representations of sexual characteristics, TGD individuals become more susceptible to forms of aggression, stigmatization, and barriers in various contexts such as healthcare [13].

Some TGD people (but not all) decide to intervene on their body to make it more like how they feel through a pathway of gender affirmation that proceeds in stages and can include hormonal and / or surgical treatment [14].

The gender affirmation process is not mandatory, and the process is not the same for all people. We try to adapt the course according to real individual needs (for example, not all people feel the need to undergo surgical treatment) [15]. Before starting the gender affirmation process, the person must be informed about all procedures and therapies available, as well as about the possible risks that this entail and the irreversibility of some of them. In this regard, there are three essential practices to take into consideration before embarking on a gender affirming pathway: self-determination, information, and search for specialized services [13]: Self-determination is an essential practice for TGD people and can help them gain confidence and courage. It is the act by which a TGD individual determines himself as such, without the need for any diagnosis or the beginning of any pathway. It is essential to dedicate time, listen, and understand each other before embarking on a pathway such as gender affirming [15-16]; Information is the second fundamental element of the phase that precedes the pathway: the person must inquire about all procedures and therapies and operations available and above all about the possible risks and the irreversibility of some of them. He must then express written informed consent, governed by Law no. 219/2017, which represents the consent of the interested party to undergo therapeutic treatment. It constitutes the prerequisite for the legitimacy of the physician's activity, from the moment in which in our legal system there is the principle that no one can be subjected to medical treatment at their will (Article 32 of the Italian Constitution) [15]; The person who intends to undertake a pathway of gender affirmation must therefore contact specialized centers, public and private [14-15]; "The Gender Affirmation Framework adds to the minority stress theoretical framework by articulating the importance of gender affirmation in shaping the health of trans communities. The Gender Affirmation Framework hypothesizes that in the context of

widespread stigma, trans people with unmet gender affirmation needs are more likely to engage in risk behaviors and experience adverse mental and physical health outcomes than those whose gender affirmation needs are fulfilled"[17]. Reisner et al.[18], in relation to the gender affirming pathway, argue that not only the affirmation of gender is a social determinant of TGD health, but which also has a multidimensional structure: social, legal, psychological and medical. Briefly "Social gender affirmation, distinct from general social support, occurs when institutions or individuals validate a trans person's identity through, for example, the use of correct names and pronouns. Legal gender affirmation refers to amending names and gender markers on documents such as social security cards, birth certificates, and driver's licenses. Psychological gender affirmation is an intrapersonal experience of gender self-actualization and validation. Finally, medical affirmation refers to hormones, surgery, and other procedures that align the function or appearance of a trans person's body with their identity"[17, p.2].

At this point, however, it is necessary to understand the type of pathway that TGD people can undertake in Italy, so the purpose of this paper is to make the articulation of the pathway known and explicit, trying to detect the sociological aspects and the impacts that the various components of the gender affirming pathway require.

2. Materials and Methods

This was a non-systematic review, using Scopus, Web of science, Google Scholar and PubMed to locate publications deemed relevant for the purposes of this review. Both our literature search and decisions regarding what was included in the final manuscript have been guided by the relevance of the gender affirming pathway in Italy.

3. Results

From the codification of the articles three general, broadly reflecting themes emerged the types of items identified. In particular the theme are: legal and biomedical issues and the role of the Infotrans portal.

3.1 Gender affirming pathways in Italy: legal aspects

The Italian legal system has introduced a law that allows, with a judicial procedure, the possibility of requesting and obtaining a change in sex attributed at birth in the personal data registers: Law no. 164 of 14 April 1982. From a legal point of view, therefore, Italy ranks third after Sweden (1972) and Germany (1980) to have legislated in this matter [14]. Law 164 of 1982 was introduced to regulate the "disorder" that was caused by individuals of the age of male sex, who had undergone surgery abroad, and who resided in Italy with documents not corresponding to their sex, resulting in confusion and embarrassment within institutions and at the relational level. In this regard, we recall two episodes of "unrest": in 1979, in a municipal swimming pool in Milan, Pina Bonanno, a trans leader, staged a sensational protest together with her friends: they took off their

bras and are left with their breasts exposed[19]; the case of Romanina-Romina Cecconi (born Roman), decided by the Court of Lucca on 17/04/1972, which admitted the registry change following a surgical intervention abroad. The sentence argues for this decision based on serious inconvenience, confusion, and prejudice to the social order, and refers to the possible compromise of the protection of the custody of third parties, which could give rise to the insertion into the society of the person with a gender that does not correspond to that of belonging. The sentence reads: He cannot enter the various structures of society as a man without giving rise to serious problems. This does not happen in the opposite case since the law does not provide for a third sex, belonging to one or the other sex can only be resolved by resorting to the prevalence criterion [20].

The 1982 law expressly provided that the change of sex had to occur as a result of changes in sexual characteristics, in a particular art. 1 paragraph 1 of Law 164/1982 established that the rectification referred to in Article 454 of the Civil Code is also done by virtue of a final judgment of the Court that attributes to a person a sex other than that stated in the birth certificate following changes in his sexual characteristics [20]; the law also allowed people who had not changed your body, to ask for a sex change. In this case, the rule expressly provided that, when an adaptation of sexual characteristics through medical or surgical treatment, the Court should have authorized it. The need for authorization using the judge was motivated by the overcoming of the prohibition foreseen to carry out acts of disposition on one's body that limit its integrity and to lift the surgeon from a possible charge of the crime of very serious injury. The law did not provide any specifics as to the type of treatment that should be guaranteed to mediate the adjustment. However, for many years a restrictive interpretation of the norm has been given, not only by requiring surgery, but also by specifying it to be an intervention on the primary sexual characteristics.

The Law of 14 April 1982, n. 164 was then amended in 2011, as part of the reform of the rites of the trial, by Legislative Civil Decree 1 September 2011, n. 150, "Complementary provisions to the Code of Civil Procedure regarding the reduction and simplification of civil proceedings of knowledge", in particular art. 31, "Of disputes concerning the rectification of attribution of sex", in turn modified by the implementing decrees of the Cirinnà Law, ie by Legislative Decree 19 January 2017, of inscriptions, transcriptions and annotations, as well as amendments and regulatory additions for the regulation of civil unions".

Furthermore, this law does not specify what is meant by "medical-surgical treatment", which is hormonal therapy, and the changes of sexual characteristics are sufficient. If until 2015, the judges mostly considered the intervention to modify the sexual characteristics as necessary, subsequently they instead admitted no necessity, also thanks to two rulings of the Constitutional Court (221/2015) and the Court of Cassation (15138 / 2015)[14].

3.2 Gender affirming pathways in Italy: Notes on the legal procedure

The legal procedure first envisages that the judicial request be drawn up, which must be submitted to the Court at the place of residence of the person who intends to start the process; this request is notified to the applicant's family members [14]. In the judicial application, authorization can be requested for gender reassignment surgery and rectification of the name and sex, or only the latter. It is important, however, to prove, with specific documentation (psychodiagnostic and medical), the diagnosis of gender dysphoria and the irreversible identification with the perceived gender and any bodily transformation that has occurred. An endocrinological report must also be attached to this documentation, with the prescription of the hormonal treatment initiated. The personal hearing of the party and the examination of the medical documentation are always arranged. An important aspect is undoubtedly the psychological pathway that leads to the diagnosis of gender dysphoria. It can be done at a public or private facility [21]. Both, at the end of the process, issue a report to be produced necessarily in court. If you choose a public structure (therefore pertaining to the National Health System), it must be said that these use protocols for the transition process, i.e., standard rules that professionals (psychologists, endocrinologists, psychiatrists, etc.) are called to respect [15]. By examining the most recent rulings, a progressive tendency emerges to evaluate the documentary productions of the party as sufficiently exhaustive and convincing, without the need therefore to have technical investigations ex office [21]. The personal appearance of the applicant, with accompanying documentation certifying the hormonal treatment in progress, can favor the conviction of the judge that he finds himself in front of a person with a different appearance from the gender attributed on the documents. At the end of the procedure, the court with a sentence determines the sex of the plaintiff and authorizes the surgical sex reassignment treatment, if required, by ordering the registrar of the municipality where the birth certificate was completed to carry out the rectification in the relevant register [14]. This also involves changing the name and all documents such as the tax code, driving license, school certificates, property deeds, employment contracts, and telephone numbers [15].

3.3 Gender affirming pathway in Italy: notes on health aspects

Gender affirming pathway in addition to the legal sphere, is based, above all, on a series of health aspects that briefly fall into two macro areas: hormonal treatment and surgical treatment. Regarding hormone treatment, there are recommendations (Standards of Care) proposed by the World Professional Association of Transgender Health (WPATH) and international scientific guidelines to which health professionals refer for hormone treatment [22].

The person who intends to undertake a medical pathway of gender affirmation must therefore contact specialized centers [3, 23]. The first aspect of hormone treatment concerns the criteria for admission to treatment: persistent and well-documented gender dysphoria / gender inconsistency, age of majority (for minors, consent to the treatment of both parents or other guardians according to current regulations concerning minors: art.3

of law no. 219/2017) ability to make a fully informed decision and consent to hormone treatment, in the absence of medical or psychological problems not adequately stabilized. To start hormone therapy, evaluation and psychological support and social transition without time limits are necessary [23].

However, the prescribing physician (usually an endocrinologist) has a responsibility to ensure that this is the best way to meet the user's needs and reduce gender incongruity and/or suffering, without creating health problems [24]. TGD people start taking hormones, they tend to claim they have a greater sense of belonging to the gender identity with which they identify [25].

The aim of hormonal treatment is to promote the development of the secondary sexual characteristics of the sex with which a TGD identifies, while progressively reducing the secondary sexual characteristics of the original sex [26]. For these reasons, it is important that physicians work within a team made up of several experts with different skills (such as psychologists, psychotherapists, psychiatrists, endocrinologists, surgeons, etc.) who have adequate experience in this area and who can offer a global support to the person. In Italy, hormone therapy can be prescribed free of charge if the criteria established by the Italian Medicines Agency (AIFA) are met, as described in the AIFA determination no. 104272/2020 and n. 104273/2020 of 23 September 2020 (GU General Series no.242 of 30-09-2020). Briefly, hormone therapy can be masculinizing if a woman intends to become a man, feminizing if a man intends to become a woman; this is made possible in the first case by taking testosterone and in the second case by taking estrogen [27].

Regarding the surgical treatment, please note that "Techniques used by trans* people to express their gender identity may include changes to deportment, body, facial-and head-hair styles, clothing, cosmetics, jewelry, fashion accessories, body fat, and muscularity. Trans* people may also strategically employ voice and speech modifications, padding, concealment devices, sex toys, genital or breast prostheses, genital enhancement or diminishment devices, tattooing, or piercings. More permanent changes may be brought about by hormone therapy, gender confirmation, surgery, and ancillary masculinizing or feminizing procedures–any of which can occur in various combinations"[2, p.188]. As with hormone therapy, also in this case there are standards of care introduced by the World Professional Association of Transgender Health (WPATH) and international guidelines to which health professionals refer for surgical treatment.

The person who intends to undertake a medical pathway of gender affirmation must therefore contact specialized centers. It is important, before embarking on a gender affirmation surgical pathway, that the person is aware that this step is not mandatory and that it is not a surgery capable of fully obtaining the desired sexual characteristics [28]. In fact, gender affirmation surgeries may involve the removal of the genital organs present (uterus and ovaries; testicles and penis), but do not allow the creation of genital organs of the desired gender (for example the creation of a uterus in a person with sex assigned at male birth). Surgical interventions can be reversible or irreversible.

3.4 Gender affirming pathway in Italy: the role of Infotrans portal

In Italy, the gender affirming pathway, since 25 May 2020, has been facilitated by the establishment of the Infotrans portal, i.e. the first portal dedicated to TGD people, the result of a collaboration between the Reference Center for Gender Medicine of the Higher Institute of Health and the National Office against Racial Discrimination – Presidency of the Council of Ministers[29]. This project responds to the need to provide the population with independent, certified and updated information in this field and to promote full social inclusion of TGD people. Briefly, the Higher Institute of Health is the main center for research, control and technical-scientific consultancy in the field of public health in Italy [29].

The Institute's activities are distributed in Departments, National Centres, Reference Centres, Technical-Scientific Services and a Notified Body for the assessment of the suitability of medical devices. Among its structures we find the Reference Center for Gender Medicine which deals with studying the effect of gender on the state of health and illness of each of us. In fact, gender differences are observed both in the frequency and in the symptoms and severity of numerous diseases, in the response to therapies and in adverse reactions to drugs as well as in lifestyles and in the response to nutrients[29].

In line with its objectives, the Center deals with the health and well-being of TGD people by promoting research, training and communication activities to citizens through a close network of collaborations with other institutions, clinical and research centers as well as TGD associations[29]. As regards the Office for the promotion of equal treatment and the removal of discrimination based on race or ethnic origin, its main function is to set up a garrison to guarantee and control equal treatment and the functioning of instruments of protection against discrimination based on race or ethnic origin [29].

For several years, the Office, in implementation of ministerial guidelines and directives, has expanded its range of action by guaranteeing protection against all forms of discrimination also originating from factors such as personal and religious beliefs, age, disability, sexual orientation and gender identity and operates in all public and private sectors of social life, such as work, health care, education, access to goods and services, social protection [29].

Therefore, the Infotrans portal, offers a collection of all the points of reference in the area that offer services dedicated to transgender people, from Associations to Clinical Centers, Consulting Centers and Listening Points. By filling in a specially prepared form, the structures provided information regarding: useful numbers and addresses, offered services, composition of multidisciplinary teams any cost of services, waiting times for acceptance.

The site also contains a lot of updated information regarding prevention, health and the process of gender affirmation (psychological support, hormonal and surgical treatment), the protection of gender identity, the right to exchange documents and the rules know before undertaking any gender affirmation surgeries as well as the main false myths and “hoaxes” circulating on the subject.

Infotrans not only contains information dedicated to TGD people, in fact a section has been prepared containing good practices dedicated to healthcare professionals, employers, trade unionists, journalists and other professional figures [29].

4. Discussion

The gender affirmation process as presented could appear actually simple, in Italy, the criticalities in this regard are multiple and complex. In Italy, according to the estimates of the Higher Institute of Health, there are about 400,000 TGD people[30] and the problems for this population are very much. Recently, regarding the gender transition process, preliminary data emerged from the "Study on the health status of the adult transgender population in Italy" conducted by the Higher Institute of Health, in collaboration with clinical centers distributed throughout the national territory and TGD associations / collectives [30]. This Italian study first of all reveals different types of barriers to access to health services, in particular to cancer screening, with the percentage of those who feel discriminated against reaching 46%. Only 20% of TGDpeople assigned to be female at birth perform the pap smear, while about 40% of TGD individuals suffer from depression and 60% of the cases in the sample analyzed declare that they do not exercise. Furthermore, the results showed that the percentage of TGD people who do not exercise is higher than the general population. 64% of AMAB TGD individuals (transgender women and nonbinary people assigned male at birth) and 58% of AFAB TGD people (transgender men and nonbinary people assigned female at birth) do not exercise compared to 33% and 42 % of men and women in the general population. Regarding cigarette smoking, the population most at risk is represented by AFAB TGD people who report smoking in 37% of cases compared to 25% of men and 19% of women who smoke in the general population.

Binge drinking (excessive alcohol consumption on a single occasion) is more frequent in the TGD population: 23% AMAB and 17% AFAB in the TGD population vs 12.5% men and 5.5% women in the general population.

The differences found between the TGD population and the general population regarding lifestyle are correlated to multiple factors including minority stress, transphobic episodes, and internalized transphobia play a crucial role. Regarding access to health services, 34% of AMAB TGD people and 46% of AFAB TGD people felt discriminated against because of their identity and / or gender expression in accessing or using health services.

This data, at least in part, can explain the low percentage of TGD people who undergo cancer screening: for example, the preventive pap test is performed only by 20% of TGD people assigned female at birth vs 79% of women in the general population. The data relating to the presence of any disease are still being analyzed, but preliminary results indicate significant differences between the TGD population and the general one, an example is given by the depression reported by 40% of TGD AMAB people and 34.5% of TGD AFAB people (figure reaching 60% in both AMAB and AFAB nonbinary TGD

populations) vs 4.74% and 7.7% reported in men and women in the general population, respectively.

As regards HIV infection, the picture is outlined in line with international data which indicate a higher prevalence, particularly in TGD AMAB people, compared to the estimated prevalence in the general population (percentage reported by transgender AMAB people 6.45% vs 0.3 % in men and 0.2% in women in the general population). All these data provide a clear picture of the various issues related to the gender affirmation process, with a series of consequences, not only economic and health, but probably first of all social.

As it has been pointed out, first, the legal dimension of the affirmation process is particularly articulated, and even today it has not found a univocal application. This already represents a great limitation of sociological interest since "health and law are in themselves sites of practice and experiences of social justice—or injustice— at local and global levels. Health systems and all players and forces in them can be analyzed for their impact on human dignity, equality, and freedom as well as for their effectiveness in preventing or treating ill health or disease. Linking health with human rights has become a key for many variously empowered people demanding change in the structures that provide health services and care globally" [31]. It should be noted that the relationship between law, TGD, health, etc. It is not easy, since there is rarely a direct relationship between these dimensions, despite being intersected in ways that result in a plurality of meanings. The discourse on rights and law, for example, includes the notion of identity, behavior, and expression; individuals and groups; claims of actors and responses of states (and supranational bodies).

The law is therefore functionally connected as an instrument of respect, protection, and realization rights. As for the field of health, the issue of (human) rights, and (social) justice towards health requires a discussion of principles, policies, and practices [31].

As for hormonal treatment, however, the problems are many; first of all, of a health and welfare type: One of the main problems with hormone treatment, in general, is that it causes several side effects [32].

In the case of feminizing hormone therapy, there is an increased risk of blood clots (venous and pulmonary thrombosis, embolism) [33], gallstones [34] and liver disease [32], pancreatitis and insulin resistance and glucose intolerance [26] and elevated prolactin levels [32], rarely accompanied enlargement of the pituitary gland or the development of the secreting prolactin pituitary tumors called prolactinomas. Regarding masculinizing hormone therapy, the following side effects are noted: acne [26], weight gain [27], increased erythrocyte mass with possible polycythemia[32], liver disease [26], insulin resistance, fluid retention and edema[27], increases homocysteine levels [25], decreases in arterial reactivity[25], and shift of lipid profiles toward a more maletypical pattern with the potential for increased cardiovascular risk. Elevated prolactin levels have occasionally been reported in FtM transsexuals and may be attributable to breast binding [25].

Regarding hormonal treatment, then, there is a second type of problem relating to the illegal and without prescription intake of sex hormones[35]. Some TGD people take nonprescribed sex hormones but obtained through friends, black market sources, or foreign drug dealers.

Thus "the potential risks, many TGD people are willing to use nonprescribed hormones to achieve the physical and psychological changes they desire. The benefits of nonprescribed hormones can be genuine. For example, Leavitt et al. (1980) reported that TGD individual who used medically unsupervised hormones displayed better psychological adjustment than transsexuals who were not receiving hormone treatment" [31, p.483].

As for the surgical treatment, it is full of potential risks such as: cardiac (heart), pulmonary (lung), venous thromboembolism (blood clots), hemorrhage (excessive bleeding), infection, injury to surrounding structures, poor wound healing, and need for a repeat procedure or return to the operating room. Because complications can occur during any surgery, it is imperative that health professionals develop a trusting relationship with their patient and invest time to educate the patient about all the potential risks involved with each surgery. Another health concern of TGD people linked to the gender affirming pathway regards the problem of liquid silicone injection. Many TGD people resort to injections of liquid silicone with the aim of making one's body more compatible with the perceived gender identity. The most frequent anatomical areas are the hips and buttocks [31], followed by: face, breasts, and legs [26]. According to recent estimates, the total volume of silicone injected is around 8 liters, administered in several sessions [31], with average, TGD had received injections about twice a year[26]. Silicone wings often mix with or are replaced with other fluids such as mineral oil or olive oil[31]. Silicone injections should be carried out by specialized medical personnel but having a cost that is not accessible to everyone, very frequently TGD people have recourse to unqualified personnel, who perform the same service at much lower costs [26]. The existence of a real black market was thus revealed for silicone injections. "Liquid silicone injection has been associated with a variety of devastating complications. Embolism of silicone to the lungs can cause acute pneumonitis, leading to severe respiratory distress or death. Pneumonitis typically occurs within hours or a few days of injection but has been observed up to months or years after injection, sometimes following trauma. Acute silicone pneumonitis has been reported after injection of volumes as small as 10 cc. Facial injection of liquid silicone has been associated with the development of granulomatous reactions and cellulitis and loss of vision. Silicone-related granulomatous hepatitis has been described. Liquid silicone is affected by gravity and can migrate in the body, sometimes resulting in severe disfigurement and disability. Injection or migration of silicone into the legs can cause chronic ulceration and lymphedema, often after a latent period of many years. Multiple cases of Mycobacterium infection have been reported in New York City following liquid silicone injection. In view of the severity of associated complications, TGD people should be strongly counseled to avoid liquid silicone injections" [31, pp.488-489].

What appears evident is that in Italy, following the model of Reisner[18], it is lacking from the point of view of social gender affirming; while, in fact, there is a large literature on legal, health and psychological aspects, on the purely social dimension there is a scarce availability of elements. Since the social dimension of gender affirming is lacking, what is lacking concerns: the choice of the name and pronoun, interpersonal and institutional acknowledgment, and recognition.

Thus, if "Gender affirmation is a unique social determinant of health that affects trans people's lives. Lack of social gender affirmation has been shown to adversely impact health care utilization behaviors among TGD people, including delaying preventive health care screening or avoiding needed clinical care when sick or injured" [18, p.236].

This statement is fully in line with the data cited, which, in fact, confirm this hypothesis. Compared to what has been reported, the experience of the pathway towards gender affirmation, and the critical issues that have been briefly discussed, recalls the concept of embodiment. Embodiment "recogniz[es] the social consequentiality of the body's materiality" and its relationship to identity and social structure [36].

Paine [37] recently introduced the concept of embodied disruption to draw attention to how patient nonconformity to societal gender norms provokes responses from medical personnel that reify normative sex/ gender/sexuality binaries, provoke confusion and distress, and compromise gender nonconforming individuals' access to society.

Thus, the social aspects of the gender affirming pathways are essential because "understanding how social forms of gender affirmation influence health is important, given the high financial costs and overall inaccessibility of medical gender affirmation for those who do desire it[38]. Aside from cost, health system barriers [39] to gender affirmation include lack of insurance coverage, geographic inaccessibility, anticipated and enacted stigma in health care settings, medical contraindications (i.e., history of thrombosis for estrogen use or coronary artery disease for testosterone use), age, and anticipating others' negative reactions" [17, p.2].

In this regard, it is important to remember how lack of social gender affirmation was consistently associated with: "depression found; depression for adult trans women; anxiety symptoms, PTSD, internalization and externalization of problems, and psychological distress; various forms of family acceptance; decreased odds of smoking for transfeminine, but not transmasculine participants; decreased likelihood of delaying health care, depression, and PTSD and increased likelihood of high self-esteem and use of HIV prevention" [17, pp.13-14].

Thus, the social gender statement is not materially tangible in the same way as the medical gender affirmation, people whose social and legal gender affirmation needs are met can be motivated to avoid stigmatizing encounters and therefore negative experiences and health outcomes[38].

Therefore, future research is warranted to examine whether the expected stigma can mediate the association between these forms of gender health affirmation and avoidance, not prescribed use of hormones, mental health, etc.

5 Conclusions

The pathway of affirmation of gender is an important social determinant of TGD life. In Italy, this pathway appears to be focused mainly on the affirmation of the medical, legal, and psychological genre, however, the affirmation of social gender is also important to promote their integration into society, their health and general well-being. It is therefore necessary to develop and implement research and concrete impacts of the social gender claim, the potential of which is to reduce inequalities, in general, and health, which negatively impact the Italian TGD population.

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