Do Transgender Women and Men Have Worse Health Outcomes if Their Voices Are Perceived as Inconsistent with Their Gender Identity?

Danya Lagos

INTRODUCTION

Transgender people in the United States are more likely to experience worse overall health than cisgender (non-transgender) people. Within the U.S. transgender population, differences in expressions of gender identity are linked to health disparities. For example, transgender people who identify as gender nonconforming – those who do not identify as men or women – face worse health outcomes than transgender people who identify primarily as men or women.

In social interactions, people typically ascribe gender to others by using cues from embodied characteristics associated with sex differences, such as voices, body shape, and hair growth patterns. This social scrutiny of embodied characteristics that challenge gender boundaries often involves gender misclassification of transgender and gender-nonconforming people, also known as misgendering. This misclassification, in turn, can negatively affect mental and physical health.

Voices, particularly gendered voices, can shape relative social advantage and disadvantage. Feminine voices, including those of transgender women, are often associated with subservience while masculine voices correspond to elevated workplace status and authority, including for transgender men.

Given that cisgender women have lower levels of self-rated health compared to cisgender men, being perceived as having a woman's voice may negatively influence the health patterns of transgender men who are misclassified as women. Conversely, transgender women who are perceived to have a man's voice may experience a health advantage.

This brief reports on a study in which the author isolates the link between voice-based gender misclassification and patterns of health inequality within the transgender population. She does so by taking advantage of a flaw in the design of a population-based general health survey, the 2014 and 2015 rounds of the Behavioral Risk Factor Surveillance System (BRFSS). Rather than ask respondents to report their sex, phone interviewers classified respondents' sex based on their perceptions of the respondents' voices. Two additional questions captured whether the respondent identified as transgender, and if so, if they identified as male-to-female (transgender woman), female-to-male (transgender man), or gender nonconforming. These responses were compared to the phone interviewer's classification of sex to determine whether transgendered subjects had been misclassified.

The survey design flaw resulted in over 60 percent of transgender women being misclassified as men and a similar percentage of transgender men being misclassified as women.

KEY FINDINGS

► Being perceived as a woman based on one's voice is associated with a distinct health disadvantage. Transgender people who are perceived to be women over the phone, whether correctly or incorrectly, report worse overall health than transgender people perceived to be men. (*See figure*, next page).
  ► In other words, transgender women who are correctly classified as women have a health disadvantage in comparison to transgender women who are misclassified as men.
  ► On the other hand, transgender men who are correctly classified as men have a health advantage over transgender men who are misclassified as women.

► Black transgender men are more likely than any other group to be misclassified as women.

For both transgender women and transgender men, being perceived as a woman over the phone is associated with worse overall health
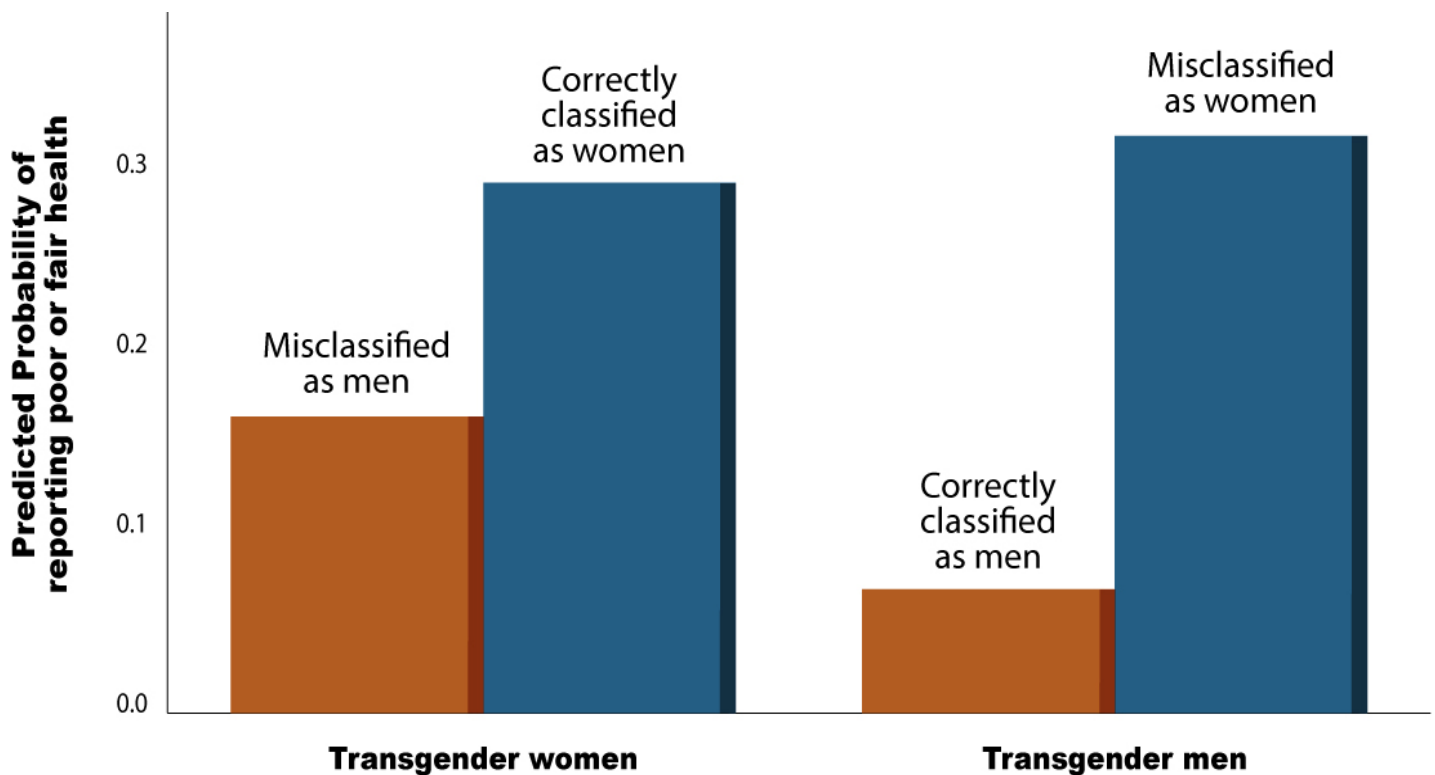
This figure*[1] shows that transgender women who are correctly classified as women and transgender men who were misclassified as women reported higher levels of fair or poor health compared to transgender women misclassified as men and transgender men correctly classified as men.

*Based on average predicted probabilities from logistic regression models that adjust for demographic and socioeconomic factors.

POLICY IMPLICATIONS

Implications for research on transgender populations. In order to collect more accurate data, future surveys should ask for sex assigned at birth and gender identity separately. Moreover, gender has multiple dimensions, including embodied dimensions, and more data collection efforts should incorporate embodied characteristics of traits associated with gender.

Implications for transgender health. Voice-based misgendering appears to negatively affect transgender men's health, but there may be an overall health penalty for people of all genders who sound like women. Black transgender men may be particularly disadvantaged because they are more likely to be perceived as women than transgender men of other races or ethnicities.

Although the relationship between voice-based misclassification and poor overall health is not straightforward, universal health care that includes gender-affirming treatments and procedures could help minimize potential disparities between people who can afford to seek treatment and those who cannot.

Furthermore, these findings suggest that policies that ensure equal treatment and legal protections against discrimination for women may mitigate disadvantages that are experienced by people of all genders who are perceived to be women.

REFERENCE

[1]Lagos, D. (2019). Hearing gender: Voice-based gender classification processes and transgender health inequality. *American Sociological Review 84*(5):801-827.

SUGGESTED CITATION

ABOUT THE AUTHORS

Danya Lagos (dlagos@prc.utexas.edu) is a postdoctoral fellow in the Population Research Center at The University of Texas at Austin.

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