

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national data on health and well-being among trans and non-binary people living in rural and small towns.

HEALTH AND WELL-BEING AMONG RURAL AND SMALL TOWN TRANS AND NON-BINARY PEOPLE

Access to trans-affirming health care and community support



Highlights

- Nearly half (45%) of trans and non-binary people living in rural and small towns had travelled out of town to see a primary care provider known to be gender-affirming in the past year, compared to 16% of non-rural participants.
- Trans and non-binary people living in rural and small towns were less likely to have access to trans and non-binary spaces, both in-person and online, than non-rural participants.

Context

Transgender (trans) and non-binary people face disparities in health and health care access and experiences of stigma that may be exacerbated by living in rural areas.¹⁻⁴ Previous research suggests that rural trans people may have worse general mental health and a higher prevalence of specific issues such as depression compared with non-rural trans people.^{1,2} Rural-living trans and non-binary people also often experience difficulties in finding primary care providers that are trans-affirming and sufficiently educated on trans and non-binary health.^{3,4} Relatedly, their access to health care may be limited by factors such as anticipated stigma and past experiences of

discrimination.⁴ Service providers who work exclusively or primarily with trans patients tend to be located in urban centers, restricting access to important services such as gender-affirming care for those in rural areas.⁵ As such, some rural trans and non-binary people have to travel long distances to larger cities to access care, which comes with associated costs relating to transportation, time, and lodging.^{3,4} Further, the strong sense of community, interdependence, and closeness frequently associated with rural-living might compromise the anonymity that may protect trans and non-binary people from stigma.⁶

Research on trans people is focused largely on those who live in urban areas. When rural areas are studied, trans people tend to be subsumed into the broader LGBTQ+ population.² Research also often assumes that living in rural areas only comes with disadvantages for trans people, overlooking the potential benefits of rural-living and the factors that allow trans people to live successfully in rural areas.^{2,6} This report provides the first quantitative nationwide profile of the health and well-being of trans and non-binary people living in rural areas in Canada.

Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people ages 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short form online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (only in major cities). The 10-minute short form contained key items from the full survey, and both versions were available in English or French. Participants responding to questions only in the full survey were assigned weights such that their responses reflected the demographic profile of the entire sample, accounting for potential differences between those who opted for the full and short forms. The Trans PULSE Canada survey included questions from Ontario's Trans PULSE project, questions from

Table 1: Distribution of participants living in rural area Canada across provinces and territories

	Rural n= 177 %	Rest of sample n= 2603 %
Current province/territory		
Alberta	18	19
British Columbia	20	19
Manitoba	5	3
New Brunswick	7	2
Newfoundland and Labrador	1	1
Nova Scotia	7	3
Ontario	22	36
Prince Edward Island	0.6	0.5
Quebec	15	13
Saskatchewan	4	3
Northwest Territories	0.6	0.1
Nunavut	0.6	0
Yukon	0	0.3

Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. This report especially highlights questions developed by the team's Rural/Northern Priority Population Team.

How to interpret

This report presents results for trans and non-binary people ages 14+ living in rural and small towns. Participants living in rural and small towns included those who provided a postal code for a town or municipality with a population of less than 10,000 people. These participants will be referred to as "rural participants" for the purposes of this report. Of all the Trans PULSE Canada participants, 6% (n = 177) were rural participants.

Although Trans PULSE Canada used multiple approaches to make the survey accessible, it was not possible to conduct a random sample of the trans and non-binary population. Therefore, results cannot be assumed to represent true population de-

mographics. For instance, that 6% of participants were living in a rural area, does not mean exactly 6% of all trans and non-binary people in Canada reside in a rural area.

The final column of comparative tables in this report contains a p-value. A p-value indicates whether there is a statistically significant difference between groups - here, the groups are rural participants compared with the rest of the Trans PULSE Canada sample (Tables 2-6). P-values that are less than 0.0500 indicate that differences between groups are statistically significant, while p-values that are greater than or equal to 0.0500 indicate that there is no statistically significant difference.

Socio-demographics

Table 1 shows that the largest proportion of rural trans and non-binary participants were living in Ontario (22%), followed by British Columbia (20%), Alberta (18%), and Quebec (15%). A smaller proportion of rural participants were living in Ontario compared to the rest of the sample (22% vs. 36%).

Table 2 compares the socio-demographic characteristics of rural participants and the rest of the Trans PULSE Canada sample. Rural participants were more likely to be aged 14-19 (21% vs. 11%) and 50+ (17% vs. 8%), and less likely to be aged 20-34 (38% vs. 60%) compared with the rest of the sample. A significantly smaller proportion of rural participants identified as non-binary or similar (35% vs. 50%) and as queer (34% vs. 53%) than the rest of the sample. Around 1 in 10 participants living in rural areas (12%) identified as Indigenous in Canada. A small minority of participants identified as racialized, with a lower proportion of those living in rural areas identifying as such compared with the other participants (9% vs. 14%).

The following results on employment, income and education are limited to those ages 25+. While around half of all participants had a college or university degree, those living in rural areas were half as likely as the rest of the sample to have a graduate/professional degree (9% vs. 20%). The majority of all

Table 2: Socio-demographics

	Rural ^a n= 177 %	Rest of sample n= 2603 %	P-value ^b
Age			<0.0001
14 - 19	21	11	
20 - 24	13	22	
25 - 34	25	38	
35 - 49	23	20	
50 - 64	14	7	
65 +	3	1	
Gender			0.001
Woman or girl	27	24	
Man or boy	36	24	
Indigenous or cultural gender	2	2	
Non-binary or similar	35	50	
Sexual orientation (check all that apply) ^c			
Asexual	16	13	0.302
Bisexual	25	29	0.356
Gay	11	13	0.573
Lesbian	16	15	0.738
Pansexual	34	31	0.408
Queer	34	53	<0.0001
Straight or heterosexual	11	7	0.041
Two-Spirit	5	4	0.410
Unsure or questioning	8	9	0.924
Relationship status ^d			0.954
In a relationship(s)	53	53	
Not in a relationship	47	47	
Indigenous in Canada			0.100
Indigenous in Canada	12	8	
Not Indigenous in Canada	88	92	
Racialization			0.047
Racialized	9	14	
Not racialized	91	86	
Immigration history			0.662
Newcomer (past 5 years)	2	3	
Immigrant (non-newcomer)	10	9	
Born in Canada	88	88	

Table 2: Socio-demographics, continued

	Rural ^a n= 177 %	Rest of sample n= 2603 %	P-value ^b
Disability identities (check all that apply) ^c			
Autistic	11	14	0.290
Blind	0	0.5	1.000
Crip	0	2	0.047
Deaf	0.6	1	1.000
Disabled or living with a disability	11	19	0.008
Chronic pain	21	21	0.936
Neurodivergent	16	31	<0.0001
Psychiatric survivor, mad, or person with mental illness	36	44	0.033
Other (not listed above)	6	7	0.868
Education (age ≥ 25) ^e			
< High school	5	4	0.024
High school diploma	13	8	
Some college or university	25	22	
College or university degree	47	48	
Grad/professional degree	9	20	
Employment situation (age ≥ 25) ^{d, e}			
Permanent full-time	38	44	0.276
Employed, not permanent full-time	36	34	
Not employed or on leave	22	15	
Not employed and student or retired	5	7	
Personal annual income (past year, age ≥ 25) ^e			
None	2	2	0.331
< \$15,000	26	23	
\$15,000 - \$29,999	17	25	
\$30,000 - \$49,999	22	22	
\$50,000 - \$79,999	17	18	
\$80,000 +	17	11	
Low-income household (past year, age ≥ 25) ^e			
Low income household	39	40	0.895
Non-low-income household	61	60	

- a Rural includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.
- b Values <0.050 indicate that differences between groups are statistically significant.
- c Participants could select more than one option, so total may be more than 100%.
- d These variables were missing for 10% of participants or more.
- e Personal income, education, and employment are reported here for those age 25 and older; additional data on student status and other factors are reported in our youth report.

Trans PULSE Canada participants were employed full-time, although about 1 in 5 (22%) living in a rural area were not employed or on leave. About 2 in 5 participants, both living in and outside of rural areas, were living in low-income households (39% and 40%, respectively).

Health and well-being

Table 3 shows that the majority of rural participants had a primary health care provider (80%). Relatedly, 59% of rural participants had no past-year unmet health care needs. About 3 in 4 (75%) rural participants reported “good” to “excellent or very good” health. Rural participants were less likely than the rest of the sample to report “fair or poor” mental health (46% vs. 56%), although these high levels are concerning for both groups.

Rural participants reported lower levels of past five-year sexual harassment (25% vs. 44%) and sexual assault (17% vs. 26%) compared with the rest of the sample. Otherwise, rural participants experienced similar levels of verbal harassment, physical violence, and physical threats in the past five years compared with other participants. The majority of rural participants (57%) had avoided three or more types of public spaces such as public washrooms and schools in the past five years, which may indicate notable levels of anticipated discrimination.

Table 3: Health & well-being

	Rural ^a n= 177 %	Rest of sample n= 2603 %	P-value ^b
Has primary health care provider			0.651
Yes	80	81	
No	20	19	
Unmet health care need(s) (past year) ^c			0.301
Unmet need(s)	41	45	
No unmet need	59	55	
Avoided emergency room (past year) ^c			0.066
Yes	12	12	
No	75	67	
Never needed ER care	14	21	
Gender-affirming medical care status ^c			0.618
Had all needed care	30	25	
In the process of completing	30	32	
Planning, but not begun	16	14	
Not planning	11	12	
Unsure if going to seek care	14	16	
Self-rated health			0.456
Excellent or very good	41	37	
Good	35	36	
Fair or poor	24	27	
Self-rated mental health ^c			0.030
Excellent or very good	22	16	
Good	32	28	
Fair or poor	46	56	
Considered suicide (past year) ^c			0.198
Yes	35	31	
No	65	69	
Attempted suicide (past year) ^c			0.229
Yes	7	5	
No	93	95	
Experienced violence or harassment (past 5 years, check all that apply) ^{c,d}			
Verbal harassment	66	69	0.481
Physical intimidation or threats	38	37	0.874
Physical violence	19	16	0.272
Sexual harassment	25	44	<0.0001
Sexual assault	17	26	0.018

Table 3: Health & well-being, continued

	Rural ^a n= 177 %	Rest of sample n= 2603 %	P-value ^b
Avoided public spaces for fear of harassment or outing (past 5 years) ^{c,e}			0.123
No avoidance	19	15	
1 or 2 types of spaces	24	20	
3 or more types of spaces	57	65	
Avoidance of specific spaces for fear of harassment or outing (past 5 years, check all that apply) ^{c,d}			
Travelling internationally	31	40	0.029
Travelling within Canada	11	13	0.536
Housing security ^c			0.293
Secure	88	91	
Insecure ^f	12	9	
Household food security (past year) ^c			0.996
Always had enough to eat	85	85	
Sometimes did not have enough	12	12	
Often did not have enough	3	3	

- a Rural includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.
- b Values <0.050 indicate that differences between groups are statistically significant.
- c These variables were missing for 10% of participants or more.
- d Participants could select more than one option, so total may be more than 100%.
- e Of 14 spaces given as options in survey (e.g., public wash-rooms, schools, being out on the land, public transit).
- f Included living in shelters, motels or boarding houses, temporarily with partners/friends/family, on the street, in a car, or in an abandoned building.

Having to move/travel to access health care

Table 4 displays results on having to travel or move to access health care. The majority of rural participants had to travel to another city/town within their province of residence for their most recent primary care appointment (56%), a significantly larger proportion than the rest of the sample (15%). Similarly, nearly half (45%) of rural participants had travelled out of

Table 4: Having to move/travel to access health care

	Rural ^a n= 150 %	Rest of sample n= 2262 %	P-value ^b
Distance travelled to most recent primary care appointment while living in their current province/territory ^{c, d, e}			<0.0001
Within city/town/township	43	84	
To another city/town in current province/territory	56	15	
To another province/territory	1	0.6	
Have not received primary care	1	0.4	
Distance travelled to last out of town (within the same province) primary care appointment ^d			0.121
Median (IQR) (hours)	0.75 (0.67)	1.00 (1.33)	
Ever moved to a different city/town to be closer to trans or non-binary services ^d			0.272
Yes	15	18	
No	85	82	
Travelled out of town to see a primary care provider known to be gender-affirming (past year) ^{d, e}			<0.0001
Yes	45	16	
No	55	84	
Travelled to have gender-affirming surgery ^{d, f}			0.331
Yes, in the past year	16	21	
Yes, but not in the past year	50	39	
No	34	40	
<p>a Rural includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.</p> <p>b Values <0.050 indicate that differences between groups are statistically significant.</p> <p>c Among participants who have visited their primary care provider in the past 12 months.</p> <p>d These variables were missing for 10% of participants or more.</p>			

Table 5: Access to and belonging in trans and non-binary spaces, among those interested in accessing them

	Rural ^a n= 150 %	Rest of sample n= 2262 %	P-value ^b
Sense of belonging in trans spaces in person			<0.0001
Very or somewhat strong	38	49	
Somewhat weak	13	26	
Very weak	14	14	
Don't have access to these spaces	35	12	
Sense of belonging in non-binary spaces in person			<0.0001
Very or somewhat strong	26	43	
Somewhat weak	17	20	
Very weak	14	13	
Don't have access to these spaces	43	24	
<p>a Rural includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.</p> <p>b Values <0.050 indicate that differences between groups are statistically significant.</p>			

town to see a primary care provider known to be gender-affirming in the past year compared to 16% of other participants.

Access to and belonging in trans and non-binary spaces

Table 5 shows that a greater proportion of rural participants did not have access to in-person trans spaces compared with participants living outside of rural areas (35% vs. 12%). Similarly, a larger proportion of rural participants did not have access to non-binary spaces in-person compared with other participants (43% vs. 24%). Some trans and non-binary people may then turn to online spaces to connect with

Table 6: Siloing and discrimination

	Rural ^a n= 150	Rest of sample n= 2262	P-value ^b
Identity siloing ^c			0.715
Median score (0 to 3)	0.60 (0.60)	0.70 (0.60)	
Discrimination ^{d, e}			
Anticipated discrimination, median score (0 to 4)	2.44 (1.00)	2.44 (1.11)	0.735
Past-year day-to-day discrimination, median score (0 to 18)	8.00 (6.00)	8.00 (8.00)	0.413
Lifetime major discrimination, median score (0 to 26)	4.00 (9.00)	4.00 (7.00)	0.292
Ever had to move to a different neighbourhood/town/city/state/province/country because of who you are ^{d, e}			0.604
Yes, more than once	3	5	
Yes, once	20	18	
No	77	77	
<p>a Rural includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.</p> <p>b Values <0.0500 indicate that differences between groups are statistically significant.</p> <p>c A scale where higher scores indicate having more freedom to be/share/express all aspects of oneself in day-to-day life (e.g. ethnicity, disability, sexual orientation).</p> <p>d These variables were missing for 10% of participants or more.</p> <p>e Experiences happened “because of who you are”, including how you describe yourself and how others might describe you. For example, skin colour, ancestry, nationality, religion, gender identity, sexuality, age, weight, disability or mental health issue, income, or source of income.⁷</p>			

their communities. However, a greater proportion of rural participants also had no access to online trans spaces (12% vs. 4%) or online non-binary spaces (20% vs. 9%) compared with the rest of the sample (results not shown in tables).

Rural participants and participants outside of rural areas experienced similar levels of anticipated discrimination, past-year day-to-day discrimination, and lifetime major discrimination “because of who

they were” (which includes but is not limited to skin colour, gender identity, disability, and income, among other characteristics). They also reported similar, concerning levels of identity siloing, both indicating that they had limited freedom to express all aspects of themselves in their day-to-day lives, regardless of rurality. About 1 in 5 participants overall had to move to a different neighborhood, town, city, state, province, or country “because of who they were”.

Conclusion

This report presents the first national, quantitative data on trans and non-binary people living in rural areas in Canada. Of the Trans PULSE Canada sample, 6% (n = 177) were living in a rural area. Participants living in rural areas were much more likely than their non-rural peers to have to travel to access primary health care. Despite the importance of community connectedness,⁸ rural participants had less access to in-person and online trans and non-binary spaces than other participants. Living in a rural area was also associated with being less likely to identify as queer or non-binary, which may be attributable to the lack of access to broader trans communities in rural areas; access to non-binary and queer communities might help individuals discover and claim these identities. However, these differences may also be due to the younger age distribution of non-rural compared to rural participants. According to other analyses of the Trans PULSE Canada sample, younger age was associated with being more likely to identify as non-binary or as queer (results not shown; analyses available upon request). Although not clearly indicated by the present results, non-binary and queer people may also have a greater tendency than other trans people to migrate from rural to non-rural areas.

Rural participants also reported lower, albeit still concerning, levels of poor mental health compared with their non-rural counterparts, contrary to some other research findings.¹ While not explored in this report, factors such as being less visibly trans or non

-binary or belonging to certain social groups (e.g. the ethnoracial majority) may allow rural trans and non-binary people to still benefit from the strong sense of community and interdependence frequently associated with rural-living.⁶

These results should be interpreted with caution as we did not obtain a random sample. Therefore, findings may not represent all trans and non-binary people living in rural areas. Further, due to demographic differences between the rural and non-rural groups, such as those in age and racialized status, it is not clear whether the observed differences are attributable to living in rural areas or to other factors. Future research should aim to recruit a larger, probabilistic sample and, informed by an intersectional lens, explore how variables like rural place of residence, racialization, and age interact. Given their lack of representation in our sample and the literature, future work should prioritize trans and non-binary populations in the rural north whose experiences may differ from other rural-living trans and non-binary people. The unique experiences of rural trans and non-binary people should be further explored with an emphasis on the factors that may allow them to thrive in rural areas. Supportive programs and policies should prioritize access to trans-affirming health care and broader trans and non-binary communities in rural areas to promote the health and well-being of rural-living trans and non-binary people.

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