

TRANS AND NON-BINARY CONSIDERATIONS

Embracing inclusion and diversity.

Analysis of the 2021 Australian Census reveals that 43,220 respondents, comprising 0.17% of the population, marked the non-binary sex option on their forms. The Australian Bureau of Statistics has indicated that the non-binary sex category does not provide data that is of sufficient quality to be used.

The responses suggest a lack of consistent understanding of non-binary sex, with varying interpretations among different individuals. As such, it cannot be used to measure diverse sexualities or to interpret the number of people with varying sex characteristics.

Transgender refers to people whose gender identity does not correspond with their sex assigned at birth.

A **non-binary person**, in most cases, would define their gender identity as **non-binary**, not solely male or female.

People of the trans and non-binary community can experience menopause symptoms if they have previously been exposed to oestrogen (whether from their ovaries or from medication).

People taking hormones to feminise will usually take oestrogen and testosterone blockers. To masculinise, testosterone is required. People taking these hormones are recommended to have regular health checks.

Trans-men and non-binary people with ovaries may experience menopause, particularly if they have had oestrogen exposure during puberty. Currently, there is limited data about the menopause and trans-people.

Most menopausal symptoms occur due to a drop in oestrogen levels. As gender-affirming hormones are typically given lifelong, most people taking gender-affirming hormone therapy will not experience menopausal symptoms.



There is usually no need for trans-women taking oestrogen to cease treatment; if they do, menopausal symptoms will often occur.

If you are trans or non-binary and symptoms have interfered with your health and quality of life, it is a good idea to make an appointment to see a medical specialist in trans and non-binary health.