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Transgender information behaviour

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Abstract

Purpose – The purpose of this paper is to explore information behaviour and the information barriers transgendered people encounter. This study produces new information about the information needs in the construction of the transgendered identity, the changing of the information needs during this phase, utilized information sources, information sharing and barriers encountered in the information behaviour displayed by transgendered people.

Design/methodology/approach – Semi-structured interviews were used to explore the information behaviour of 12 transgendered participants. This study represents a phenomenological-hermeneutic approach. A qualitative content analysis was used in analysing the data with categories derived from previous research and research questions.

Findings – Serendipity played an important role at the beginning of the participants' information seeking phase: the young individual would not have terms corresponding to his or her experience because of the invisibility of the transgender phenomenon in the culture. The barriers to seeking information were psychological, demographic, role-related or interpersonal, environmental or source characteristic. Fear was apparent as a barrier in the surrounding culture often caused by expectations, attitudes in the family environment and people around. Source characteristic barriers were related to the lack of terms and vocabulary required to seek information and also the lack of the information itself. Information about transgender and gender minorities was essential in building up a clear gender identity, and the most relevant information sources of this sort of information this were other transgendered people and the experience-based information they had shared.

Originality/value – The information behaviour of transgendered people has not been previously studied. In this study a model of information behaviour and information barriers was made. The model includes individual's information practices, sources of information and also the barriers affecting information behaviour.

Keywords Individual behaviour, Health

Paper type Research paper

Introduction

The purpose of this paper is to study information behaviour in connection to the identity construction of a transgendered individual. Transgender identity may not be necessarily instinctively supported by people in the closest environment or family. In Adams' and Peirce's (2006) study most transgendered respondents had felt something was "wrong" in their early school years. However, because of the surrounding reality it took until puberty or even adolescence to finally cope with the subject (Adams and Peirce, 2006, pp. 1-5). Many transgender adolescents described that they have been alone in their gender struggles (Levitt and Ippolito, 2014, p. 1729). In this struggle, access to information and medical health services have been identified as important sources of support (Mullen and Moane, 2013, p. 151). The internet was ranked as being the most important information source because of the ability to browse it in private with 24-hour access. However, the internet was also felt to be filled not only with relevant up to date information but also misinformation. Other important named sources have included television, peer support groups, transgender friends, medical articles and books, fiction, as well as clerical and medical professionals. Information



contributes significantly to the construction of a transgender identity, but information on the topic is difficult to access (Taylor, 2002, pp. 88-95; Adams and Peirce, 2006, pp. 1-5; Vilkkka, 2006, pp. 3-4; Beiriger and Jackson, 2007, pp. 45, 50-52, 55). Another problem is the inadequate representation of transgender: the problem of information is not only in its quantity but also in its quality (Levitt and Ippolito, 2014, p. 1729).

Based on studies by Taylor (2002), Adams and Peirce (2006), Vilkkka (2006), Beiriger and Jackson (2007) and Thompson (2012) it seems the information needs and information behaviour of the transgendered is evolving along with the individual's own gender identity. At first there is a conflict between the experience of the individual's own gender and how the surrounding world sees it. Gender identity can evolve slowly and gradually, and the most important thing in the beginning is to find a name for the gender experience. Early information needs are related to the causes of transgender identity, experiences of other transgender people, support groups and counselling services, and they evolve in the course of time. When the experience of an individual's own gender has become established the information needs also change. In this phase these needs are often related to public policy-related topics such as medical care, employment discrimination and transgender activism. Other transgendered people can be important sources of information. After the rise of the internet, its position as a source of information has become crucial. The internet offers the possibility to obtain information anonymously. Other sources of information in the previous research have included movies, books and medical professionals.

According to Vilkkka (2006, pp. 3-4), transgendered people are not only users of gender knowledge, but many of them are also its active producers and contributors, especially of knowledge about the transgender phenomenon. The problem is that this knowledge is unevenly distributed in society. The users of gender knowledge are mainly the transgendered themselves, researchers of different disciplines specialized in gender issues, as well as medical and health care professionals specialized in gender adjustments, whereas its accessibility to other citizens may prove complicated.

Education about transgender identities, concerns and care are not usual topics covered in the curriculum of health care professionals and this creates a significant barrier to providing care. Studies of health care professionals indicate that there is a lack of both basic knowledge of terminology and access to health information of lesbian, gay, bisexual and transgender people. This knowledge gap creates an environment in which transgender patients are often expected to educate their doctors about their transgender identity (Ficar and Keith, 2004, p. 63; Røndahl, 2009; Hagen and Galupo, 2014, p. 17).

Comprehension of the information needs, seeking behaviour, sources of information, evaluation, sharing and other uses, i.e. the information behaviour of transgendered people, would assist not only the transgendered themselves but also medical and social authorities and societies in supporting adolescents in their construction of their identities and in their identity struggles. However, the information behaviour of transgendered people has not previously been studied. Therefore, the purpose of this research is to focus on this topic and study the information behaviour related to the gender identity construction of transgendered people. The research questions in this study are:

- RQ1.* What kind of gender identity orientated information needs do transgender people have and how do these information needs change once gender identity has been stabilized?
- RQ2.* Where has information about the transgender phenomenon and transition process been found?

RQ3. What kinds of problems or barriers have there been in finding information about the transgender phenomenon and transition process?

RQ4. Have transgendered people themselves shared information about the transgender phenomenon and if so, how?

This research produces new information about the information needs in the construction of the transgendered identity, as well as the changing of the information needs during this phase. The research also examines utilized information sources and barriers to information encountered in the information behaviour of transgender individuals.

Transgender identity

The identity a person has is not something that is given. We are not born with an identity; rather, it gradually develops in relation to our experiences in social interaction and our cultural surroundings. Through such experiences a person localizes her/himself and is localized into social reality. Identities are never solid. They consist of many discourses, conventions and positions which may be distinct, interlinked and even opposition to each other. Identities are built primarily through differentiation, which means choosing and abandoning (Hall, 1999, p. 250; Mullen and Moane, 2013, p. 147).

Gender is a powerful principle of social life. It is a multilevel system of social practices that produces distinctions between women and men. These practices often lead to inequality on the basis of those distinctions. Gender operates at the individual, interactional and institutional level. It is commonly presumed there are average differences between women and men groups which are greater than the differences within each sex category. A person is expected to accept the gender category into which he or she is born. Once a person is categorized at birth as female or male, gender is used to organize and interpret additional information about that person and to shape expectations for behaviour (Wharton, 2009, pp. 18-23, 123, 229; Wright, 2011, p. 1).

Transgender is an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth. Gender expression refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice or body characteristics. Transgender is independent of sexual orientation. The process of transgender identity development can take many years and is complicated by social stigmatization, lack of support from friends and family, numerous forms of discrimination, and possibly a lack of access to supportive mental and physical health care (American Psychological Association (APA) Committee on Lesbian, Gay, Bisexual, and Transgender Concerns Office and Public and Member Communications, 2011, p. 1; Wright, 2011, p. 1).

Transgendered people have the possibility to take part in a transition where the person's physical features according to sex are repaired with medical and surgical procedures to respond the individual's self-image. Transgendered people may want to adopt the appearance of the desired sex through changes in clothing and grooming, adopting a new name, changing sex designation on identity documents, using hormone therapy treatment and/or undergoing medical procedures that modify their body to conform with their gender identity (Pimenoff, 2006, pp. 25-26; Suhonen, 2007, p. 64; Vilkkka, 2010, p. 38; Coleman *et al.*, 2012, pp. 173-185). In Finland this is supported by public medical care, but this is not the case in all countries.

There is no reliable estimate on the number of transgendered individuals. Unless one "comes out" as transgender, this characteristic is invisible to the general population

(Taylor, 2002, p. 88). Transgender is considered a rare phenomenon. In different countries 1:30,000 men and 1:100,000 women apply for a transition process. Feelings of being transgender are, however, much more likely, and are estimated even at 1:500-1:1,000 (Huttunen, 2014). By 2009 about 10,000 people in the UK had undergone gender reassignment through gender clinics, with a further 46,000 anticipated. The number of new referrals has doubled every five years, with an even more rapid increase in younger people (Burrows, 2011). It is estimated 0.3 per cent of adults are transgender in the USA (Gates, 2011). In Finland it is estimated there are about 0.02 per cent of the total population who are transgendered. During the last decades the distribution of transgender changes from women to men and from men to women has been constant (Aarnipuu, 2008, p. 72; Vilkkä 2010, p. 29).

Information behaviour

Information behaviour includes both information seeking and communication (Robson and Robinson, 2013, p. 189). Information behaviour and information practices are both umbrella concepts denoting the general ways people deal with information. Information behaviour is the concept describing behaviour linked to information channels. It includes active and passive information seeking, non-directed monitoring, needing, finding, choosing, using, abstaining and avoiding information (Wilson, 1996; Case, 2012, pp. 3, 5; Savolainen, 2007, p. 109). McKenzie (2003, pp. 26-27) describes in her model information practices of everyday life which consist of active seeking, active scanning, non-directed monitoring and receiving information by proxy. Niemelä (2006, pp. 160-162) added to the model a new information practice, abstaining from information (also Savolainen, 2007). Abstaining from information is an information practice where a person consciously tries to ignore or avoid information from some specific source. Moreover, Talja (2002, p. 143), Godbold (2006) and Savolainen (2008, pp. 3-4) mention information sharing as a part of information behaviour, and that the found information can be also utilized, or, e.g. destroyed (Godbold, 2006, Savolainen, 2007).

Information behaviour can be divided into purposive information seeking and information encountering (Palsdottir, 2010, p. 238). Serendipity can happen in different frameworks, such as blind luck (chance that comes with no effort), happy accident (chance which is due to exposure to seemingly unconnected facts and experiences), prepared mind (chance is perceived due to exposure to many facts related to the problem at hand) and individual (chance favors a particular individual as a result of the person's distinctive knowledge or interest) (Austin, 2003, pp. 71-72; Foster and Ellis, 2014, p. 1028). Certain attitudes or decisions may affect the exploitation of serendipitous information encounters. This may be referred to as having a "prepared mind". However, not only having a prepared mind, but also having developed information seeking skills and of course the right sources themselves have a role in engendering serendipitous information encounters (Foster and Ford, 2003, pp. 322-325).

On the basis of the models mentioned above the process of information seeking is initiated when an individual experiences a problem or an information need. This may lead to active seeking of information, but also to less active information practices. Several intervening factors influence the way an individual proceeds: psychological, environmental, source characteristics or, e.g. role-dependent interpersonal factors may either contribute to the information seeking, slow or inhibit it. Perceived need for information does not necessarily lead to information seeking. An individual's personality offers its own resistance to information behaviour. Other elements are linked to the situation, particularly the role-related, social or interpersonal elements.

Personal characteristics include different kinds of variables, such as physiological, cognitive and emotional characteristics. The concept of cognitive dissonance describes conflicting cognitions making a person uncomfortable and leading to seeking ways to resolve the conflict in one way or another. Cognitive needs may in fact be the ultimate driver of information behaviour. Also the degree of education an individual has, as well as her/his knowledge base and demographic variables such as age, sex and other factors are all found to affect information behaviour (Wilson, 1997, pp. 556-562).

Economic barriers to receiving information can include direct economic cost and the value of time, while interpersonal, role-related problems are likely to arise whenever the information source is a person, or where interpersonal interaction is needed to gain access to other kinds of information sources. The attitude of a specialist and the presence of other people during health information seeking can be barriers to the information behaviour of an individual. Social factors can act as barriers to accessing information. Environmental barriers are connected to time, geography and national cultures. Source characteristic barriers are linked to access, credibility and channel of communication (Wilson, 1997, pp. 556-562). One barrier in the diffusion of information is also homophily meaning the degree to which a pair of individuals who communicate are similar in certain attributes – such as having similar beliefs, education, understandings and social status – making communication more effective (Rogers, 1995, pp. 286, 287). Less effective heterophilous communication has, however, special information potential: it links different groups having dissimilar information and is, therefore, more important in the diffusion of new ideas than homophilous communication (Grannovetter, 1973). Consequently, homophily may act as an invisible barrier to new information. In addition to this, individuals are usually more open to the ideas near to their own interests, needs and existing attitudes and either consciously or unconsciously may avoid information which conflicts with their previous predispositions (Rogers, 1995, p. 164).

In Chatman's (1999) study information behaviour occurs in life in a small world in which its other members may set boundaries to information behaviour, including social norms, appropriate behaviour and taking life for granted. Life in a small world includes boundaries to seeking information which can only be crossed if the information is perceived as critical, if there is a collective expectation that the information is relevant and if a perception exists that the life lived in the round is no longer functioning. In Chatman's (1999) theory a small world individual is strongly influenced by others, specifically insiders, including social control (pp. 214-216).

In Williamson's (1998, pp. 35-37) ecological model of information use in everyday life, information seeking is part of the social and cultural environment affecting the channels and sources an individual uses. Socio-economic circumstances, values, lifestyles, physical environments and personal characteristics together affect individuals' information behaviour.

Research methods and material

There have been both quantitative and qualitative studies made of transgendered people. Inquiries and surveys have been used in studies by Taylor (2002) and Beiriger and Jackson (2007). Interviews or focus groups were used by Adams and Peirce (2006), Mullen and Moane (2013) and Levitt and Ippolito (2014).

This study represents a phenomenological-hermeneutic approach by understanding, capturing and describing peoples' experience of a phenomenon and aims to explain how they perceive, describe, make sense and talk about the

phenomenon with others. Qualitative, semi-structured interviews were used to explore information the behaviour of transgendered participants. Qualitative methods can facilitate the study of issues in depth and detail from producing a wealth of detailed information (Patton, 2002, pp. 14, 104). A qualitative interview is suitable in cases where there is only limited previous research (Mullen and Moane, 2013, p. 142) and when approaching a socially marginalized group (Hartley and Muhit, 2003).

In this study the Transgender Support Center in Finland and Seta – GBTI Rights in Finland were contacted in order to find informants for the study. These organizations were asked to share information about this study. Additionally, information was delivered via the internet, social media, paper bulletin and through friends. In this way, and with the help of other interviewees, 12 interviewees were reached. Ethical principles were taken into account in the study. The interviews were organized in places where outsiders could not hear the informants' statements, in the first author's home or in a chamber of a library, approved by informants. Their approval was asked for taping the interviews and the recordings were transcribed only by the first author. The identity of the informants is protected and in the following text they are marked by letter H and a number.

All 12 interviewees had experienced the feeling that they did not belong to the gender they had been assigned at their birth. They did not all identify themselves with the term "transgender", but they all had either considered or started transition. All the participants had been searching for information about the transgender phenomenon and the information they had found had helped building their gender identity, even though they did not necessarily consider themselves as being transgender. The ages of interviewees were between 21 and 59 years, the average age being 35 years.

The interviews were carried out from February to July 2013. In all 12 interviews were recorded and transcribed. The recorded interviews lasted between 26 and 108 minutes, and altogether there were ten hours six minutes of recorded material. An average interview took 53 minutes. The transcribed interviews were 14 pages in length on average, with altogether 170 pages. Interviews were transcribed word by word. In transcribing there were marks to interviewer (A) and interviewee (H). Interviewees were marked by H1 to H12.

Qualitative content analysis was used in analysing the data. The categories and subcategories of the analysing frame were derived from previous research and research questions applying six categories of information seeking practices: active seeking of information, active scanning for information, non-directed monitoring, getting information by proxy, abstaining from information and information sharing (Wilson, 1997; Williamson, 1998; Talja, 2002; McKenzie, 2003; Niemelä, 2006). The analysing frame also included sources of information: these included institutional sources, mass media, wider personal networks and intimate personal networks. Sources further included subcategories, for example institutional sources included subcategories for school, organizations and medical system. The analysing frame also included barriers, which were categorized as person-dependent and non-person-dependent barriers. Also information needs had categories and subcategories. An example of categories and subcategories can be found in Table I. The research material is rich, including both a great variety of (trans)gender experiences, ways to seek information and barriers to obtaining information concerning the topic, consequently reaching also saturation in this respect.

Results

The interviewees described their gender in different words. Participants described themselves as being a woman (H2, H4, H10), transgender woman (H1), transgender man

Table I.
An example of the categories of the content analysis

Original expression	Reduced expression	Category	Sub category
“I heard about the transition process from this trans group that it functions so that first you need to fetch a referral for a medical examination, and people in the group in a way were able to recommend a doctor whom someone of them had earlier visited and who knew about this topic”	Practice: receiving information from the transgender peer support group	Practice: receiving information by proxy	Source: wider personal networks Source: peer support groups
	Topic: phases of the transition process	Topic: transition process	
	Topic: recommendation of a doctor familiar with the topic		

(H3, H5), transgender (H8, H9, H11), different gender (H6, H12) and girl-boy-androgyny (H7), describing the great variation among transgendered people (see, e.g. Bockting, 2014, p. 740). Half of the interviewees had heard about the transgender phenomenon in their childhood or in their early adulthood, while the other half had not found any information about it until their adulthood. However, in their childhood none of them had been able to link their own experiences of their gender to the information they had encountered:

H1. Yes, I remember that we were not allowed to watch this program as kids. It was an evening of special programs, and it also concerned transgendered people, and of course other things, and, so, but at that time I could not combine these two things.

Information needs and changes in needs

The first encounter with the transgender phenomenon did not necessarily provoke a full information need. The feeling about the informants’ own gender and the received information did not necessarily “match” and the information the interviewees found did not necessarily lead to seeking more information. The first encounter with information about the phenomenon had been blind luck when the “prepared mind” was not yet ready. The gender identity of every interviewee was not solid or found yet but was still evolving:

H9. But it kind of evolved more deeply to the way, that I feel like, kind of more transsexual, which is just, or transgender, I feel to be more and more like a woman every day.

Because information about the experienced identity struggle was not readily available, most informants had received their first knowledge about the transgender phenomenon in “serendipitous encounters in unexpected places” (McKenzie, 2003, p. 26). Because informants did not possess adequate terminology in their adolescence, their active seeking and scanning for information was not successful. Instead, non-directed monitoring produced the first results. Six of the participants felt coincidence had been in big part in getting information. Interviewees had found information serendipitously about transgender phenomenon from books, television, movies or the internet. The encounters had happened for example when an interviewee was taking a “gender test” on the internet just for fun and found out about the transgender phenomenon and gender variation from that test. Most of the serendipitous

encounters had happened by happy accident or with a prepared mind. Meeting another transgender person accidentally had helped in the beginning with the participants' own gender struggles. These cases of serendipitous information had been individual, where chance favored a particular individual as a result of the person's distinctive knowledge or interest:

H8. Well, I had these two friends who I had just met and I just heard them talking about this subject, so. They both have also started transition process later on. This conversation what I heard was something where I found so much my own feelings, so it made me realize that I have to find more about this subject. And it all happened so fast, these friends helped me to find this Internet peer support group, and from there I found about new terms like ftm (female to male).

The information needs of the interviewees had changed over the course of their lives. In the beginning they were concerned more about their own identity and aspects such as the terms and words concerning gender minorities, other people's experiences, the phenomenon itself, other transgendered people and peer support. They wanted not just facts but also role models and examples on how to build their own identity.

At the time when the interviews were made the transgender phenomenon was already familiar for the informants, and their information needs were related to their life situations. Ten of the interviewees had started a transition process and the two informants who were not in a transition process had searched for information about it.

Interviewees in the middle of transition process were focused on seeking more information about it. The most important sources of information about transition were other transgender people, peer support groups on the internet and the internet. The information mostly concerned surgeries. The information needs about transition were related to the stage the individuals were at in the process, and new information needs arose during the transition. When starting hormone therapy treatment, the information needs concerned hormone products and doses that other transgender used, and after that about surgeries stage by stage. There were also information needs about the risks of surgery and getting treatment abroad:

H10. The information needs I have, they have arisen all the time. When I started hormonal treatment I had to search information about that topic, what kind of treatment people like me usually have and how much they have, and about that I read then. And nowadays it is about this surgery treatment, I've been searching information about. And of course I've been keeping track about this breast growth, and have been following the things about this, how it grows and so on.

Four of the interviewees did not have great information needs regarding the transgender phenomenon and transition process and they did not search information actively anymore. Instead, their information needs were related to the feeling of whether they had enough information or not. Five participants were still seeking information actively, mostly about the transition process:

H4. Whether they had to be without pain killers and so on, that's the information I've been seeking. How have the doctors reacted. I'm always looking for something. I just don't go there (Sex reassignment polyclinic).

Information sources

The interviewees had used all the four information sources in Williamson's (1998) model. Intimate personal networks included relatives, partner or ex-partner and

transgendered friends. Wider personal networks consisted of peer support groups, coffee nights, peer support groups on the internet and Facebook. Mass media sources included internet, blogs, documents, movies, television shows, music, news, books and cartoons, whereas institutional sources consisted of libraries, Transgender Support Center, Seta – GBTI Rights in Finland, evenings organized by organizations, doctors and the sex reassignment polyclinic. Moreover, one of the interviewees mentioned their own experience as a way of obtaining information.

The Transgender Support Center is operated under the larger organization Seta – GBTI Rights in Finland, but the Transgender Support Center has its own workers and holds its own events. It operates mostly in south Finland, in addition to which Seta organizes events for transgender people in some cities. Peer support groups and coffee nights are events where people can meet other people undergoing their gender struggle, usually organized by the Transgender Support Center or Seta. However, in this study these events are seen as part of the participants' wider personal networks because the information is shared there between transgender people, i.e. peers. Evenings organized by organizations include lectures, discussions, workshops and so on, and they are regarded as institutional sources. The sex reassignment polyclinic provides medical care to transgender people, including doctoral meetings, access to a psychologist, starting hormonal treatment and after a year or two, surgery.

In Williamson's (1998) model the most important sources of information were the nearest in the circle, whereas in this study the most important sources of information were not intimate personal networks but the wider personal networks. After that the second most important sources were mass media. Intimate personal networks were the third most important. Despite the important role of mass media in the first encounters with the topic, the information accessed from these sources could be one-sided, outdated or misleading. The transgender phenomenon is rarely discussed in the mass media. Nevertheless, the mass media was rated by the interviewees as the second most important source of information. When their own experiences became clearer the most common sources on the topic were the internet and books. The internet was the most used source for obtaining information related to their own experiences.

The most important sources of information were other transgendered people which represent wider networks in Williamson's categories. Transgendered peer support groups, both on the internet and face-to-face, had played the largest part in getting the most reliable information. They also delivered information which was not available from any other source, for example detailed information about transition. Peer support groups and other transgender people offered information about the transition process, medical treatment, surgery, how to act in sex the reassignment polyclinic, legal and financial issues, describing the transgender phenomenon to family, studies concerning transgender and experiences. Meeting people in later phases of the transition process – i.e. peers – was important to people who had just started it.

Peer support has been seen as an important source of health information also in some previous studies. Ussher *et al.*'s (2006) study of cancer peer support had similar aspects of peer support groups as in this study. All of the participants identified the support group as being an invaluable source of information, providing education about the course of cancer, about new developments in medical and self-help treatments, and about ways of coping with side effects of the illness. In contrast, participants indicated that family and friends outside the group often lacked knowledge, or had a serious misunderstanding about cancer, even in instances where knowledge would be expected (Ussher *et al.*, 2006, pp. 2570-2573). Birkelund and Larsen's (2013) study of hospitalized

patients emphasized the importance of experienced information. The patients of the study turned to their fellow patients for help, knowledge and information instead of turning to the health care professionals. Health care professionals were perceived as being less credible than their fellow patients because they had not experienced similar illnesses. The patients expressed a need for knowledge about the lived experience, which was not attainable from the nurses but from the fellow patients (Birkelund and Larsen, 2013, p. 613) who could share the uniqueness of an individual experience.

Intimate personal networks included both transgender and not-transgender people. Non-transgender people had not played a big part in providing information unlike other transgender people. Non-transgender people may have told the participants about documents, books or movies about the transgender phenomenon, whereas other transgender people had been able to give more information about the transition process and the information had been more valid.

Institutional sources were the least important source of information. The first meeting with a doctor would start with the informant sharing the information about the transition process and the transgender phenomenon itself instead of getting information about the process. The Transgender Support Center provided information about the phenomenon and stages in the transition process but only other transgendered people were able to answer more detailed questions. Experiences about the sex reassignment polyclinic varied. Most informants had enough information about the transition when going there, but on the other hand they felt they did not get much information about the transition process there. It was assumed they already had enough information at the time of surgery:

H8. And then there was also that I had to know a certain kind of “transnarrative” to be able to show it in the right way in those transition examinations, and it helped that I had read about other people’s experiences to be able to point out adduce certain things. So, if I had gone there without this background information, about who they wanted me to be there, it wouldn’t have probably gone so well.

Information barriers

Several information barriers were found in this study. Finding information especially in the beginning had been hard. Barriers had been caused by the lack of vocabulary for use in information searching. Another problem was sometimes to match the found information with the individuals’ own experiences. Most of the interviewees felt there is not enough information about transgender issues available, especially about the transition process. Five interviewees had had serious problems in this respect. Information in the interviewee’s native language about the transition was not to be found from any other source than from other transgendered people or in peer support groups on the internet. No institutional source had helped in gaining any information about the transition:

H3. Admittedly it is a little bit disturbing that they don’t tell anything really specifically in the sex reassignment polyclinic, they assume you find out everything yourself.

A: Okay. And do you feel they should tell more there?

H3. Probably, or they should at least offer you the possibility to ask, like do you know anything or so – Or do you want some information.

In Wilson’s (1997, pp. 556, 569) theory the barriers in information seeking are in five different categories: psychological, demographical, role-related or interpersonal, environmental and source characteristic barriers. In this study demographical

barriers (age, sex and other factors) were related to the interviewees' age and the effect it had concerning the information environment the interview had in childhood and adolescence. The transgender phenomenon itself concerns the sex, and therefore this cannot be specified as being a barrier.

Source characteristic barriers were the most typical barriers in this study. Sources could be misinforming, misleading, one-sided or outdated. Information could also be hard to get. Information would not be specific enough or it would not provide the right answers. Language was also found as barrier. In this study one barrier was also the health personnel's lack of information:

H12. At that time it did not help at all, because in my point of view always in the information about transgender people there is this lack of experiences of people, it is only about the identity and never the feeling – So I did not know the opportunities to correct the physical sex, because I got the impression after reading about androgyny that I'm something like that from my soul, but in the woman's body. But it wasn't clear to me that it is possible to correct your sex if you had felt from the age of three being in the wrong body. But at that time because no one ever used or explained the terms like body dysmorphia or dissociation, I never ever realized to being in the wrong body, I just though every girl hates their body and everyone feels really hard to be in their own body.

Environmental barriers were financial and cultural. In early adulthood one interviewee could not use the internet to search for information because of the financial state of the family. Cultural barriers were mentioned by three interviewees. The surrounding culture slowed active information seeking but also slowed the interviewees in finding their own gender identity. Four of the interviewees felt that living in the city had made it easier to get information or to be a transgendered person. The city environment had places for minorities to meet, possibilities to get information, good library services and more likelihood of having other transgender people in your networks making heterophilous communication (Rogers, 1995) possible. Homophilous communication can also be a barrier, as in this example:

H11. And in some funny way I feel like the surrounding environment I have with many feminists and queer feminists, I mean in adulthood, it had in some funny way slowed me down from adopting a transgender identity, and also to search or find information, I mean like [...] Like in my social bubble it is normal to see gender as a structure, and it's really hard to try to talk about it as a physical experience.

Role-related barriers were related to family, attitudes in the society and attitudes in the sex reassignment polyclinic. Five of the interviewees said their family had slowed them down or barred them from information searching. With three interviewees the negative attitudes in their families in their adolescence had affected the ability to find information, and with two of them it had affected them so much they had been unable to search for information about the transgender phenomenon at all or even to think about the whole issue. For two interviewees marriage in adulthood had slowed down gender struggles and their information search. Negative environments had slowed information seeking also by making talking about their own experiences harder and omitting chances to get information:

H9. I know these friends, I know I would be supported, but life is a little complicated, many decisions must be made at once.

Demographical barriers were related to the interviewees' age and the interviewees' childhood and adolescence. At the time of this study the interviewees were between the

ages of 21 and 59 years. The older informants had not been able to find information about the transgender phenomenon in their adolescence because of the lack of information and harsh attitudes of the social surrounding towards the phenomenon. Opportunities for starting the transition process and building their gender identity as a transgender person had arisen clearly later in their lives compared to the other informants. Informants under the age of 30 had more sources in finding information about the transgender phenomenon already in their adolescence, mostly from the internet. Also the environment had become more approving, and they were able to start the transition process younger than informants born in the 1950s, 1960s or 1970s.

Psychological barriers were related to the informant's personal attributes such as a fear of searching for information, especially in the beginning, while another interviewee had been scared to ask questions in the Transgender Support Center. Fear was not only a personal attribute but also related to the environment and people's attitudes. Fear of not getting treatment in the Sex reassignment polyclinic prevented some participants from asking questions. Physical attributes were not found to be barriers in this study:

H11. I went to the Sex reassignment polyclinic at first with the thought that I would be happy to get diagnosed for other undefined gender disorder. But when I found out I wouldn't get a mastectomy with that diagnosis, I realized no way would it be enough, because I have to have the mastectomy. So it put me in a really hard position there because I knew the difference between these diagnoses, so, so I had to play my cards right to get the right diagnosis.

A: I see, I see.

H11. In the other situation I would ask much more about in what case they could give different treatments and so on. And also, it would be nice if the schedule would be more clear, because it would help me to prepare for all this, and how long it is going to take and what will happen and when.

According to three informants the Sex reassignment polyclinic gives two separate kinds of diagnoses: transgender or other undefined gender disorder. In the transition process only the transgender diagnosis ensures all treatment, including all the surgery. According to two informants it is left to the patient to know the difference between these diagnoses. To be able to get the treatment they need they should know the difference between these diagnoses before going to Sex reassignment polyclinic. The difference between the diagnoses can cause the patient to highlight certain feelings and cover others up to assure getting the treatment needed. One of the informants, on the other hand, felt under pressure by the Sex reassignment polyclinic to take "the whole package" including all operations. This uncertainty of the treatment can cause fear of asking questions. The informants remained in a state of uncertainty concerning these decisions because the ultimate solution was not received. The only information they received about the diagnoses was secondary information from other transgender peers and firsthand knowledge from medical authorities was not accessible.

Information sharing

Sharing information played a big part in the information behaviour of the transgender informants. Information was shared among the peer group, which represents wider personal networks (Williamson, 1998) and can be considered as the most important source of information in this study. All the informants both received information from their personal networks and shared it with others. One informant was in the charge of a peer support group, hence representing simultaneously an institutional source of

information. Moreover, the informants shared information about transgender issues and the transition process with the medical authorities. Blogs, books and journal articles were also published in order to share information.

However, not all the informants were able to share information about the transgender phenomenon with their own parents, representing their intimate personal networks, although in most cases this was possible. Personal reasons and fear, representing psychological barriers, were behind abstaining from sharing information with the family.

Discussion

The study of transgender information behaviour reveals almost the same elements, information practices and sources, as described in other contexts by Wilson (1997), Williamson (1998), McKenzie (2003) and Niemelä (2006): actively seeking information, actively scanning for information, non-directed monitoring, getting information by proxy, abstaining from information and information sharing.

Based on this study and previous research, the information practices and information search barriers are described in Figure 1. It includes an individual's information practices and sources and also the barriers affecting information behaviour. Figure 1 combines four models (Wilson, 1997; Williamson, 1998; Talja, 2002; McKenzie, 2003; Niemelä, 2006) into one operational model representing the variety of information behaviour in the context of transgendered people. The model indicates the factors affecting an individual's information behaviour including the different kinds of barriers an individual may encounter while seeking and sharing information.

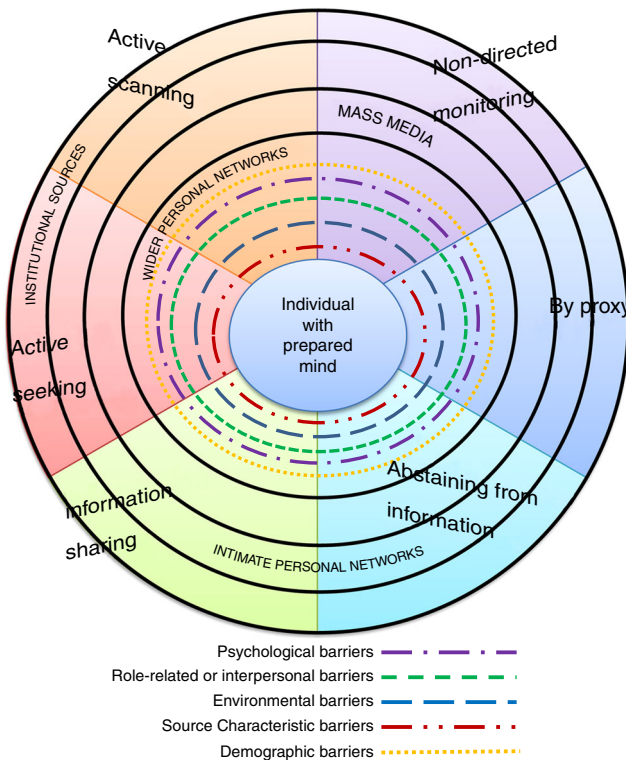


Figure 1.
Model of information
behaviour and
information barriers

The surrounding world influences the individuals and in this study the informants' experience of their gender was in a clear contradiction with the surrounding expectations. All the informants described their situations as being in a wrong context. Figure 1 shows an individual with a prepared mind and an information need in the centre. Anyhow, this does not necessarily mean the individual would have words or concepts describing the experienced own gender, although in any case there is the experience of the dissonance: "something is wrong". The individual is surrounded by several different kinds of barriers at least some of which had to be overcome before even starting information seeking or finding words describing the problem.

The barriers of information are psychological, role-related or interpersonal, demographic, environmental or source characteristic. All the barriers found in this study have affected an individual's information behaviour preventing the individual from getting or sharing information. Barriers block the source, leaving the individual without information. However, the barriers may not necessarily influence every individual's information behaviour in every case, and such cases have been successful.

In this study fear as a barrier to information seeking was more apparent than in the earlier research. Fear is a psychological barrier, but it was also at the core of the environmental barriers and role-related and interpersonal barriers that the informants of this study experienced. In the environmental barriers that the participants encountered, the surrounding culture with its expectations caused fear connected to information seeking and sharing. Role-related barriers were also found in this study and the participants' information behaviour had not been successful because of a fear of searching for information by asking others. Furthermore the family environment and attitudes of people around the informants had made it harder to seek or share information.

In the beginning of the information seeking the barriers were mostly role-related or interpersonal concerning an individual's life situation. Role-related barriers were related to the family environment which slowed down some of the informant's information seeking. Age had also affected information behaviour through the cultural environment where the person was born and lived till adulthood. The interviewees had also been confronted with psychological, fear or preconception based barriers. In this study the environmental barriers meant limited financial resources. Barriers connected to the sources of information were present especially in the beginning of the information search and this referred to access, relevance and reliability.

Later, when seeking information about the transition process, source based barriers were connected to their unreliable or misleading contents, language troubles and difficult access. Interpersonal barriers to active seeking or getting information by proxy about the transition process were related to attitudes of the surrounding society, whereas psychological barriers were related to fear concerning the uncertainty of receiving information from institutional sources. In this study source characteristic barriers were also found since information could be totally missing or unreliable.

The roles of different sources found in this study differ from those in earlier studies. The most intimate networks are not the most important sources. Instead, the most important information sources are wider personal networks and mass media. This shows homophilous communication in most cases in youth as a barrier to information, and the significance of heterophilous information sharing among more remote peer groups (Rogers, 1995). Moreover, the information seeking process often starts with a serendipitous encounter because the first barrier between the individual and relevant information is unawareness of the phenomenon and, consequently, a lack of adequate

terminology. An individual's information practices are directed towards the information sources. In this model the nearest sources are the wider personal networks which are also the most important sources of information. The second nearest sources are mass media, intimate personal networks and institutional sources. The order of the sources differs from those in Williamson's (1998) research.

The first encounter with information about transgender phenomenon, the serendipitous encounters, had mostly been blind luck in the context, e.g. of movies or fiction, followed by some form of information search involving mass media and wider personal networks.

When the individual had a "prepared mind" for receiving the information, other kinds of serendipitous encounters could happen. Life in the round from Chatman's (1999) theory can be seen in this study by social control in the beginning making expressing and receiving information of own identity hard. Not until the person reached the stage that the received information became crucial and life lived in the round no longer functioned the individual was able to cross-boundaries to seek information. In their active search for information about gender transition the most frequently used sources of information by the informants were their wider personal networks and other transgender people in intimate personal networks. Information about transgender topics was also actively scanned from institutional sources, mass media and wider personal networks. Once the information had been first found, active scanning was continued until today, though coincidence is still an element of information behaviour: this was the case while non-directed monitoring had been targeted at mass media and wider personal networks. Other people had an important role in information provision. Information about the transgender phenomenon by proxy was received from intimate personal networks, wider personal networks and institutional sources. Interviewees were not likely to avoid information on purpose. One of the interviewees mentioned avoiding information from mass media as it was not reliable.

All the information sources mentioned in Figure 1 were also used as channels in sharing information. One of the interviewees used institutional sources by leading a transgender peer support group. On the other hand information sharing with institutional sources occurred when interviewees described the transgender and transition process to medical doctors and other medical workers. Mass media was used in sharing information by giving interviews to articles in magazines and newspapers and writing books or internet blogs. Wider personal networks in Figure 1 were used when sharing information in transgender peer support groups. Intimate personal networks were used in sharing information about transgender and transition to family members and transgender friends. However, personal reasons including psychological barriers prevented some informants from sharing this information with their families.

In this study barriers to information had been observed and these mostly affected active seeking and non-directed monitoring of information. In both cases the biggest lack of information had been caused by source characteristic barriers. The sources had not offered enough information or the information had not been reliable and caused problems for active seeking and non-directed monitoring. This research result supports expectations of there being a lack of information about transgender and hard access to the information.

Conclusions and further research

This research focused on gender identity orientated information needs of transgender people, their information sources, problems and barriers in finding information and their information sharing about the transgender phenomenon.

Transgendered people are not a homogeneous group and their experiences of their own gender can vary substantially (Bockting, 2014), as also in this study. During the interviews it was shown that information needs were not necessarily linked to the transgender phenomenon itself but to the gender the person feels her/himself to belong to. It is important to keep in mind that transgendered individuals do not necessarily build their gender identity towards being transgender but towards the gender they feel they are. On the other hand transgendered people may not build their identity as a man or a woman, but as not belonging to either gender at all. This kind of identity is ignored almost totally in the mass media and in research, as the inclination to categorize people to be either a man or woman is very strong. This kind of identity can be difficult to express even to medical authorities (see also Hagen and Galupo, 2014).

The most important sources of transgender information were other transgender people indicating the important role of information sharing in this respect. Information was not readily available. There were psychological or interpersonal, demographic, environmental and source related barriers in getting information. The model presented in Figure 1 may describe the situation of not only transgendered people, but also others who find some part of their identity, demographic, psychological or physiological characteristics to be somehow deviant or anomalous in a way unrecognizable by their immediate family or environment. This emphasizes the significance of barriers preventing such people from receiving relevant information. Sociocultural influences (which may partly appear as the lack of adequate information) on identities are especially crucial for groups who have been marginalized or oppressed (Mullen and Moane 2013, p. 141). In the case of a marginalized or oppressed group the barriers between an individual and the essential information can prove much more significant than in the case of, e.g. a disease. The sociocultural environment can have a crucial influence on the success of an individual's information behaviour.

Gender minorities have been studied only during the last a couple of decades, and there is still only a little scholarly information concerning transgendered people. This study focused to transgendered people's information needs from their own points of view. However, the views also of family members of transgendered people and their information needs should be studied. This study and several previous studies (Ficar and Keith 2004, Røndahl, 2009; Hagen and Galupo, 2014) indicate that medical authorities do not necessarily have enough information about transgender care, suggesting the need to study how much information there is available about this topic in medical education. Finally, the information behaviour of other gender minorities would also need to be studied further.

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