

Toward Making Sexual Health Education Gender-Expansive

Julia Stern, MA Gender Studies
Health Educator Supervisor,
Hetrick Martin Institute

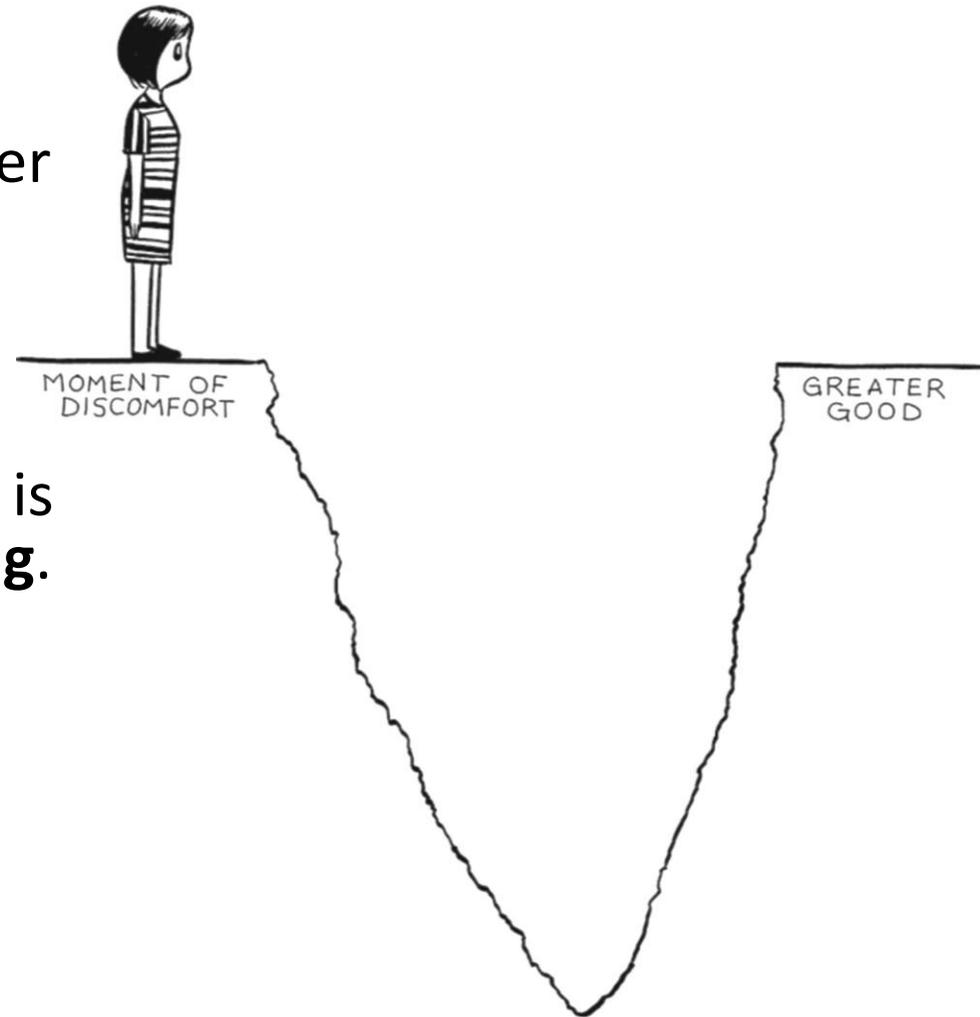
Who is webinar-ing at me?



- Working with LGBTQ+ youth at the Hetrick Martin Institute for 5+ years
- MA, Gender Studies, Utrecht University
- Health Educator Supervisor, CAPP
- International trainer on LGBTQ+ cultural-fluency

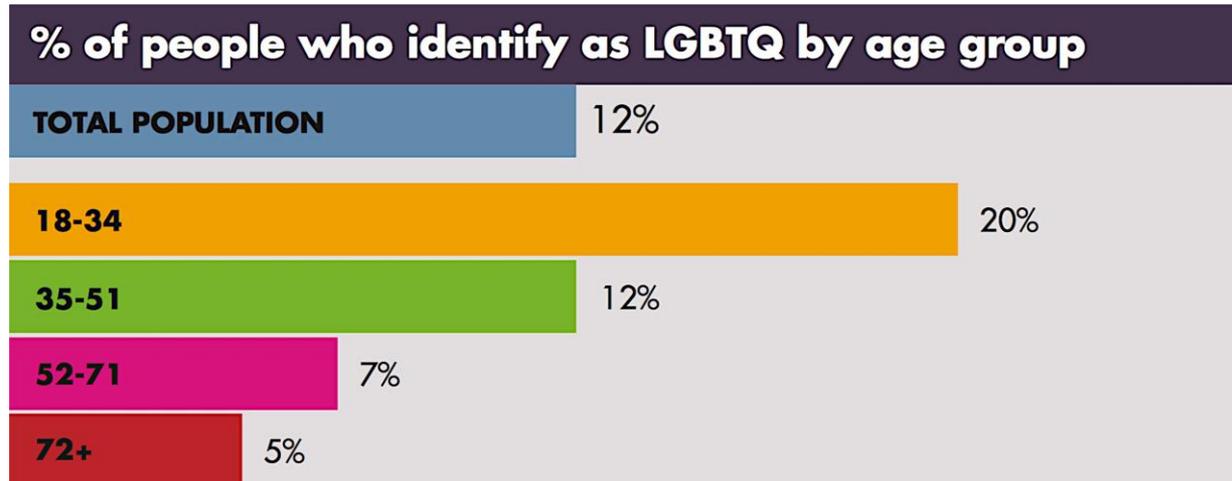
What does it mean to make sexual health education gender-expansive?

- Genuinely learning what it means to be trans (and queer or intersex) from the perspectives of people who identify as such.
- Learning to use and teach others to use **language** that is more **inclusive** and **affirming**.
- Recognizing inherent heteronormativity and cisnormativity in standard messaging.
- Committing to making continued adjustments as necessary.



...and why does it matter?

1. LGBTQ+ youth are everywhere! In fact, young people are significantly more likely to identify as LGBTQ than older generations¹.



“Millennials (people ages 18-34) are...56% percent more likely to identify as LGBTQ than Generation X (people ages 35-51). Perhaps most striking, 12% of Millennials identify as transgender or gender nonconforming, meaning they do not identify with the sex they were assigned at birth or their gender expression is different from conventional expectations of masculinity and femininity – doubling the number of transgender and gender nonconforming people reported by Generation X. Of the 12% of Millennials who identify as transgender and gender nonconforming, 63% also say they do not identify as heterosexual.¹” Accelerating Acceptance, GLAAD, 2017.

...why else?

2. Identity does not align neatly with behavior. Teens who identify as lesbian, gay, or bisexual have higher rates of pregnancy involvement than heterosexual teens.³
3. Transgender people can get pregnant, get someone pregnant, are at disproportionate risk for HIV/STIs/HCV² and are entitled to comprehensive sexuality education as all people are.
4. Messaging that is not explicitly gender-expansive is often unsafe for trans and queer youth *and* ultimately harmful to cis/het youth as well.



Getting on the same page with terms

- **transgender** – most often refers to a person whose sex assigned at birth does not align with their gender identity; transgender is an umbrella term encompassing anyone who crosses over or challenges their society's traditional gender roles or expressions.
- **gender non-conforming (GNC)** – a person whose gender expression does not conform to stereotypically masculine gender norms for those assigned male at birth or stereotypically feminine for those assigned female at birth
- **non-binary** – a gender identity which is neither girl nor boy, woman nor man. Some people with this gender identity feel they are “in between” or other. “Non-binary” is an umbrella term.
- **agender** – indicates no gender identity
- **asexual** – indicates no sexual orientation and, often, a lack of desire for sexual behavior
- **greysexual/demisexual** – indicates moderate sexual desire, or lack of sexual desire in the absence of a strong emotional connection
- **heteronormative** – assuming that people are not gay/queer or implying that being heterosexual is normal or preferred
- **cisnormative** – assuming that people are not trans/GNC or implying that being cisgender is normal or preferred
- **cisgender** – anyone whose gender identity is in line with the sex they were assigned at birth (e.g. a person assigned female at birth who identifies as a girl or woman).
- **queer** – an umbrella term* referring to a sexual identity encompassing anyone who does not identify with cisnormative heterosexuality **and** chooses to identify as such
- **intersex** – having a body that is not considered 100% “standard” “male” or “female”
- **gender-expansive** – not constricted to traditional gender roles and/or identities

Part I: Thinking About Gender

1. Finding our starting points by assessing our own attitudes and beliefs
2. Examining what we were taught about gender and what we have come to know

1. Assessing our own attitudes and beliefs:

It is impossible to work toward using inclusive and affirming language without situating ourselves within our own heteronormative and cisnormative culture. We may have the best intentions, but we are probably also perpetuating harmful concepts and stereotypes by default until we unlearn and replace them.

Personal Comfort Assessment Tool

I am comfortable using the words “trans,” transgender,” “gender non-conforming”

Agree Disagree Not Sure

I address transphobic behavior and/or language exhibited by colleagues

Agree Disagree Not Sure

I feel that identifying as transgender is a healthy and normal expression of gender identity

Agree Disagree Not Sure

2a. Here is what most of us learned...

- 1) There are two sexes: male and female.
- 2) Gender is determined by genitals:
penis/scrotum = boy/man
vagina/vulva = girl/woman
- 3) People are heterosexual until proven otherwise.



2b. Some important things we know now...

- 1) Sexed bodies (bio) are multifarious. Many people are intersex. As many as 1 in 100 bodies differ from the “standard male or female.”³
- 2) While we continue to assign sex at or before birth based exclusively on genitals, genitals do not necessarily lead to any particular gender identity. In other words, people with “standard male,” “standard female” and intersex bodies identify with any and all gender identities (genderqueer, nonbinary, woman, man, agender, two-spirit, trans and so on) sometimes because of and sometimes in spite of their sex assigned at birth.
- 3) Transgender women are women who were assigned male at birth. Transgender men are men who were assigned female at birth. Nonbinary people were assigned a binary sex at birth with which they do not identify. There is nothing wrong with trans and GNC individuals. It is our method of categorization that needs a serious upgrade!
- 4) Heterosexual representation is pervasive, but heterosexuality is not “normal.”

**HETEROSEXUALITY IS
NOT NORMAL, IT'S
JUST COMMON**

Part II: Examining Our Approach

1. The case of representation

2. The case of “male” and
“female” body parts

3. The case of reproductive
and women’s health



1. Representation matters.

- Do the names, couples, orientations, behaviors and identities represented in your program materials adequately reflect sexual and gender diversity?

- What happens when they do not?

- Lessons feel irrelevant and/or invisibilizing to underrepresented individuals
 - contributes to “at risk” status
- Heteronormative and cisnormative world views perpetuated
 - fail to normalize and protect LGBTQ+ youth



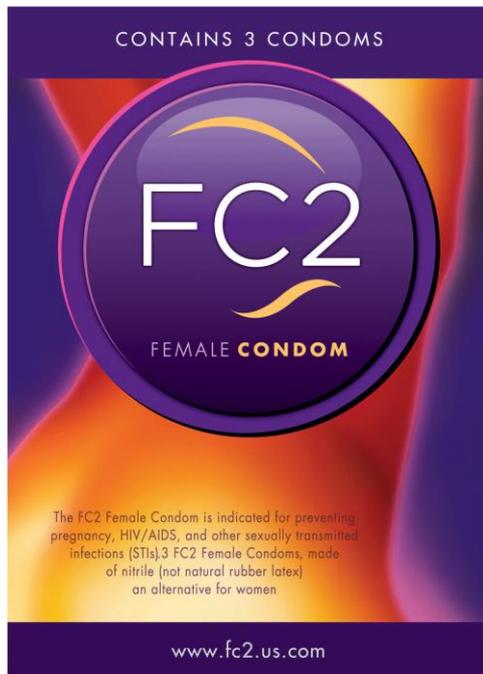
N.B. Navigating Evidence Based Programs (EBPs) and other prescriptive sexual health curricula in a more gender-expansive way is possible.

- Make adjustments where you can.
- If you can't change a program or specific written materials, it goes a long way to openly acknowledge the heteronormativity and cisnormativity of the content.



2. Gendered body parts

- There are girls with sperm and boys with ova. There are lots of non-binary people with varied body parts. They can all use **internal** and **external** condoms for safer sex. What makes a “female” condom female? A “male” one male?



Do you need any information about safer-sex techniques? If yes, with:

- Men
- Women
- Both

^ GAY & LESBIAN MEDICAL ASSOCIATION'S Guidelines for Care of LGBT Patients, p. 16

- GLMA's well-meaning question to include lesbian, gay and bisexual people.
- Do people who identify as men all have the same parts? No!
- How about women? No!
- Are there more categories of people? Yes! Neither bodies nor gender identities have to be binary.

3a. Is Reproductive Health Women's Health?

yes, and...



...not all women are cisgender.



...not all cis women want to get pregnant or sleep with people who can get them pregnant.



...plenty of trans and nonbinary people with uteruses want to be, are, or have been pregnant.



...suggesting that being a woman means having a uterus has unintended consequences.

Sample statement suggesting equivalence:
"All women need a reproductive life plan."

—Kay Johnson, May 10 2017

Unintended implications of equivalence:

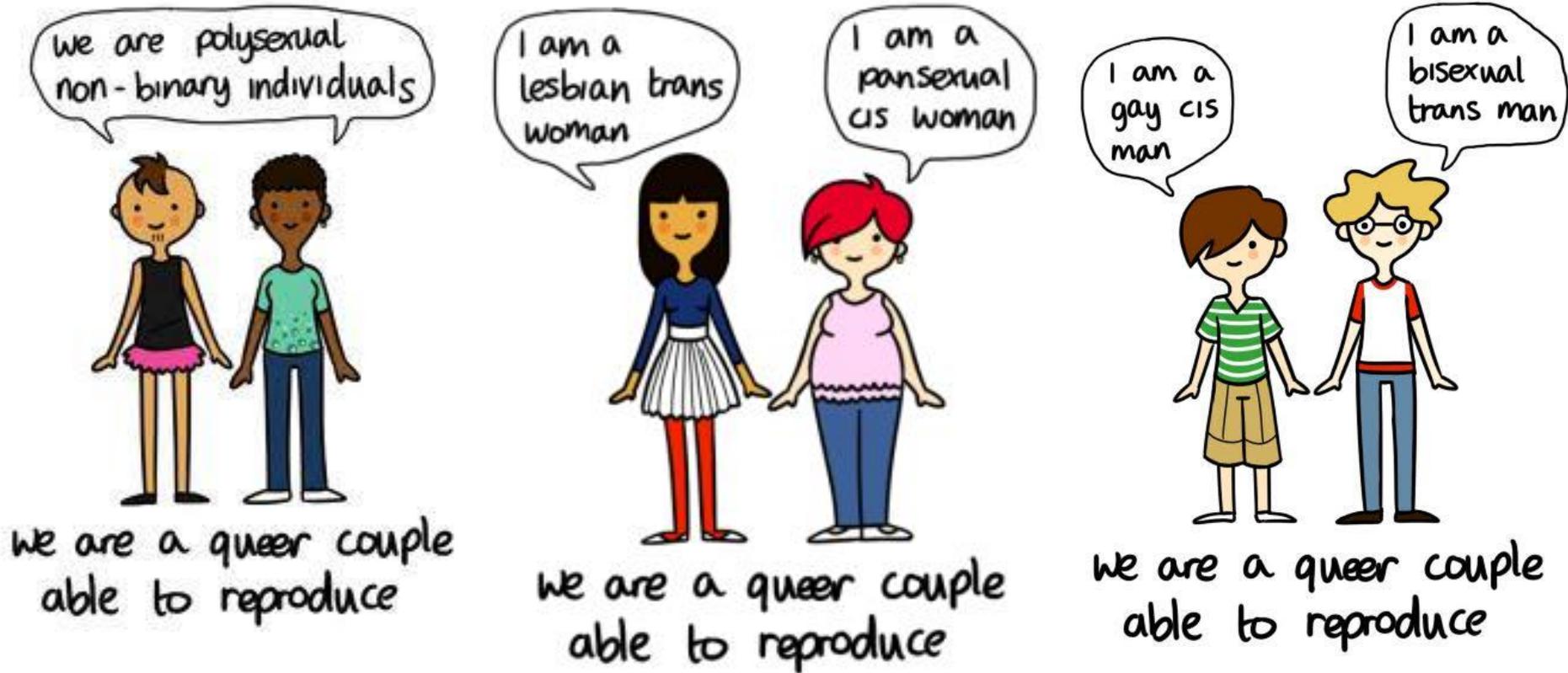
If woman = having a uterus
+ trans women \neq having a uterus,
then trans women \neq real women.

If woman = having a uterus
+ trans men = having a uterus,
then trans men \neq real men.

no, because...

...that's not inclusive and affirming.

3b. Is Reproductive Health Women's Health?



Reproductive health is people's health.

Part III: Best Practices

~~1. Assumptions~~

2. Inclusive and affirming language looks like...

3. Honesty and effort

1a. Refrain from making assumptions

...about people's **pronouns, gender identity, sexual orientation**, sexual behavior, sexual identity, what **body parts** they have or **what they like to call them**.

- Remember that there are probably LGBTQ+ learners in the room. You will not know the sexual orientation or gender identity of every participant, so use inclusive and affirming language whenever and wherever possible.
- Also don't assume:
 - a (trans) person's age, sexual orientation, or **transition status/plans/direction**
 - that all LGB people are trans-informed or trans-allies
 - that all trans people have the same or similar experiences of being trans

1b. ...instead, do:

- When appropriate, ask people what pronouns they use. If there is no pronoun indicated, stay neutral. They is a perfectly grammatical singular pronoun (Eg. “Who left their pen on the table?”).
 - Remember that We have a learned cultural practice of assuming gender pronouns based on gender presentation. **Asking** for and **respecting** all peoples’ **pronouns** one of the most important ways to operate in solidarity with people of trans and/or nonbinary experiences.
 - Eg: Hi, I’m _____. I look forward to having you in my class. I want to check in with you because I want to be respectful of your identity, and I wondered what pronouns you use.”
- Use the words young people use to refer to their identity.

- Ask for clarification should you find yourself confused, and remember that youth know how they feel and may try on different identities to see how and where they fit in. This is not the same as their being “confused.”

	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
Gender Neutral	they*	them*	their*	as it looks
	ze	hir	hirs	zhee, here, heres
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyr	zhee, zhem, zhere

**used as singular*

2. Inclusive and affirming language looks like...

- **Avoiding binary phrases:**

- Boys and girls, ladies and gentlemen, sir or madam, brothers and sisters, men and women, his and hers, he or she, etc.
- People, everyone, folks, friends, children, parents, siblings, one, all, “those who ___,” to whom it may concern, students, colleagues, they/their/theirs, etc.

- **Communicating about trans and GNC content respectfully:**

- “female to male” or “male to female,”
- trans man, trans woman, person of trans experience
- “used to be a girl” ; “wants to be a girl”
- “was assigned male at birth” ; is transgender
- “born a boy” “born a girl” “born male” “born female”
- assigned female at birth, assigned male at birth (AFAB, AMAB)
- “biological(ly) male” or “biological(ly) female”
- assigned female at birth, assigned male at birth (AFAB, AMAB)

- **Talking about bodies without gendering the parts**

- feminine hygiene products, woman’s vagina, women (for people who can get pregnant)
- menstrual products, vagina, people who ovulate/can get pregnant/menstruate/have uteruses, etc.
- when girls start to develop breasts, boys may experience...
- when young people start to develop breasts, people with testes may experience...



3. Honesty and Effort

- Be honest about your level of understanding and your preparedness (or not) to be an ally. Continue self-reflection, learning, and growth.
- Be respectful of LGBTQ+ privacy, and intervene if you witness inappropriately personal questions being asked of a youth.
- Commit to modeling and enforcing safer spaces for LGBTQ+ youth by making them feel included and affirmed, interrupting situations where they are not being included and affirmed, and advocating for agency-wide training and commitment to safer spaces for LGBTQ+ youth.
- When it comes to adjusting to gender inclusive language, it is better to try and make mistakes. If you screw up (e.g. someone's pronoun), you can always apologize and correct yourself.
 - Our language is inherently gendered, and we have much work to do to not to exclude transgender and gender non-conforming people.
 - Just remember that the discomfort of trying and making an error pales in comparison with the discomfort of being invisibilized and/or misgendered.

Overview



- Young people are increasingly likely to identify as LGBTQ+.
- LGBTQ+ youth are at risk of pregnancy and other sexual risks and are not receiving culturally competent sexual health education.
- Making sexual health programs gender-expansive is possible by:
 - Assessing our own attitudes and beliefs and examining what we were taught and have come to know about gender
 - Examining our current programs, behavior and language
 - Adopting best practices like avoiding assumptions and binary language, integrating inclusive and affirming phrasing, and committing to an honest and ongoing effort to create safer and more expansive environments for LGBTQ+ youth.

“To get this job done well, we need a lot more nuance than we have historically had.”

–Kay Johnson, May 10 2017

Questions?