CREATING AN INCLUSIVE SEXUAL HEALTH EDUCATION FOR TRANSGENDER YOUTH IN MARYLAND PUBLIC HIGH SCHOOLS

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AGENDA

• Terminology
• An overview of Sexual Health Education in the U.S. and Maryland’s Sexual Health Education
• Minority Stress Effect
• What do transgender individuals wish they were taught in their sexual health education classes?
  - Puberty Blockers and Hormone Replacement Therapy
  - Birth Control
  - STI and HIV Prevention
  - Masturbation & Sexual Pleasure
  - Sex Toys & Sex Toy Safety
  - Healthy Relationship Building and Consent
• **Gender** is a social construction, power structure and even a performance act when one fits within their gender role. It’s a process of socialization, in which one is not born a man or a woman, but rather “one becomes one” (Stryker 11). In other words, we make up gender and its purpose is to oppress. On a more positive note, gender gives us a sense of community or belonging.

Examples of gender oppression or “gender policing”: “boys don’t cry” & “act like a lady”

*Patriarchal rule values masculinity and devalues femininity*

• **Gender Identity** is how one feels or chooses to identify based on pronouns (Stryker 13)

  Ex. ciswoman, cisman, transwoman, transman, genderqueer, etc.
TERMINOLOGY

• **Sex** is one’s biological making, not gender. “Sex refers to reproductive capacity or potential—whether an individual body produces one or the other of the two specialized cells (egg or sperm) necessary for our species to physically reproduce itself” (Stryker 8). However, **sex is fluid** and is not binary. Secondary sex characteristics, like breasts or body hair, can change when one is undergoing hormone replacement therapy.

• **Intersex** is one’s sex and are individuals who are either born with genetic irregularities that can cause a body to look female at birth, born with genitals that look like a mixture of both binary sexes, or female bodies that are born without vaginas, wombs, or ovaries (Stryker 8-9).

• Most doctors perform “normalization” surgeries on infants when they are born intersex, (in which many people are) in order to fix them or fit them within the binary of male or female (Stryker 9).
**Terminology**

- **Gender Dysphoria** is a distress, unhappiness, and/or anxiety that transgender people may feel when their biological sex does not align with their preferred gender identity (Planned Parenthood).

  Ex. Transgender boys or men may experience gender dysphoria when they are menstruating.

- **Gender Identity Disorder** is “officially classified by medical and psychiatric professionals in the United States as a mental illness” in which one has similar feelings like gender dysphoria but towards their given gender (Stryker 13). A person has to live as their preferred gender for a period of time and undergo “psychiatric treatment” before they are legally allowed to use hormones and/or surgery to change one’s sex to fit their gender identity (Stryker 13).
TRANSGENDER ACTIVISM

• **Gender Identity Disorder** is **NOT** covered by most health insurances in the United States, because wanting to medically transition is considered ‘elective,’ ‘cosmetic’ and ‘experimental’ (Stryker 14-15). Transgender activists say that if GID, wanting to medically transition, or being transgender is going to be listed as a mental illness in the US, then its treatment should be covered (like most psychopathological treatments are). If not, then it should be **delisted** and a person does not have to undergo any psychopathological treatments (Stryker 14-15).

• The transgender identity or being transgender is **NOT a mental illness**, but its simply who they are.
• **Cisgender** is a gender identity; someone who identifies with the gender assigned to them at birth

Ex. Someone born female, assigned the gender girl, and still identifies as a girl or woman.

• **Transgender** is a gender identity; someone who identifies with their preferred gender opposite than their biological sex

Ex. Someone born male, assigned the gender boy, but feels and is a girl or woman.

**There are multiple ways to describe or express manhood & womanhood**

• **Gender Pronouns** are third-person pronouns one uses that is specific to one’s preferred gender identity.

Ex. she/her/hers, he/him/his, they/them/their
TERMINOLOGY

- **Sexual Orientation** is one’s sexuality or an identity based on who one is attracted to.

- **Pansexual** is a sexual orientation; someone who is sexually attracted to another based on connection, not their specific gender identity or genitals.

- **Asexual** is a sexual orientation; someone who may want to have a romantic relationship with another but aren’t interested in having sex.

Gender does **NOT** determine sexual orientation
• **LGBTQ+**: Lesbian, Gay, Bisexual, Transgender, Queer
  - Queer means anyone in the LGBTQ+ community, including the sexual orientations or gender identities that deviates from the norm, in which the acronym itself does not include.

• The “T” or transgender folks are constantly being marginalized in the LGBTQ+ community by many cisgender individuals.

• Some issues affecting the transgender community are inaccessible healthcare, homelessness, unemployment or job discrimination.
BRIEF HISTORY OF SEXUAL HEALTH EDUCATION IN THE U.S.

• Abstinence-only-until-marriage sex education received funding in the early 1980s under the Reagan administration (A Call to Action: LGBTQ Youth Need Inclusive Sex Education).

• Funding increased during the Bush administration and the program has received more than $1.8 billion in federal taxpayer dollars since 1996 (A Call to Action).

• In 2010, the Obama administration funded two sex education programs (A Call to Action)
  -Teen Pregnancy Prevention Program
  -Personal Responsibility Education Program
THE CURRENT STATE OF SEXUAL HEALTH EDUCATION IN THE U.S.

• In 2018, the Trump-Pence administration rebranded the Abstinence-only-until-marriage sex education program to the Sexual-Risk Avoidance Program after cutting $213.6 million in grants for the Teen Pregnancy Program in their efforts to promote abstinence (A Call to Action).

• Only 3 states: California, Iowa, Washington, plus Washington D.C. all legally require schools to be LGBTQ-inclusive (A Call to Action).

• The state of Arizona prohibits “instruction that ‘promotes a homosexual lifestyle,’ while Alabama requires educators to equate homosexuality as a criminal offense (A Call to Action).
SEXUAL HEALTH EDUCATION IN MARYLAND

• Maryland does **NOT** legally require their sexual health education to be medically accurate.

• The 2019 new regulation still stresses abstinence as the best method of contraception, the best way to avoid unintended pregnancy, and to avoid STIs and HIV.

• Maryland does **NOT** have a law that addresses discrimination against students based on both sexual orientation and gender identity (Human Rights Campaign).
WHAT THE FUTURE SHOULD LOOK LIKE?

• More research conducted with Black transgender youth and transgender youth of color
• Legislation requiring sexual health education to be LGBTQ+ inclusive
• Representation of LGBTQ+ individuals in the classroom
• Teachers who are educated on a variety of sexual health topics and who are LGBTQ+ inclusive
• Longer durations in order to have enough time to teach all of the sexual health topics
• Sexual health education classes starting as early as elementary school to teach students about consent, healthy relationship building and boundary setting, as well as puberty blockers.
The **minority stress effect** is an “interpersonal stress and discrimination that LGBTQ+ youth experience in their homes, schools, or communities that can lead to adverse mental and physical health outcomes” (A Call to Action).
MINORITY STRESS EFFECT

STATISTICS

• “Trans youth are over 2X more likely to be taunted or mocked by family for their LGBTQ identity than cisgender LGBQ youth.” (2018 LGBTQ Youth Report).

• In schools “50% of transgender girls have been physically threatened” (2018 LGBTQ Youth Report).

• “Forty percent (of transgender folks) have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%)” (The Report of the 2015 U.S. Transgender Survey).
Puberty blockers are medications that block hormones (such as testosterone and estrogen) in order to prevent puberty from happening, like periods, breast growth, voice-deepening, and facial hair (Planned Parenthood).

Hormone replacement therapy is used to create physical changes that will either feminize or masculinize an individual (Planned Parenthood).
BIRTH CONTROL

The **hormonal IUD** may decrease blood flow, menstrual cramps, or may stop one’s period overall while the non-hormonal IUD (or the **copper IUD**) can if taken with **testosterone** (Planned Parenthood).

It is important to teach transgender youth that one **can still get pregnant** or impregnate someone else, even if they are undergoing hormone replacement therapy.
Transgender youth are less likely to wear or be inconsistent in wearing a condom with their primary sexual partners than their cisgender peers (A Call to Action).

Transgender individuals may NOT use male condoms for a number of reasons: inability to become pregnant, gender dysphoria, and their belief that condoms do not affirm their gender identity.

Research shows women who have sex with women may not want to wear dental dams because they are seen as “unsexy” (Emetu) so educators must discuss the feelings one has with using male condoms or dental dams.
HIV PREVENTION

• Black transgender women disproportionately have higher rates of the Human Immunodeficiency Virus (HIV) than white transgender women (CDC).

• Research shows that at least 30.9% of transgender girls tested HIV positive (Reisner et al.).

• Although gay, bisexual men, and transgender women may experience higher rates of becoming HIV positive (A Call to Action), anyone can be tested positive and it is imperative for sex educators to destigmatize sexual activity between LGBTQ+ individuals when discussing HIV in the classroom.
“The HIV prevention pill. I feel like queer youth should definitely have access to that and should know about it...There’s a lot people that are HIV positive...in the transgender community than in the ciscommunity...Again, not a lot of people know it because not a lot of people get tested.”

-A transgender man (Haley, et al.)
HIV PREVENTION PILLS

**Pre-exposure prophylaxis or PrEP** pill prevents one from getting HIV (while still wearing a condom) by 90% after engaging in sex and 70% after sharing needles (Planned Parenthood).

**Post-exposure prophylaxis or PEP** lowers one chances of getting HIV (but must be taking within 72 hours) after they have been exposed to it (Planned Parenthood).
HIV TREATMENT

“Wow. That’s amazing. Especially if you’re in a relationship…from what I learned about HIV is that you can’t have sex with someone who does…That makes a big difference if there’s still a possibility that people can be together.”

-A transgender individual (Haley, et al.)

- **Antiretroviral therapy or ART** is a medication for people who already have HIV, in which they can still continue to engage in sexual activity (Planned Parenthood).
MASTURBATION & SEXUAL PLEASURE

“Know what you like. Don’t be afraid to—it’s hard to tell somebody what you like if you don’t even know what you like, so I mean, know that anatomy of your body. And know what feels good to you and what doesn’t feel good to you because if you don’t know then there’s—it’s not going to be you”

-A cisgender, heterosexual woman (Blunt-Vinti et al.)

Transgender individuals who masturbate or engage with sex toys report increased body positivity, helps them cope with gender dysphoria.

Masturbation may even decrease non-consensual sexual activity and/or sexual coercion for everyone!
“Keeping [toys] clean is important and making sure that you’re using it properly and you don’t end up hurting each other is important. I didn’t know what I was going to need. I just ended up always being a bottom, and that wasn’t what I wanted. But it was kind of what I thought was what I was doomed to because I didn’t have the tools that I needed… Sex was really awkward for me because I didn’t want to have penetrative sex on my end. But eventually, years after I started to transition, I found resources on sex toys.”

-A transgender man (Haley et al.)
“For trans people, we might not want parts of our bodies touched...[especially] as we’re transitioning.”

-A transgender individual (Hobaica, et al.)

“Coming out to your sexual partner can be difficult. And I think there should be a little more conversation on how to have the conversation. Be like, ‘Hey, I want to be in a sexual relationship with you, but I need to tell you I don’t have what I present to be.’ Especially with youth that are too young to get surgery.”

-A transgender man (Haley, et al.)
LGBTQ+ YOUTH & SEXUAL VIOLENCE

• “11% of LGBTQ youth report that they have been sexually attacked or raped because of their actual or assumed LGBTQ identity” (2018 LGBTQ Youth Report).

• “77% of LGBTQ youth report receiving unwanted sexual comments, jokes, and gestures in the past year” (2018 LGBTQ Youth Report).

• “20% of LGBTQ youth report that they were forced to do sexual things they did not want to do in the past year” (2018 LGBTQ Youth Report).
WHAT EDUCATORS/TEACHERS NEED TO KEEP IN MIND WHEN TEACHING ABOUT CONSENT?

• Teachers have to keep in mind that NOT everyone is going to feel comfortable in disclosing information regarding their experiences with sex.
• Teachers should abide by consent through their lesson-planning and instruction.
• Assignments that involve creative writing can either be therapeutic or retraumatizing for survivors who have experience with sexual violence.
• Educators need to teach students (K-12) about consent and boundary setting so we dismantle rape culture.
• By not teaching students about consent and boundary setting, students who go off to college will continue rape culture, in which many students experience institutional betrayal when reporting incidents of sexual violence.
FURTHER READINGS

• Emi Koyama, *The Transfeminist Manifesto*
• Eli Clare’s *Exile and Pride: Disability, Queerness, and Liberation*
• Janet Mock’s *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More*
• Nia King’s *Queer Stories & Trans Artists of Color*
• Susan Stryker’s *Transgender History*
HOW TO BE A TRANS ALLY?

• Don’t assume one’s gender—remember you don’t know one’s gender identity by looking at them.
• Ask someone for their pronouns or share your pronouns (not everyone feels comfortable in sharing their gender pronouns).
• You can use gender-neutral pronouns like (they/them/theirs) when you don’t know one’s gender identity.
• Use non-heteronormative language, like the term “partner” rather than boyfriend/girlfriend when referring to one’s or even your romantic/sexual partner.

Simply changing our discourse on how we talk about gender, gender identity, and sexual orientation will provide the social change we and trans folks need to shift the culture.

Changing our discourse will start the conversation!
HOW TO BE AN ADVOCATE FOR A TRANS-INCLUSIVE SEX EDUCATION?

• Find out what your local schools are teaching students in their sexual health education classes.

• Write letters to or even speak with your local school, schoolboards, school administrators, and teachers to demand a comprehensive, LGBTQ+ inclusive sexual health education.

• Become an activist on social media.

• If you are a parent or guardian, you can talk to your own kids about sex, gender identity, and sexual orientation. Planned Parenthood offers good sources on how to have comfortable, yet informative conversations with your children and they can be found here.

• If you are a teacher yourself, provide students with representations of LGBTQ+ folks in the classroom, use inclusive language, and make what is uncomfortable, comfortable!