Sexual Health Part 2

OBJECTIVES

At the end of this unit, participants will be able to:

- Have a deeper understanding of sexual health
- Understand the diversity of sex roles and orientations across genders
- Become more at ease in discussing sex-related topics with clients

INSTRUCTIONS

1. Prior to the session, prepare set up for group activity. On four separate flip sheet charts, write the following phrases: sexual body parts, sexual activities, labels that express sexual orientation/identity, and strategies that promote sexual health. Post the sheets around the room.
2. Welcome participants.
3. Review the unit objectives.
4. Review slides on the biological, psychological, social, and spiritual aspects of sexual health, and encourage brief discussion.
5. Facilitate activity on getting comfortable with sexual language, as described in the slides.
6. Wrap up. Thank participants for their participation. Share and distribute the hand out on Sexual Health Glossary for LGBTQ terms.

Related C3 Roles

Providing culturally appropriate health education and information, providing coaching and social support, building individual and community capacity

Related C3 Skills

Interpersonal and relationship-building skills, communication skills, capacity building skills, education and facilitation skills, knowledge base

Method(s) of Instruction

Group discussion, small group activity

Estimated time

60 minutes

Key Concepts

Sexual health, sex, sexual orientation

Materials

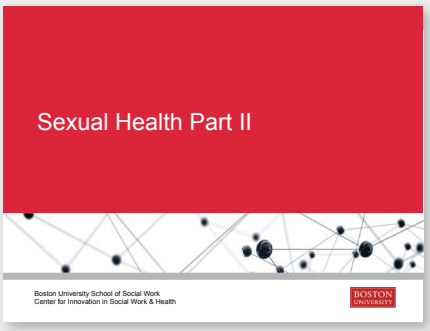
- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers

Handout

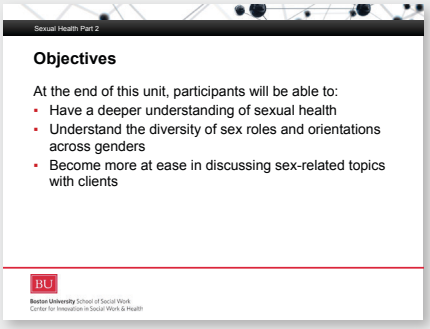
- Sexual Health Glossary of LGBTQ+ Terms

Resources

David Stanley, American Red Cross African American HIV/AIDS Program Curricula, 2002, American Sexual Health Association. *http://www.ashasexualhealth.org/sexual-health/*



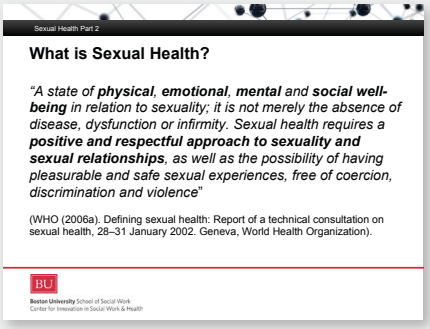
SLIDE 1



SLIDE 2

Review the objectives.

Ask, "How do you define sexual health?"



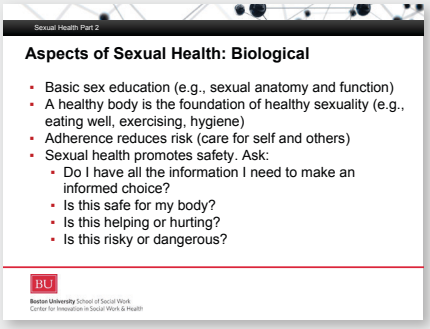
SLIDE 3

Share the WHO definition of sexual health on the slide.

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- Understanding that sexuality is a natural part of life and involves more than sexual behavior.
- Recognizing and respecting the sexual rights we all share.
- Having access to sexual health information, education, and care.
- Making an effort to prevent unintended pregnancies and STIs and seek care and treatment when needed.
- Being able to experience sexual pleasure, satisfaction, and intimacy when desired.
- Being able to communicate about sexual health with others, including sexual partners and healthcare providers.
- Sexual health includes biological, psychological, social, and although it is not mentioned in the WHO definition, spiritual elements. We will explore aspects of sexual health as they relate to each of these areas.

Reference: WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.



SLIDE 4

Sex education

Every sexually active adult should have at least a basic understanding of human sexual anatomy and the sexual response cycle. It is important not to assume that just because someone is sexually active that they have an understanding of these important topics.

For example, An HIV counselor who runs HIV education groups for men coming out of prison was amazed at how much the men didn't know about sexual anatomy. In one group of about 40 men, only one was able to identify a clitoris. Most men were not even able to identify the urethra. He quickly realized that not only did he need to do HIV education, but he also had to do some basic sex ed. Part of sexual health is knowledge about the biology of sex.

A healthy body is the foundation of healthy sexuality

Another part is caring for one's own body. Sex and sexuality are felt and expressed through the body. Therefore, taking care of ourselves, that is, remaining adherent to treatment, eating right, and exercising all support healthy sexuality. In some sense, it is the foundation of healthy sexuality.

Adherence reduces risk

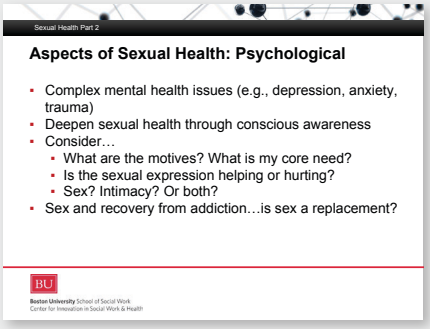
Remaining adherent to treatment and taking care of one's own body reduces the risk of transmitting HIV. Healthy sexuality means caring not just for one's own well-being, but also the well-being of your partners. Many people with HIV are motivated to begin treatment and to adhere to it for that very reason.

Sexual health promotes safety

When working with clients, one question we might ask about sexual behavior is, is it consensual? If it is not, then it is not healthy and should be avoided. If it is consensual then we might ask, "is it safe for my body?" If it is hurting the body, then it is unhealthy. We might also ask if it seems to be helping or hurting. That is, is it strengthening the relationship between partners and leading to an increased sense of well-being or is it causing more problems and leading to feelings of shame or animosity? Asking these questions may help you and the client better sort out the complexities of sexual health as they relate to the body.

Discussion

Ask participants to briefly share their reflections on the suggested questions mentioned on this slide (2–3 quick responses).



SLIDE 5

Complex mental health issues: depression, anxiety, trauma

The psychological aspects of sexual health are complex. People are complex and we all build on top of our basic drives and instincts layers of meaning and interpretation. There is the basic drive for sex, but also the complexities of human psychology that go along with it. Mental health issues such as depression and anxiety can have a major impact on sexual health and behavior.

Deepen sexual health through conscious awareness

Past experiences in life, good and bad, can influence sexual behavior. Individuals who have experienced sexual exploitation or trauma may need additional support in examining their sexual behavior and achieving sexual balance and wholeness. Some individuals may act out their past trauma, putting themselves into harm's way repeatedly. While it is beyond the scope of this module to examine the how and why of this phenomenon, we can say that evaluating the safety of sexual behavior is key. If it is unsafe, then it may lead to additional trauma and exploitation. The first step in supporting victims of such experiences is to help them achieve safety. Asking whether the behavior is safe or not and whether it may lead to additional victimization is essential for trauma survivors.

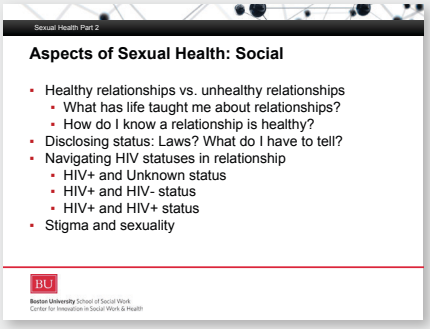
Question to consider…

- What are the motives? What is my core need?
- Is the sexual expression helping or hurting?
- Sex? Intimacy? Or both?

Often times people engage in sex not because they want sex, but because they want something else and sex is one way to achieve it. A person may be lonely and seek companionship. Others may be seeking intimacy with someone else to gain a deeper, more meaningful connection. Some may be trying to disconnect and retreat from others by having sex. It is important to explore the motives behind the behavior and evaluate whether the sexual behavior is truly meeting that core need or want and whether there might be a better, more direct way of attaining what they really want or need.

Discussion

- How can a discussion about the motives behind a person's sexual behavior be useful in working with people with HIV?
- What things should you consider before asking a client about their motives? (e.g. is the relationship strong enough to support this level of probing?)



SLIDE 6

Healthy relationships vs. unhealthy relationships

Now let's take a look at the social aspects of sexual health. The social aspects include engagement in healthy versus unhealthy relationships, how and when to disclose one's HIV status, navigating HIV status, and the stigma of sex along with the stigma of HIV.

Ask, "How do you know a relationship is healthy?"

Researchers have come up with something called a mutually growth fostering relationship. This type of relationship is based on three things: mutuality, empathy, and authenticity. One way to asses whether a relationship is mutually growth fostering is to look at the results of that relationship. A healthy relationship should result in increased zest, action, clarity, a sense of worth, and a desire for more connection with others.

Unhealthy relationships leave you with diminished energy, diminished action, confusion, diminished sense of self-worth, and isolation.

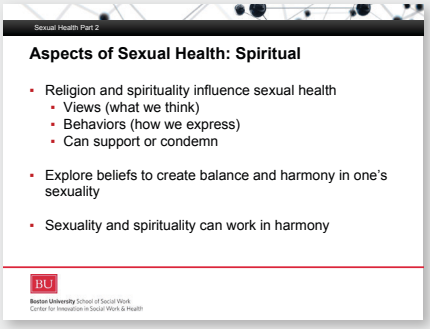
It may be helpful to explore these with your clients. When it comes to relationships, it is best to allow the one in the relationship to work through these questions rather than trying to tell them that they are in a bad relationship. It is best to simply ask some general questions rather than to make statements about the relationships they are engaged in. Asking these questions also helps the client begin to see for themselves what a healthy versus unhealthy relationship looks like and increases their self-efficacy in evaluating relationships in the future.

Disclosing status: Laws? What do I have to tell?
Navigating HIV statuses in relationship

It is beyond the scope of this session to examine in detail how and when to disclose one's HIV status. In some states people with HIV must disclose their status to all sexual partners regardless of the sexual activity. In others they must disclose only for vaginal or anal sex. It is important to know what the legal requirements are in your state. Disclosure of status is a key issue related to sexual behavior and health. Navigating HIV statuses in relationships can feel threatening to some as they consider potential responses. The more comfortable and confident a person is in disclosing their status the more likely they will be to do so. Disclosing an HIV status when safe and appropriate can increase the level of honesty and intimacy within that relationship. But, it can also lead to rejection and victimization.

Stigma and sexuality

When talking about sexual health we have to acknowledge the stigma of HIV and the stigma of sex. Sex is all around us. It's on TV, the radio, billboards, etc. We can't escape it, but so few of us are willing to have open honest conversations about it. Often times one's sexuality is treated like one's HIV status, kept secret. But there is a time and a place for discussing both and failure to do so can lead to increased feelings of shame and isolation.



SLIDE 7

Although it is not often addressed within current models of sexual health, spirituality is one aspect of sexual health we should consider. There is no doubt that religion and spirituality influence how we think about, and often times how we express, our sexuality.

Religion and spirituality influence sexual health

The relationship between religion, spirituality, and sex has often been problematic for many people with HIV. On one hand religion has been a tool of oppression and on the other a source of liberation.

Explore beliefs to create balance and harmony in one's sexuality

It is important to find out what the client's beliefs are. How do they view themselves and their sexuality in the context of their faith? This exploration may be beyond the scope or skill set of the CHW; however there may be opportunity to encourage the client to access supports to bring clarity to this area.

Discussion

Ask, "Why is it important to NOT impose your religious beliefs on the client? How can doing so harm the relationship?"

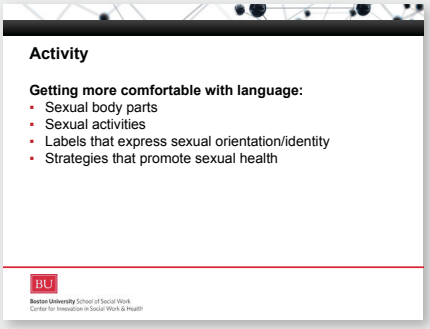
It is vital that during any discussion about this topic that you do not attempt to impose your views or beliefs on the client. Exactly what each client takes up as their faith is not our concern. Our concern is with whether their beliefs are in harmony with the client's sexuality.

Sexuality and spirituality can work in harmony

Sexuality and spirituality can work together to bring a sense of meaning and balance to the lives of people with HIV. When one's spiritual and religious beliefs clash with one's sexual orientation and or behavior, a myriad of problems may arise. It is important, therefore, to be sure one's religious and spiritual beliefs are in balance and harmony with one's sexuality.

Summarize and transition to group activity

- "Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" (WHO, 2002).
- Sexual health is far more expansive than a oversimplification of risk-reduction strategies. Sexual health takes into consideration biological, psychological, social, and spiritual factors that influence a person's sexual wellbeing.



SLIDE 8

Introduce the activity by pointing out that many people may feel some discomfort talking about sex in public or with people they don't know well. This exercise will introduce and help participants feel more comfortable with using language associated with sex, sexuality and the diversity of sexual orientations across genders. It will focus on language that participants may hear while working with clients and provide an opportunity to learn ways to respond in a sensitive, nonjudgmental way.

Keep the tone of this activity light; it should be fun as well as instructive.

Post the prepared flip chart sheet (each with one title listed below) around the room spacing them apart to allow for non-distracting discussion within the groups.

- **Sexual body parts** (can be combined with sexual activities to conserve time)
- **Sexual activities**
- **Labels that express sexual orientation/identity**
- **Strategies that promote sexual health**

Divide participants into four groups (ideally three to five people).

Distribute a marker to each group and have them choose a volunteer to write their responses.

Assign each group to each one of the posted sheets.

Each group will brainstorm and write their responses on the posted newsprint for three minutes.

Instruct participants to rotate to the next sheet and allow one minute for them to review previous response. Then allow three minutes for brainstorming and adding new content to the list.

Continue this process until each group has visited each sheet.

Bring the groups together for a large group discussion of the written responses.

Ask for volunteers to read responses from each list. Review one list at a time. Ask volunteers to review the meaning of the terms and responses.

Distribute Handout: "Glossary of LGBTQ+ Terms" as a reference resource.

Debrief questions

- Which aspects were most uncomfortable for you? Explain.
- Which aspects were most comfortable? Explain.
- Are there words or phrases that should never be used when working with a client? Explain.
- What will you do to become more informed and comfortable discussing issues related to sexual health?
- How do you think having done this exercise will help you become more effective in your role as a CHW? Explain.

Summarize and close.

Sexual Health Glossary of LGBTQ+ Terms

Terms are always changing in the LGBTQ+ community. For an updated list, please visit: http://www.transstudent.org/definitions

Summary

Cisgender/cis: Term for someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

Transgender/Trans: Encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Also see: The Gender Unicorn.

Queer: A term for people of marginalized gender identities and sexual orientations who are not cisgender and/or heterosexual. This term has a complicated history as a reclaimed slur.

Basic Terminology:

Cis(gender): Adjective that means “identifies as their sex assigned at birth” derived from the Latin word meaning “on the same side.” A cisgender/cis person is not transgender. “Cisgender” does not indicate biology, gender expression, or sexuality/sexual orientation. In discussions regarding trans issues, one would differentiate between women who are trans and women who aren’t by saying trans women and cis women. Cis is not a “fake” word and is not a slur. Note that cisgender does not have an “ed” at the end.

Gender Expression/Presentation: The physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression may or may not be transgender.

Gender Identity: One’s internal sense of being male, female, neither of these, both, or other gender(s). *Everyone has a gender identity, including you*. For transgender people, their sex assigned at birth and their gender identity are not necessarily the same.

Sex Assigned At Birth: The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.

Sexual Orientation: A person's physical, romantic, emotional, aesthetic, and/or other forms of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, queer, etc. just like anyone else. For example, a trans woman who is exclusively attracted to other women would often identify as lesbian.

Transgender/Trans: An umbrella term for people whose gender identity differs from the sex they were assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an "ed" at the end.

Transition: A person's process of developing and assuming a gender expression to match their gender identity. Transition can include: coming out to one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgery. It's best not to assume how one transitions as it is different for everyone.

Transsexual: A term that is often considered pejorative similar to transgender in that it indicates a difference between one's gender identity and sex assigned at birth. Transsexual often – though not always – implicates hormonal/surgical transition from one binary gender (male or female) to the other. Unlike *transgender/trans*, *transsexual* is not an umbrella term, as many transgender people do not identify as transsexual. When speaking/writing about trans people, please avoid the word transsexual unless asked to use it by a transsexual person.

More Terminology:

Agender: An umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral. Many agender people are trans. As a new and quickly-evolving term, it is best you ask how someone defines agender for themselves.

AFAB and AMAB: Acronyms meaning "assigned female/male at birth" (also designated female/male at birth or female/male assigned at birth). No one, whether cis or trans, gets to choose what sex they're assigned at birth. This term is preferred to "biological male/female," "male/female-bodied," "natal male/female," and "born male/female," which are defamatory and inaccurate.

Ally: Someone who advocates and supports a community other than their own. Allies are not part of the communities they help. A person should not self-identify as an ally but show that they are one through action.

Aromantic: The lack of romantic attraction, and one identifying with this orientation. This may be used as an umbrella term for other emotional attractions such as demiromantic.

Asexual: The lack of a sexual attraction, and one identifying with this orientation. This may be used as an umbrella term for other emotional attractions such as demisexual.

Bigender: Refers to those who identify as two genders. Can also identify as multigender (identifying as two or more genders). Do not confuse this term with Two-Spirit, which is specifically associated with Native American and First Nations cultures.

Binary: Used as an adjective to describe the genders female/male or woman/man. Since the binary genders are the only ones recognized by general society as being legitimate, they enjoy an (unfairly) privileged status.

Bisexuality: An umbrella term for people who experience sexual and/or emotional attraction to more than one gender (pansexual, fluid, omnisexual, queer, etc.).

Boi: A term used within queer communities of color to refer to sexual orientation, gender, and/or aesthetic among people assigned female at birth. Boi often designates queer women who present with masculinity (although, this depends on location and usage). This term originated in women of color communities.

Bottom Surgery: Genital surgeries such as vaginoplasty, phalloplasty, or metoidioplasty.

Butch: An identity or presentation that leans towards masculinity. Butch can be an adjective (she's a butch woman), a verb (he went home to "butch up"), or a noun (they identify as a butch). Although commonly associated with masculine queer/lesbian women, it's used by many to describe a distinct gender identity and/or expression and does not necessarily imply that one also identifies as a woman or not.

Cross-dressing (also crossdressing): The act of dressing and presenting as a different gender. One who considers this an integral part of their identity may identify as a cross-dresser. "Transvestite" is often considered a pejorative term with the same meaning. Drag performers are cross-dressing performers who take on stylized, exaggerated gender presentations (although not all drag performers identify as cross-dressers). Cross-dressing and drag are forms of gender expression and are not necessarily tied to erotic activity, nor are they indicative of one's sexual orientation or gender identity. Do NOT use these terms to describe someone who has transitioned or intends to do so in the future.

Cissexism: Systemic prejudice in the favor of cisgender people.

Cissimilation: The expectation for and act of trans people, especially trans women, assimilating to cisgender (and often heteronormative) standards of appearance and performance.

Drag: Exaggerated, theatrical, and/or performative gender presentation. Although most commonly used to refer to cross-dressing performers (drag queens and drag kings), anyone of any gender can do any form of drag. Doing drag does not necessarily have anything to do with one's sex assigned at birth, gender identity, or sexual orientation.

Dyadic: Not Intersex.

Equality: A state in which everyone is equal. This ignores difference in identity/community and history. Read why we changed our name from "equality" to "educational."

Equity/Liberation/Justice: A state in which all marginalized communities are free. This differs greatly from equality. Read TSER director's Eli Erlick's article on why equality hurts the transgender movement.

Femme: An identity or presentation that leans towards femininity. Femme can be an adjective (he's a femme boy), a verb (she feels better when she "femmes up"), or a noun (they're a femme). Although commonly associated with feminine lesbian/queer women, it's used by many to describe a distinct gender identity and/or expression and does not necessarily imply that one also identifies as a woman or not.

Gender Affirming Surgery; Genital Reassignment/Reconstruction Surgery; Vaginoplasty; Phalloplasty; Metoidioplasty: Refers to surgical alteration and is only one part of some trans people's transition (see "Transition" above). Only the minority of transgender people choose to and can afford to have genital surgery. The following terms are inaccurate, offensive, or outdated: sex change operation, gender reassignment/realignment surgery (gender is not changed due to surgery), gender confirmation/confirming surgery (genitalia do not confirm gender), and sex reassignment/realignment surgery (as it insinuates a single surgery is required to transition along with sex being an ambiguous term).

The Gender Binary: A system of viewing gender as consisting solely of two, opposite categories, termed "male and female," in which no other possibilities for gender or anatomy are believed to exist. This system is oppressive to anyone who defies their sex assigned at birth, but particularly those who are gender-variant or do not fit neatly into one of the two standard categories.

Gender Dysphoria: Anxiety and/or discomfort regarding one's sex assigned at birth.

Gender Fluid: A changing or "fluid" gender identity.

Gender Identity Disorder / GID: A controversial DSM-III and DSM-IV diagnosis given to transgender and other gender-nonconforming people. Because it labels people as "disordered," Gender Identity Disorder is often considered offensive. The diagnosis is frequently given to children who don't conform to expected gender norms in terms of dress, play or behavior. Such children are often subjected to intense psychotherapy, behavior modification and/or institutionalization. This term was replaced by the term "gender dysphoria" in the DSM-5.

Genderqueer: An identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the binary gender boxes, or may simply feel restricted by gender labels. Many genderqueer people are cisgender and identify with it as an aesthetic. Not everyone who identifies as genderqueer identifies as trans or nonbinary.

Heteronormative / Heteronormativity: These terms refer to the assumption that heterosexuality is the norm, which plays out in interpersonal interactions and society and furthers the marginalization of queer people.

Intersex: Describing a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth. There are many examples such as Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. Parents and medical professionals usually coercively assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant's genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term *intersex* is **not** interchangeable with or a synonym for *transgender* (although some intersex people do identify as transgender).

LGBTQQIAPP+: A collection of identities short for lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, aromantic, pansexual, polysexual (sometimes abbreviated to LGBT or LGBTQ+). Sometimes this acronym is replaced with "queer." Note that "ally" is **not** included in this acronym.

Monosexual / Multisexual / Non-monosexual: Umbrella terms for orientations directed towards one gender (monosexual) or multiple genders (multisexual/non-monosexual).

Nonbinary (Also Non-Binary): A preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g. Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary. Sometimes (and increasingly), nonbinary can be used to describe the aesthetic/presentation/expression of a cisgender or transgender person.

Packing: Wearing a penile prosthesis.

Pansexual: Capable of being attracted to many/any gender(s). Sometimes the term omnisexual is used in the same manner. “Pansexual” is being used more and more frequently as more people acknowledge that gender is not binary. Sometimes, the identity fails to recognize that one cannot know individuals with every existing gender identity.

Passing/blending/assimilating: Being perceived by others as a particular identity/gender or cisgender regardless how the individual in question identifies, e.g. passing as straight, passing as a cis woman, passing as a youth. This term has become controversial as “passing” can imply that one is not genuinely what they are passing as.

Polysexual: Capable of being attracted to multiple gender(s).

Queer: General term for gender and sexual minorities who are not cisgender and/or heterosexual. There is a lot of overlap between queer and trans identities, but not all queer people are trans and not all trans people are queer. The word queer is still sometimes used as a hateful slur, so although it has mostly been reclaimed, be careful with its use.

Stealth: To not be openly transgender in all or almost all social situations.

T: Short for testosterone.

Top Surgery: Chest surgery such as double mastectomy, breast augmentation, or periareolar (keyhole) surgeries.

Trans: Prefix or adjective used as an abbreviation of transgender, derived from the Latin word meaning “across from” or “on the other side of.”

Trans*: An outdated term popularized in the early 2010s that was used to signify an array of identities under the trans umbrella. However, it became problematized online due to improper usage. See our page on the asterisk.

Transmisogyny: Originally coined by the author Julia Serano, this term designates the intersectionality of transphobia and misogyny and how they are often experienced as a form of oppression by trans women.

Transphobia: Systemic violence against trans people, associated with attitudes such as fear, discomfort, distrust, or disdain. This word is used similarly to homophobia, xenophobia, misogyny, etc.

Trans Woman / Trans Man: Trans woman generally describes someone assigned male at birth who identifies as a woman. This individual may or may not actively identify as trans. It is grammatically and definitionally correct to include a space between trans and woman. The same concept applies to trans men. Often it is good just to use woman or man. Sometimes trans women identify as male-to-female (also MTF, M2F, or trans feminine) and sometimes trans men identify as female-to-male (also FTM, F2M, or trans masculine). Please ask before identifying someone. Use the term and pronouns preferred by the individual.

Two-Spirit: An umbrella term indexing various indigenous gender identities in North America.

Acknowledgments

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (https://ciswh.org/resources/HIV-peer-training-toolkit) and the Community Capacitation Center, Multnomah County Health Department (https://multco.us/health/community-health/community-capacitation-center)

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