



Principles of Gender-Inclusive Puberty and Health Education



gender spectrum





Gender Spectrum works to create a gender-inclusive world for all children and youth so they can develop their full, authentic selves. We work with youth, parents and families, youth-serving professionals, corporations, government and other institutions, and others to bring greater gender understanding and inclusion.

This document was written and produced by Gender Spectrum and endorsed by the organizations listed here. Each of these organizations provided invaluable feedback; while the final content is ours, their contributions have made the document immeasurably better. We are grateful for their partnership.



Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth.



Founded in 1981, **Answer** is a national organization with the mission of providing and promoting unfettered access to sex education for young people and the adults who teach them. Answer trains thousands of educators each year both in-person and online, building the capacity of districts across the country and reaching millions of young people through Sex, Etc., Answer's signature magazine and website featuring content written by teens for teens.



GLSEN works to create safe and inclusive schools for all. We envision a world in which every child learns to respect and accept all people, regardless of sexual orientation, gender identity, and/or gender expression. Each year, GLSEN programs and resources reach millions of students and educators in K-12 schools, via action at the national, state, and local level.



The **Human Rights Campaign Foundation** improves the lives of lesbian, gay, bisexual, transgender and queer (LGBTQ) people by working to increase understanding, and encourage the adoption of LGBTQ-inclusive policies and practices. The HRC Foundation builds support for LGBTQ people among families and friends, co-workers and employers, pastors and parishioners, doctors and teachers, neighbors, and the general public. Through many innovative programs and projects, the HRC Foundation is enhancing the lived experiences of LGBTQ people and their families, as we change hearts and minds across America and around the globe.



The mission of **Planned Parenthood** is to provide comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual; to advocate public policies which guarantee these rights and ensure access to such services; to provide educational programs which enhance understanding of individual and societal implications of human sexuality; and to promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.



SIECUS asserts that sexuality is a fundamental part of being human, one worthy of dignity and respect. We advocate for the rights of all people to accurate information, comprehensive sexuality education, and the full spectrum of sexual and reproductive health services. SIECUS works to create a world that ensures social justice inclusive of sexual and reproductive rights.

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Introduction

Created to address the vast gender diversity of young people attending our nation's schools, this document is designed to provide educators with perspectives and language to account for every student's unique journey through puberty into adulthood. It incorporates five guiding principles that frame the basic, medically accurate information all students must understand to have agency over their own health and wellness. The result gives educators tools to create a universal experience of inclusion and learning for a process that is decidedly individual in nature.

While this document was conceived as a tool for upper elementary school and middle school educators who teach PHE, much of what follows will also be applicable to educators who teach older students. Any educator who is looking for information about gender-inclusive approaches to human growth and development—whether discussed in health, science, language arts, or social studies classes—is likely to find some relevant language and approaches here.

This is not a curriculum. Rather, when applied to existing course materials, the principles that follow convey language and practices that ensure that no student's passage through puberty is stigmatized or made invisible. While some aspects of this journey are more common and some less, the guide seeks to reinforce the notion that the road through adolescence unfolds in an amazing variety of ways.

With their commitment to being relevant to all students, these principles also serve to meet the needs of students frequently neglected in most PHE programs. In 2016, six national organizations developed *A Call to Action Related to LGBTQ Youth and Sex Education*.¹ This landmark document delineated the need for PHE to include content reflective of both sexual orientation and gender diversity. Citing research and the position statements of relevant professional organizations, the *Call to Action* captures *why* we need more inclusive puberty and health education. This document specifically addresses *how* educators can work directly with students to provide PHE that reflects the gender diversity of all young people.

What is puberty and health education (PHE)?

PHE encompasses subjects typically introduced in upper elementary and middle school grades and provides students with knowledge about changing bodies in relation to hormones, secondary sex characteristics, emotions, and relationships. In addition, some curricula address healthy relationships, sexuality, and the prevention of pregnancy and sexually transmitted infections (STIs).





By applying the principles shared in this document, current curricula and instructional practices can be easily adapted to reflect the variety of experiences that young people have as they travel along this developmental path. Such adaptations will meet the PHE instructor's primary charge of teaching core concepts such as the changes associated with puberty, pregnancy, and adolescent development and sexual health, while simultaneously supporting instruction that is inclusive of all varieties of bodies and identities. This allows all students sitting in a classroom to hear and see their experience represented. In so doing, they not only become more knowledgeable about their own physical and emotional development, but about their peers' as well. The net result is a population of young people prepared to acknowledge and respect the diversity of bodies and experiences surrounding them as they grow up.

The ideas that follow are designed to be relevant to all schools and communities while recognizing that the implementation of gender-inclusive instruction varies across schools, districts, and communities. Regardless of the school or district policies with which you must comply, you will find language and concepts relevant to all of your students.

While this document is focused primarily on classroom instruction, we encourage school leaders to engage parents and caregivers in discussing the content and rationale related to this subject matter. Such engagement is a widely accepted practice for presenting general health and sex education curriculum, and is particularly critical for gender-inclusive puberty education. Most adults did not receive this kind of education when they were young. Providing parents with an understanding of what is being taught and why will support them to have conversations with their children about the content in a manner consistent with their own values. Further, encouraging parents to review the curriculum and ask questions can also help schools diminish misconceptions and expand upon their existing partnerships with families.

“When a parent wanted to opt their children out of a puberty education class, I would call them to discuss their concerns and explain what we teach. Usually they don’t opt out. In my 20-plus years of teaching, only two did.”

—Cheryl Phillips, District Health Educator,
Palm Beach Schools, Florida

Rationale and Research for Gender-Inclusive Puberty and Health Education

Gender-inclusive PHE benefits all students because it recognizes and affirms all students. Students who see themselves reflected in health (and other) curricula are more likely to succeed in school academically.² Not surprisingly, these efforts and others designed to counter gender stereotyping have the capacity to improve the overall school climate.³

Receiving this information at an early age is critical; there has been a steady decline in the average age at which puberty begins. Among those assigned female at birth, some breast development by age seven and eight is no longer an anomaly.⁴ The age of the onset of puberty has also fallen for those assigned male at birth, from an average of age 11 to 10.⁵

PHE at an early age is equally critical for children who begin experiencing changes relatively young and for their peers who will mature later. The physical changes of puberty need to be normalized in order to impede isolation and bullying that have long been associated with atypical puberty. Many can recall the negative attention given to students who developed breasts at an early age and to those who were on the later end of pubertal development.

PHE is a key component of comprehensive health and sex education that, as a whole, is associated with positive outcomes for young people. Studies have consistently shown that when this type of education is well-designed and implemented, there is a reduction in sexual risk behaviors and negative outcomes, including teen pregnancy and sexually transmitted infections (STIs).⁶

Education that helps young people develop a broader understanding of gender diversity can also lead to healthier





romantic and sexual relationships in the future. Beliefs about gender are internalized at a young age and continue through adulthood. Numerous studies have found that beliefs in narrowly defined constructs of masculinity are associated with decreased well-being in intimate relationships.⁷ Young people and adults who adhere to rigid gender stereotyping and notions of masculinity are more likely to experience and commit sexual harassment and dating violence.⁸

All young people have a right to accurate information to make healthy, informed decisions about their bodies and their relationships. Beyond their own unique development, this includes understanding the diversity of human experiences they will encounter as adults. Without access to gender-inclusive PHE, many students are left to believe that they are alone as they struggle to make sense of rapidly changing bodies and feelings.

Nowhere is this potential for feeling alone and invisible more prevalent than among transgender and other gender expansive students. These feelings, along with the stress borne of all-too-common stigmatization and discrimination, have been associated with alarming outcomes related to health and well-being, including disproportionately high rates of suicide, suicidal ideation, depression, disordered eating, sexual risk taking, and drug and alcohol use. A large national study of eleven- to nineteen-year-old youth found that half of transgender boys, and approximately one-third of transgender girls and nonbinary students, had attempted suicide, in contrast to fourteen percent of their peers.⁹

These outcomes are preventable. Recent research shows that support for transgender students by schools and families does much to alleviate mental health risks. Prepubescent transgender children who are affirmed in their identities at home and school show mental health outcomes similar to population averages.¹⁰ The power of schools to make a difference in young people's lives by reflecting their experiences through curriculum and other supportive strategies cannot be overstated.

Simply stated, gender-inclusive PHE is life-affirming for all students, and life-saving for some.

Hallmarks of Gender-Inclusive Puberty and Health Education

According to the National Sexuality Education Standards, at a minimum, students should be taught content related to anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, sexually transmitted diseases (including HIV), healthy relationships, and personal safety.¹¹

These standards are built upon a theoretical framework that can be applied across all aspects of gender-inclusive PHE:

Personalization: The ability of students to perceive the core content and skills as relevant to their lives increases the likelihood that they will both learn and retain them. *Gender-inclusive PHE furthers personalization by ensuring that all students see themselves represented in materials and learning activities.*

Susceptibility: Many young people do not perceive that they are susceptible to the risks of certain behaviors, including sexual activity. *Gender-inclusive PHE ensures that all students receive accurate information that will inform how they view and assess risky sexual behaviors as they mature. Without accurate information, all students are more susceptible to risk, especially those young people who do not see themselves reflected in existing PHE curricula.*

Self-efficacy: Even if students believe they are susceptible, they may not believe they can do anything to reduce their level of risk. *Gender-inclusive PHE helps all students gain the confidence that comes with being comfortable in their bodies and feeling worthy of respect and self-care. With this increased comfort comes a greater sense of the self-efficacy that will support healthy choices.*

Social Norms: Given that students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. *Gender-inclusive PHE helps create social norms that validate the breadth of gender diversity as it intersects with multiple aspects of young peoples' lives.*



Taking these broad standards and the learning theory underlying them into account, gender-inclusive puberty and health education:

- establishes that every young person will travel a unique road as their bodies mature;
- ensures that all students see themselves reflected in the curriculum;
- provides accurate information with a clear message that all people and their bodies are worthy of respect and self-care;
- conveys clear and accurate information about the range of physical, emotional, and cognitive changes associated with puberty;
- helps all students receive the information they need to be healthy;
- signals to the school community that every student's experience is valid and deserving of respect;
- recognizes that a person's gender does not dictate the gender of romantic or sexual partners in the future;
- expands students' understanding of the complexity of gender.



Five Principles of Gender-Inclusive Puberty and Health Education

The multi-dimensional framework that follows establishes the foundation for gender-inclusive PHE through five key principles that provide strategies to deliver comprehensive puberty and health education. Core elements typically associated with PHE remain recognizable in this framework: information about pubic hair, body odor, menstrual cycles, erections, secondary sex characteristics, and pregnancy. Integration of the principles below ranges from making small shifts in language to more comprehensive steps toward inclusion.

While this framework will be new for some students, today's youth are part of a generation that will likely view the complexity of gender as a fact of life. Fifty-six percent of 13-to-20-year-olds said that they know someone who uses gender-neutral pronouns such as "they," and 74 percent said they are more accepting of people with "nontraditional" gender identities than they were a year ago.¹² Elementary and middle school students themselves are immersed in a world of gender diversity through their own families, popular culture, social media, and their peers.

PRINCIPLE 1

Provide a Foundation of Gender Literacy

Gender literacy provides students with a foundation to understand puberty and human growth and development in a manner that creates understanding and comfort with their individual pathways and the variety of pathways that may be experienced by their peers.

Gender literacy is based on a foundation that goes beyond the instruction that many adults remember learning in school. This literacy requires an understanding of the complexity of gender, realizing that gender is about more than bodies; it is the complex interrelationship between the following three dimensions:





- **Body:** our body, our experience of our own body, how society genders bodies, and how others interact with us based on our body.
- **Identity:** our internal experience and naming of our gender as a boy, girl, a combination or blend of both, or neither; who we internally know ourselves to be.¹³
- **Expression:** how we present our gender in the world and how society, culture, community, and family perceive, interact with, and try to shape our gender. Gender expression is also related to gender roles and how those roles are used to enforce conformity to current gender norms.

Each of these dimensions can be viewed on a spectrum. Every person tries to find a personal experience of congruence, or alignment, across these three dimensions, and our overall well-being is affected by our ability to do so. Of course, we are all more than our body, identity, and expression; we are also our race, ethnicity, socio-economic class, faith community, sense of geographic place, family history, etc. Ultimately, our gender is personal because while we share some of these aspects of self with others, the way that all of these identities, influences, and characteristics come together is unique to each of us. To learn more about the dimensions of gender see the Appendices.

Gender literate instruction helps students recognize that understandings of gender shift across time and culture. Students will learn that historically many cultures across the globe, from Indonesia to the Americas, embraced diverse notions of gender that included multiple, non-binary gender identities.¹⁴ They will also learn that norms related to gender expression have shifted across time, whether in relation to the acceptance of women wearing pants or men wearing pink. These understandings will help them think critically about how current expectations related to gender have an impact on their own lives and the world around them.

In short, developing students' gender literacy means helping them understand that:

- Genitals (used to assign one's sex at birth) are not the sole predictor of a person's gender.
- Gender encompasses a person's body, gender expression, and gender identity, each of which can be viewed on a spectrum.

- Gender and sexual orientation are distinct, but related aspects of a person’s identity.
- Understandings of gender have changed across time and culture and will continue to evolve.

When students appreciate the rich diversity of human experiences with gender, including the incredible complexity of the human body, they will better understand their own bodies and development. Consequently, they are better prepared for the gender diversity they will encounter in the future as they attend school, work, fall in love, have relationships or simply share spaces with individuals with a wide range of gender identities and expressions. Failing to provide young people with gender literacy leaves them unprepared to successfully navigate the world around them.

What this can sound like in practice:

“What a person likes to wear isn’t determined by their gender.”

“We don’t know what someone’s gender is just by looking at them.”

“While many of us thought that genitals define our gender, our gender is richer and more complex than that.”

PRINCIPLE 2

Distinguish Patterns from Rules

The basis of much instruction in schools is to provide students with a way to learn about and categorize concepts, whether related to scientific processes, mathematical equations, or grammar. But within this instruction, educators are charged with deepening critical thinking by explaining that many observable patterns are not rules. This can be confounding for anyone learning a new language, and is a fascinating aspect of topics such as biological diversity, historical perspective and many more. Students are often intrigued by variations and are quick to adjust their worldview, language and actions to be consistent with new, credible information. This is the heart of the complex thinking we hope students will apply to the world around them.

Recognizing the concept of “patterns vs. rules” will help students understand the dimensions of gender. For example, given time to reflect, even very young children can see that many gender stereotypes are not true for themselves or for their classmates. Whether or not they know boys who take dance classes or girls who play football, they likely know children who engage in

activities that fall outside of gender stereotypes (or perhaps they do so themselves).

In relation to bodies, an educator can share that although most people have physiology that is traditionally associated with being male or female, some people do not. Some individuals are intersex, (born with variations of internal and/or external sex anatomy), and thus do not align with what is typically classified as male or female. In addition, for those whose bodies conform with a male or female classification, there is tremendous physiological diversity that belies binary categories. These range from differences in height, body shape, and hormone levels. This diversity can have real world implications. Consider the International Olympic Committee's attempts to regulate the participation of female athletes whose naturally occurring testosterone levels are higher than the average of female competitors. It's interesting to consider the focus on this one physiological component when there are many factors that contribute to an athlete's competitiveness.

What this can sound like in practice:

"A lot of people think that certain things are just for boys and others are just for girls. Let's look at dolls. In your experience, who plays with dolls more often, boys or girls? Does that mean that all girls play with dolls and no boys do? Of course not. So you might see a pattern that girls play with dolls more often than boys do. But it's not a rule. By the way, are 'action figures' dolls?"

"When a baby is born what's the first question that often gets asked? Right—is it a boy or a girl? And how does that get decided? Right again—we look at their bodies. For example, if a baby has a penis they're assigned the sex of male and it's assumed they will identify as a boy. While that pattern is true for many people it is not true for everyone. For example, some people realize as they get older that the gender identity adults thought they were when they were born doesn't fit who they know themselves to be."

If educators share only examples of gender and physiology that are consistent with assumed patterns, it is easy for students to conclude that those patterns are rules. However, when differences are discussed—without judgment—all students are given the opportunity to recognize themselves and everyone around them as natural parts of human diversity. Acknowledging natural variation allows young people to accept themselves and others for who they are.

PRINCIPLE 3

Emphasize Physiology Rather Than Gender

A gender-inclusive approach to PHE will convey the important physiological terms and definitions students must grasp without assigning or assuming genders. On a basic level, this means describing the parts that different bodies come with (and their functions) as opposed to connecting those parts to a particular gender.

This principle builds on the previous ones. Typically, one of the first lessons in PHE classes is a comparison between male and female bodies. These usually include standard line drawings of a penis and testicles, described as male reproductive organs, and a vagina and ovaries, described as female structures. While these descriptions may fit a general pattern, they in fact do not constitute absolute rules.

This principle applies not only to the body parts related to puberty and sexual health, but to the complex processes in which those structures are engaged. For instance, rather than saying, “Girls and women go through a process called menstruation that prepares the uterus for a fertilized egg to implant itself,” educators can refer to the diagram with a vagina and ovaries and simply say, “For those who have ovaries, the pituitary glands and ovaries interact to start menstruation.” When looking at a diagram of a body with a penis and testicles, teachers may refer to the testicles and note that “Sperm cells are produced daily once puberty has begun.”

The role of hormones is another standard PHE topic to which this principle can be applied. Often estrogen and testosterone are discussed as if they are found exclusively in one sex or another. In fact, while most people have either testosterone or estrogen as their dominant hormone, if they do not produce enough of the other less dominant hormone they are likely to experience symptoms such as low energy and decreased libido. Instead of talking about male or female hormones, it is more accurate for educators to talk about ways in which bodies respond when either testosterone or estrogen is the dominant hormone.



“When I explained to my class that I was going to say ‘a body with a penis’ and ‘a body with a vulva’ [to describe the diagrams], I noticed one of my students who doesn’t identify as [a boy or a girl] let a deep breath go and smiled really big.”

—Oakland Unified School District Science Teacher

At first this emphasis on physiology may feel or sound awkward, but with practice it quickly becomes more natural. An additional benefit of such an approach is that it is more factual, and therefore supports more academic discourse in the classroom. A fundamental standard for any curriculum is helping students master terminology. Inherent in this principle of PHE is a commitment to using proper names associated with various body parts and systems the students are learning about.

You may find it useful to share with students why you are speaking this way, acknowledging that gender diversity is everywhere. For some students, acknowledging gender diversity when talking about bodies can be transformative. You may be the first trusted adult to convey affirming messages about gender-diverse people to a student desperate for that affirmation. Framing the conversation this way allows all students to be engaged in the conversation and see their experiences represented.

What this can sound like in practice:

“Some of the ways that I will be talking about bodies in this unit might sound a little strange to you at first. For the most part when I talk about bodies I’ll talk about bodies with a penis and testicles or bodies with a vulva and ovaries. You might wonder why I’m doing this instead of just saying male bodies or female bodies. As we’ve discussed, there aren’t just two kinds of bodies. I also want everyone to get used to using accurate language for body parts and functions without assuming that there are only two sexes and that everyone within a particular sex is the same. It’s important to be able to communicate about our bodies in accurate ways.”

“Health is not just about taking care of yourself when you get sick, but also prevention. Here’s one example: The American Cancer Society recommends that all women should be screened for cervical cancer starting when they are 21. That’s because if cervical cancer is detected early enough, it can usually be cured. As we’ve discussed, appropriate health care needs to be based on what a person’s body needs, regardless of their gender identity. The screening for cervical cancer is important for everyone who has a cervix, regardless of gender identity.”

PRINCIPLE 4

Describe Many Pathways to Adult Bodies

Perhaps one of the most challenging aspects of adolescence for many students is the absolute certainty that there is something wrong with them, because their body is not developing like the kid sitting next to them. The assumption is that while everyone is smoothly traveling along a common path, they are somehow off course. "My body is not growing." "My body is growing too fast." "Why don't I have any hair down there?" "Why do I have so much hair down there?" A constant comparison is being made to some mythical "normal" that simply does not exist.

In reality, there is tremendous diversity in human bodies and the way they grow and develop into adulthood. Educators who convey the range of experience people have in this maturation process will help every student see their path within a norm, including those that may require some form of medical or surgical support. Acknowledging the multiple pathways to an adult body is essential and will help to decrease any sense of marginalization for students.

The degree to which someone grows facial hair is an example of a standard variation. A commonly cited secondary sex characteristic for boys, students will hear "boys will begin growing facial hair during puberty." In reality, some boys will grow almost no facial hair during that time while some girls will be shocked to find that they are growing facial hair. When these natural variations are not acknowledged, young people who fall outside of the typical range generally experience shame and secrecy, and a certainty that there is something wrong with them. In addition to self-esteem issues, students who do not fit narrow expectations may become targets for mistreatment by their peers.



There are a number of instances in which young people require medical support during puberty. For example, some individuals experience precocious puberty, beginning the changes associated with puberty as early as age five or six. To avoid a variety of negative impacts on their health, they will frequently take medications, commonly called puberty blockers, to delay puberty until they reach a more appropriate age. Other adolescents need medical support to produce sufficient hormone levels needed to initiate or sustain puberty. Likewise, a percentage of transgender young people will utilize medical support, including puberty blockers, to go through pubertal development that is consistent with their gender.

What this can sound like in practice:

“Puberty is the time of life when a child’s body begins developing into its adult form. It looks very different for each person. Many kids will see their bodies beginning to change around 9 or 10 years old. Some will change a bit earlier, and some much later. Some young people will start puberty at such a young age that they may be given medication to slow down the process. Puberty can also be delayed. Some young people will experience puberty in a way that does not feel right for their gender, and medication can be used to pause that process. During this unit, we will look at the various ways puberty can unfold. Each body is different.”

“Can you think of an ad or a product you’ve seen in the store that sends a message to people that if they don’t look a certain way they are not a real man or a real woman? How do you think that affects your ideas of the body you should have? How do you think that affects your ideas of the body you think others should have?”

PRINCIPLE 5

Describe Many Pathways to Families

Another common theme of many traditional PHE programs is the idea that the sole reason bodies are changing is to produce children and create families. In this narrative of family building, children are born because a man and a woman have

sexual intercourse in order to fertilize an egg. The fertilized egg then grows inside the mother’s uterus. (While the remainder of this section will address various approaches to the creation of families, discussion in this area should also explicitly state that not having children is also a valid option.)

Even if an educator employs Principle 3 of this document—describing physiology, not gender—this narrative of family building can imply that if a family was created in a way other than through sexual intercourse, it is somehow less than (or even not) a ‘real’ family. Students whose families were created through adoption, foster care, sperm or egg donation, surrogacy or a blended family from a parents’ remarriage, may feel the validity of their family’s creation somehow questioned.

Describing different pathways to starting families fully incorporates information about basic processes of reproduction, such as conception, embryonic growth and other milestones of development, but it does not limit the creation of a family to one particular narrative. Expanding discussion of family creation means that instruction can embrace the array of family building options that exist today and that are almost certainly represented in the classroom in which instruction is taking place.

Egg donors and sperm donors, blended families, surrogacy, and adoption all become part of the story by which children come into their families. This allows all students to recognize that they themselves will have many options for creating their own family. This knowledge is critical to young people who may want to be a parent someday, but who have medical conditions that preclude biological reproduction, along with those students whose sexuality or gender may leave them concerned that parenthood won't be an option. This open discussion will create a sense of possibility for all students who envision themselves as parents in the future.

This inclusive approach serves not only to inform, but also to deepen empathy and build community as students become aware of potential challenges and choices they will face as they get older. This more nuanced language can become a source of connectedness and community for students.



What this can sound like in practice:

“We have learned that each of us is unique in the ways our bodies will grow and change as we become adults. Many of you may at some point want to become parents. Well just as there are many pathways to your adult body, there are also lots of ways of becoming a parent. We will explore a number of these during this unit.”

To Separate or Not to Separate: That Is the Question

A question frequently raised by PHE instructors is whether to divide students by perceived gender and teach them separately. The assumption that PHE should be gender-segregated is so commonplace that even discussing alternatives can elicit nervousness in many educators. What will parents say if we don't separate students? Won't this make the students less comfortable, and therefore less engaged? Separating students in this way has become a default in many school communities. Since many parents and teachers were taught in this way, they frequently are unable to envision it being done differently.

There may be a bit of truth to the supposition that some students will be more comfortable in gender-segregated classrooms, though at present there is little research into this question. It is also true that, no matter the configuration, some students will be less comfortable based on who is in the room with them. However, like separating boys and girls in general, the decision to conduct PHE in separated spaces is frequently made without considering the trade-offs of doing so.

Segregated instruction conveys to students that bodies unlike their own are taboo and should remain mysterious. The effect is to stigmatize bodies that are different. Separating instruction based on assumed physiology also serves to reinforce notions of a rigid binary based solely on genitals. We have already seen the impact this has on all students' understanding of gender's complexity.

When separated, students do not have the guided experience of communicating about potentially sensitive topics with peers whose bodies and gender differ from their own. This is a key skill they will need as they enter into relationships, whether in the context of friendship, dating, sex or parenting. Without carefully structured spaces in which students can hear firsthand about the diversity of experiences individuals have,



they miss an opportunity to build knowledge and develop empathy across differences. The net result not only leaves them unprepared for important interactions, it also reinforces many of the stereotypes they will carry into adulthood.

Honest and receptive communication with potential romantic and/or sexual partners is a critical component of health. By separating students, we risk instilling in them that these topics should not to be discussed with people who are different, and we miss an opportunity to set the stage for the type of communication that will be critical as students get older: conversations about consent, pregnancy prevention and sexually transmitted infections.

Transgender, non-binary, and/or intersex students, who often already feel invisible and isolated, are likely to have these feelings redoubled in the face of a curriculum that doesn't account for their existence or experience. If these students are private about their gender and/or physiology, segregation

forces them to either learn only about bodies that are unlike their own or to reveal information they don't want to disclose as they seek information that is consistent with their own physiology. Learning PHE together means that no students are forced to feel excluded because they have been placed in a space that does not reflect who they are.

At this point you may imagine a roomful of fifth grade students giggling and squirming with embarrassment as they sit among all of their classmates. There are many ways that students express discomfort and embarrassment during PHE, regardless of

class composition. A skilled teacher can create a space that acknowledges these feelings without shaming students. Clearly articulated ground rules go a long way to normalize such discomfort, establishing the safe conditions in which learning will take place.

Other well-tested teaching strategies can reduce student discomfort. Question boxes are a staple of PHE classes, providing a way for students who are less inclined to talk in front of peers to ask questions anonymously. Teachers can predict some of

“I work with dozens of schools that do not divide students based on sex. Most use an anonymous question box so that all students can have their questions answered. They generally say that students behave better and more respectfully in mixed groups.”

—Wendy Sellers, Michigan teacher and author of *Puberty: The Wonder Years*

the common questions that students may be hesitant to ask, and can raise those questions if they don't appear in the box. A teacher can simply say, "Every year I find that some students are curious about the question, 'Is it normal to wake up in the morning with an erection?'"

Any extra effort it may take to keep all students together is time well spent. The positive outcomes are numerous, and cannot be reached when they are separated. Conversely, there is virtually no way to achieve these positives when keeping them apart. When we separate students for this critical experience, we deprive them of much of the story they need to hear.

While this may be new for some communities, an increasing number of all-gender PHE classes are taking place across the country. Despite fears, many teachers are doing so without complaints from parents or students, especially when they have actively engaged the community and provided a clear rationale for such an approach. In some cases, schools have structured their classes this way not because of sensitivity to gender and body diversity, but because they don't have enough men on their staff to teach a class designated solely for boys. Conversations with educators from these schools have revealed that classes have operated smoothly, free of the mayhem often predicted when adults imagine this configuration. Educators frequently point out that, as with many issues, students are often well ahead of the adults in their lives, and thus are far more comfortable in such settings than those same adults can imagine!

An approach that brings all students together may be new for many teachers. It is therefore incumbent on any program that employs this approach to provide the necessary professional support for instructors. However, teachers can and do create these vibrant learning spaces already. This is what teachers do every day in their classrooms – create intentional spaces where learning and curiosity are nurtured and encouraged.



Putting It All Together

Gender-inclusive puberty and health education is not an imaginary ideal. Instead, it is already regularly practiced in many schools today and it is within the grasp of any school or educator seeking to incorporate the experiences of all young people. Gender-inclusive PHE programs are not one-size-fits-all. Depending on the specific context, skill and experience of the instructors, local policies and practices, and a variety of other factors, PHE can be as diverse as the youth who are learning it. Regardless of the setting, this guide is a tool for every health educator who wants to craft instructional programs that account for each student's journey. In the process, students not only come to understand their own experiences, bodies and feelings, but those of their peers as well. The result is healthier, more accepting students who are prepared for the diverse world in which they live.



Endnotes

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Appendix A: Understanding Gender

Understandings of gender continually evolve. In the course of a person's life, the interests, activities, clothing and professions that are considered the domain of one gender or another evolve in ways both small and large. This has perhaps never been more true than it is now. The data show that today's young people have significantly different understandings of gender than previous generations, with consequences for all children, families, organizations and institutions. For example:

- A 2015 Fusion Millennial poll of adults ages 18–34 in the USA found that the majority see gender as a spectrum, rather than a man/woman binary.¹
- A 2017 Harris Poll of millennials found that 12 percent identify as transgender or gender non-conforming.²
- A 2019 Pew Survey reported that 35 percent of Generation Z knows someone who uses gender neutral pronouns, and over half of this cohort say forms or online profiles that ask about a person's gender should include options other than man or woman.³
- Leading businesses are beginning to change traditional gender-based marketing of products, such as removing the “pink and blue” clothing and toy aisles.⁴

All of us are inundated with gender messages from the time we are born, yet we offer children few opportunities to consider or understand gender. Basic gender literacy is essential for children to understand their own gender, engage in healthy relationships, identify and place media and social messages in context, and have agency in determining aspects of their gender now and in the future. Societal ideas about gender will affect every critical aspect of their lives, from education to career, finances, relationships and more.

Dimensions of Gender

People tend to use the terms “sex” and “gender” interchangeably. But, while connected, the two terms are not equivalent. Generally, we assign a newborn's sex as either male or female



(some US states and other countries offer a third option) based on the baby's genitals. Once a sex is assigned, we presume the child's gender. For many people, this is cause for little, if any, concern or further thought because their gender aligns with gender-related ideas and assumptions associated with their sex.

Nevertheless, while gender may begin with the assignment of our sex, it doesn't end there. A person's gender is the complex interrelationship between three dimensions:

- **Body:** our body, our experience of our own body, how society genders bodies, and how others interact with us based on our body.
- **Identity:** our deeply held, internal sense of self as masculine, feminine, a blend of both, neither, or something else. Identity also includes the name we use to convey our gender. Gender identity can correspond to or differ from the sex we are assigned at birth.
- **Expression:** how we present our gender in the world and how society, culture, community, and family perceive, interact with, and try to shape our gender. Gender expression is also related to gender roles and how society uses those roles to try to enforce conformity to current gender norms.

Each of these dimensions can vary greatly across a range of possibilities and is distinct from, but interrelated with, the others. A person's comfort in their gender is related to the degree to which these three dimensions feel in harmony. Let's explore each of these dimensions in a little more detail.

Body

Most societies view sex as a binary concept, with two rigidly fixed options: male or female, based on a person's reproductive anatomy and functions. But a binary view of sex fails to capture even the biological aspect of gender. While most bodies have one of two forms of genitalia, which are classified as "female" or "male," there are naturally occurring intersex conditions (associated with genitals, sex chromosomes, gonads, hormones, reproductive structures) that demonstrate that sex exists across a continuum of possibilities. This biological spectrum by itself should be enough to dispel the simplistic notion that there are just two sexes.

The relationship between a person's gender and their body goes beyond reproductive functions. Research in neurology, endocrinology, and cellular biology points to a broader biological basis for an individual's experience of gender. In fact, research increasingly points to our brains as playing a key role in how we each experience our gender.⁵

Bodies themselves are also gendered in the context of cultural expectations. Masculinity and femininity are equated with certain physical attributes, labeling us as more or less a man/woman based on the degree to which those attributes are present. This gendering of our bodies affects how we feel about ourselves and how others perceive and interact with us.

Identity

Gender identity is our internal experience and our naming of our gender. Gender identity can correspond to or differ from norms associated with the sex we are assigned at birth.

Understanding of our gender comes to most of us fairly early in life. According to the American Academy of Pediatrics, "By age four, most children have a stable sense of their gender identity." This core aspect of one's identity comes from within each of us. Gender identity is an inherent aspect of a person's make-up. Individuals do not choose their gender, nor can they be made to change it. However, the words someone uses to communicate their gender identity may change over time. Naming one's gender can be a complex and evolving matter. Because we are provided with limited language for gender, it may take a person quite some time to discover, or create, the language that best communicates their gender. Likewise, as language evolves, a person's name for their gender may also evolve. This does not mean their gender has changed, but rather that the words for it are shifting.

The two gender identities most people are familiar with are boy and girl (or man and woman), and often people think that these are the only two gender identities. This idea that there are only two genders—and that each individual must be either one or the other—is called the "gender binary." However, throughout human history we know that many societies have seen, and continue to see, gender as a spectrum, and not limited to just two possibilities. In addition to these two identities, other identities are now commonplace.



Youth and young adults today no longer feel bound to identify strictly with one of two genders, but are instead establishing a growing vocabulary for gender. More than just a series of new words, however, this shift in language represents a far more nuanced understanding of the experience of gender itself. Terms that speak to the broad range of experience of non-binary identified people are particularly growing. Genderqueer, a non-binary term that is used both as an identity and as an umbrella term for non-binary identities, is one example of a term for those who do not identify as exclusively masculine or feminine. This evolution of language is exciting, but can also be

confusing as new terms are created regularly, and what a term means can vary somewhat from person to person. For further information on specific identities and what they commonly mean, please see Appendix A: The Language of Gender.

Expression

The third dimension of gender is expression, which is the way we show our gender to the world, through such things as clothing, hairstyles, and mannerisms. Practically everything is assigned a gender—toys, colors and clothes are some of the more obvious examples. Given the prevalence of the gender binary, children face great pressure to express their

gender within narrow, stereotypical definitions of “boy” or “girl.” Expectations around gender expression are taught to us from the moment we are born, and communicated through every aspect of our lives, including family, culture, peers, schools, community, media, and religion. Gender roles and expectations are so entrenched in our culture that it’s difficult to imagine things any other way.

Through a combination of social conditioning and personal preference, by age three most children prefer activities and exhibit behaviors typically associated with their assigned gender.⁷ For individuals who fit fairly neatly into expected gender roles and expression, there may be little cause to think about, or question, their gender.

However, children who express gender in ways that are perceived to be outside of these social norms often have a very different experience. Girls thought to be too masculine and



boys seen as feminine face a variety of challenges. Pressures to conform at home, mistreatment by peers in school, and condemnation by the broader society are just some of the difficulties facing a child whose expression does not fall in line with the binary gender system.

Norms around gender expression change across societies and over time. One need only consider men wearing earrings or women having tattoos to see the flexibility of social expectations about gender. Even the seemingly intractable notion that “pink is for girls, blue is for boys” is relatively new. Prior to the mid-twentieth century, pink was associated with boys’ clothing and blue with girls’ clothing (still due to the gendering of colors, but with a different rationale associating each color with particular gendered characteristics).⁸

Because expectations around gender expression are so rigid, we frequently assume that what someone wears, or how they move, talk, or express themselves, tells us something about their gender identity. But expression is distinct from identity—we can’t assume a person’s gender identity based on their gender expression. For example, a boy may like to wear skirts or dresses. His choice in clothing doesn’t change his gender identity; it simply means that he prefers (at least some of the time) to wear clothes that society has typically associated with girls.

Congruence

Gender congruence is the feeling of harmony in our gender:

- experiencing comfort in our body as it relates to our gender;
- naming of our gender that adequately corresponds with our internal sense of who we are;
- expressing ourselves through clothing, mannerisms, interests and activities;
- being seen consistently by others as we see ourselves.

Finding congruence is an ongoing process throughout each of our lives as we continue to grow and gain insight into ourselves. It is most often found through exploration. For example, many of us have had the experience of buying a shirt, dress or pair of pants only to put it on at home and realize it just doesn’t feel “like me.” For some, finding congruence is fairly simple; for others, it is a much more complex process. But the fundamental

need to find gender congruence is true for us all, and any degree to which we don't experience it can be distressing.

"Transitioning" is a term commonly used to refer to the steps a transgender, agender, or non-binary person takes in order to find congruence in their gender. But this term can be misleading as it implies the person's gender identity is changing and that there is a moment in time where this takes place. More typically, it is others' understanding of the person's gender that shifts. What people see as a "transition" is actually an alignment in one or more dimensions of the individual's gender as they seek congruence across those dimensions. A transition is taking place, but it is often other people (parents and other family members, support professionals, employers, etc.) who are transitioning in how they see the individual's gender, and not the person themselves. For the person, these changes are often less of a transition and more of an evolution.

Instead of "transitioning," a more apt phrase is "pursuing congruence measures." A person can seek harmony in many ways:

- *Social congruence measures*: changes of social identifiers such as clothing, hairstyle, gender identity, name and/or pronouns;
- *Hormonal congruence measures*: the use of medical approaches such as hormone "blockers" or hormone therapy to promote physical, mental, and/or emotional alignment;
- *Surgical congruence measures*: the addition, removal, or modification of gender-related physical traits; and
- *Legal congruence measures*: changing identification documents such as one's birth certificate, driver's license, and passport.

It's important to note, though, that a transition experience can be a very significant event in a person's life. A public declaration of some kind where an individual communicates to others that they are different than the person they have been assumed to be, and that they are now living consistently with who they know themselves to be, can be an empowering and liberating experience (and moving to those who get to share that moment with them). Often during a transition experience a person will announce a change in the name and pronouns that they use and ask that others use their new name and pronouns

going forward. Honoring this request is a sign of respect and a critically important way to demonstrate support.

Personal Gender

While the dimensions of gender and the desire for congruence is common to us all, ultimately gender is personal. Each dimension of gender is informed by our unique intersection of identities, experiences, and personal characteristics. We are more than our body, gender identity and gender expression: we are also our race, ethnicity, class, faith, sense of geographic place, family history, and more. Our gender is personal because while we share some of these aspects of self with others, the way that all of these identities, influences and characteristics come together is unique to each of us.

Gender Is Different from Sexual Orientation

One final distinction to make is the difference between gender and sexual orientation, which are often incorrectly conflated. In actuality, gender and sexual orientation are two distinct, but related, aspects of our identity. Gender is personal (how we see ourselves), while sexual orientation is interpersonal (who we are physically, emotionally and/or romantically attracted to).

Why is it so critical to distinguish these two concepts? When we confuse gender with sexual orientation, we are likely to make assumptions about a young person that have nothing to do with who they are. For example, when someone's gender expression is inconsistent with others' expectations, assumptions are frequently made about that person's sexual orientation. The boy who loves to play princess is assumed to be gay, and the girl who buys clothes in the "boys" section and favors a short haircut may be assumed to be a lesbian. These are faulty conclusions. What someone wears and how they act is about gender expression. You cannot tell what a person's sexual orientation is by what they wear (for that matter, you can't know what their gender identity is either, unless they tell you).



Our society's conflation of gender and sexual orientation can also interfere with a young person's ability to understand and articulate aspects of their own gender. For example, it's not uncommon for a transgender or non-binary youth to wonder if they are gay or lesbian (or any sexual orientation other than heterosexual) before coming to a fuller realization of their gender identity. How we come to understand our gender and our sexual orientation—and the choices we make to disclose and express these parts of ourselves—are distinct paths. Thinking of these two aspects of self as interchangeable may, instead of helping us know ourselves and one another better, actually get in the way of our ability to understand and communicate with one another.

What's Next?

There is a generational divide in how we think about gender. In order to bridge this gap, those of us who were raised with a more limited view of gender can take this as an opportunity to explore gender with new eyes, to read and ask questions to better understand gender's complexity. As with any learning experience, you'll learn more about the world around you and about yourself in the process.

Gender diversity has existed throughout history and all over the world. As one of the most fundamental aspects of a person's identity, gender deeply influences every part of one's life. Where this crucial aspect of self is narrowly defined and rigidly enforced, individuals who exist outside of its norms face innumerable challenges. Even those who vary only slightly from norms can become targets of disapproval, discrimination, and even violence.

This does not have to be the case. Through a thoughtful consideration of the uniqueness and validity of every person's experience of self, we can develop greater acceptance for all. Not only will this create greater inclusion for individuals who challenge the norms of gender, it will create space for all individuals to more fully explore and express who they are.

Endnotes

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Appendix B: The Language of Gender

The power of language to shape our perceptions of other people is immense. Precise use of terms in regards to gender can have a significant impact on demystifying many of the misperceptions associated with gender. However, the vocabulary of gender continues to evolve and there is not universal agreement about the definitions of many terms. Nonetheless, here is some working language and examples of frequently used (and misused) terms. We offer them as a starting place for dialogue and understanding, which begins by clarifying how we are using various terms, rather than asserting that they represent the final or only definition of the various terms.

Agender – A person who sees themselves as not having a gender. Some agender-identified people see themselves as being gender neutral, rather than not having any gender, but in any case do not identify with a gender.

Cisgender – Refers to people whose gender identity aligns with their assigned sex at birth (cis- from Latin, meaning, “on this side [of].” In contrast to trans, from the Latin root meaning “across,” “beyond,” or “on the opposite side [of]”).

Dimensions of gender – Our body, expression, and identity are three distinct, but interrelated, components that comprise a person’s experience of gender. Each of these dimensions can vary greatly across a range of possibilities. A person’s comfort in their gender is related to the degree to which these three dimensions feel in congruence.

FtM – A person who was assigned a female sex at birth and whose gender identity is boy/man.

Gender binary – A system that constructs gender according to two discrete and opposite categories: boy/man and girl/woman. It is important to recognize that both cisgender and transgender people can have a gender identity that is binary.

Gender expression – This is our “public” gender. How we present our gender in the world and how society, culture,



community, and family perceive, interact with, and try to shape our gender. Gender expression is also related to gender roles and how society uses those roles to try to enforce conformity to current gender norms.

Genderfluid – People who have a gender or genders that change. Genderfluid people move between genders, experiencing their gender as something dynamic and changing, rather than static.

Gender identity – our deeply held, internal sense of self as masculine, feminine, a blend of both, neither, or something else. Identity also includes the name we use to convey our gender. Gender identity can correspond to, or differ from the sex we are assigned at birth. The language a person uses to communicate their gender identity can evolve and shift over time, especially as someone gains access to a broader gender vocabulary.

Gender roles – The set of functions, activities, and behaviors commonly expected of boys/men and girls/women by society.

Gender-expansive – An umbrella term used for individuals who broaden their own culture's commonly held definitions of gender, including expectations for its expression, identities, roles, and/or other perceived gender norms.

Genderqueer – An umbrella term to describe someone who doesn't identify with conventional gender identities, roles, expression and/or expectations. For some, genderqueer is a non-binary identification, and for others it is not.

Intersex – Also referred to as Disorders/Differences of Sexual Development. About 1 percent of children are born with chromosomes, hormones, genitalia and/or other sex characteristics that are not exclusively male or female as defined by the medical establishment in our society. In most cases, these children are at no medical risk, but most are assigned a binary sex identity (male or female) by their doctors and/or families.

MtF – A person who was assigned a male sex at birth and whose gender identity is girl/woman.

Non-binary – An umbrella term for gender identities that are not exclusively masculine or feminine.

Sex – Used to label a person as "male" or "female" (some US states and other countries offer a third option) at birth, this term

refers to a person's external genitalia and internal reproductive organs. When a person is assigned a particular sex at birth, it is often mistakenly assumed that this will equate with their gender; it might, but it might not.

Sexual orientation – Our sexual orientation and our gender are separate, though related, parts of our overall identity. Gender is personal (how we each see ourselves), while sexual orientation is interpersonal (who we are physically, emotionally and/or romantically attracted to).

Transboy – A child who was assigned a female sex at birth and has a boy gender identity.

Transgender – Sometimes this term is used broadly as an umbrella term to describe anyone whose gender identity differs from their assigned sex. It can also be used more narrowly as a gender identity that reflects a binary gender identity that is "opposite" or "across from" the sex they were assigned at birth.

Transgirl – A child who was assigned a male sex at birth and has a girl gender identity.

Transition – "Transitioning" is a term commonly used to refer to the steps a transgender, Agender, or non-binary person takes in order to find congruence in their gender. But this term can be misleading as it implies that the person's gender identity is changing and that there is a moment in time when this takes place. More typically, it is others' understanding of the person's gender that shifts. What people see as a "transition" is actually an alignment in one or more dimensions of the individual's gender as they seek congruence across those dimensions. A transition is taking place, but it is often other people (parents and other family members, support professionals, employers, etc.) who are transitioning in how they see the individual's gender, and not the person themselves. For the person, these changes are often less of a transition and more of an evolution. Instead of "transitioning," a more apt phrase is "pursuing congruence measures." A person can seek harmony in many ways:

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Transphobia – Fear, dislike of, and/or prejudice against transgender people.

Transsexual – An older term for people who identify and/or live as a member of the sex other than the one they were assigned at birth. It originated in the medical and psychological communities to refer to people who permanently changed, or sought to change, their bodies through medical interventions, including, but not limited to, hormones and/or surgeries. It is still used by some people to identify their gender identity and is considered offensive by others.



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