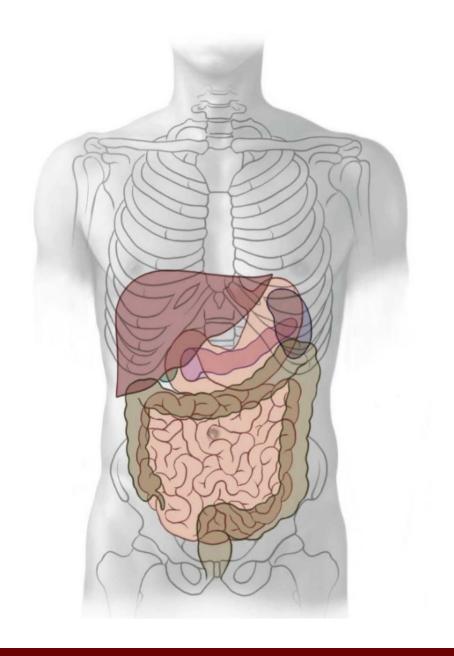
## Sex and Gender Primer

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## Session Learning Objectives (SLOs)

- 1. Compare and contrast the terms sex and gender.
- Explain how both sex and gender fall along a continuum, rather than being binary constructs (understand that sex and gender are frequently presented as binary constructs).
- Describe the use of inclusive terminology as it relates to anatomy and patient care and recognize that the terminology is nuanced and continuously evolving.
- 4. Explain how a nuanced understanding of sex and gender and the use of inclusive terminology may positively affect healthcare of all individuals.

# **Sex**: a set of biologic attributes in an organism determined by chromosomal pattern, gene expression, and hormones

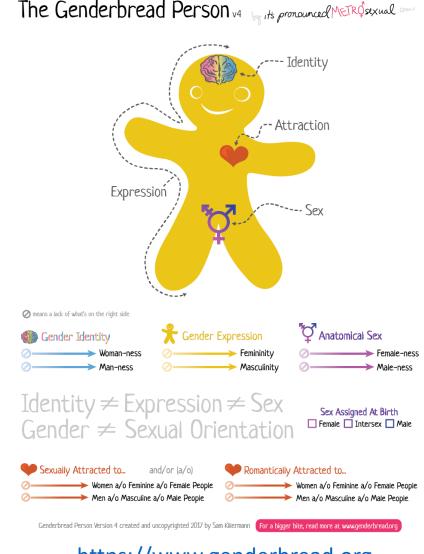
- Genetic (genotypic) sex: sex of the individual based on chromosomal pattern
  - The two most common chromosomal patterns are:
    - XX = genetic female
    - XY = genetic male
    - (but there are others!)
- Phenotypic sex: based on the APPEARANCE of the internal/external genitalia
  - Testes and/or male-like external genitalia = phenotypic male
  - Ovaries and/or female-like external genitalia = phenotypic female
  - Phenotypic sex based on influence of both chromosomes and hormones (androgens vs. estrogen and progesterone)

**Gender** is a social construct – refers to how an individual identifies as and whom they are attracted to, based on socially constructed roles, norms and relationships

The Genderbread Person was a compared to the compared

• **Gender Identity**: do you perceive yourself as man, woman, nonbinary?

- Cisgender: alignment of a person's sex assigned at birth and their gender
  - e.g., genetic XX, gender identity is woman
- **Transgender**: do not identify with their sex assigned at birth
  - e.g., genetic XY, gender identity is woman
- **Gender Expression**: do you express yourself as more masculine, feminine, gender-neutral?
- **Sexual Orientation**: to whom are you sexually attracted to?
  - Gay, lesbian, straight, bisexual, pansexual, asexual



https://www.genderbread.org

## Sex ≠ Gender

### Sex

- Mostly BIOLOGICAL construct
- Patterns of chromosomes, genes, and hormones produce common phenotypes but variations exist
- Some societies established binarized sex as male/female even though not everyone fits into those categories

## Gender

- Mostly SOCIAL construct
- Most identify with their sex assigned at birth
- Recent evidence suggests there may be a biological basis of gender
  - Prenatal and prepubertal sex hormones may play a role in determining gender identity

## Gender AND Sex are NON-binary

- "Male" and "female" are the typical sex types assigned at birth
- "Man" and "woman" are common gender types
- These are oversimplifications and BOTH exist on a continuum.



#### nature

SEX & GENDER

## Sex Redefined: The Idea of 2 Sexes Is Overly Simplistic

Biologists now think there is a larger spectrum than just binary female and male

By Claire Ainsworth, Nature magazine on October 22, 2018

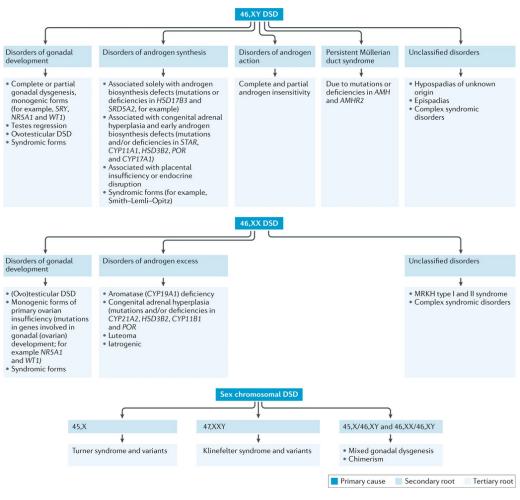
https://www.scientificamerican.com/article/sexredefined-the-idea-of-2-sexes-is-overly-simplistic1/

## Sex is Determined Along a Continuum

- Chromosomal (genetic) sex may be 46 XX/XY OR:
  - 45 X: Monosomy X (Turner Syndrome)
  - 47 XXY (and more): (Klinefelter Syndrome)
- Gene mutations may influence Y chromosome/SRY gene expression
- Hormone levels (during fetal period, childhood, adolescence) and/or sensitivity of tissues to hormones can affect phenotypic sex
  - Androgen excess: masculinizes external genitalia
  - Androgen insufficiency or insensitivity
- Differences of Sex Development (DSDs): genetic sex does not align with phenotypic sex
  - Also known as intersex dispers, intersex differences, and dispers of sex development

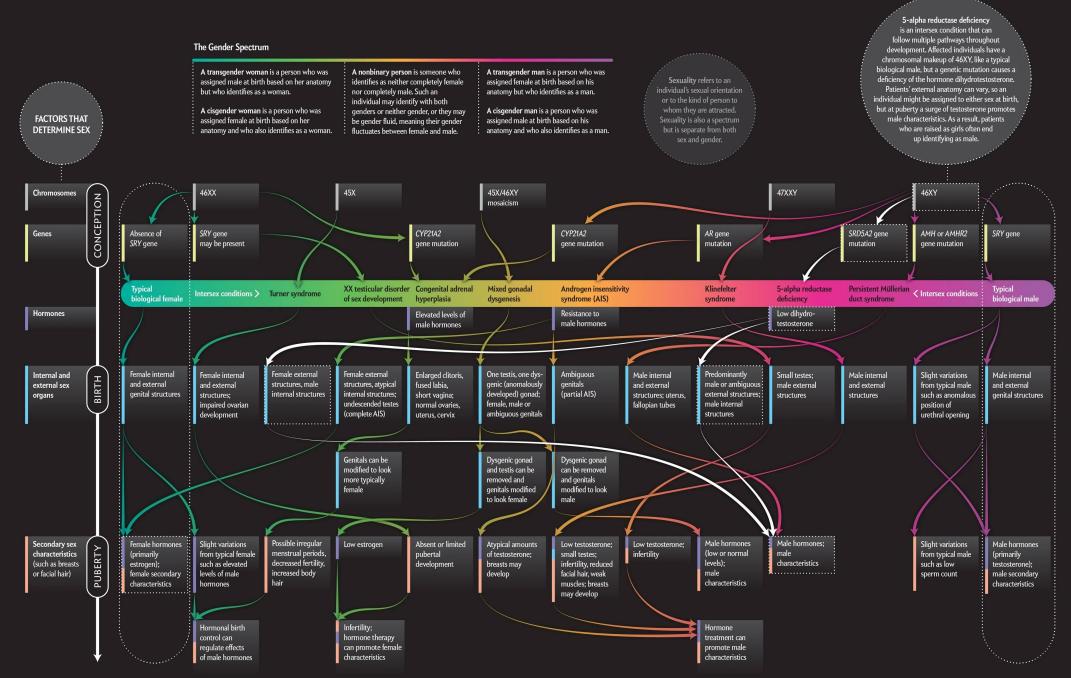
#### Fig. 1: Classification of DSDs.

From: Caring for individuals with a difference of sex development (DSD): a Consensus Statement



Disorders of sex development (DSDs) are classified into three main groups on the basis of the karyotype of the affected individual (primary cause). Each main group encompasses several subgroups (secondary root) that orient towards a specific diagnosis (tertiary root). MRKH, Mayer–Rokitansky–Küster–Hauser syndrome.

Back to article page >



#### The Gender Spectrum

A transgender woman is a person who was assigned male at birth based on her anatomy but who identifies as a woman.

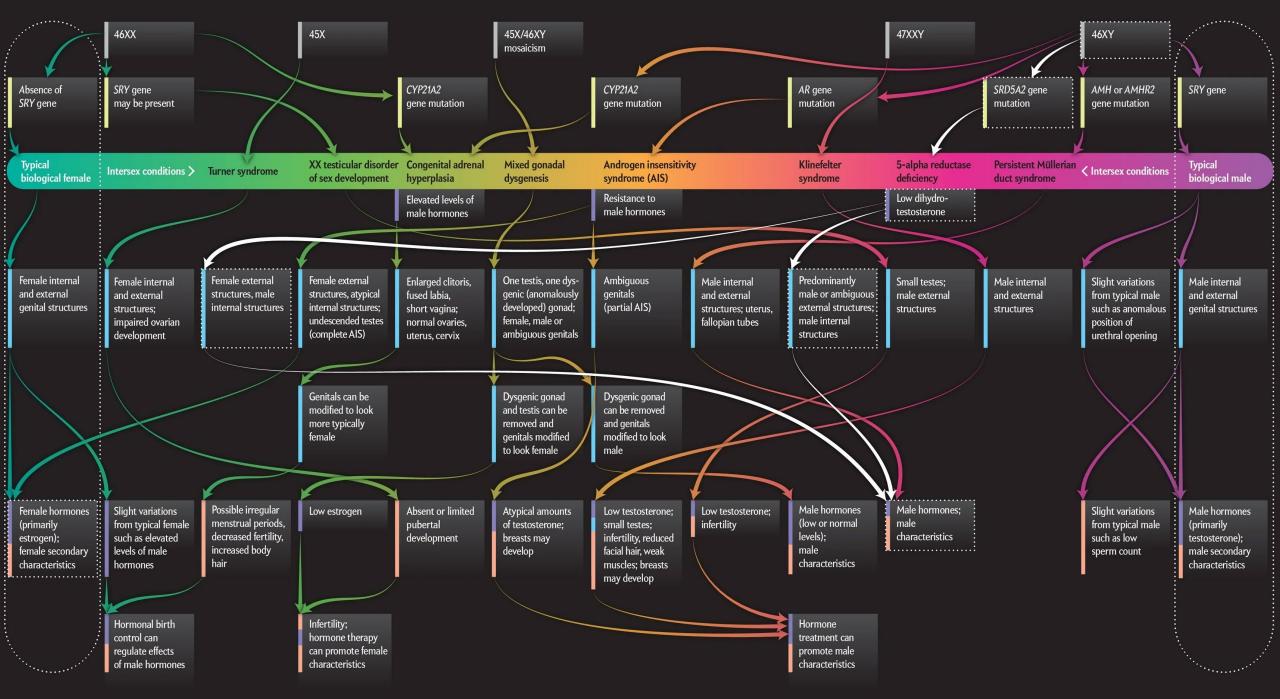
A cisgender woman is a person who was assigned female at birth based on her anatomy and who also identifies as a woman.

A nonbinary person is someone who identifies as neither completely female nor completely male. Such an individual may identify with both genders or neither gender, or they may be gender fluid, meaning their gender fluctuates between female and male.

A transgender man is a person who was assigned female at birth based on his anatomy but who identifies as a man.

A cisgender man is a person who was assigned male at birth based on his anatomy and who also identifies as a man.

Sexuality refers to an individual's sexual orientation or to the kind of person to whom they are attracted.
Sexuality is also a spectrum but is separate from both sex and gender.



## As future physicians, follow these guidelines for care of patients with a Difference of Sex Development (DSD)

**EXPERT CONSENSUS DOCUMENT** 

## Caring for individuals with a difference of sex development (DSD): a Consensus Statement

Martine Cools ☑, Anna Nordenström, Ralitsa Robeva, Joanne Hall, Puck Westerveld, Christa Flück, Birgit

Köhler, Marta Berra, Alexander Springer, Katinka Schweizer & Vickie Pasterski on behalf of the COST Action

BM1303 working group 1

Nature Reviews Endocrinology 14, 415–429 (2018) | Cite this article

#### Age 4 years

Information to child about sex, gender and differences has started

#### Age 6 years

- Continue information and answer questions
- → Discuss puberty
  - Consider introducing privacy during PE

#### **Early puberty**

- Privacy during PEAll information given
- Check knowledge
  - Check knowledge
     Discuss transition

#### Late pubertal age

- Organize transitionJoint consultation(s)
- Check knowledge and autonomy

#### **Adulthood**

- Continued updates of all information
- Discussion of recommended follow-up visits and screenings

#### Psychosocial and peer support

- Words and vocabulary
- Principles of body functioning, hormones and condition
- Naturally occurring variations
- Play behaviour
- Shame, secrecy and guilt

- Condition-typical aspects of body functioning
- Naming condition
- Puberty (induction)
- Fertility
- Gendered-type behaviour
- Bullying and isolation

- Chromosomes
- Sexuality
- Vaginal hypoplasia
- Testes prostheses
- GCC surveillance
- Gender contentedness
- Peers and relations

- Fertility and gamete preservation
- Delayed gonadectomy and/or clitoral surgery
- Gender contentedness
- Partnership and sexual functioning
- Overall QoL
- Quality of sexual life
- PS functioning
- Fertility issues
- Gender contentedness

Timing and topics might vary largely between individuals

https://doi.org /10.1038/s415 74-018-0010-8

# How can you, as future healthcare professionals, be inclusive of sexual and gender diverse patients?

## Sex and Gender Inclusive Terminology

- ~1-3% of the high school students identify as trans and/or non-binary
- $\sim$ 1.7-4% of the population have intersex variations or differences in sexual differentiation (DSDs)
  - Health disparities linked to stigma, discrimination, and denial of services
- Trans and non-binary people may not identify with the binary labels of man/woman or male/female
- Language is foundational to transgender and non-binary inclusiveness
  - Use appropriate pronouns (default to they/them)
  - Use non-gendered, person-first and anatomy-specific language

## Inclusive Terminology

#### **Person-First Language**

- Places the person before a trait, condition, or diagnosis
- Example: women need to undergo yearly cervical cancer screening.
  - People with cervices need to undergo yearly cervical cancer screening.

#### **Anatomy-Based Language**

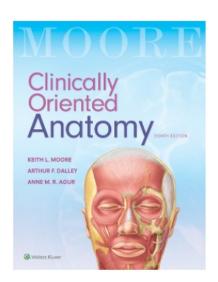
- Focuses on the organs, tissues, and structures themselves and in relation to each other, and not as "typical" person of any one sex assigned at birth.
- Example: the male gonad produces sperm.
  - The testes produce sperm.

## Inclusive Terminology

- Linguistic practices are open to change as LGBTQIA+ advocates refine their perspectives on language
- Ensures gender is not associated with having or not having an organ
  - Uteruses are typically associated with women
    - What about a woman who's had a hysterectomy?
- Trans persons may have organs that do not align with their gender
  - Gender affirming surgery
    - Prostate gland is often left in situ in trans women

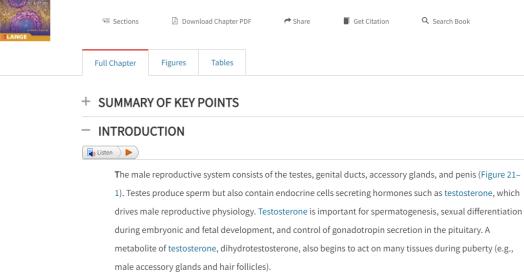
## Terminology in Resources

- Most textbooks present sex as binary.
  - Calls for anatomy texts to discuss sex on a spectrum
- Sexual, reproductive, and genital system content is highly gendered
- Will take time to update





#### Chapter 21: The Male Reproductive System



The term perineum<sup>1</sup> refers both to the area of the surface of the trunk between the thighs and the buttocks, extending from the coccyx to the pubis, and to the shallow compartment lying deep (superior) to this area but inferior to the pelvic diaphragm. The perineum includes the anus and external genitalia: the penis and scrotum of the male and the vulva of the female.

#### Disorders of Sex Development

CLINICAL CORRELATES

Because sexual development of males and females begins in an identical fashion, it is not surprising that abnormalities in differentiation and sex determination occur. Ambiguous genitalia (Fig. 16.36) may appear as a large clitoris or a small penis. Thus, a child may be born with a typically female appearance, but with a large clitoris (clitoral hypertrophy) or typically male with a small penis that is open on its ventral surface (hypospadias). In some cases, these abnormalities result in individuals with characteristics of both sexes. Advances in molecular genetics has allowed rapid and accurate diagnoses of the varying conditions caused by disorders of sex development (DSD), but assigning gender is a more controversial issue.

In cases of ovotesticular disorders of sex development (formerly called true hermaphrodism), both ovarian and testicular tissues are present. Thus, gonadal tissue may be any combination of ovary, testis, or ovotestis, which is present in two-thirds of cases. Genitalia are always ambiguous, but there is a tendency toward masculinization. In 70% of cases, the karyotype is 46,XX.

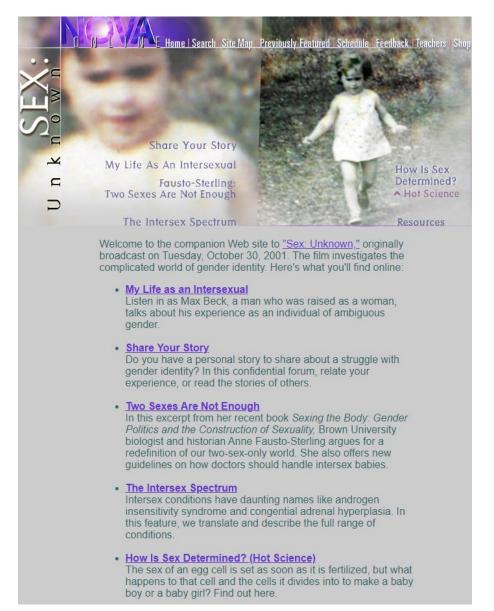
## Affirmation of Identity

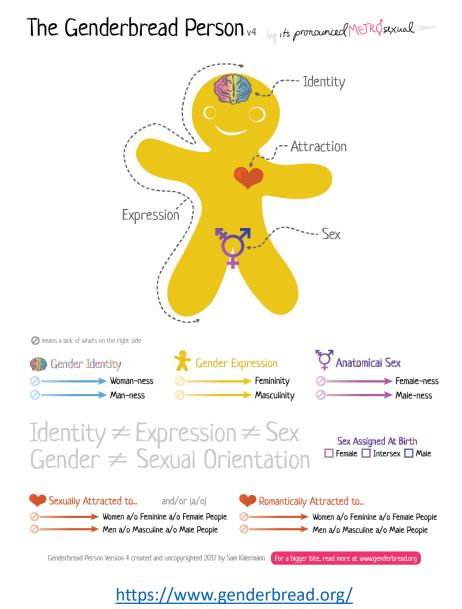
- Gender affirmation represents the social processes where individuals receive recognition and support for their gender identity.
- Inclusive language affirms and validates trans and non-binary identities.
  - Affirmation is across psychological, medical, and social domains is a significant predictor of positive health outcomes and self-esteem.
  - Inclusive sex education significantly reduces depression and suicidality in lesbian, gay, and bisexual adolescents.

## Goals

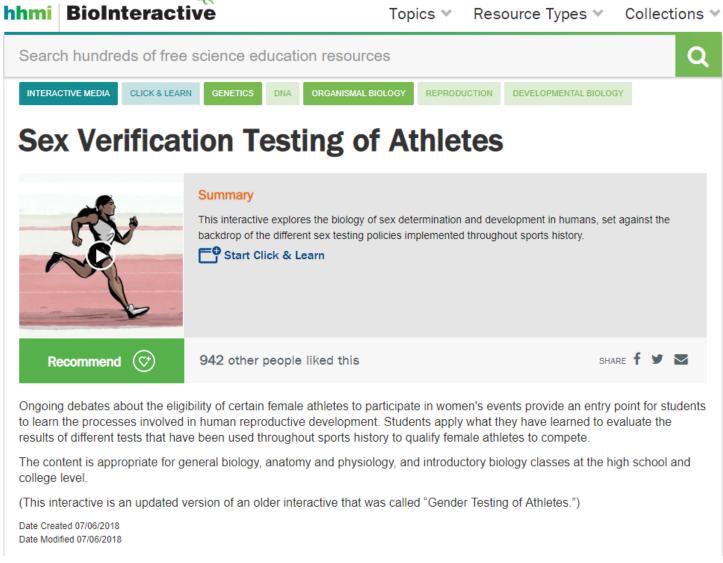
- 1. Reduced gendered language and instead use person-first and/or anatomy-specific language.
- 2. If gender or sex is necessary, be cautious of generalizations and/or use an assigned sex/gender phrase.
- 3. Engage in self-directed learning to apprise yourself of inclusive language practices as they evolve over time.
- 4. Human Structure faculty will update local materials to meet Goals 1 & 2

## To Learn More, check out these resources:





Learn more about how the complex interaction of sex, genes and gender affects many aspects of life!



https://www.hhmi.org/biointeractive/testing-athletes

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