# Chapter 1: Gender terms and definitions

**Gendor 101 training materials**

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# Chapter 1: Gender terms and definitions

## Learning objectives

By the end of this session, participants will be able to:

- Distinguish between gender and sex

- Distinguish between gender equity and gender equality

- Explain the concepts of gender identity, gender expression, and sexual orientation

## Time needed

1 hour 35 minutes

## Materials needed

- Six Jamboards (one per group)

  o See "Advance Preparation" below for additional notes on preparing each Jamboard

- Polling software (integrated into Zoom)

- Participant Handout: Gender Terms and Definitions I

- Participant Handout: Gender Terms and Definitions II

- Participant Handout: The Genderbread Person

- Participant Handout: Diversity in Human Sexuality Fact Sheet

- Facilitator Resource: PowerPoint on Gender Terms and Definitions

- Facilitator Resource: Myths and Realities about Sexual Orientation and Gender Identity

> **Facilitator note:** Sexual orientation can be an extremely sensitive topic, and it is important that the facilitator be accepting and comfortable discussing it. It may be helpful to first identify common myths and stereotypes about sexual orientation that exist in the local context in order to address them during the session. If the facilitator is not comfortable discussing sex and sexual orientation generally, or if they are unable to address the topic in a respectful and nonjudgmental manner, then they should not facilitate the second portion of this session.

## Advance preparation

1. Email a copy of each Participant Handout to participants.

2. Save a copy of the PowerPoint on **Gender Terms and Definitions** to your computer, and practice presenting the PowerPoint beforehand to ensure you have a good understanding of the various concepts.

3. Create one copy of each of the six Jamboards linked below.

   o Group 1: Sex and Gender

   o Group 2: Gender Equality and Gender Equity

   o Group 3: Women's Empowerment and Agency

   o Group 4: Male Engagement

- o   Group 5: Gender Roles and Gender Stereotypes

- o   Group 6: Gender-Based Violence and Violence against Women

Then, prepare links to each Jamboard. The links should be readily available to easily copy and paste into the Zoom Chat. The format for the text that is copied and pasted should be as follows:

- o   Group 1: [link to Jamboard]

- o   Group 2: [link to Jamboard]

- o   Group 3: [link to Jamboard]

- o   Etc.

4. Log into Zoom.us and add the following poll to your Zoom meeting (review the Technical Facilitator Guidance for more information on adding polls to a Zoom meeting).

**Question: Do you believe the statement is true or false?**

**Answer Choice (single choice):**

- o   True

- o   False

> **Facilitator note:** The concepts discussed in this session are foundational to understanding gender and are important for participants to understand before moving on to more advanced sessions. The facilitator should regularly check in with participants by asking if they have any questions related to the concepts discussed or if they need any points clarified.
>
> **Facilitator note:** Before starting the session, the facilitator should point out to participants the sensitive nature of the subject matter, and re-emphasize the importance of confidentiality (what is said inside the room, stays inside the room), respect for others' opinions, and the right to pass (if a participant is uncomfortable with the topic, they may choose not to take an active part in the session).

## Steps

### Introduction (5 minutes)

Open the activity by explaining to participants that they will spend some time familiarizing themselves with some key foundational terminology related to gender and sexuality.

### Foundational gender concepts: Activity (30 minutes)

1. Technology Action: At any time after participants begin to join the meeting, you may begin creating breakout rooms for the "Foundation Gender Concepts" activity.

- o   6 groups (randomly distributed participants)

- o   Check "Breakout rooms automatically close after"

  - –   10 minutes

- o   Check "Notify me when time is up"

- o   Countdown after closing breakout room: 30 seconds

2. Explain that participants will be divided into 6 groups. Each group will be assigned one or two concepts to define as a team, and they will be able to take notes as a group on a Jamboard. Explain that they will have 10 minutes to come up with a definition for each assigned concept.

3. Technology Action: Screen share a sample Jamboard and demo how one would do each of the activities described below.

   o Show the group how to add a sticky note to the sample of the Jamboard: click on the sticky note icon, write a word/phrase, click save, and then click anywhere on the Jamboard to go back to the main Jamboard and move your sticky note to the center of the board.

   o Continue adding words and phrases (one word or phrase per sticky note) that make up the assigned concept.

4. Technology Action: Copy and paste into the chat links to each Jamboard. Jamboards should be clearly labeled Group 1, Group 2, etc. See example below.

   o Example:

       – Group 1: [Link to Jamboard]

       – Group 2: [Link to Jamboard]

       – Group 3: [Link to Jamboard]

       – Group 4: [Link to Jamboard]

5. Explain that you have shared links to each group's Jamboard in the Zoom chat. Explain that, as they are being moved to a breakout room, participants will see on their screen to which numbered room they are being moved. Once they are in their breakout rooms, their room number will appear at the top of the Zoom screen. Their breakout room number will represent their group number and should be used to know which Jamboard to open.

6. Explain that, before returning to the main room, each small group should elect a "spokesperson" who can verbally present their Jamboard to the rest of the larger group.

7. Make sure participants understand the instructions. Remind them that they should use the "Ask for Help" button if they have questions for a facilitator while in their breakout room. (Spend no more than 5 minutes on steps 1 to 7).

> **Technology Note:** For many participants, this will be the first time that they have worked on Jamboard. It is important that the facilitator slowly but succinctly demonstrates how to use Jamboard and confirms that participants feel comfortable using it once they go to their breakout rooms. Consider joining breakout rooms soon after they have been opened to check in with each group and confirm that at least one person in each group is comfortable using Jamboard.

8. **Technology Action:** Open the breakout rooms.

9. **Technology Action:** Open each Jamboard on a different tab in your computer. Regularly review each Jamboard to ensure that at least one participant has opened the board and, eventually, that groups have started adding sticky notes. Join any group where no one is on the Jamboard after 30-40 seconds, or where no one has written anything after a couple of minutes.

> **Technology Note:** Anonymous circles at the top right corner of the Jamboard will indicate whether or not participants have opened the Jamboard.

10. **Technology Action:** Send a broadcast message reminding participants when they have 1 minute left. In the broadcast message, remind participants to select a spokesperson if they haven't already. After approximately 10 minutes, close the breakout rooms.

11. **Technology Action:** Screen share Group 1's Jamboard.

12. Invite the spokesperson from Group 1 to read the group's definition to the larger group. Then, ask the larger group to share their thoughts about the definition. (Is the definition accurate? Is the definition complete? How might the definition be improved?) Spend no more than 1 minute discussing the group's definition.

13. Repeat step 12 for the group's second concept/definition (if applicable).

14. Repeat steps 11 to 13 for the remaining groups.

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**Optional Adaptation**

*If you are either limited on time or want to focus on only a few of the terms, consider employing the following adaptation as an alternative to the Jamboards.*

**Advanced Preparation**

- Select up to 3 words from the following list that are most relevant to your audience.
  - Sex
  - Gender
  - Gender Equality
  - Gender Equity
  - Women's Empowerment
  - Women's Agency
  - Male Engagement
  - Gender Roles
  - Gender Stereotypes
  - Gender-Based Violence
  - Violence Against Women

- Follow these instructions to create your word cloud. Note that facilitators may use Slido or Mentimeter to implement the activity. Slido is recommended for any facilitator that would like to use the word cloud option but does not have a paid Slido or Mentimeter account. All following instructions will assume that the facilitator does not have a paid account for either Slido or Mentimeter, and is using the free version of Slido.

  - Go to Slido.com and create an account or sign in.

  - Click "New Slido". Name your Slido event and be sure that the start/end date fall within the time/date of your live workshop *(note that there are no consequences for having the Slido start/end a few days before/after your workshop, as long as you workshop date falls within the Slido event dates).*

    – Consider changing the event code to something more relevant to your audience/easy to remember.

  - Click "Schedule Slido".

  - Under "Create your polls", select "Word Cloud". Add the following question:

    – What words would you use to describe "[First selected term]"?

    – Click save.

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- o  Create two additional word clouds (select "Create Poll" to add new word clouds) for the other selected terms:
    - –  What words would you use to describe "[Second selected term]"?
    - –  What words would you use to describe "[Third selected term]"?

**Steps (15 minutes)**

1. Explain that, as a group, we're going to begin familiarizing ourselves with key gender terminology by "crowd-sourcing" some initial definitions to some of the most important terms. (Spend no more than 2 minutes introducing the activity).

2. **Technology Action:** On Slido.com, open up your first event from the Events page. Click the green "Present" button at the top right-hand corner of the screen. Once you are presenting, note that you will need to click the green "play" button ("Activate poll") from the toolbar at the bottom of the screen to show the poll and allow participants to respond.
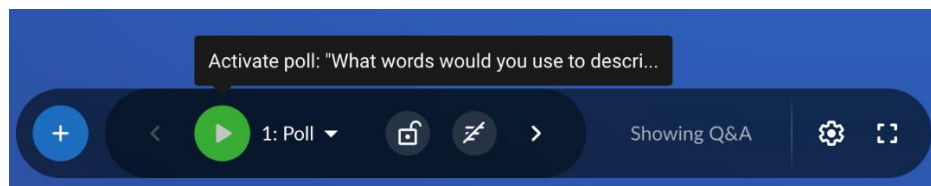


3. **Technology Action:** Share your screen and present the first word cloud question, which asks participants to share words that they think of when they hear the first selected term.

4. Explain that participants may either use their phone to scan the QR code and respond to the prompt, or they may go to Slido.com and add the code shown on the screen.

5. Once you have a robust word cloud, pause and ask participants to consider the words in the word cloud and reflect:
    - o  Are these words here accurately representing the concept?
    - o  Is there anything still missing?

6. Facilitate a brief group discussion. (Spend no more than 4 minutes on steps 2 to 6).

7. Repeat steps 2-6 for each of the remaining concepts/terms.

**Foundational gender concepts (5 minutes)**

1. Remind participants that they can access the **Participant Handout: Gender Terms and Definitions I** in their emails to reference later.

2. **Technology Action: Screen-share the PowerPoint Gender Terms and Definitions.**

3. Present the formal definitions in the first half of the **PowerPoint Gender Terms and Definitions**. Allow participants 2 minutes to ask questions and/or make comments.

**Facilitator note:** When discussing the concepts of gender equity and gender equality, emphasize the following points:

- The goal of **gender equality** is not for women and men, girls and boys, to become the same. Rather, the goal is to ensure that women and men have the same chances to access and benefit from social, economic, and political resources (e.g., have the same opportunities to vote, to be educated, etc.)

- The goal of **gender equity** moves beyond equality in all aspects. Gender equity seeks to ensure that conditions will not prevent equal participation in health promotion activities. It recognizes, for example, that women and men may have different needs, preferences, and interests, some due to biological differences (such as pregnancy) and others due to gender constraints, such as inadequate investment in girls' education or restrictions on their mobility. Achieving equality of opportunity (e.g., gender equality) may require treating women and men differently and/or separately. (For example, an organization may adopt a positive discrimination policy during recruitment to increase women's representation due to gender roles or constraints, such as burden of household care).

- Gender equality differs from gender equity in that gender equity is about how public services meet different population needs, as well as historical inequalities that have mitigated opportunities. Gender equality is about making sure that everyone has the same opportunity to use those services.

- The level playing field and equity/equality trees are useful illustrations of these concepts. In the first illustration, three people are given the same size boxes despite their different heights, and only the tallest of the three can reach the apple on the tree. This illustration displays inequality in outcomes (reaching an apple on the tree) because the boxes are not tailored to the capacities of the individuals (their differing heights). In the second illustration, boxes are equitably distributed and are tailored to the capacities of the individuals (the shortest person has the tallest box), and therefore there is equality since all three people can reach the apples.

## Sexual and gender identities (40 minutes)

1. Explain that the group will spend time exploring some additional important concepts related to how we identify with the norms surrounding our gender, as well as norms related to sexual expression.

2. Acknowledge that some participants may have strong beliefs about sexual orientation. State that you will respect every participant's right to their opinion; however, sexual orientation is important to discuss because it is a human rights issue and also an important part of every individual's sexuality.

**Facilitator note:** It is helpful to remind participants of Article 1 of the Universal Declaration of Human Rights, which states, "All human beings are born free and equal in dignity and rights." The United Nations Human Rights Council interpreted this as, "All people, including lesbian, gay, bisexual and transgender (LGBT) persons, are entitled to enjoy the protections provided for by international human rights law, including in respect of rights to life, security of person and privacy, the right to be free from torture, arbitrary arrest and detention, the right to be free from discrimination, and the right to freedom of expression, association and peaceful assembly" (November 17, 2011; http://www.ohchr.org/Documents/Issues/Discrimination/A.HRC.19.41_English.pdf).

3. Explain that you will read a series of statements aloud, and that for each statement you will ask participants to respond to an anonymous Zoom poll indicating whether they believe the statement to be true or false. (Spend no more than 2 minutes on steps 1 to 3).

4. Refer to **Facilitator Resource: Myths and Realities about Sexual Orientation and Gender Identity**, and read the first statement to the group.

5. **Technology Action: Launch the poll. Give participants 30 to 45 seconds to respond, and then close the poll once all or most participants have responded. Share the results of the poll.**

6. Invite a few participants to briefly explain how they answered and why. Allow 1–2 minutes of discussion and then provide the correct answer.

7. **Technology Action:** Re-launch the poll.

8. Repeat step 4-7 for the remaining statements, spending no more than 3 minutes on each.

> **Technology Note:** You will be informed that "Re-launching the poll will clear existing polling results. Do you want to continue?" Select "Continue".
>
> If you would prefer to have all results of the poll saved, you may create separate polls for each statement. Note that this will need to be completed prior to the start of the session.

9. Before moving on, explain that many of the statements reviewed are myths that use judgment and fear to maintain rigid ideas about women, men, and "acceptable" sexual desire and behavior. Indicate that an important dimension of the stigma, discrimination, and/or violence that lesbian, gay, bisexual, transgender, queer, and intersex (also known as LGBTQI) individuals experience is related to the fact that they deviate from dominant, normative gender norms in their sexual behavior and in other ways (e.g., gender expression).

> **Facilitator note:** The term "queer" may not be commonly used in the communities where your participants are from. If that's the case, you can provide the definition of queer, but you do not need to use the term throughout the training:
>
> The "Q" in LGBTQI represents "queer," which is an umbrella term to describe individuals who don't identify as heterosexual or who have a non-normative gender identity. It can also be used as a political affiliation. Because it has historically been used in a derogatory manner, not all members of the LGBTQ community embrace or use the term. Often, "queer" and LGBTQ are used interchangeably.
>
> Source: *A Guide to Gender: The Social Justice Advocate's Handbook*, 2nd ed., by Sam Killermann, 2017.

10. Technology Action: Share your screen to show the PowerPoint Gender Terms and Definitions, "Gender and Sexual Diversity".

11. After you have read all of the statements, review the second part of the PowerPoint Gender Terms and Definitions, "Gender and Sexual Diversity." Refer to the discussion points included beneath each slide during the presentation. (Spend no more than 20 minutes on this step).

> **Facilitator note:** Discussions about sexual identity can be uncomfortable for some participants, as sexual identity is not often discussed. This discomfort is exactly what this session aims to explore. It can be helpful to relate perceptions about homosexuality to those around race. In many contexts, it was considered unnatural and/or even illegal for people of different races to have sex, marry, have children, etc., but this has changed over time.

12. Next, remind participants that they can review these terms through the Participant Handout: Gender Terms and Definitions II, Participant Handout: The Genderbread Person, and Participant Handout: Diversity in Human Sexuality Fact Sheet, which was emailed ahead of time to each participant.

## Group discussion (10 minutes)

1. Facilitate a 10-minute group discussion using the following questions:

   o What is something that you learned in this session about gender or sexuality?

> **Facilitator note:** Be prepared to deal with religious arguments that claim homosexuality is a sin, and that the Bible and/or the Koran say so. Be careful not to enter into arguments against religious doctrine. Do point out, however, that the tenets of both Christianity and Islam (as well as most other religions) also teach love, respect, and care for all. As a facilitator, you may then ask the following question of the group: "What does it mean on a practical level to love, respect, and care for those in the LGBTI community?"

   o What questions do you still have about the concepts we discussed today?

   o How do these concepts relate to your work?

   – Probe: How can understanding these concepts help you with your work?

   o What expressions of gender identity does society tend to find more acceptable? Which are considered unacceptable? What about sexual orientation?

   o How do gender norms shape our attitudes about what is considered "acceptable" and "unacceptable" sexual behavior?

   – Probe: If a woman is known to have sex with multiple partners, how is she perceived in your society and culture? How do gender norms impact that perception?

## Closing (5 minutes)

End the session by emphasizing the diversity of humans' experiences of gender and sexuality. Explain that while concepts and definitions are helpful for understanding and articulating people's experiences, our experiences and identities cannot (and should not) be limited to mere concepts. We all have the right to define who we are independent of social rules and expectations.

## Sources

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- Health Policy Project. 2015. *A Facilitator's Guide for Public Health and HIV Programs: Gender & Sexual Diversity Training*. Washington, DC: Futures Group, Health Policy Project; 42–52.

- Interagency Gender Working Group (IGWG). 2010. *IGWG Gender, Sexuality and HIV Training Module*. Washington, DC: IGWG; 53.

- Killermann S. 2011. *Breaking through the Binary: Gender Explained Using Continuums*. http://itspronouncedmetrosexual.com/wp-content/uploads/2011/11/Breaking-through-the-Binary-bySam-Killermann.pdf.

- Naz Foundation (India) Trust. 2001. *Training Manual: An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men*. Session 3.2. New Dehli, India: Naz Foundation (India) Trust.

  http://www.eldis.org/vfile/upload/1/document/0708/DOC11369.pdf.

- Sonke Gender Justice. 2011. Gender mainstreaming for health managers: A practical approach (supplementary module on engaging men and boys in achieving gender equality and health equity). Cape Town; 76.

## Participant handout: Gender terms and definitions I

**Sex** refers to biologically defined and genetically acquired differences between males and females, according to their physiology and reproductive capabilities or potentialities. It is universal and mostly unchanging, without surgery.

**Gender** refers to a socially constructed set of economic, social, and political roles, responsibilities, rights, entitlements obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls. Ones' gender identity may or may not correlate with ones' sex assigned at birth. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures, over time, and throughout the life course; they also often intersect with other factors such as race, class, age and sexual orientation.

**Gender equity** is the process of being fair to women and men. To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

**Gender equality** is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources.

**Gender integration** refers to strategies applied in program assessment, design, implementation, and evaluation to account for gender norms and compensate for gender-based inequalities.

**Gender mainstreaming** is the process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, as well as into an organization's institutional culture.

**Gender roles** are the behaviors, tasks, and responsibilities that are considered appropriate for women and men as a result of sociocultural norms and beliefs. Gender roles are usually learned in childhood. Gender roles change over time as a result of social and/or political change.

**Gender stereotypes** are ideas that people have on masculinity and femininity: what men and women of all generations should be like and are capable of doing. (For example, girls are allowed to cry whereas boys are expected to be brave and not cry).

**Agency** is a person's capacity to set and act on goals. It often entails bargaining, negotiation, and resistance. (Adapted from Naila Kabeer's [1999] definition of agency).

**Empowerment** refers to the expansion of people's capacity to make and act upon decisions (agency) and to transform those decisions into desired outcomes, affecting all aspects of their lives, including health. It entails overcoming socioeconomic and other power inequalities in a context where this ability was previously denied. Programmatic interventions often focus specifically on empowering women, because of the inequalities in their socioeconomic status. (Adapted from definitions of empowerment by Naila Kabeer [1999] and Ruth Alsop and Nina Heinsohn [2005]).

**Male engagement** refers to the involvement of men and boys across life phases in family planning, sexual and reproductive health, maternal and child health, and HIV programs as a) clients/users; b) supportive partners; and c) agents of change to improve health and gender equality outcomes, actively address power dynamics, and transform harmful masculinities. Engaging men and boys also includes

broader efforts to promote equality with respect to sexual relations, caregiving, fatherhood, division of labor, and ending gender-based violence (GBV).

**Gender-based violence**, in the broadest terms, is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private. GBV is rooted in economic, social, and political inequalities between men and women. Although women and girls are the primary victims of GBV because of their subordinate position, men and boys also may be victims of violence when it is perpetrated to uphold or reinforce dominant forms of masculinities (i.e., socially determined roles, expectations, and behaviors associated with being a man or a boy).

**Violence against women and girls (VAWG)** involves any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women or girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (Arango et al. 2014). VAWG against someone with whom the perpetrator is in an intimate relationship is referred to as intimate partner violence (IPV).

## References

- Alsop R, Heinsohn N. 2005. Measuring empowerment in practice: structuring analysis and framing indicators. World Bank Policy Research Working Paper 3510. Washington, DC: World Bank.

- Arango D, Morton M, Gennari F, Kiplesund S, Ellsberg M. 2014. *Interventions to Reduce Violence against Women and Girls: A Systematic Review of Reviews*. Women's Voice and Agency Research Series, No. 10. Washington DC: The World Bank.

- Kabeer N. 1999. Resources, agency, achievements: reflections on the measurement of women's empowerment. *Development and Change*. 30:435–464.

    https://www.utsc.utoronto.ca/~kmacd/IDSC10/Readings/research%20design/empowerment.pdf

## Participant handout: Gender terms and definitions II

Sexual orientation refers to an individual's physical and/or emotional attraction to the same and/or opposite sex. A person's sexual orientation is distinct from the individual's gender identity and expression. Heterosexuality is attraction to the opposite sex. Homosexuality is attraction to the same sex. Bisexuality is attraction to both sexes.

Gender norms are the culturally defined roles, responsibilities, rights, entitlements, and obligations associated with being female and male, as well as the power relations between and among women and men, boys and girls.

Gender identity refers to one's innermost concept of self as male, female, a blend of both, or neither— how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender expression refers to the external translation of one's gender identity, usually expressed through behavior, clothing, haircut, or voice, and may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Homophobia is the fear and hatred of, or discomfort with, people who are attracted to members of the same sex.

Heterosexism is the presumption that everyone is heterosexual and/or the belief that heterosexual people are naturally superior to homosexual and bisexual people.
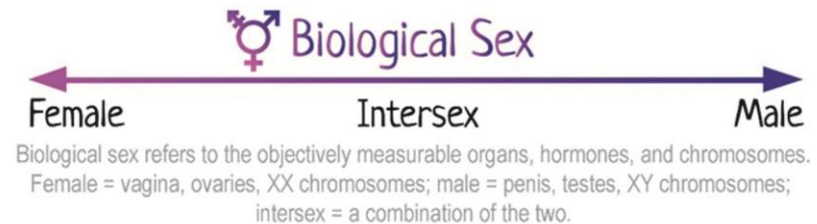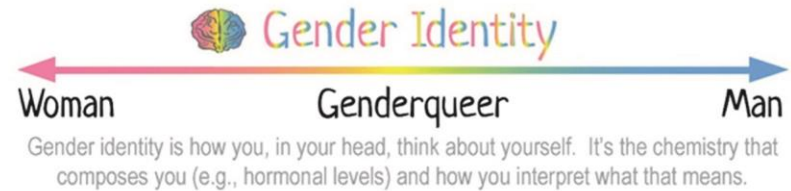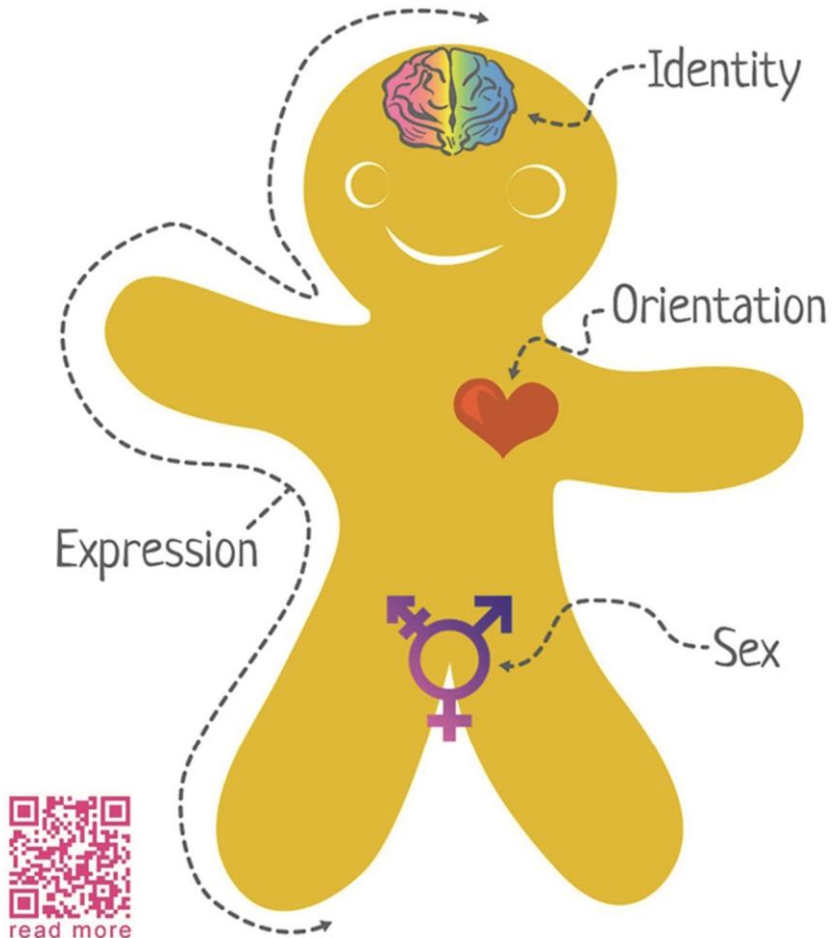
Transgender is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

# The Genderbread Person

by www.ItsPronouncedMetrosexual.com

Identity

Orientation

Expression

Sex

read more

## Gender Identity

Woman — Genderqueer — Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

## Gender Expression

Feminine — Androgynous — Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

## Biological Sex

Female — Intersex — Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

## Sexual Orientation

Heterosexual — Bisexual — Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

# Participant handout: Diversity in human sexuality fact sheet

(*Adapted from* Diversity in Human Sexuality: Implications for Policy in Africa, Academy of Science of South Africa, May 2015)

**What is the evidence that biological factors contribute to diversity in sexual orientation and gender identity?**

- Contemporary science does not support that sexuality is a simple binary of hetero/homosexual (Feinstein et al. 2014; Seto 2012).

- Variations in sexual identities and orientations has always been part of a normal society (Greenberg 1988; Cantu et al. 1999; Halperin 2000; Herdt 1996, 1997; Roscoe and Murray 1997).

- There is substantial biological evidence for the diversity of human sexualities and for sexual orientations in particular. Studies have found significant linkage between male sexual orientation and regions of the X chromosome (Mustanski et al. 2005; Sanders et al. 2014).

- Sociobehavioral research demonstrates unequivocally that both heterosexual and homosexual men and women lack a sense of choice in terms of their sexual attraction (Quinsey 2003; Herek et al. 2010; Savin-Williams and Vrangalova 2013; Worthington et al. 2002; Diamond 2012; Diamond 1995; Dillon et al. 2011; Farr et al. 2014; Savin-Williams 2014).

**Does upbringing and socialization explain the diversity of sexual orientations and gender identities?**

- There is very little evidence that sexual orientation is directly correlated to family upbringing (Beckstead 2012; Isay 2009; Peplau and Garnets 2000; Rosario and Schrimshaw 2014; Royal College of Psychiatrists 2010).

**Is there any evidence for same-sex orientation being "acquired" through contact with others?**

- There is no evidence that sexual orientation can be acquired through contact with lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons. There is substantial evidence that tolerance of same-sex orientation benefits LGBTI persons and positively impacts public health, civil society, and long-term economic growth in societies across the spectrum of economic development (Florida 2014; Badgett et al. 2014).

- Peer pressure among young people has not been shown to influence same-sex activity or the development of same-sex sexual or bisexual orientations (Brakefield 2014).

- Same-sex parents are no more likely to produce homosexual children than are heterosexual parents (Bailey et al. 1995; Gartrell et al. 2011; Golombok and Tasker 1996).

- Homosexual parents are not any less fit or able as parents than heterosexual parents. Children of homosexual parents do not experience disparities in mental health or social adjustment (Herek 2006).

**What evidence is there that any form of therapy or "treatment" can change sexual orientation?**

- There is no evidence that same-sex orientation can be changed through "conversion" or "reparative" therapy. Same-sex attraction is not inherently pathological or an illness. There are documented dangers of this kind of therapy and it is therefore not medically ethical (Haldeman 2002; IOM 2011; APA 2009; PAHO 2009; Nel 2014).

**What evidence is there that same-sex orientations pose a threat of harm to vulnerable populations such as children?**

- There are no credible studies showing that people with same-sex orientation are more likely to abuse children than heterosexual offenders (Barth et al. 2013; Stoltenborgh et al. 2011). Almost all abusers of children are heterosexual men, many of whom are male relatives of these children.

- There is no evidence that men with same-sex attraction or men who have sex with men (MSM) are responsible for the high rates of childhood sexual abuse in African countries or in other countries (Barth et al. 2013; Roberts et al. 2013; Stoltenborgh et al. 2011).

**What are the public health consequences of criminalizing same-sex sexual orientations?**

- There is abundant evidence that more repressive environments increase minority stress and negatively influence LGBTI health. LGBTI individuals are often unable to freely access health facilities and health information, primarily due to stigma and discrimination. Most LGBTI populations in Africa also face a higher threat of physical violence than heterosexual populations (Denton 2012; Goldbach et al. 2014; Pascoe and Smart Richman 2009; IOM 2011; Schmitt et al. 2014; Berlan et al. 2010; Burton et al. 2013; Poteat et al. 2014; United Nations High Commissioner for Human Rights 2010; Lee 2014).

- There is overwhelming evidence that this has a direct impact on the general population's health, particularly in terms of HIV/AIDS, TB, and other sexually transmitted infection reduction efforts

- (Beyrer 2014; Goldbach et al. 2014; Smith et al. 2009; Baral et al. 2014, Berlan et al. 2010; Johns et al. 2013; Ryan et al. 2010; Schneeberger et al. 2014; Semugoma et al. 2012a; Semugoma et al. 2012b; Reddy et al. 2009; Beyrer et al. 2010; Singh 2013).

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# Facilitator resource: Myths and realities about sexual orientation and gender identity

*(Adapted from Interagency Gender Working Group (IGWG). 2010. IGWG Gender, Sexuality and HIV Training Module. Washington, DC: IGWG. Pages 55–58).*

**Sex between two men is, by definition, risky.**

FALSE—Variance in gender identities, sexual behaviors, and sexual orientations is not inherently harmful. Sexual orientation does not itself determine risk. People's sexual exposure to HIV varies according to patterns of sexual behavior, condom use, other sexual risk-reduction practices, and overall HIV prevalence among sexual partners. People's ability to negotiate safer sex, safer drug use, and access to HIV treatment and care can be influenced by poverty, social and gender inequality, drug use, and other social or structural factors. In other words, various factors make up risk and sex between two men, and it does not necessarily result in greater risk than heterosexual sex. Sex between two men can involve various methods for risk reduction, such as condom use and lubricants, which may ultimately be less risky, for example, than someone having heterosexual intercourse with many individuals without using condoms.

**Lesbians have little need for HIV prevention, treatment, or care.**

 FALSE—Sexual and reproductive health programs and providers have traditionally excluded lesbians because they may not have contraceptive needs and because sexual transmission of HIV between lesbians is relatively low; however, providers should not make assumptions about HIV vulnerability based on sexual orientation alone. Although the risk of sexual transmission of HIV between two women is very low, lesbians nevertheless face risks for HIV. Research shows that many lesbians also have male partners. As women in society, lesbians may be vulnerable to HIV through rape (especially in contexts where sexual violence is used as a "punishment" or "cure" for homosexuality). Lesbians are also at risk for HIV and other sexually transmitted infections (STIs) through the sharing of sex objects. Finally, just like people of any other sexual orientation, lesbians could be vulnerable to HIV transmission through injection drug use.Lesbians should have full access to the same range of reproductive health care as any other woman, including information about sexual and reproductive health, STI and HIV counseling and testing, pap tests, breast exams, and fertility services.

**Sex between two men can be motivated by love, sexual pleasure, and/or economic exchange.**

 TRUE—The same things that motivate sex between a man and a woman motivate men to have sex with other men. The reasons may include love and companionship, sexual pleasure, and as a way of earning money in exchange for sex.

**Bisexual people are just sex addicts who will have sex with anyone.**

 FALSE—Bisexual is the term for people who have affection and sexual attraction toward people of either sex. This does not imply that bisexuals are more likely than anyone else to have multiple partners or to be less "choosy" about sexual partners.

**You can spot a homosexual by the way they look or act. "Feminine" men or "masculine" women are usually gay.**

FALSE—Gender identity and gender expression do not determine sexual orientation or vice versa. Ideas that link the two are rooted in *stereotypes* meant to preserve rigid distinctions between men and women; that is, by accusing those who diverge from gender norms of being homosexual. Remember: although Lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities sometimes accept or

promote gender deviance more than "mainstream" society, almost everyone acts or looks in some way different from the expectations of their sex. Likewise, there is a range of sexual orientation, and many people experience sexual orientation as fluid, or changing over the life course.

**Men who have sex with men (MSM) engage in the same sexual practices as other couples.**

**TRUE**—MSM use many of the same sexual practices as heterosexual couples, including kissing, masturbation, touching, anal sex, and oral sex. These activities are not restricted to sex between a man and woman or MSM, but are commonly practiced by both groups. Some of us, for example, assume that all MSM practice anal sex, but in fact, many do not and there are many heterosexual couples who practice anal sex.

**Homosexuality is a new phenomenon brought to my region by Westerners.**

**FALSE**—Although homosexuality is more visible in some contexts than others, same-sex intimate behavior is relatively common, having been found in almost every known culture of the world. Further, historians have documented that colonization in many areas altered pre-existing attitudes toward homosexuality, introducing extreme *homophobia* (rather than homosexuality) by naming, categorizing, and even criminalizing same-sex practices and intimacies. Others argue that the invention of the term MSM by the development field similarly collapsed diverse experiences into a singular category of "other"—especially separating MSM in the global South from gay (white) men in the North. Around the world, visibility and acceptance of homosexuality is slowly growing.

**Sex between two men is, by definition, coercive.**

**FALSE**—Consensual sex between adults takes many forms, including sex with people of the same and other sexes/genders. So, too, does sexual coercion. Coercion is characterized by a lack of consent, regardless of the sex/gender of those involved.