

Transgenderism and SRA Education: Considerations for Teen Health

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Adolescence is an especially vulnerable time for youth and though youth experiencing gender identity conflict have an additional layer of physical and psychosocial stress, the health benefits of avoiding sexual risk is universally applicable to all youth.

Important Considerations for Sex Ed Instructors

The target audience for SRA educators typically includes pre-pubescent students and/or adolescents for whom the natural process of puberty is well underway. Therefore, although rare, it is important to raise awareness regarding transgenderism in order that, as a primary objective, our approach to gender identity issues is informed and embodies the best health outcomes for all students.

Some individuals experience conflict with the gender assigned to them at birth. The National Institutes of Health identifies this condition as gender dysphoria: “Gender dysphoria is a condition in which there is a conflict between a person’s physical gender and the gender he or she identifies.”¹ For adolescents, however, medical and psychological research illuminates our understanding by reporting that 98% of boys and 88% of girls exhibiting gender dysphoria eventually accept their biological sex after naturally progressing through puberty.² Ascend believes that this clarifying information can provide important guidance for sex education instructors and encourages the following considerations as we work with youth:

1. In addition to the typical challenges adolescents experience as they mature, youth with gender identity conflict experience an added layer of physical, and psychosocial stress. Adolescence is an exceptionally vulnerable time for a young person requiring increased sensitivity and awareness.
2. It is inadvisable to oversimplify cases of gender identity. Individuals displaying a deviation from the sexual binary norm require interventions outside the scope of

standard sex education content and far outside the professional training of most sex education instructors.

3. Knowing the considerable fluidity of gender identity conflict for an adolescent experiencing such conflict, it would be inappropriate and unethical to assert or affirm that their current gender identity, if opposite their biological sex, is a permanent status, since most gender dysphoria will be resolved and most adolescents will eventually accept the gender assigned to them at birth.
4. The intrinsic value of all students must be clearly communicated, regardless of gender identity.
5. All youth deserve the optimal health message central to SRA education regardless of sexual identity. Teen sex is a risk behavior for ALL youth.

References

¹ Berger, F. (2016, May 3) Medical Encyclopedia Bethesda, MD:U.S. National Library of Medicine. Accessed on May 30, 2016 at <https://www.nlm.nih.gov/medlineplus/ency/article/001527.htm>

² American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013 (451-459). See page 455 re: rates of persistence of gender dysphoria.