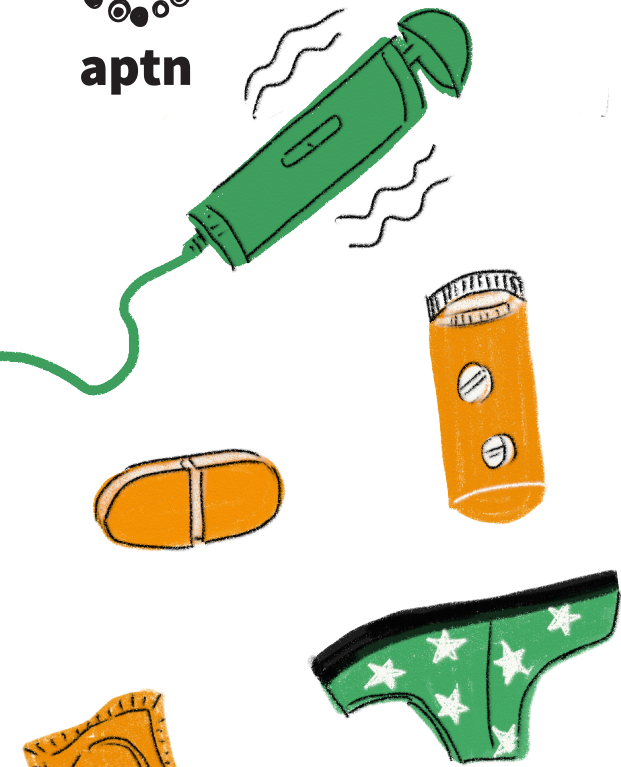




WHAT THEY DON'T TELL YOU IN SEX ED!

A RESOURCE FOR TRANSGENDER AND
GENDER DIVERSE COMMUNITIES ON
SEXUAL AND REPRODUCTIVE HEALTH



Production Team

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WHO IS THIS RESOURCE FOR?

Asia Pacific Transgender Network (APTN) has curated this resource for transgender people and communities across the region. Through this resource, we hope to answer frequently asked questions and address unvoiced experiences and anxieties of transgender persons about their bodies, sexuality, pleasure and relationships, and their reproductive health needs, with an aim to empower trans people with knowledge and awareness to fully exercise their bodily rights.

This resource is divided into **three** main sections. In the **first section**, we discuss and unpack the terminologies frequently used in this factsheet. In the **second section**, we have curated tips for safe and pleasurable sex. Finally, in the **third section**, we have compiled information to answer commonly asked questions about reproductive health of transgender and gender diverse persons and their fertility choices.



TERMINOLOGIES

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- 1 The Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, 2006. <https://yogyakartaprinciples.org/>

UNDERSTANDING SOGIESC (SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, SEX CHARACTERISTICS)

You may have seen or heard of the term SOGIESC. SOGIESC stands for Sexual Orientation, Gender Identity and Expression and Sex Characteristics. Every person has a sexual orientation, sex characteristics, and gender identity and we all express these in our own ways. In this section we break down what SOGIESC is and how it relates to non-trans people and trans people's identity.

Sexual Orientation (SO) is about each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, another person.¹

People may be attracted to someone of a different gender (and may identify as heterosexual or 'straight'), the same gender (and may identify as gay, lesbian or queer), more than one gender (and may identify as bisexual or pansexual). Someone who has no sexual or romantic desire may identify as asexual or aromantic.

Sexual orientation can be fluid, individuals may find that they are romantically or sexually attracted to all, some or no genders as they move through life.

Want to learn more about the sexual orientation spectrum? Click here: [Allosexual, Demisexual, Bicurious – & Other Sexualities You Need To Know](#) by Kasandra Brawbaw



Gender Identity (GI) relates to a person's deeply felt internal and individual experience of their gender, seeing themselves as male, female, a blend of both or neither.²

Gender identity can be the same as, or different from, a person's sex assigned at birth. Someone is transgender if their gender does not match the sex they were assigned at birth. For example, someone who has been assigned female at birth (AFAB) but identifies as a man is a transgender man, trans man or may refer to themselves as simply a man. In the same way, if a person was assigned male at birth (AMAB) but they identify as a woman, they are a transgender woman, trans women or may refer to themselves as simply a woman. There are also some people who identify as neither a man or a woman, who may use terms such as non-binary, gender non-conforming and/or gender diverse to describe their gender identity.

Each individual also has a **Gender Expression (GE)**. This is how someone presents their gender through physical appearance – including dress, hairstyles, accessories, cosmetics – and through mannerisms, speech, behavioural patterns, names and personal references. Gender expression may or may not conform to a person's gender identity.³ In other words, you cannot assume a person's gender identity (including whether they are trans) based on their appearance or mannerisms. Some transgender people also undergo gender-affirming medical steps such as hormones or surgeries to physically change their appearance.

"Two people can look similar and be completely different genders. Gender is not what people look like to other people, it is what we know ourselves to be. No one else should be able to tell you who you are, that's for you to decide."

Alok Vaid-Menon

² The Yogyakarta Principles Plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva, 2017. <https://yogyakartaprinciples.org/>

³ Ibid.



A person's sexual orientation is distinct from their gender identity. So, just like non-trans people (cisgender people), transgender people can have any sexual orientation. Trans people may be straight, lesbian/gay, bisexual, or have another sexual orientation. For example, a transgender woman who is solely attracted to men (or a trans man solely attracted to women) may identify as heterosexual (straight). A transgender man who is attracted solely to men may identify as gay and a trans woman attracted to both men and women may identify as bisexual or queer.



In some countries, being transgender, cross-dressing, or having same sex relationships is still illegal and may come with penalties such as jail, fines, harassment or even death sentencing. In other countries while it may be legal, social and cultural norms can make people feel like they have to hide their sexual orientation, gender identity or expression for their safety. Yet these parts of a person's identity are some of the most fundamental elements of their personality, everyone has the right to self-determination and to express who they are.

"...even if there are gender laws, in a just world there can be no gender outlaws."

LABIA, India

Every person also has **sex characteristics**. These are the physical features relating to sex, including genitalia, and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features that typically emerge from puberty.⁴

Intersex is an umbrella term for people who are born with physical sex characteristics that do not fit medical and social norms for a female body or a male body. Intersex people are born with innate bodily diversity, even if this diversity may not be apparent till later in life, perhaps at puberty.

The term intersex is not interchangeable with or a synonym for transgender (although some intersex people may identify as transgender). People who are not born with diverse sex characteristics are referred to as endosex. Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care, based on informed consent, to change their body to match their gender.

Intersex people seek similar autonomy over their own body, based on informed consent, but with a focus on respect for their diverse sex characteristics. This includes wanting the deferral of all medical interventions that alter the sex characteristics of infants and children when a child is too young to personally give informed consent.

“Trans” and “transgender” are often used as all-encompassing terms for anyone who does not identify with their sex assigned at birth, but there are many culturally specific identities that cannot be simplified to the term “transgender”. Many of these terms have a long and culturally specific history and context, such as *third gender*.

4 The Yogyakarta Principles Plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva, 2017. <https://yogyakartaprinciples.org/>



5 For the purpose of this document, we are referring to the integrated definitions provided by the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, based on the definitions outlined by World Health Organisation, the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action, and other international human rights treaties.

MY CHOICE!



UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners freely without any coercion;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Sexual and reproductive health and rights are interconnected and integrated, and sexual and reproductive health information and services and support should meet the “Availability, Accessibility, Acceptability, and Quality” (AAAQ) framework for the right to health.⁵

SEX, ACTUALLY!

In most conventional spaces on sex education, sex is approached from a cisnormative and heteronormative point of view and in relation to reproduction only. As a result, most resources on sexual health remain limited to information on STI and HIV prevention and limited discussions take place on matters related to pleasure, negotiating power relations in the context of sexual partnerships, consent, sexual violence, bodily autonomy, etc. In this section, we have compiled a list of resources and practical tips on sexuality and sexual health related matters for trans and gender diverse communities that conventional sex education might have missed.



If you decide to disclose you are trans, this resource talks about deciding when to do that e.g. in your online profile or ad, by email, on the phone, when cruising or during a sexual encounter: <https://www.centeronhalsted.org/transsafedatingtips0909.pdf>

DATING & COMING OUT TO YOUR POTENTIAL SEXUAL PARTNER

Dating as a trans person can sometimes mean that you have to consider some measures for your own safety. It is your right to choose if or when to discuss your gender identity, your genitals, or any other part of your body. If someone insults or attacks you because of their expectations about your body, that is NEVER YOUR FAULT.

Figuring out whether to tell a potential sex partner that you are trans can be challenging! You do not owe it to anybody to talk about your gender or your body, including your genitals, before a sexual encounter. When making these decisions, think about your safety, especially if a sexual partner may see a part of your body that discloses you are trans.

Many trans people have reported experiencing violence after sharing their gender identity to potential sexual or romantic partners. You should prioritise your personal safety at all times, including the impact of being harassed online, even if you think your potential partner will be cool with your gender identity!

Few safety and privacy tips if you are getting started on an online dating app:

- When creating accounts and profiles on dating apps, choose a username that does not include your real name or other identifying information. Prioritise protecting your privacy.
- Consider using different email addresses, profile pictures, and strong passwords for dating apps.
- Take as much time as you need to before sharing personal information, including pictures. Just because someone asks for your information does not mean you have to share. They should respect your boundaries.



- Be careful about attachments and links, which might install spyware or other malware on your devices.
- **Trust your instincts.** If you start to feel uncomfortable, it is always ok to end contact with that person.

If you decide to meet someone in person, a few things to consider could be:

- Are you meeting in a public space? Can you easily leave where you are?
- Are you in a place where you feel comfortable and safe and familiar with the surroundings?
- Does anyone know where you are and who you're with? It can be helpful to use a buddy system, or let someone you trust know that you're going on a date. If anything goes wrong you've got someone you can turn to or who can help find you.

Learning how to say "no" when you don't want to do something during a romantic or sexual encounter is an important skill to develop for our safety & well-being, here is an interesting guide by Agents of Ishq on how to say "no": <http://agentsofishq.com/the-aoi-guide-on-how-to-say-no/>

CONSENT & ACTIVE COMMUNICATION

Consent means that you and your partner(s) want to be doing and are comfortable with what you are doing (sexually). Consent and active communication is at the heart of pleasurable sex, and non-consensual sex is considered sexual violence or coercion. Sexual interest should not be confused with consent; in order to clearly establish whether your partner has consented, the best way is to ask them. In addition, it is important to remember that consent is not absolute; in fact, it is something you and your partner should share and actively communicate with each other at different romantic and sexual junctures.

Active communication starts with defining what sexual desire and pleasure means to you and by creating greater self awareness around what is pleasurable to you, what your boundaries are, what are the experiences you would not like to venture into yet or ever. This is especially important when you have sex with another person for the first time.



**Looking for more tips?
You may find these
resources useful:**

Transcending
Anatomy 101 - Zine,
<https://jirosworld.com/transgender/transcending-anatomy1.pdf>

How to Navigate Gender
Dysphoria During Sex,
<https://www.teenvogue.com/story/how-to-navigate-gender-dysphoria-during-sex>

Active communication also involves asking your partner what their preferences are in terms of sexual pleasure as it could mean different things for different people, and respecting their boundaries. While in-the-moment active consent and communication is critical, it can be helpful to have conversations about sexual desires in non-sexual contexts as well, such as over text or during a casual hang-out for coffee. Self-awareness, active consent and clear communication are key to ensuring safe, affirming and pleasurable sex for everyone involved.

NAVIGATING DIVERSE BODIES

Learning and respecting each other's sexualities and bodies is an important step towards affirmative and pleasurable sexual experience. Name your body parts by trying one or a few that might work for you and communicate them to your partners (especially when you are meeting someone new). Ask them how they like their bodies to be talked about or touched. If you or your partner are struggling with certain terms - e.g. in case they have negative connotations for either of you - check in with each other and mutually agree on terms that are comfortable for both of you.



TIPS & TOOLS FOR SAFE SEX

Sexually transmitted infections (STIs) are infections that are passed from person to person through bodily fluids during sexual contact. Most STIs are generally treatable, but they can result in serious health complications if left untreated. It is important for you to get them treated right away and inform your sexual partner so they can get the necessary diagnosis and treatments. Human Papillomavirus (HPV) and syphilis is the most common sexually transmitted infection for both trans men and trans women who receive penetrative sex.

In some cases, STIs are left ignored because some people do not experience the symptoms. It is therefore important to take necessary precautions like using a barrier during sex, getting vaccinated and having STI tests done regularly to reduce the chances of contracting or spreading STIs.

Some safety tools that you should consider using for safe sex:

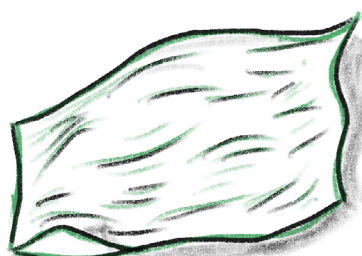
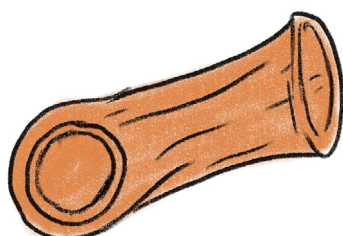
- **External condoms:** An external condom, sometimes called a “male condom,” is rolled down over a dildo or a penis as a barrier to prevent STI transmission and pregnancy.
- **Internal condoms:** Internal condoms, sometimes called “female condoms” (or FC2), are polyurethane condoms that can be placed inside of a front hole, vagina or anus before sex.
- **Dental dams:** A dental dam is a stretchy, flat latex barrier that can be placed over top of the genital area for oral sex.
- **Gloves:** Latex or nitrile (latex-free) gloves can be used to reduce the chance of contracting or transmitting STIs through tiny cuts on your hands or fingers during insertive sex, and it also prevents you from scratching your partner(s).

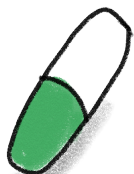
More Resources on Safer Sex:

Safer Sex as Trans Women:
<https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-woman>

Safer Sex as Trans Men:
<https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-man>

What to know about HPV, cervical cancer, and being trans: <https://blog.apicha.org/what-to-know-about-hpv-cervical-cancer-being-trans>





PEP

If you think that you might have been exposed to HIV because you have had sex without a condom, your condom broke while having sex with someone who is HIV positive, you have been raped or have been injured by a HIV infected needle, it is important to see your healthcare provider or go to the hospital and request PEP (Post Exposure Prophylaxis). PEP is most effective when it is taken within 72 hours after exposure but best when started after 24 hours of exposure. You will be given anti-HIV drugs which you must take every day for 28 days. These drugs do not always work in all cases but are most effective when taken correctly and started as soon as possible after the exposure.

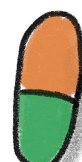
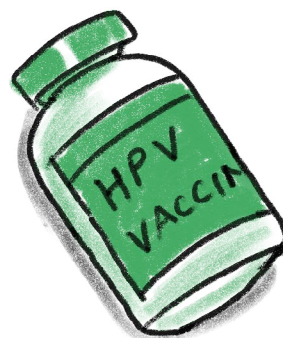
PREP

Pre-Exposure Prophylaxis (PrEP) is for people who do not have HIV to stay HIV negative. If you are HIV positive PrEP will not work and you need to take antiretroviral therapy (ART). This pill can be taken daily or used based on your sexual activity and risk. It is very effective if it is taken correctly and can prevent you from becoming infected with HIV. It is important to talk to your healthcare provider when you are thinking about taking PrEP as you should know what the side effects are and your options will depend on the type of sex you are having.



HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

HPV is very common, and for most people, the infection will get better on its own and they will never know they had it. It can be spread through body fluids like semen or blood from an infected person to an uninfected person during unprotected sex. If you're a trans woman and have not had bottom surgery, you aren't at risk for cervical cancer. If, however, you're a trans woman who has had bottom surgery to create a vagina (vaginoplasty) and possibly a cervix, there is a very small risk that you can develop cancer in the tissues of your neo-vagina or neo-cervix. If you are a trans man and have not had bottom surgery to create a penis (phalloplasty or metoidioplasty), you are still at risk for cervical cancer. HPV vaccines are administered as a three-dose series and require 2-3 shots within a six month period depending on the type of vaccine. One way to protect yourself against HPV is by getting the HPV vaccine. The HPV vaccine protects against some of the most common strains of HPV (there are many), especially the strains that can cause cancer and genital warts. If you're interested in getting the HPV vaccine, you should consult with your doctor. There can be some limitations and restrictions depending on your age. You should always get a HPV screening done along with PAP smear annually or as advised by your medical provider even after vaccination.



ART

Antiretroviral therapy (ART) is lifelong medication taken if you are HIV positive. ART is a combination of drugs that if taken regularly and correctly can reduce the amount of HIV virus in your blood and body fluids, this can also reduce the risk of transmission of HIV to people you may be having unprotected sex with. ART will not kill the virus or cure you from HIV. There is currently no cure for HIV, however ART can help you to lead a long, normal and healthy life.



SEXUAL ASSAULT

Sexual assault is any form of intimate or sexual interaction that takes place without full and free consent of everyone involved. Sexual assault is not limited to physical acts of sexual violence and can range from sending unwanted sexual images to someone, to coercing sexual or intimate activity on someone, and rape. Sexual assault can take place under different circumstances and situations, including when someone has explicitly said no and been ignored, or if they have said yes because they feel pressured or are threatened into doing so, or because they are under the influence of drugs or alcohol. Sexual or intimate activity with a minor who is not legally able to consent is also considered sexual assault.

Sexual assault and coercion are experienced by people of all genders and sexual orientations. Unfortunately, in many countries in the region, sexual assault and rape laws only recognise penile-vaginal penetration, making formal justice systems inaccessible for many of us. For those of us who have experienced assault, it is important to talk to health professionals and people that we trust, and to receive the necessary care and support.

WE SUPPORT YOU

WE BELIEVE YOU

PREVENTATIVE CARE AND SCREENING

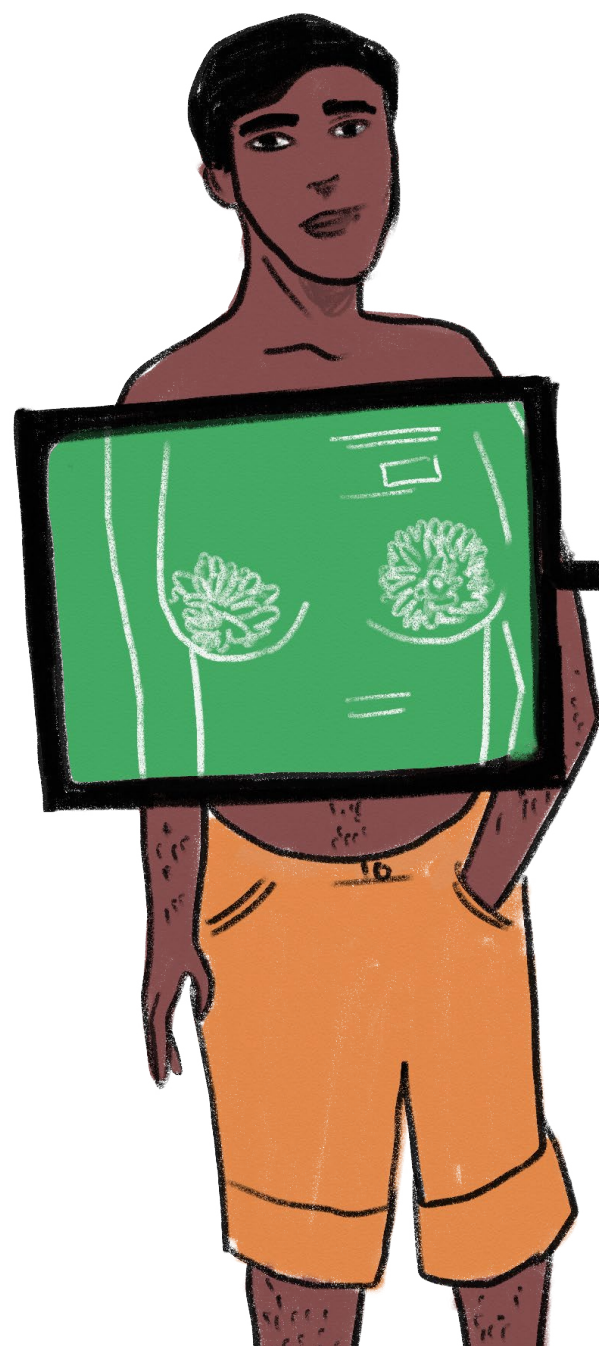
There are some other health issues you need to think about when it comes to your sexual and reproductive health. Even if you have undergone gender affirming surgery or medical intervention it is still important for you to have regular screening for things like pap smears and breast exams for trans men and prostate exams for trans women. It may make you feel uncomfortable and negatively affect your mental health to do so especially if you don't have access to trans-competent and friendly providers, but this is important for your physical and mental wellbeing as well as preventing health issues like cancer.

While these tests may make you uncomfortable, they are vital to your health. There are ways to make it less uncomfortable by bringing a friend, partners, or support person, and asking questions.

Trans Men: If you have a uterus, cervix and chest (breasts), you will need to see a healthcare provider about getting a pap smear and mammogram (breast examination) up until you have gender affirmation surgery to remove these body parts. These screenings will help to monitor the changes in your body and any changes related to hormone use.

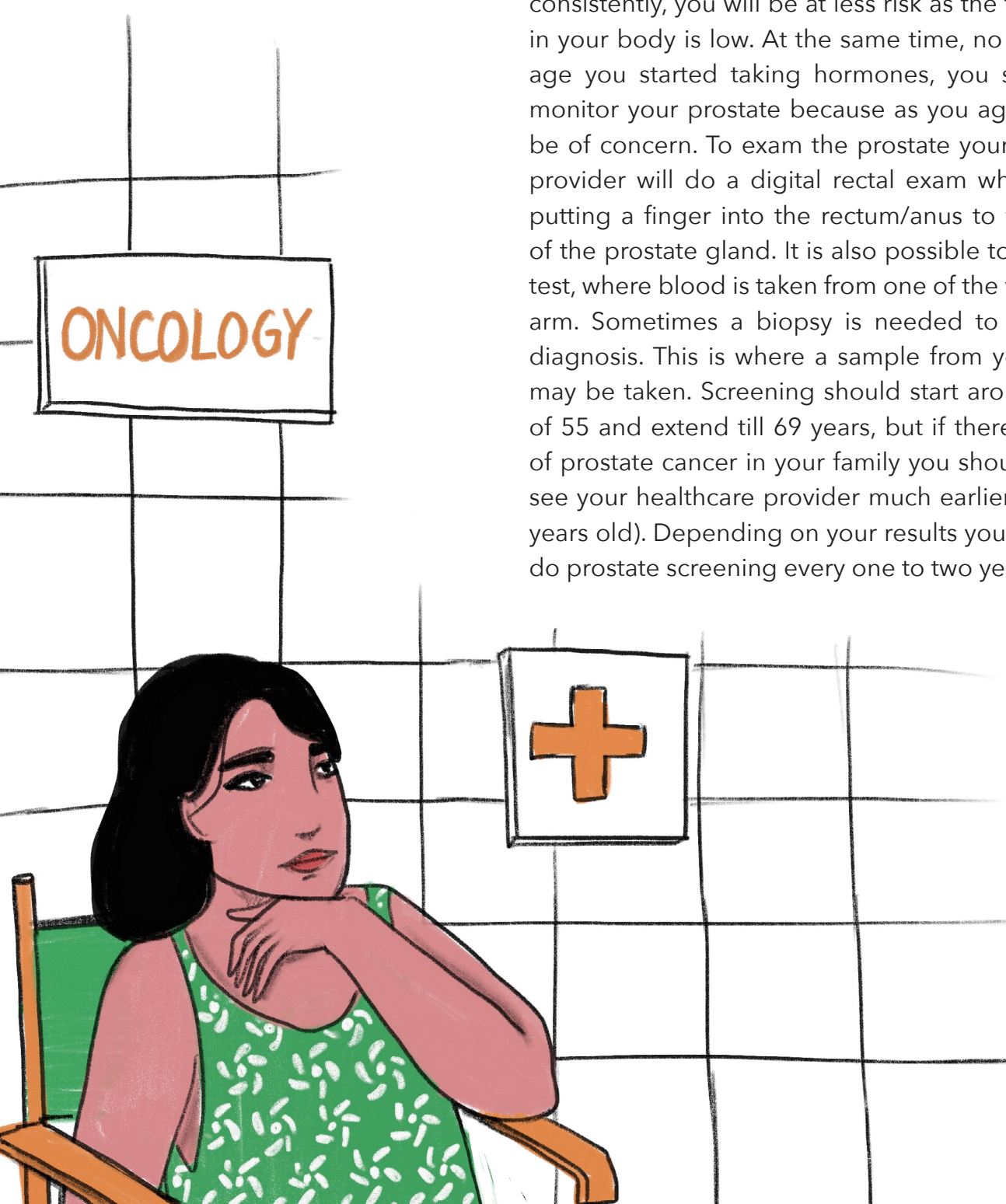
Pap Smear: While everyone is different if you have a cervix it is recommended that you have a pap smear every 3 years (between the ages of 25-49) and every 5 years (between ages of 50-64).⁶ This is a preventative procedure to check for cancer cells in the cervix. A pap smear involves a medical tool that allows your healthcare provider to extract a specimen from your cervix (through your [front hole] and test it to see if you have any cancer causing cells in your cervix. At the same time your doctor may also do a pelvic exam to check for any abnormalities.

6 Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group Health Policy Project, 2015, pp 69-95 for a comprehensive definition of trans-competent healthcare.



Mammogram: It is important to get screening in your chest, if you have not had a full chest reconstruction, to monitor for cancer cells. As a trans man between the ages of 50-69 it is important to get screening in the chest area every two years.

Trans Women: Even if you have had gender-affirming surgery you will still have a **prostate**. Testosterone affects your risk of getting prostate cancer. You are more at risk if you started taking hormones later in life. If you have started hormones early in life and consistently, you will be at less risk as the testosterone in your body is low. At the same time, no matter what age you started taking hormones, you still need to monitor your prostate because as you age it may still be of concern. To exam the prostate your health care provider will do a digital rectal exam which involves putting a finger into the rectum/anus to feel the size of the prostate gland. It is also possible to do a blood test, where blood is taken from one of the veins in your arm. Sometimes a biopsy is needed to confirm the diagnosis. This is where a sample from your prostate may be taken. Screening should start around the age of 55 and extend till 69 years, but if there is a history of prostate cancer in your family you should probably see your healthcare provider much earlier (around 40 years old). Depending on your results you will need to do prostate screening every one to two years.

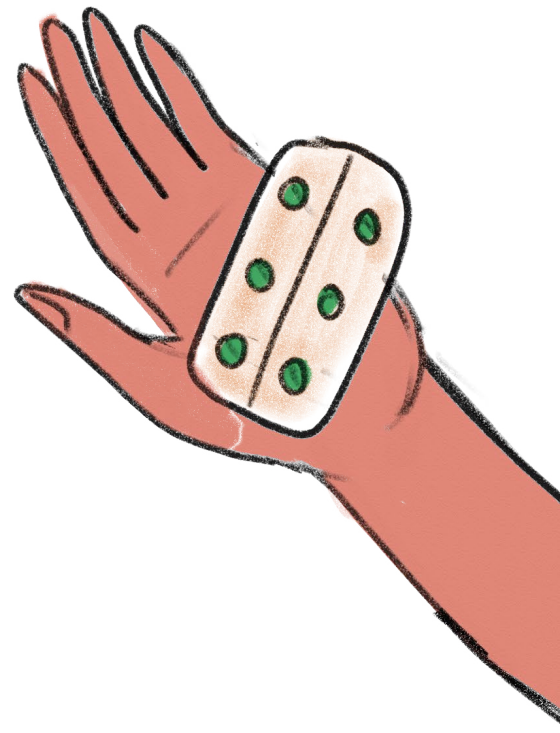
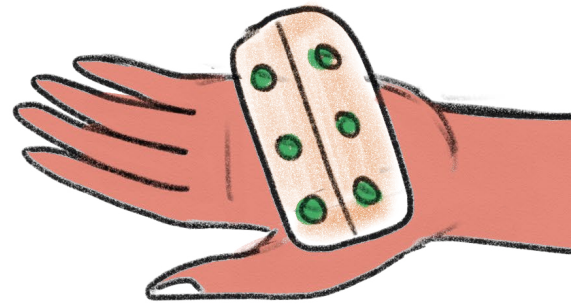


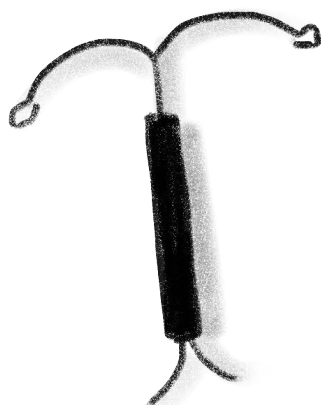
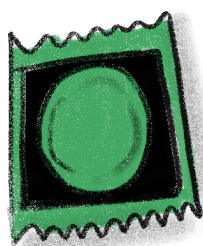
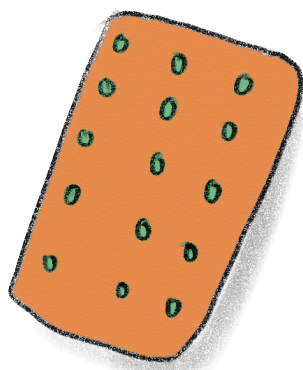
REPRODUCTIVE HEALTH

BIRTH CONTROL

If you have had surgery to remove your reproductive organs (trans women: testes/gonads, trans men: uterus, ovaries) or have been surgically sterilised, then you will not be able to have a biological child of your own. If you are taking hormones you will still need to think about birth control depending on the kind of sex you are having. While both estrogen and testosterone can make you sterile over time, it is not always the case.

Hormones are not effective birth control methods and pregnancy can still occur depending on how you have sex.





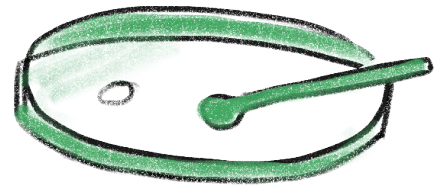
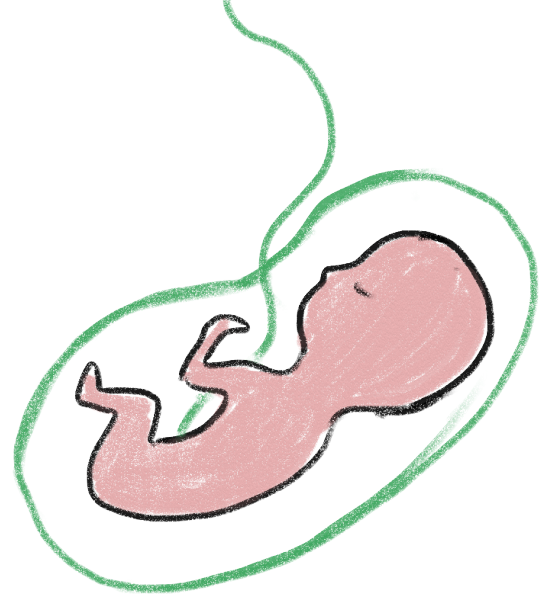
Transgender men who have been on hormones for many years have still become pregnant. Please note that pregnancy while on testosterone can be harmful to the fetus, so it is important to use birth control and stop taking testosterone if you want to have a child. For trans men, depending on how you have sex you may still need to take birth control or use condoms. As a trans man, you can take birth control that does not interfere with your hormone therapy. If testosterone has not stopped your period yet, birth control may help to stop it. Hormones that contain estrogen will not mess with your testosterone treatment and usually do not make your bodies more feminine. It is best to talk to a healthcare provider to help you understand what the best options are. If you are still concerned about taking estrogen, you could use other birth control options instead, like:

- Condoms
- Depo Provera, which is an injection taken every three-months and may also reduce periods.
- Intrauterine Device (IUD) which is a plastic or copper coil inserted into the uterus, some can last up to 12 years. You will need to go to the doctor to insert it and remove it. It can be removed any time.
- A contraceptive implant, which is placed in your upper arm by a doctor, is also a progestin and may also stop your period. It can prevent pregnancy for up to 3 years.

For trans women, estrogen is also not an effective birth control method. You may still need to wear a condom if you are having sex with someone who has a uterus and ovaries, so you might also discuss birth control options.

STARTING A FAMILY

There are many different ways of starting a family. Adoption, fostering, surrogacy (where someone else may carry your child) and giving birth. Everyone should have the right and choice to start a family. While it may not be your priority before you start your medical transition, it is an important thing to consider before starting hormones. If you would like to grow your family by having your own biological child, you should talk to your healthcare provider to discuss your fertility and family building options before you start hormones. There are some options you can take before starting gender-affirming hormone therapy (GAHT) and gender-affirming surgeries and after. **If you are planning on having surgery to remove your ovaries or uterus (or testes/gonads), you will no longer be able to conceive as you will no longer be able to produce eggs (or sperm).**



PRE-HORMONE THERAPY FERTILITY OPTIONS

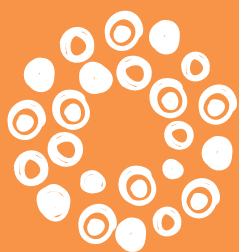
If it is available and accessible in your country, you can talk to your healthcare provider about freezing your sperm or eggs for use at a later time, when you are ready. If you want to have your own biological child at some time in your life, it is advisable to find out your options before starting gender-affirming hormone therapy (GAHT). There are a few methods to use those stored eggs/sperms when you are ready, such as sperm insemination into a partner who has a uterus and produces eggs, or finding a surrogate to carry the fetus. A surrogate is a third person who will carry the pregnancy. You may be able to use your own eggs/sperm, or you may be able to use an egg or sperm donor. Storing eggs and sperm is generally expensive. Laws concerning adoption and storage of your eggs/embryos/sperm processes differ across countries, do check with your local family planning clinic, NGO or a SRH organisation for more information.



Already on Hormones: If you are already on GAHT and decide to start a family, you will likely need to stop hormone therapy if you want to use your own eggs or sperm. It may take some time after stopping to know if you are still able to conceive. It is not yet known how long it takes for the effects of hormone therapy to reverse. Over time, hormone therapy can make you sterile; this means your eggs or sperm no longer work and contraception can only be attempted through In Vitro Fertilisation (IVF) using frozen sperm, eggs, or embryos.

Finding the Right Healthcare Provider: If you are thinking about starting a family, it is most important to find a knowledgeable and trusted health care provider that is trans friendly. The best referrals usually come from your peers or a transgender organisation in your country. Make sure you try and reach out to people so you can find a healthcare provider who will make you feel safe and help you to explore all the options that may be available to you.





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