

**Sex Education and Communication: Why Doctors and Transgender Patients  
Experience Miscommunication**

By

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**Abstract**

As a result of miscommunications with medical professionals, transgender patients use online forum communities to ask questions about their health. Research has shown that sex education focuses primarily on heterosexual and cis gendered people. There is often no inclusion of the LGBTQ+ community in educational literature, which perpetuates stigma against the community as it others and invalidates them. This study investigates the use of online forums to communicate about problems regarding health and wellness, in consequence of the absence of the LGBTQ+ community from sex education. Six months of posts from two forums on the social networking website Reddit, were collected and analyzed to test this hypothesis. The data was categorized based on the type of post it was, the content of the post, and the responses to the post. It was found that transgender patients, as well as allies and uneducated individuals, utilize these web spaces to teach themselves and each other about information that is absent from education and literature. Discussions of health and wellness were prevalent, but there was a wide variety of posts. These findings along with previous research concludes that there needs to be an increase of sex education and inclusion of the LGBTQ+ community within literature. Further research must be done to figure out how to develop an updated sex education curriculum.

## Introduction

When I began my undergrad career in 2017, I was a business student with a concentration in fashion marketing. I remember having a long conversation with my mother, when I had come home for some holiday during my freshman year. I told her about how my roommate, and I had attended a panel at Columbia University on the sexual health of young people and the rising STD crisis. This panel included Dr. Gillian Dean, who is the Associate Medical Director of Planned Parenthood New York; Eileen Kelly, who is the founder of *Killer and a Sweet Thang*, which is a blog dedicated to normalizing conversations about sex; and Cecilia Gentili, who is a transgender activist. Gentili talked about how there is a lot of miscommunication between her and her doctor because of her doctor not knowing what she's talking about, when she discusses what she's experiencing. She continued to talk about her experiences with healthcare, and then the panel moved to discussing the lack of sex education in this country. The conversations held during this panel pushed me to stop majoring in business and dedicate myself to learning about the studies of sex, gender, and sexuality. I told my mother this, and she supported my decision.

Since then, I have been constantly reading, writing, and researching about these topics and I have found some remarkable information. For example, the average medical school student, over the course of 4 years, receives between 3 and 10 hours of sexual health education (Coleman et al.). There is a lack of sex education in general, but it is especially lacking when it comes to the LGBTQ+ community (Parameshwaran et al.). Also, throughout my research, I found that there is a huge lack of sex education in medical school (Zuzelo, Parameshwaran et al., Arrowsmith, Coleman et al., Faulder et al.). Sex education in schools tend to be more heavily focused on disease and dysfunction rather than healthy sexual functioning (Coleman et al.). A study in 2011 showed a median of 5 hours dedicated to LGBT-related content in medical school

(Coleman et al.). If there's a median of 5 hours dedicated to LGBT-related content, and sex education can sometimes be only a total of 3 hours, it is impossible for doctors to be properly educated on these matters. Transgender doctor, Laura Arrowsmith, discussed in a Letter to the Editor, that sometimes doctors will use their lack of education/knowledge about transgender people as an excuse for their discrimination against transgender patients. If there was an increase in sex education, then doctors would not be able to use this excuse, and they would actually be able to answer and engage with transgender patient's questions.

All sociology undergraduates at my university are required complete a capstone project. Some people have taken the research done during their capstone and extended it to graduate school and even their PHD programs. The purpose of my research is to emphasize how transgender patients have had to utilize the internet to learn about their bodies because of a lack of communication between themselves and their doctors. To do this, I conducted a content analysis of two different forums on the popular discussion website, Reddit. I analyzed the ways that transgender patients use these communities to seek out answers to healthcare questions they may have. This research is meant to highlight the lack of knowledge about trans people within the healthcare industry, as well as recognize and emphasize the use of online communities to assist patients through their transitions.

There has been past research on trans people and their experiences within the healthcare industry. For example, a study was done to find how transgender youth, specifically teenagers and young adults, speak about sexual health and intimacy. To answer this question, researchers watched 7 YouTube videos of young trans people talking about intimacy from their perspectives. To find these videos, their searches combined trans with many other terms. Their results showed that sex education in schools only speaks within the gender binary and heterosexuality. Although

their research contributes to our knowledge about these issues, one limitation about this study is not being able to expand on anything since the researchers were watching pre-recorded videos. Despite previous research being done, my research is a unique contribution to literature in that I will be researching transgender communities and their methods of communication. My research shows that an increase in sex education both for medical students and the general population would be helpful because patients should be able to consult their doctors about their sexual health. Also, an increase in sex education will hopefully lead to less stigma against the transgender community, as a lack of education is often used to excuse discrimination (Zuzelo).

I conducted a 6-month content analysis on the social media site, Reddit. Using this method of research, I analyzed posts on two different discussion forums, from September 1, 2020 through March 1, 2021. The forums I looked at specifically focused on transgender people, and it can be assumed that a majority of users within these forums are trans people, based on the content I read. Through my content analysis, I was able to categorize the discourse based on types of posts, subject matter of posts, and replies to posts. Based on the dialogue within these forums, I conclude that the absence of effective sex education impacts the use of these resources. If people were educated about transgender people, then not only would trans people not have to seek out and use these platforms, but their family, friends, and doctors would know how to communicate.

The lack of sex education regarding transgender people results in miscommunication, discomfort, stigma, etc. between doctors and their transgender patients. This leads to health problems because patients don't feel comfortable interacting with their doctor, or they don't have access to healthcare. I conducted this research in hopes that it will contribute to a paradigm shift in focusing on prevention and wellness instead of a disease-based focus (Coleman). An increase

in LGBTQ+ sex education is necessary because 1 in 1000 people are transgender, and the number is going to continue to increase (Arrowsmith). It is essential that we can provide competent care to all patients, no matter their gender or their sexuality.

### **Transgenderism and Perception from Society**

The term transgender "...implies movement away from an initially assigned gender position. It most generally refers to any and all kinds of variation from gender norms and expectations." (Stryker). Transgender is a fluid term, which gained popularity in the 1990s. Transgender people have always existed. Some observers insist that increased transgender visibility is just an artifact of the Internet age as it's a new way for previously isolated and socially invisible people to link up and talk about information about themselves (Stryker). Leslie Feinberg, a transwoman, pioneers the broadening of the definition (Stryker). Feinberg started transitioning from a woman to a man, and decided to stop transitioning, and live life as a masculine woman with some surgical alterations. Feinberg's pamphlet *Transgender Liberation: A Movement Whose Time Has Come*, sparked discussion about the expansion of transgender's definition when they wrote about their own experiences of not being able to conform to an atypical gender identity.

Transgender people struggle on a day-to-day basis. As a group, trans people experience one of the highest rates of violence and murder in the United States (Stryker). A 2013 study found that heterosexual people have a generally negative attitude towards transgender people (Poteat et al.). A lack of knowledge about a subject can lead to stigma. In the U.S., there is a lack of sex education, especially about the LGBTQ+ community, which is one of the causes of this stigma and violence against the transgender community. For there to be a decrease in violence

against trans people, there are many changes that need to be made. For example, there needs to be further legislation passed to protect trans people from discrimination. As of 2020, there is no legislation protecting trans people from discrimination. The Employment Non-Discrimination Act (ENDA) was first introduced in the 1970s, and it aimed to prohibit employment discrimination based on sexual orientation and gender identity (Stryker). In 2007, the ENDA got split into two separate acts—one protecting people based on sexual orientation, the other was based on gender identity (Stryker). The sexual orientation ENDA was passed, and the gender identity ENDA hasn't been passed (Stryker). Another area that could use improvement is transgender healthcare. Transgender healthcare needs to be a mandatory requirement in medical school. In past research on how trans-healthcare could be improved, multiple sources have concluded that an increase in sex education in medical school, and trans-healthcare being mandatory in medical school would be helpful (Arrowsmith, Zuzelo, Redfern et al., Bradford et al., Riggs and Bartholomaeus).

History has shown that society often wrongly perceives minority groups; the LGBTQ+ community is one such group. Studies have shown that parents believe that LGBTQ+ inclusive sex education will lead to their children “becoming gay” or identifying with another part of the community (Gegenfurtner and Gebhardt). It has been proved through research that sexual orientation is determined by a person's genetics (Gegenfurtner and Gebhardt). Therefore, learning about the LGBTQ+ community's sexual health will not lead to children changing their sexuality because it is not a choice. In fact, misunderstandings like these would be less likely if widespread LGBTQ+ sex education was developed and taught.

A 2013 study discovered that within the healthcare industry, there is a pattern of blaming, shaming, othering, and discriminating (Poteat et al.). If there was better education in place to

allow people to learn about the transgender community, then something as simple as visiting their doctor's office would not have to be a source of anxiety for transgender people, where they anticipate the aforementioned discrimination. A lack of education regarding the LGBTQ+ community can result in misconceptions and lead to stigma against a minority group. An improvement in education regarding LGBTQ+ people could lead to a decrease in othering, legislation to protect trans people, and a decrease in crimes against trans people.

In his book, *Stigma: Notes on the Management of Spoiled Identity*, sociological pioneer and theorist Erving Goffman examines the ways that we perceive one another and as a result label people and assume information about them upon meeting. Based on a person's physical appearance and our associations with those traits, we put them into a category and anticipate information about them (Goffman). This concept is called symbolic interactionism. These anticipations become normative expectations, which are eventually demanded by society (Goffman). A divide is formed between stigmatized individuals and "normals" because those who face stigma often come together because of being excluded from society (Goffman). This lack of interaction and knowledge about an individual who is stigmatized only builds the feelings of uneasiness and discomfort. It's necessary that we increase sex education and include the LGBTQ+ community in literature in order to try and bridge this divide, reduce stigma, dismantle the two-gender binary and heteronormativity.

## **Sex Education**

The Human Sexuality Multispecialty Group at the Medical College of Georgia found throughout their research that at least two universities didn't train medical students in human sexuality. It was also found that the teaching of human sexuality was required at 85 schools that



were part of their research. The fact that there were 2 medical schools that did not teach human sexuality classes is an indication of how little people care about the role of sexual health education in the healthcare industry.

According to a study by Riggs and Bartholomaeus, sex education in school only includes binary men and women and excludes the LGBTQ+ community. Binary men and women describe men and women that identify their gender with their assigned sex at birth. This exclusion leads to transgender people having to do their own research on their sexual health. In Charest and Kleinplatz's study, it was discovered that the heterosexual participants were able to find more information directly from schools and universities, in comparison to the LGBTQ+ participants.

Most sources that discuss transgender people regarding traditional sex education are unreliable because most transgender sex education is found on the internet (Charest and Kleinplatz). To try to figure out how to bridge this gap of community and education, transgender youth were asked how they felt it could be fixed. Transgender youth say that there is missing information when it comes to the sexual health of transgender people in sex education. There is a huge lack of inclusion of the LGBTQ+ community throughout the traditional teaching of sex education. Doctors, who must discuss problems and answer questions that their transgender patients have, do not have quality education or training on how to approach or discuss the LGBTQ+ community's sexual health either.

### **Transgender People's Absence from Sex Education**

It has been found that less intelligent people are more likely to reject homosexual people (Gegenfurtner and Gebhardt; Poteat, Gernman, and Kerrigan; Faulder et al.). Gegenfurtner and Gebhardt found in their research that strongly religious people are also more likely to reject

homosexual people. Also, it was found that medical school students lack knowledge when it comes to the topic of the LGBTQ+ community. As previously mentioned in the last section, the healthcare industry, specifically medical school students, often feels more comfortable with people who share the same gender (Faulder et al.).

Bradford et al. studied and found that transgender youth believe that there is a lot of missing information regarding their sexual health. Because there is no requirement that they learn about the LGBTQ+ community less intelligent individuals are most likely not going to research the LGBTQ+ community and teach themselves.

### **Effects of the Relationship Between Sex Education and Transgender People**

Since there is little to no education available on the transgender community, medical school students—who become nurses and doctors—are severely limited in their ability to answer questions presented to them by their transgender patients. Faulder et al. found through their research that 35% of medical school students feel that medical school had prepared them well for dealing with sexual health cases. This means that a majority do not feel this way. There needs to be improved, continuing education, so that patients are comfortable going to their doctor because they feel safe and confident talking to them about their sexual health and know that the information, they are getting is reliable. Furthermore, LGBTQ+ sexual health education needs to be developed because it was found through research that a lack of education results in homophobia and heterosexism within the healthcare industry, which could potentially lead to the mistreatment of patients (Zuzelo).

When communicating with anyone, it is important to find out what their gender pronouns are. Sometimes not asking a person what their pronouns are could immediately result in major

discomfort and could feel offensive to that person. Medical school students were asked about their use of preferred pronouns throughout their work, and they said that they themselves don't ask what their patient's pronouns are. They also said that most doctors they have watched don't ask what their patient's preferred pronouns are neither (Parameshwaran et al.).

As mentioned previously, there is a pattern of blaming shaming, othering, and discriminating throughout the healthcare industry. This could be detrimental to a patient's well-being at their appointment with their doctor. It makes patients not want to talk to their doctors. If patients aren't communicating well with their doctors, then they could end up risking their health without even realizing it. This type of maltreatment of is an example of how individuals who challenge power dynamics will be stigmatized in order to maintain the power dynamic. For those in power to maintain their power, they must treat people who are challenging them as their subordinate, so that the other doesn't have any power. The relationship between sex education and transgender people leads to patients not feeling comfortable speaking with their doctors, which leads to many of these patients experiencing different types of health problems including sexual, mental, and physical.

## **Solutions**

Throughout my preliminary findings, there has been a fair amount of research done regarding the transgender community and their relationship with the healthcare industry as well as the lack of education regarding their sexual health. For example, when transgender youth was interviewed about transgender inclusivity of sex education, they recommended that there be diversity of content and a diversity of people teaching the content (Bradford et al.). One potential solution that could lead to the improvement of the relationship between doctors and their

transgender patients, is having people who are part of the LGBTQ+ community be the ones who are teaching the content. When it comes to creating diverse content, there should be a variety in the information being taught to students. This information should vary from sexual intercourse and their genitalia to how to ask someone what their pronouns are, or how to comfortably correct someone who has misgendered them.

In order to have open communication between patients and their doctors, there has to be culturally competent health care, quality assurance, and patient feedback (Redfern and Sinclair). It is important that healthcare industry employees are educated about the LGBTQ+ community and aren't ignorant. If someone's doctor made an ignorant comment about the LGBTQ+ community to one of their transgender patient's, the patient could potentially never want to go to a doctor's office again because of that one experience. All of this can lead to a patient experiencing health problems. The key to healthcare is ensuring the everyone has the opportunity to live a healthy life, no matter what their identity is. To better educate the healthcare industry, educators need to revise nursing curricula, so that it includes the LGBTQ+ community (Zuzelo). Sex education, nursing curricula, and any other educational content provided to the healthcare industry is most likely outdated and doesn't have content that is inclusive of the LGBTQ+ community, especially the transgender community. Improving sex education regarding the LGBTQ+ community is a solution towards bettering the relationship between transgender patients and their doctors. Something that should be required to be included in this curriculum is the concept that genitalia is not gender specific (Riggs and Bartholomaeus). Information like this is necessary for doctors and nurses as it would reduce the amount of discomfort their transgender patient might experience.

## Methods

Through unobtrusive research, I was able to find how transgender people use the internet to communicate with their peers regarding their health journey. Unobtrusive research is a method of collecting data that doesn't interfere with the subjects being studied (Blackstone). There are different types of unobtrusive research, and I conducted a content analysis of different online forums used as a means of communication between transgender patients. Content analysis involves the study of human communications (Blackstone). I analyzed primary sources, as they represent the "raw materials of history" (Blackstone). Collecting and analyzing data directly from transgender patients provided me with a better understanding of their experiences.

Since many patients do not feel comfortable with their doctor, they turn to the internet to find answers to questions they may have. The rise of social media and the normalization of sharing information with strangers has led many to turn to the internet to find answers to questions they may have regarding anything they might be curious about or need information on. Public access to this information provides sociological researchers the opportunity to conduct unobtrusive research and maintain anonymity of research subjects (Sugira). Unobtrusive research methods are helpful when examining processes that occur over time or in the past (Blackstone). I chose to do a content analysis of online forums because the information is publicly accessible, and there is no possibility of the Hawthorne effect. The Hawthorne effect is when research subjects intentionally or unintentionally adjust their behaviors because they know they are being studied (Blackstone). There are some drawbacks to this method though, such as limited data availability, meaning I wasn't able to further investigate my findings (Blackstone).

Online forums began to take shape in the 1990s (Stein). These forums have developed overtime and have gradually become more user friendly. They have also become very popular and have a wide range of topics that are discussed. There are some internet forums that are private and in order to post and have access to the content a user has to be accepted into it, but most of these forums are publicly accessible. Some websites, such as Reddit, are completely dedicated to forums; while there are also forums on social networking websites, like Facebook.

One internet forum that was created in 2016 was *Birds and Bees*. This forum was founded by Eileen Kelly, who also created the blog *Killer and a Sweet Thang*. The forum was designed to allow people to communicate their sexual experiences and ask questions they didn't feel comfortable asking someone they know. It worked the same way other forums, such as Reddit, do in that other users were able to interact with posts and questions. *Birds and Bees* has since vanished from the internet, but the blog remains, where people can submit articles about their own sexual experiences as well as mental health and sexual health. This was a resource I discovered when searching for places to communicate about these types of issues myself.

I chose to collect my data from Reddit, a website dedicated to internet forums. Their website tells readers that it is the fifth most visited site in the United States and has an average of over 52 million daily active users. Reddit was founded in 2005 by two college friends, Steve Huffman and Alexis Ohanian. On Reddit, people can post, comment, and vote on one another's posts. To post on a forum, which is referred to as a "subreddit", you must make an account and join the forum. These forums have moderators, who keep track of the posts and remove people from the group if they do not follow the forum's rules. Most of the time these rules are posted by the moderator and pinned at the top of the forum's page. Each forum has its own set of rules,

which includes how one gets kicked out. Whether or not you have an account, these forums are accessible.

In the age of the internet, it is no surprise that we take to the internet to communicate; but what is important to think about is why we take to the internet. For transgender patients, they have no one else to talk to about these things because of the discrimination and stigma that they face in most settings. These online forums are a safe space for trans-youth to ask questions about subjects such as vocal training to sound more feminine. There is always a risk, when on the internet, that there will be negative responses to your posts. But the moderators of these forums ban bullies from the forum, to maintain a safe space for its participants.

The way I found the forums I analyzed is through typing “trans” into Reddit and seeing what my search recommendations were. When I typed “trans” into Reddit the search recommendations were “trans, transvoice, transhuman, transgender”. I went through each of these, as well as searching my own terms with combinations including “healthcare experience”, “healthcare”, and “health”.

As these forums are available to the public, I was not be overstepping boundaries. As a cis gendered woman, I am aware that transgender people are a vulnerable population, and I would never intend to make any users sharing information feel uncomfortable. The analyzing of this publicly available information is being used in attempt to improve the experiences of trans people, especially when it comes to their healthcare experiences. Anonymity will be maintained because users do not have their real name as their username.

After going through each of the search terms and combinations, I decided to analyze two subreddits over the course of a 6-month period. Through analyzing these subreddits, I was able to categorize the posts based on the type of post, the content of the post, and the responses to the

post. My findings consist of what conversations are held on internet forums, to highlight how a lack of sex education about these topics leads to patients having to seek out their own answers from peers.

When typing a term into Reddit, you are given two subsections of results. The first, communities and users relevant to the term; the second, specific posts that include the term. The search results can be categorized by “Best results, Posts, and Communities and users”. To find subreddits to search through, I selected “Communities and users”. The first subreddit I researched was r/transhealth. I found this through searching “trans health”, as it was the top result. I tried multiple combinations to try to find a subreddit completely dedicated to the healthcare experience of trans people. The second subreddit I researched was r/TransSpace. I found this when searching “transgender” into the search bar. This was the second subreddit in the results. The first one is called r/transgender and has 124k members. Since I wanted to collect data from a large span of time, I decided to choose subreddits with a few thousands of members, instead of hundreds of thousands of members. I did this to effectively go through every post from the subreddits.

To collect data, I went through every post from September 1, 2020 through March 1, 2021. I wrote down the type of post it was (article, YouTube video, link to a fundraiser, etc.), the topic/theme of the post (hormones, dysphoria, experience with a doctor, etc.), and the response to the post (no comments, giving advice, providing resources, etc.). Afterwards, I uploaded my findings to a qualitative research program, called QDA Miner Lite. With this program, I was able to code my data, and look at charts based on my codes and findings.

## **Findings**



Through coding my research, I was able to categorize the types of content being posted in the subreddits “r/TransSpace” and “r/transhealth”, the frequency of replies or comments received on a post, and the common themes/topics included in these posts. Between both subreddits, the content most frequently posted were articles from various news outlets (45.3%). These article topics ranged from the news of a murdered trans person, such as 24-year-old Alexandria Winchester, who was the 44<sup>th</sup> known violent killing of a trans person in the United States; to actor Elliot Page coming out as transgender to discussions of politics. The second most frequently posted content was YouTube videos (22%). These posts included the promotion of videos by certain YouTubers and videos demonstrating how to shave your legs. Often, these videos were posted to help users. One user utilized the platform to promote videos from their YouTube channel specifically addressing her experiences as a transwoman. The third most frequently posted type of content was advice (13.4%). Users asked for advice regarding issues such as how to talk to their trans child and other difficult situations. The next most frequently posted content was “sharing” (11%). These posts include sharing experiences, or personal situations. The content of the posts was very intimate and reminiscent of diary entries. Table A shows a breakdown of the different types of content posted in the subreddits I analyzed.

Table B breaks down the common topics and themes that I found throughout the posts. These include *healthcare*, *hormones*, *dysphoria*, *research*, and *doctors*. Healthcare (53.8%) includes posts that I felt were relevant to the user’s health. Hormones (21.3%) and dysphoria (16.6%) were the next most frequently seen themes throughout the content. There were many posts discussing user’s experiences taking hormones, asking about different types of hormones, and talking about why they made the decision to start hormones. There were also many posts discussing user’s experiences of gender dysphoria. Gender dysphoria is defined as “...a sense of

unhappiness (the opposite of euphoria, a sense of joy or pleasure) over the incongruence between how one subjectively understands one's experience of gender and how one's gender is perceived by others." (Stryker). The last two themes I found included research (6%) and doctors (2.3%). The code "research" includes people who came into the forums in search of participants for their research. These posts often consisted of a link to the study or survey, as well as a description of the study and an introduction of who they are. Most of these surveys consisted of questions, asking about the experience of living as a trans person, some were specifically about the healthcare experience of a trans person- like my work. Lastly, the posts that were coded "doctors" consisted of people talking about their experiences with doctors, people asking about specific doctors or asking for recommendations regarding specific medical intervention, and/or people sharing the names of doctors they recommend.

Table C displays the types of responses and comments that were received on posts from the subreddits. Most posts had no replies or comments (66.4%). The next most frequent type of response was users giving advice (15.7%) to whoever was posting. Sometimes users will post asking for advice, so users respond with advice. Other times, people post to share their situation and users will give advice regarding said situation, even if the person that posted didn't ask for help. Users also would provide resources (7.5%), whether they were asked for or not. But most of the time, users only replied when asked to. In the comments, users would sometimes share their own experiences that related to the post they were replying to. Sometimes comments are deleted from these posts (1.5%). Reddit has moderator bots, which are used among many forums and social media sites (Young). These bots are Artificial Intelligence (AI) created specifically to surveil these platforms (Gorwa et al.). I found that there were little to no negative replies (0.2%) in the comments, but this could be because moderators in the subreddits deleted them. As I will

discuss in the Discussions section below, this is significant for my analysis and methodological considerations.

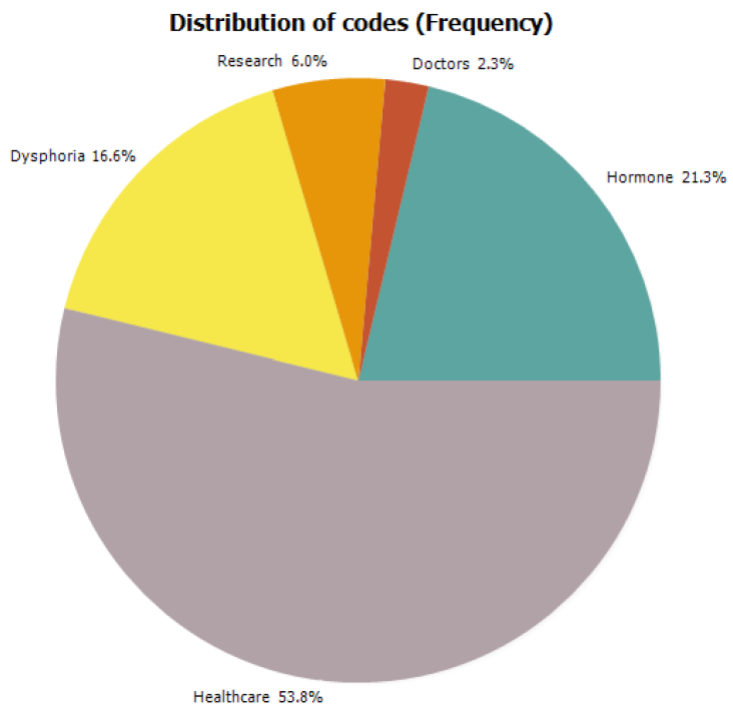


Table A

### Distribution of codes (Frequency)

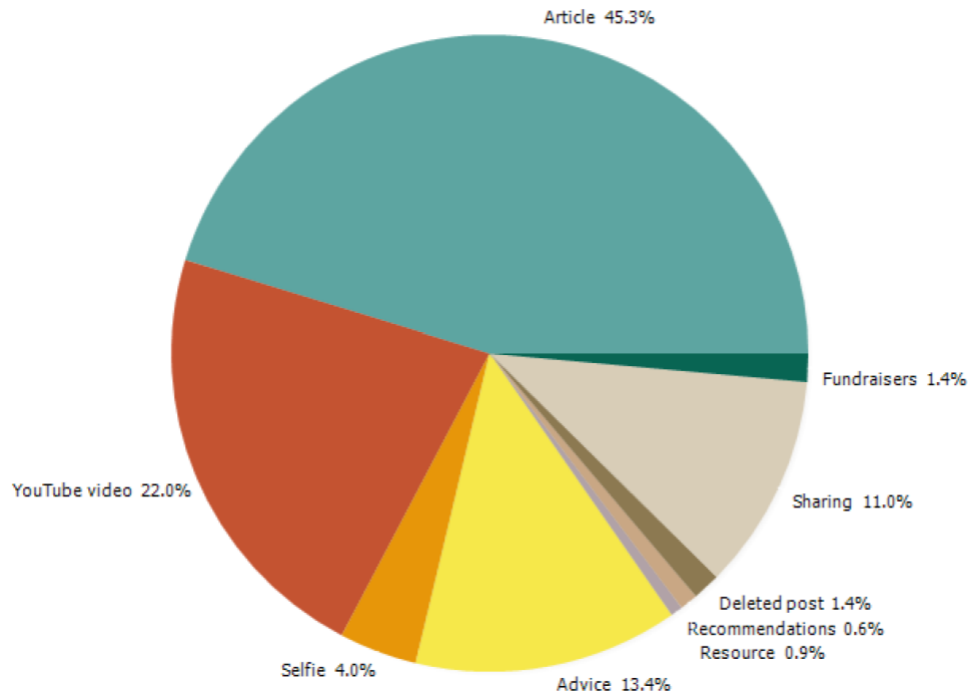


Table B

### Distribution of codes (Frequency)

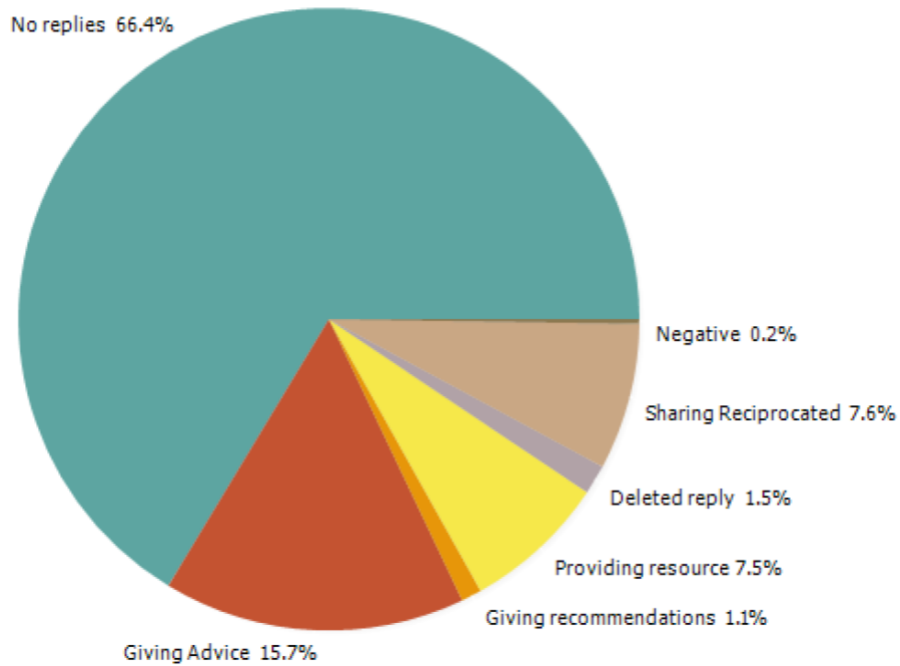


Table C

## Discussions and Analysis

There were a variety of posts between the subreddits, r/transhealth and r/TransSpace. I found that articles were most frequently posted. The Human Rights Campaign recorded that in 2020, there were the most deaths of transgender and gender non-conforming people of any year since they began tracking this violence in 2013 (The Human Rights Campaign). Many of the articles were reporting the brutal killings of people in the TGNC community. The types of articles posted, and the types of posts in general, varied greatly based on current events. For example, leading up to the election, there were a lot of discussions and articles posted about who they were voting for and why. Another example is that after Elliot Page came out as transgender, there was article after article about him. The same reaction happened when J.K. Rowling would tweet anything.

YouTube videos seem to be a great resource shared throughout the subreddits. When people would post their YouTube videos, they usually didn't get a response. One YouTuber posted their videos in the r/transhealth forum, and someone commented, telling the user not to use the forum to promote their videos. This was the only time that I saw negative replies to a post. These YouTube videos provide a face to the subject matter. Instead of reading content on these forums, users can watch YouTube videos and potentially see someone like themselves. This could have a great impact on user's mental health because they might not live in a diverse area and lack those connections. Users also posted pictures of themselves, which is another way users are exposed to what other transgender people look like.

I was shocked that posts asking for advice were only about 13% of the content in these forums. There were a lot of exchanges of advice, but this was often found in the threads of comments on posts. All different types of people were asking for advice. There were friends and

family members of trans people asking questions, trying to figure out how to better support the transperson that they know. There were also a few uneducated people, who asked for clarification as well as education on transgender people. It was always received with openness, and there were often engaging discussions in the replies. This emphasizes how people can be open minded and understanding once they are educated.

The exchanging of personal and private stories and experiences leads to a community being built. These forums are safe, social spaces for TGNC people. Some people would even post in the forums, saying what area they are from and asking if there was anyone in the area that would want to be friends. Connections are made online and sometimes in person. Throughout research results, it was discovered that within the healthcare industry, there is a pattern of blaming, shaming, othering, and discriminating (Poteat et al.). When users take to the internet, it is sometimes because they have nowhere else to turn. Patients are often forced to take matters into their own hands, but the information isn't always reliable since it is on the internet (Bradford et al.).

Another notable finding was the use of these platforms by people with no connection to the transgender community. For example, there was a user that explained how he was very ignorant when it came to the LGBTQ+ community, especially the transgender community, and he was interested in learning more about it. He asked some questions and was genuinely interested in being educated. Users in the subreddit were extremely receptive and willing to exchange in discourse with him about their experiences as people. Though this is a pleasant exchange to witness, it is not the responsibility of transgender people to have to explain themselves to every single person they meet, who doesn't know about the LGBTQ+ community. This problem is not exclusive to transgender people, as it happens to everyone who is an outcast

from society. Goffman discusses this in his book *Stigma*. He writes of how as a stigmatized individual, conversations with strangers often result in them expressing their "...morbid curiosity about his condition..." (Goffman). Not only do transgender people utilize the internet to educate themselves about the topics I've discussed, but untaught people as well. Therefore, it is necessary to not only increase sex education in schools but include LGBTQ+ sex in the curriculum. The exclusion of the LGBTQ+ community from sex education maintains and perpetuates heteronormativity and the othering of the community.

## **Limitations**

### *Measures*

I used the same codes for each subreddit, and the findings were consolidated between the two forums as well. This was limiting because I was unable to divide the findings between the two subreddits. Many of the posts were coded with discussing healthcare. Since the subreddit r/transhealth focuses only on health, the saturation of that content could have impacted my results. Therefore, the findings are not completely reliable.

### *Pandemic*

Currently, we are one year into the COVID-19 pandemic. I began pursuing this research topic in the Spring 2020, during my Junior Seminar class. My original plan was to conduct in-depth interviews with transgender patients, as well as doctors of transgender patients directly. I intended on asking specific questions regarding their experiences with one another. The intention for my research was to find out what leads to the miscommunication between doctors and transgender patients. My findings covertly support my thesis through my analysis. Interviews

would allow more extensive discussion, would allow for clarification, and would be more specific. However, I am pleased with my research and believe it will contribute to the larger conversation regarding the lack of sex education in this country.

### *Moderation on Platforms*

Another limitation is that comments can be deleted. Comments can be deleted by either bots, moderators, or the person who posted it. Bots are programmed to find certain terms and delete them, or they are programmed to find certain accounts based on their activity and delete their comments. The latter was something I saw frequently. If someone wasn't active enough on their account, then a bot would delete their comment and provide an explanation. Moderators are useful because the internet is a dangerous place and cyberbullying is a huge problem. However, it could be argued that moderators are gatekeepers. This is because, they pick what can and cannot be in the forum. Someone could argue that this goes against freedom of speech, but it is said in the description of the forum that it is a safe space along with other rules. If you are warned that your comments aren't welcomed, then why would one continue to post negative content? How do we know that moderators are only deleting what's necessary?

The Artificial Intelligence (AI) that I have been referring to as bots, are programmed by someone to monitor specific words, phrases, and behaviors online. These bots are used throughout various social media platforms. A study from 2019 discusses the use of bots by Facebook, YouTube, and Twitter (Gorwa et al.). Gorwa et al. discusses how in recent years there has been a rise in public advertence toward content moderation issues, referencing the 2016 US election as the start of this increase in awareness. The conversation must be had regarding the ethics of monitoring and deleting people's posts. The corporations that run these platforms are in



charge of what gets removed. It could be argued that this is censorship because speech rules for the internet are being set by analogous groups of people (Gorwa et al.).

## **Conclusion**

Through conducting a 6-month content analysis on two subreddits, r/transhealth and r/TransSpace, I was able to identify various topics explored by the trans community, and how they relate to the healthcare experience of trans individuals. The purpose of my study is to increase awareness about the lack of LGBTQ+ inclusion in sex education. Riggs and Bartholomaeus found that sex education in school only talks about binary men and women and excludes the LGBTQ+ community. When Bradford et al. spoke to trans youth in Minnesota, one person said they don't even know how trans people are supposed to have sex. This exclusion of transgender from the gender binary could lead to othering because this invalidates their experience and their gender identity. My research shows that the trans community utilizes the internet to find information regarding their health. This is because there is missing information when it comes to the sexual health of transgender people in sexual education (Bradford et al.). My research highlights the gap of miscommunication between transgender patients and their doctors because of the lack of literature regarding their health.

### *Socialization: The Impact of Education*

A child's first experience of socialization outside of the home is a school setting. Socialization describes the lifelong process of learning and adapting to the expected behaviors, values, norms, and social skills of individuals who occupy roles in society (Robson). There are two different types of socialization: primary socialization and secondary socialization. Primary

socialization occurs within the family and is when children learn their own individual identity, acquire language, and develop cognitive skills (Robson). Secondary socialization is the social learning that a child experiences when they enter other social institutions, such as school (Robson). These expected behaviors, values, norms, and social skills exist for the protection and maintenance of the elite (Dunn). The elite control institutions, like the government and the education system. Stigma, therefore, is often taught through socialization and within these institutions, to sustain the power structure. Stigma is the social process of labeling, stereotyping, and rejecting human difference as a form of social control (White Hughto et al.). School is a child's first opportunity of socialization and learning outside of the home, so it is crucial that children are not taught stigma in this setting.

Teachers, principals, and other figures of authority become like parental figures. A child spends a great amount of time at school, and sometimes spends more time with schoolmates and teachers than with their own family. As a result, these are the people who also have a huge impact on a child's opinions, thoughts, experiences, and feelings. Examples of socialization between peers include group work in class, games played during recess, as well as negative behaviors like bullying and teasing.

Introducing sex education to all grades, as well as providing training to authority figures at schools about how to handle situations relating to a child's wellness. Sex education should be teaching students topics including safe sex, consent, and genital health. The topics would vary and intensify depending on grade, as every other subject in school progresses. Consent can be taught to people of all ages. For example, consent can be taught to children using the concept of a hug. You and your friend hug to greet one another every day at school. One day, your friend decides that they do not want to give you a hug. Since they did not provide you consent to hug

them, you do not hug them. This could be taught more explicitly to high schoolers for example, using language about sex. Sex education could also include discussions of gender being a social construct, and that it exists on a varying scale rather than a strict binary. Being taught these things could improve students' mental health because they will no longer be restrained by the gender binary and the social expectations that come with it. Instead, they would have the opportunity and freedom to be themselves, without stigma. Regarding bullying that does break out, there should be counseling with the children instead of penalization as rehabilitation is more effective than retribution.

Authority figures within schools should be trained on how to handle situations relating to a child's wellness. By this, I mean that if for example, a student approaches a teacher, about an experience that they had, then a teacher should know how to appropriately react to it as well as know how to file a report. Experiences include bullying at school, as well as any type of abuse they've experienced whether it be from a family member, faculty member, student, etc. A teacher should know how to handle this situation and make their student feel heard. Another example includes if a student confides in a teacher or a counselor about feelings regarding their gender or sexuality, as well as any bullying or abuse they may be experiencing because of this.

Further education and training regarding wellness and sexual health is also required for medical school students, doctors, and nurses. A 2003 study of 101 U.S. medical schools found that most medical schools provided only 3-10 hours of instruction regarding sexual health and wellness (Coleman et al.). This is abhorrent. There needs to be major improvement for patients to feel safe and experience competent care from their physician. Specific topics that need to be further developed within sex education for medical schools includes safe sex for seniors,

STD/HIV prevention, sexual health, promoting sexual function and satisfaction, and moving away from heterogeneity (Coleman et al.).

### *Addressing Anti-LGBTQ+ Legislation*

Other actions that need to be taken to produce a more cohesive and united society include policy changes and enacting a more inclusive government. Ideas for policy change include the overturning discriminatory and harmful laws. A press release by the Human Rights Campaign, published in April 2021 stated that "...2021 is on the cusp of surpassing 2015 as the worst year for anti-LGBTQ+ legislation in recent history." There were 15 anti-LGBTQ+ bills implemented in 2015 (Ronan). As of April 2021, eight anti-LGBTQ+ bills have already been passed, while another ten bills are on governors' desks awaiting signature (Ronan). All these bills are extremely detrimental to the lives of those in the LGBTQ+ community as well as their families and friends. In March 2021, Arkansas passed House Bill 1570, which bans healthcare professionals from providing gender-affirming healthcare to transgender youth under the age of 18 (ACLU Arkansas). This is extremely dangerous for a plethora of reasons, including the damage it will have to the mental health of trans youth. Since many governments are ran by a homogenous group of middle-age White men, they are out of touch with what society is experiencing. With government officials that are women, people of color, TGNC people, we would be able to address a wide variety of issues in an ethical and useful manner.

There are ways that we individually can support the transgender and non-binary communities. Vice published an article the second week of April 2021, *How You, Personally, Can fight the Anti-Trans Bills Surging Across the U.S.* When typing into Google "how to help trans youth" or "how to help trans community", many articles like this from various news outlets

including ABC News and People Magazine. Vice's article has direct links attached the different bills that are on the verge of passing or being sent to their respective governors. Contacting government officials is helpful because it shows that people care about the lives of those impacted. Other actions Vice suggests include working with local groups supporting trans rights and lives and organizing others to help with the fight remotely. Lambda Legal, which is a legal firm run by volunteer lawyers that focus specifically on LGBT people in the U.S., also published a piece about how to support TGNC youth. Their piece gave suggestions like asking people what their name and pronouns are, creating an affirming environment for individual gender expression, and provoking discussions addressing antiviolenace and bullying.

### *Future Research*

Further research could expand on many ideas I didn't have the opportunity to. For example, one topic that can be explored is the way that the United States history of violence against minority communities promotes terrorizing treatment of these communities. The U.S. was built on genocide, so the constant murders of people within minority communities is terrifyingly not surprising. Other methods of research could be used to examine the lack of sex education in the U.S. and the steps that we can take to change it. For example, in-depth interviews with doctors, patients, and educators could be useful in trying to figure out how to convert current sex education curriculum. Specific questions could be asked about the role of the medical industrial complex when considering the transgender community and the gender binary. There needs to be further research done to create change within the education system and the healthcare industry. In the meantime, through actions of advocacy, we can fight for the TGNC community everyday.

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