

ALL INCLUSIVE

Reproductive Health & Wellness



INCLUSIVITY IN REPRODUCTIVE HEALTH CARE

The **goal** is to create an inclusive environment as possible

- Conscious of people with disabilities
- Conscious of people who may have more than one partner
- Going against heteronormativity
- Culturally competent
- Conscious of socioeconomic backgrounds
- Trauma-informed care

YOUR WORD GUIDE

PRONOUNS

Usually used to refer to someone without using their name; it's vital to the mental well-being of everyone to use pronouns that they actually identify with!

MISGENDERING

Using pronouns or gendered language that does not align with a person's gender identity

DEADNAMING

Using a name that a person no longer uses, such as their name assigned at birth

TRANSGENDER

Individuals whose gender identity differs from the sex they were assigned at birth

TGNC

An acronym for Transgender and Gender Nonconforming, referring to identities outside the traditional gender binary, such as non-binary, genderqueer, and genderfluid.

NON BINARY

Used by those who do not identify with strict categories of "man" or "woman"; the way they present themselves

SEX

Assigned at birth based on visible anatomy.

GENDER

A person's gender identity may or may not be the same as the sex they were assigned at birth

GENDER NONCONFORMING

Individuals whose gender expression doesn't match societal expectations for their assigned sex at birth, including those who identify as non-binary or genderfluid.

MSM

Acronym for "Men who have sex with men"; used to refer to behavior alone, as opposed to sexual identity.

LGBTQIA+



LESBIAN



GAY



BISEXUAL



TRNSGENDER



QUEER

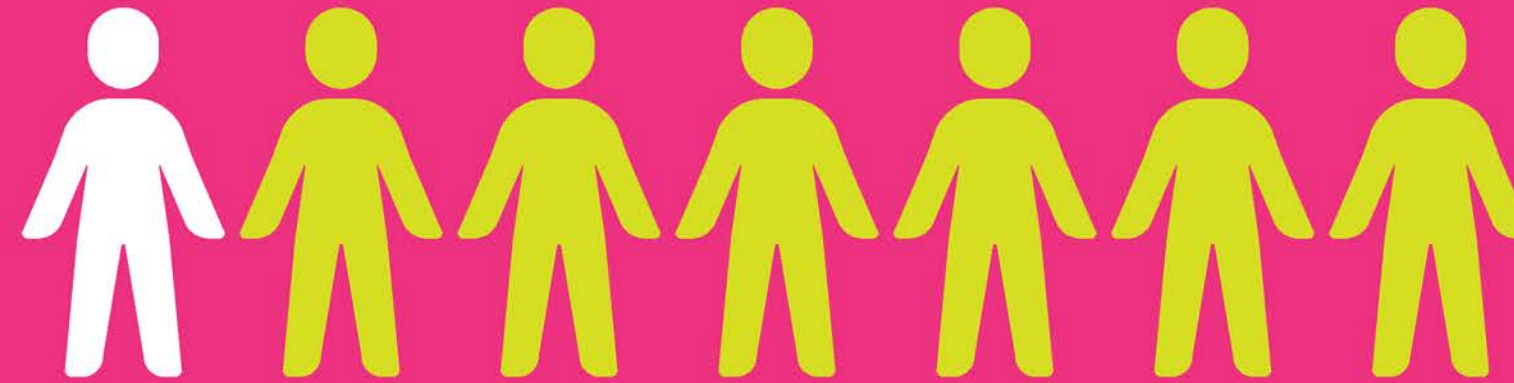


INTERSEX



ASEXUAL

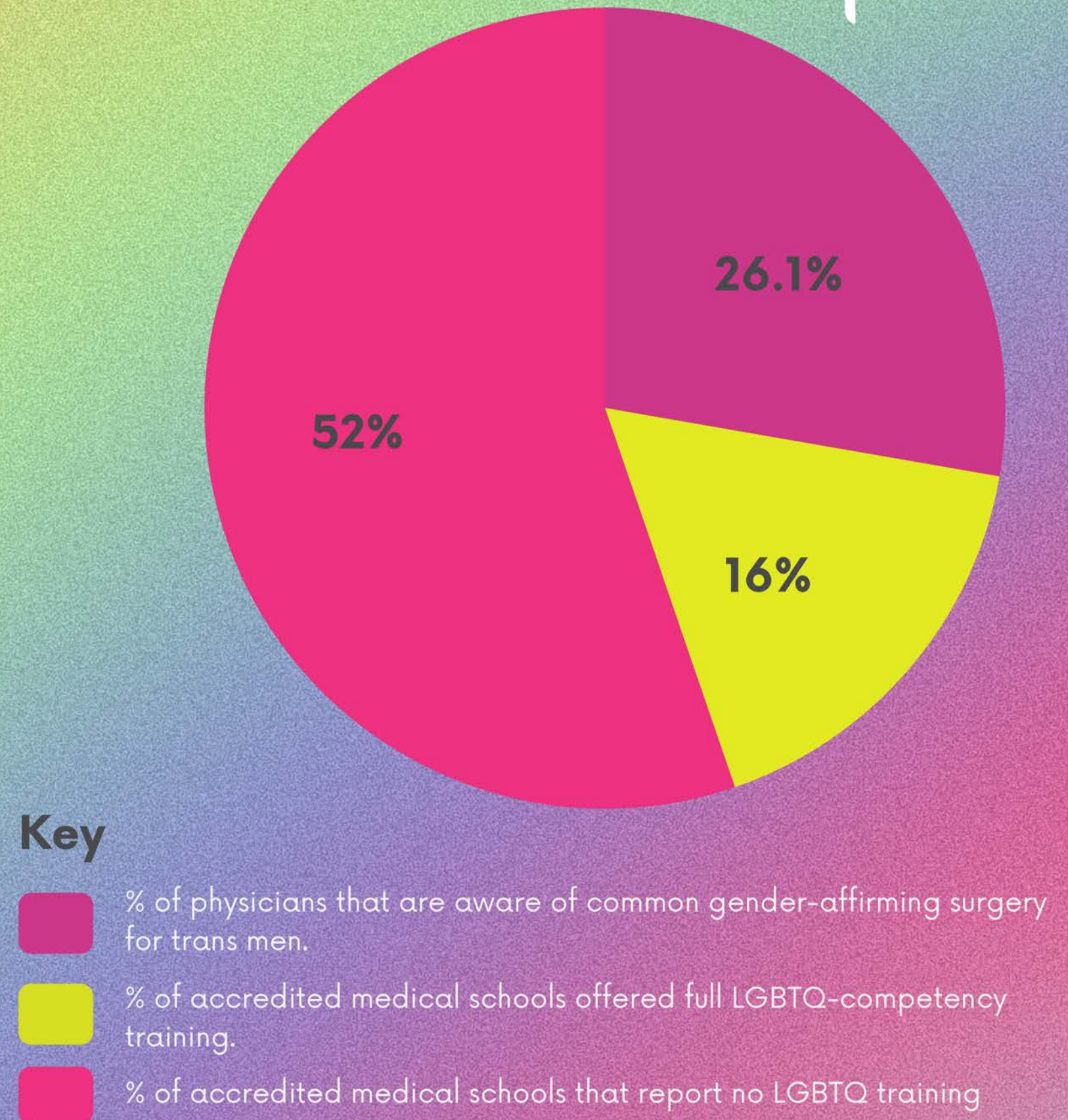
STAGGERING STATISTICS



- 1 in 7 LGBT people have avoided treatment as a result of fear of discrimination
 - 13% experiencing some form of unequal treatment as a result of their identity.
- A survey of lesbian and bisexual+ (LB+) women found that only 2% would go to their General Practitioner for advice about sex with women

BARRIERS & STIGMA

- Lack of knowledgeable providers is the biggest barrier to trans care.
- Insurance barriers
 - Limited insurance makes it hard to afford hormones or blockers.
 - Finding in-network, trans-friendly providers is difficult.
 - In 2015, 55% were denied surgery coverage; 25% were denied hormone coverage.
- A Johns Hopkins study found 25% of trans patients were repeatedly misgendered, hurting trust and deterring care.
- Access to gender-affirming care is often limited by state bans and restrictive policies.
- Few studies address gay-specific health, mostly focusing on HIV/AIDS and neglecting other issues.



REPRODUCTIVE HEALTH: ESSENTIAL FOR ALL!

- Anyone can get sexually transmitted infections (STIs) regardless of your sexuality and gender identity!
 - infertility, cancer, pregnancy issues, and pelvic infections can occur if left untreated
- STIs can be spread through oral, anal, and penetrative sex
- Cervical cancer prevention applies to all people with uteruses, regardless of gender identity:
 - Regular cervical screenings are essential!

Know the Risks

- **Gay men** with a history of **STIs** and **anal intercourse** have an **increased risk of anal cancer** (Daling et al., 1987).
- **MSM** have a **higher incidence of hepatitis B (HBV) infection** and, therefore, a **higher risk of liver cancer (hepato-cellular carcinoma)** (Jalbert, 1999).
- **Lesbians are less likely to be routinely screened for cancer**, in part because of their avoidance of the health care system and in part because of misunderstandings and misconceptions on the part of providers.
- **Staying informed on safe sex practices is vital to protecting you and your partners' long-term health!**

CARING FOR YOUR REPRODUCTIVE HEALTH

Everyone aged 13–64 who is sexually active should get tested for HIV at least once.

Get tested for HIV at least **once a year** if you:

- Are a **man who has sex with men**
- Have had **sex with someone who has HIV**
- Have had **multiple sex partners** since your last test
- Share **needles or injection** equipment
- Exchange **sex for drugs or money**
- Have been **treated** for an STI or hepatitis
- Have **sex with someone whose sexual/drug use history is unknown or high-risk**

Pregnant people are required to be tested for **syphilis, HIV, hep B & C**. Those with STI risk factors should also get tested for chlamydia and gonorrhea.

Women 25+ with risk factors, like **new, multiple, or STI-positive partners**, should get tested yearly for **gonorrhea and chlamydia**.

Sexually active men who have sex with men should be tested:

- Yearly for **syphilis, chlamydia, and gonorrhea** (every 3–6 months if high-risk)
- Yearly for **HIV**, more often if high-risk
- Yearly for **hepatitis C** if living with HIV



PROTECT, PREVENT, PRIORITIZE

- **Use barrier methods**
 - Condoms and dental dams during all sexual activities.
- **Consider PrEP**
 - If at high risk for HIV exposure
- **If potentially exposed to HIV, take PEP within 72 hours of exposure**
 - Both PrEP and PEP are available at FPA
- **Get vaccinated**
 - Against HPV, ideally before sexual activity begins.
- **Get tested regularly for STIs, even if asymptomatic**
 - At least once a year, or BEFORE having sex with a new partner.
 - FPA offers rapid HIV and STI testing!
- **Foster open communication**
 - Discuss sexual health openly with partners.

Consistency

- Use condoms every time you have penetrative or oral sex.
- Have regular Pap tests, pelvic exams, and periodic tests for STIs.
- Check your body frequently for signs of a sore, blister, rash, or discharge.

Communication + Alertness

- Before beginning sexual relations with a new partner, discuss past partners, history of STIs, and drug use first.
- Look for signs of a sore, blister, rash, or discharge on your partner.
- Avoid drinking alcohol or using drugs; substance use lowers inhibitions and increases the chance of participating in high-risk sex.

Stay informed

- Staying informed can improve your ability to recognize STI symptoms in yourself and others!
 - You can find a variety of educational resources on FPA's Website!
- Reach out to qualified educators or healthcare professionals for any questions or concerns you may have- No question is a dumb question!
- Be aware of what your condoms and lubes are made of, as oil-based lubricants can break down latex condoms

DEBUNKING MYTHS...

Myth #1: LGBTQ+ people don't need reproductive health services

Fact: LGBTQ+ individuals may still get pregnant or get someone pregnant, need contraception, STI testing, need Pap smears, and seek fertility treatments or family planning services.

Myth #2: Trans and non-binary people don't get abortions

Fact: Reports have shown that some may still experience ovulatory events even while on masculinizing amounts of testosterone. Therefore, it is critical that all individuals with the ability to become pregnant or impregnate someone else have access to contraception and abortion options.

Myth #3: Lesbians and bisexual women don't need Pap smears or STI testing

Fact: HPV and other STIs can be transmitted through skin-to-skin contact, shared sex toys, and oral sex. All individuals with a cervix need regular Pap smears and screenings according to standard medical guidelines.

CONNECT WITH YOUR COMMUNITY

AFRICAN AMERICAN OFFICE OF GAY CONCERNS

New Jersey-based organization that Provides HIV/AIDS prevention services via “Free condoms, Free Sex Education, Free Support Groups,” and other resources!

ADVOCATES FOR YOUTH

A group of LGBTQ+ youth of color between the ages of 13-24 that are actively involved with a youth-serving community-based organization, a student group or any other organized group

GLSEN

Works to ensure that LGBTQ students are able to learn and grow in a school environment free from bullying and harassment

FAMILIA: TRANS QUEER LIBERATION MOVEMENT

“Working to, “achieve the collective liberation of trans, queer, and gender nonconforming Latinxs through building community, organizing, advocacy, and education.”

IMI

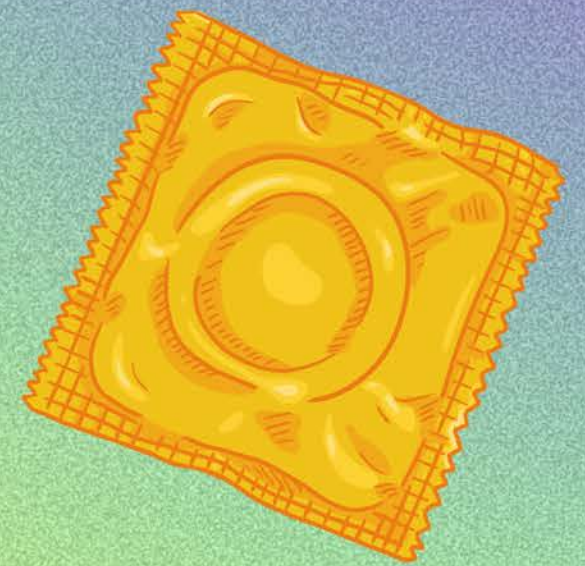
Guides built for and with LGBTQ+ teens to help you explore your identity and support your mental health

THE TREVOR PROJECT

The leading suicide prevention and crisis intervention nonprofit organization for LGBTQ+ young people



QUESTIONS?



Have a question you'd prefer to discuss privately?
Feel free to reach out to Marie Garcia at
megarcia@fpawomenshealth.com
for a confidential conversation.

THANK YOU

General FPA Line: (877) 883-7264

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www.fpawomenshealth.com



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