

GENDERED GENITALS: CAN FAMILY PLANNING MOVE BEYOND “WOMEN’S HEALTH”?

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Background: Gender and bodily diverse (GBD) people experience unique barriers to healthcare that deter them from seeking and receiving quality health services. These barriers are experienced whether GBD people are seeking preventative care, emergency care or gender affirming services. What is still known internationally as ‘family planning’ originated from the feminist movement in the 1960’s and 70’s, and necessarily centred women, by using gendered language such as “Women’s Health”. In acknowledging the historical and contemporary rationale for the use of such language, we must also understand the ways in which gendered language – especially in relation to sexual and reproductive health, excludes and oppresses people who do not conform to traditional gendered identities or sex characteristics.

Analysis: Most family planning and/or women’s health services provide information and services that centre the experiences and needs of cisgender women, in recognition of the need for safe spaces. GBD people also need safe spaces to access high quality and culturally safe, sexual and reproductive health services. By continuing to use gendered language in the context of genitals and services (eg “all women have vaginal discharge” over “vaginal discharge is normal and natural”), we alienate and potentially exclude some of the most vulnerable members of our society, further increasing their risk of poor health outcomes.

Conclusions: The purpose of this presentation is to challenge the family planning/sexual health sector to embrace the task of creating more inclusive and accessible services and health information for GBD people. This will increase participation in services, improving health outcomes of these populations and lead to a reduced burden of disease and the associated costs.

Disclosure of Interest Statement: No conflicts of interest to be disclosed.