This factsheet was created with the intention of informing the different barriers on Sexual and Reproductive Health and Rights (SRHR) for people who identify under the trans umbrella. All of this based on a Focus Group Discussion (FGD) that was hosted by Youth Coalition Members, listening and having conversations with different trans and gender non-conforming people all over the world.

The FGD was around knowing how young people all over the world experienced comprehensive sex education, access to sexual health services and bodily autonomy. The methodology that we used was a discussion based on specific questions we had prepared, but mostly on what the participants had to say, their opinions and their life experiences being trans and gender diverse and trying to access health services, education, and access to their Sexual and Reproductive rights.

Based on the sharing of lived experiences and realities of different young people in all their diversity in a lot of different contexts and countries, what we can report is the following.

**EXCLUSION OF YOUNG TRANS/QUEER PEOPLE IN CSE**

The first aspect is Comprehensive Sexuality Education, when talking about this topic is very little addressed with youth all over the world, people think that is bad to teach young people about sexuality and about their bodies, but when they do address this issues, they always do it with a cisheteronormative perspective, ignoring the fact that not everyone identifies as the gender they were assigned at birth and the norms that comes with it, therefore erasing all trans and gender diverse people from the sex education teaching programs, making gender diverse people feeling alienated, making them think that their body is bad/sinful, weird or that it should be a different way.

In some occasions for sexual education classes in schools they separates boys and girls into two separate rooms to just discuss things regarding “their cisheteronormative bodies”, leaving trans and queer youth in all their diversity not knowing where to go, or making them taking classes that either don’t respect their identities or that aren’t really useful to them.
Countries purposely exclude trans and gender non-conforming people in all their diversity from CSE. Cisheteronormative CSE forces trans and gender non-conforming to learn information that is not responsive to their lived realities.

Colonisation has greatly influenced the erasure of gender diversity and has policed gender into the binary—this translates into very strict and oppressive institutionalisation of gender norms, including in CSE.

Patriarchy and religion are a big part of why there is a lack of Comprehensive Sexual Education, and why it is always an issue that decision-makers don’t want to take on.

The content that they teach should be destigmatized, it shouldn’t be cis-heteronormative, racist or trans/nonbinary exclusionary.

Trans/Queer Resiliency in Online Spaces
The use of online and digital spaces have been helpful for young trans and gender nonconforming people in learning about identities and their bodies—usually content from other countries, or from older trans and gender nonconforming people that they met along their lives.

However, if we don’t have these chances, it is likely that without proper information, it puts young trans and gender nonconforming people at risk by engaging in unsafe sexual practices and behaviour.
INACCESSIBILITY OF SRH SERVICES

When talking about access to sexual health services, young trans, nonbinary and gender non-conforming person have a really hard time accessing them, they encounter separatist services, health care professionals who deny services to them, and even cases where health care providers check people’s genitalia without permission just to know their assigned sex.

- Trans and gender diverse people shared the following:
- Trans people face discrimination when trying to access health care services and facilities. People usually get misgender in this services, and are in the constant need to repeatedly explain their identities and their bodies to health care providers
- There is a big need to sensitise health care services workers on the lived realities of young trans and gender nonconforming clients
- Accessing sexual and reproductive healthcare services for trans men/ transmasculine people are very difficult (i.e. gynecologist). They ask if it’s legal for a trans man to be on hormones and they don’t really have knowledge about medical transition, so they do not have the right information of treatments that could be counterproductive for people on gender affirming treatment.
- There is a limited conversation on SRHR for trans men and transmasculine people, mostly regarding pregnancy, bringing a stigma and prejudices for transmasculine who choose to get pregnant and to be a parent.
- Med school is not advancing in the curriculum regarding health care services for trans people, on gender affirming therapy, on PrEP among other things.
- Most clinics and hospitals deny service to trans people, obligating them to go to private services, a privilege not all people can afford
- Trans inclusive health care is not a priority in the medical field.
- Health care services such as pap smear are denied to trans men and transmasculine people because they are read as “cisgender men” and therefore denied the services.

In conclusion, we can see that accessing health care services is a challenge, trans and gender diverse people are at risk of being denied services, being discriminated against in them or at being in an emergency and having health care providers that doesn’t have any idea of how to correctly and respectfully treat a trans person.

Health care services need to be more prepared and sensitized to know how to accompany trans people in their different processes in order for gender diverse people to access their needed services and to feel secure in a place where people are supposed to feel protected and welcome.
ON THIS MATTER, SOME THOUGHTS OF GENDER DIVERSE PEOPLE:

- Medical transitions should not be looked at as a privilege, but as a necessity to some.
- The concept of “passing” is not something we owe to a cisheteronormative society.
- COVID19 has interrupted the access of trans people to gender affirming medication and this is not seen as a practical gender need by duty bearers.

BODILY AUTONOMY

The concept of bodily autonomy means differently from different contexts and lived realities. For trans and gender diverse people, this is mostly understood as the right to be who they want to be, without people commenting and/or dictating how their identities or bodies should be, and mostly making gender affirming medication accessible to all.

The cisheteronormative view of society should not be forced on trans bodies and identities, every trans and gender diverse people are different, and have different roads that they want to follow. People need to understand that there is no one way to be a trans person, and health care services need to be prepared to accompany people as they need, from mental health interventions to gender affirming medication that is free from any forms of violence including conversion therapy and/or cisheteronormative microagressions.

With all of this we can see that the society that we live in is mostly not a friendly environment for young trans, nonbinary, gender non-conforming and gender diverse people in all their diversity, making it harder for us to access our Sexual and Reproductive Health and Rights and making us susceptible to different and compounding violence and of discrimination.

This is why everyone needs to join this fight with young trans, nonbinary, gender non-conforming and gender diverse people, raising our collective voices and making sure you include us in your social movements fights and making all spaces safe spaces no matter the identities of the people.