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Sex majority & Sex Minority: A Useful Distinction for Health Equity?

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Content warnings 0

I am going to talk about reproductive biology in explicit language, and about the possibility of having one's reproductive biology misunderstood in ways that may cause harm.

I will also speak of erasure as it relates to gender minority experiences.

Introduction and situation of myself 1

Transgender, transsexual (gender-affirming hormones, gender-affirming genital reassignment surgery), and occasionally a drag performer

Epidemiologist, not a clinician

Social justice activist

Collaboratively work for the just and accurate representation of people with gender minority experience and sex minority experience (GSM)

Let's go on a journey…

Breaking the sex/gender binary, respect for all genders

Sex and gender are different things.

It makes sense to me to separate language of gender identity or its lack (agender, woman, non-binary, demi-boy, etc.) and gender modality (transgender vs cisgender), from the language of sexual biology (male-bodied, intersex, ovary, fertility, etc.).

A lot of my work is about gender minority experiences, and while minority gender identities, lack of gender and transgender fits into my talk today, so do cisgender and questioning, and gender binary identities.

Today I want to talk about categories of experience with sexual biology that are relevant to people of all genders.

The need for language to speak of bodies (& sex!) 3

When we speak of gender, we talk about social roles assigned to or affiliated with particular **gender identities**, as well as **self-identity**. Of course gender roles are often, but not always, assigned to an individual based on sex.

When I talk about sex here today, I am not speaking of **identity** but of **positionality**—concrete lived experience which is socially salient, and about which someone may be more or less self-cognizant. Income is an example of **positionality**: most Americans **identify** as "middle class," but a middle class-identified American in the **position** of earning $100,000 a year, lives a different reality than a middle class-identified American in the **position** of earning $35,000 a year.

Sex creates **positionalities** independently of gender. Today I want to direct attention to the positions **sex minority** and **sex majority**.

Sex is multidimensional, not one thing 4

When we, health professionals, but others also, speak of **sex**—as in "what is that person's sex?"— we tend towards the glib: there is male, and there is female, and if we are being uncommonly thoughtful, there are intersex categories of in betweenness, bothness, or neitherness. The End.

Except… what are we referring to? Gonads? A specific number of gonads? How well gonads produce gametes? Or if they do at all? Endocrine functions? Despite all the popular talk about "sex hormones," every human being produces estrogen, progesterone, and testosterone… so what *about* hormones specifically? And then there are hormone receptors, and patterns in the distribution of hormone receptors. So what specifically about them? Secondary characteristics like the geometry of the thyroid cartilage or development of the breasts? External genitalia? These all *vary*. They vary along with most aspects of reproductive biology. Which brings us to the next point…

No dimension of sex, no biological phenomenon that we would label as "part of sexual and reproductive biology" is binary: not one dimension comes in exactly two categories called "female" or "male."

Even, genetically, in the discrete language of Gs As Ts and Cs, there are uncommon karyotypes that are neither XX (female), nor XY (male).

We get through life with shorthand and assumptions to simplify the world, so dividing biology into "male" or "female" makes some kind of sense, but reducing any dimension of sex to "male" or "female" also discards nuance and relevant information.

Proposed concepts: *sex majority* vs *sex minority* 6

Sex majority experience: anatomy and physiology comport neatly within the binary sex categories **female** and **male**.
Sex minority experience: either anatomy or physiology or both do not comport neatly within binary sex categories.

Sex majority/minority status is dynamic: ***anyone*** with sex majority experience—who's body comports neatly with female or male—may shift to a sex minority experience, ***including you***.

Aside: This concept ***is not*** intended to displace or replace the concept of intersex, which has its own values. Sex minority is broader than intersex.

Reiterating: Sex majority and sex minority defines a **social *position***, not a **social *identity***.

Harms: Normative assumptions of binary sex categories

- Reproductive health care: assuming that someone might become pregnant, and therefore altering their treatment options (e.g., in radiology) due to erroneously perceived risk to future pregnancy.

- Health systems: There are many kinds of 'gender affirming care', even though I more or less occupy the gender binary, no insurance intake system has ever simultaneously recognized that I (1) have a prostate, (2) do not have a uterus or menstruate, (3) have developed breast tissue. On that latter topic, mammography screening policies are oriented towards *age*, instead of developmental age of breast tissue.

- Competency and standards: When can those making prescriptions make valid assumptions about the presence or absence of drug/hormone interactions?

Needs for recognizing sex majority & sex minority 8

Transgender people, and people with minority genders frequently experience erasure by others. Sometimes this is erasure about our bodies, even though every*body* has one. For care providers, sex minority and sex majority categories flag for soliciting the particulars of anatomy and physiology without assumptions attached to the categories “female” and “male” in order to provide competent care.

People with intersex conditions likewise would benefit from care tailored to the specifics of their actual bodies, rather than to assumptions about the categories “female” and “male” in order to provide competent care.

People with surgical or developmental variation in reproductive anatomy, or as a result of injury (e.g., one or no testicles, mastectomy, etc.), would benefit by care providers understanding the specifics of their actual bodies.

Flagging for sex majority or sex minority would indicate needs for asking specific questions about anatomy and physiology during routine care. For example, when asking considering prescription of drugs that increase the risk of blood clots, it could cue to ask questions about estrogen.

Routine collection of sex majority and sex minority could inform policies reducing health equities by directing attention to decisions and practices that interact with reproductive biology.

I invite you to reflect

1. Please take a moment to reflect on one or more of your own experiences where the concepts of 'binary sex' has collided with the reality of your own experience in service provision, received care, or research.

2. Please take a moment to share specific experiences of harm, or of working successfully to avoid experiences of harm with people who have sex minority experience.

3. Can you see routine use of the sex majority and sex minority categories as useful in your own work?

Coda: health equity & sex majority/sex minority status

Population health equity framework, looks for (1) health disparities between two populations, that (2) are health inequities because they are caused by some social mechanism which is both unfair and unnecessary, and which are (3) eliminated or ameliorated through policies countering the social mechanism.

Representation is a necessary and indispensable component of health equity work. Are *sex majority* and *sex minority* useful representations?

It seems to me that without some kind of representation along these lines, we would not succeed in health equity work striving for minimal disparities between sex minority and sex majority populations.

Bonus slide! How operationalize sex majority/minority?

If a sex majority/sex minority indicator, say, in a health system, or research would be useful: how does that box get checked?

What is a respectful and person-centered way of asking some variation of "does your body not always fit expectations about what female or male anatomy or physiology is?"