Editorial

Pronouns and PAG

I confess that I really enjoy grammar, and have a passion for the English language and its words, phrases, clauses, sentences and parts of speech. I attribute this to my mother's similar enthusiasm, no doubt inculcated in me at a young age. When I started to learn to speak French in elementary school, I remember being puzzled that French nouns had grammatical gender. Why are some French nouns feminine (the table, la table) and others masculine (a book, un livre)? It doesn't make sense to me, and to this day I struggle in my attempts to learn the grammatical gender of nouns in other languages. I remember being an early fan of gender-neutral language, when descriptors like the "mailman" made no sense when applied to a female mail carrier. But unlike English nouns, English pronouns *are* gendered.

I claim the pronouns she, her, and hers for myself, and ask you to use them when you speak of me. I have a button attached to my name badge at work that announces this to the world. My email signature includes these pronouns. I wear the badge and email signature with pride and in solidarity with my transgender and gender nonconforming colleagues and patients, and it is standard practice in our clinic to inquire about preferred name and pronouns. I am working on moving away from the term "preferred gender pronoun," as it has been noted that the term "preferred" may minimize the importance of the chosen pronouns.[1] I firmly believe that it is every individual's right to be called by whatever name and pronouns they may choose to use. I respect that choice, even when I find my tongue tripping a bit over my grammar when one of my patients chooses "they" as their non-binary identifier.

In this issue of the Journal of Pediatric and Adolescent Gynecology (JPAG), we publish the first review in a series, entitled Medical Options for Care For Gender Diverse and Transgender Youth: Updates for Gynecologic and Reproductive Health Providers: Psychosocial Overview of Gender Affirmative Care.[2] Those of us who care for the gynecologic needs of children and adolescents see transgender and gender diverse youth in our offices. Many of these individuals have complex health needs, including mental health as well as medical needs. A gender affirmative approach is important to these youth, as depression, anxiety, suicidality, eating disorders, and autism spectrum disorders occur more frequently in this population compared to age-matched peers. The dysphoria that some of these individuals face related to genital anatomy and menstrual function may lead them to our offices where gender-related concerns may first be identified. The American College of Obstetricians and Gynecologist (ACOG) Committee Opinion from the Committee on Adolescent Health Care states that obstetrician-gynecologists should understand gender identity and be able to treat or provide referrals for appropriate medical and surgical therapy.[3] This JPAG review by Wagner and colleagues describes a gender affirmative care model that differentiates between gender identity and assigned sex, while recognizing that gender identity may be fluid or may not conform to a binary construct of male or female.

Gender affirmation includes ascertaining an asserted name and pronouns, as well as understanding concepts of social, legal, medical, and surgical affirmation. Stressors for gender minority youth can result in mental health concerns that are not inherent to their transgender identity, but to external factors such as stigmatization, victimization, and the potential for social and familial rejection. The JPAG review outlines the psychosocial challenges faced by sexual and gender minority youth, as well as the need to foster resiliency.[2] Issues addressed in the review include the challenges of "coming out" and the importance of family support. The article also includes a list of resources for clinicians and families.[2]

While the grammarian in me still has to practice using gender-neutral pronouns such as "they" and "ze," I acknowledge the importance of doing so, and continue to practice these terms. I look forward to highlighting the subsequent reviews on medical and surgical care of gender diverse and transgender youth to be published in upcoming issues of JPAG.

One of the aspects of gynecologic care for some of the young transgender men or transmasculine individuals we see in our clinical practices involves menstrual suppression, particularly if monthly menses contribute to gender dysphoria. JPAG is pleased to have released a supplement on Adolescents and IUDs, with Eduardo Lara-Torre as the guest editor. The supplement is Eduardo's swan song with the journal, as he has now stepped down from his role as Deputy Editor of JPAG to focus on his year as NASPAG president and his other duties at his home institution and nationally. Included in this excellent supplement, which I commend to your attention, is an article by Pradhan and Gomez-Lobo titled, Hormonal Contraceptives, Intrauterine Devices, Gonadotropin-releasing Hormone Analogues and Testosterone: Menstrual Suppression in Special Adolescent Populations.[4] In this article, one of the special populations that they address is transgender and gender nonbinary patients who may request or desire menstrual suppression.

This JPAG issue includes the usual spectrum and potpourri of topics. It is my goal that each issue contain

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a sufficient breadth of topics so that each reader can find something of interest and importance to your practice. Happy reading, and may JPAG inform your clinical care.

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