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Sexual health activism: the motivations of near-peer volunteer educators working to promote positive understandings of gender and sexuality in UK secondary schools

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Abstract

This paper explores and theorises education-based workshops delivered in secondary schools in support of a relationships and sex education curriculum that aims to bring forth more positive understandings and experiences of gender and sexuality. We cast this work as a form of sexual health activism, with our paper deepening understanding of how the motivations of those engaged in this form of activism interface with the decision to invest time in this work. Based on interviews with 40 workshop facilitators in England and Wales we argue that this form of sexual health activism is motivated by facilitators' life experiences as well as the desire to make the world a better place. As such, this form of work can function as a means of 'caring for' both past selves and future generations, thus functioning simultaneously as a form of self-care and a form of 'societal care-work'. Ultimately, these activities may be understood as a form of 'extra-clinical' healthcare practice, with leading gender and sexual health workshops serving as an important means of solidifying health students' identities as both healthcare providers and activists for social change.

Keywords: relationships and sex education, health activism, sexual health, gender activism, feminist activism

Introduction

Misogyny, homo-, bi- and trans-phobia are now recognised as issues of high social importance in the UK and beyond. While the *#MeToo* movement began to raise awareness about sexual harassment in the 2010s, in 2021 these issues achieved an even higher profile in the UK with the shocking rape and murder of Sarah Everard by a British Police officer and the murder of London schoolteacher Sabina Nessa. These events led to a public outcry about the pervasive and long-standing patterns of gender-based violence in UK society through vigils, marches and protests, while the UK-based 'Everyone's Invited' campaign, begun in 2020, has shone light on the extent of gender and sexual violence experienced by school children specifically (www.everyonesinvited.uk).

Harassment and violence against women and members of the LGBTQI+ community constitutes a serious public health issue and is associated with a range of different forms of mental and physical ill-health, including depression, anxiety, trauma, poor-sleep and agoraphobia (Buchanan and Ormerod 2002; Dhillon and Bhakya 2014; Fileborn and Vera-Gray 2017; Logan 2015). Moreover, gender violence is shaped by intersectional difference, with women of colour, lesbians, trans-women and women with disabilities experiencing higher levels of violence than white, cis-gender women (Buchanan and Ormerod 2002; Nielsen 2009; NUS 2014; Revolt Report 2018). In addition, 90% of gay and bisexual men as well as people who are non-binary also experience harassment and other forms of gender violence (McNeil 2012). After Lang, we argue that homophobia, transphobia and bi-phobia need to be understood as forms of gender violence as they target those whose identities challenge cis-genderism and hetero-patriarchy (Lang 2002).

Within this cultural context, Relationships and Sex Education (RSE) was made an obligatory component of the national secondary school curriculum in England in 2020 and in Wales in 2022, in an effort to combat these problems. Both policies stress healthy and safe relationships; emotional wellbeing; respect, trust and rights. Both recognise gender diversity and LGBTQI+ experiences (Atkinson et al. 2022), aligning RSE with UK legislation recognising equal rights for all citizens regardless of gender, sexual orientation or gender identity (Equality Act of 2010). Both respond to research indicating that UK secondary students want more attention paid to issues of gender and sexuality in their classrooms (Bragg et al. 2020; Forrest et al. 2004; Hirst 2004), and that in the 2010s many felt their RSE was heteronormative, misaligned with young people's lived experiences, and often poorly delivered (Pound et al. 2016).¹

¹ The policies also have some differences, with English guidelines placing more emphasis on 'the facts and the law' about sex and sexuality and the ability to differentiate between positive and negative/unacceptable relationships. This is done by highlighting the role of kindness, consent and respect in positive relationships; the importance of boundaries and privacy; and the ability to recognise harmful relationships including abuse, grooming and sexual exploitation. In contrast, Welsh guidelines put more emphasis on relationships and identity; equity and equality and positive understandings of relationships and sexuality, while emphasising a 'whole school' approach to the delivery of RSE (Relationships Education, Relationships and Sex Education (RSE) and Health Education: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090195/Relationships_Education_RSE_and_Health_Education.pdf [accessed 07/11/2022]; Relationships and Sexuality Education (RSE): statutory guidance. Accessed

While some schools have the capacity to deliver high-quality RSE by their own teaching staff, others outsource this teaching to be delivered on a volunteer basis by representatives trained by one of a number of national sex education charities. Within this format, trained university student volunteers (often medical or other health students) deliver relationships and sex education in teams of two ‘near peer’ instructors in the form of discussion-based workshops. This has been found to be a very effective method for imparting knowledge and changing attitudes relating to sex and relationships (Sun et al. 2018). The near peer format also responds to young people’s dislike of teacher-led RSE due to concerns surrounding anonymity and feelings of embarrassment (Pound et al. 2016). Outsourcing RSE to volunteer groups also helps young people identify clearer boundaries and the near peer approach helps content feel more in touch with the lives of young people (Sun et al. 2018). These volunteer workshops go beyond the traditional fare of pregnancy and STI prevention; they situate sex within broader cultural and ethical frameworks of the importance of gender, power, sexuality, consent, equality, respect, communication and pleasure in the contexts of both heterosexual and queer sex. Despite the proliferation of volunteer-led sex and relationships workshops since the passage of the 2020 and 2022 guidance, little is known about how these activities work. This paper extends understanding about these workshops through an exploration of the motivations of workshop facilitators.

We posit these workshops as a means to bring forth more positive understandings and experiences of gender and sexuality in the UK and suggest that this work can be understood as a form of *sexual health activism*. We build on existing knowledge by exploring what motivates facilitators to undertake this work, thus extending understanding of health activism as a lived practice. Drawing on a robust empirical base of semi-structured interviews with 40 workshop facilitators in England and Wales we argue that this form of sexual health activism is motivated both by volunteers’ life experiences and the desire to make the world a better place. As such, we argue gender workshops function as a means of ‘caring for’ both past selves and future generations, thus functioning as both self-care and ‘societal care-work’. Given how many volunteers are in medical school or health care professions themselves, we also suggest this work can be understood as a form of ‘extra-clinical’ healthcare practice, and that it can serve as an important way of solidifying volunteers’ identities as healthcare providers.

Our study seeks to advance debate across several disciplines, feeding into to discussion about gender violence and strategies of combatting it; sex education; health activism; and the theorisation of activism. While there is not scope to explore each of these significant literatures here in their entirety, we focus on the synergies and points of connection between them. We base our analysis on classic and contemporary feminist geography scholarship that frames misogyny and homophobia as a ‘spatial expression of (hetero) patriarchy’ (Valentine 1989, 315), the practice of which denies women and other feminised subjects a right to everyday life (Beebejaun 2017). As such writing has argued, ‘everyday’ expressions of misogyny and homophobia such as harassment and sexist banter are linked to more serious forms of gender violence by creating a climate which normalises the degradation of women and other feminised subjects such that more common forms of gender violence function as cultural and symbolic ‘scaffolding’ for more serious events (Kelly

1988 in Anitha and Lewis 2018, 1). Scholarship has flagged both classrooms and digital spaces as sites for combatting misogyny and homophobia through education-based programmes at the secondary school level (Lewis et al. 2018; Ringrose et al. 2021). EJ Renold has undertaken arts-based feminist activism directed at bringing about more positive gender cultures with school students in the Welsh Valleys (Renold 2019), and Ringrose et al (2021) have explored school girls' experiences of on-and off-line sexism, and piloted an intervention to promote digital feminist activism in two UK schools that can be delivered within the envelope of relationships and sex education (Ringrose et al. 2021).

This field also builds on scholarship in sex education. While, again, a complete synthesis of this field is beyond the scope of this paper we would like to flag some of the key points that have been made about sex education in the UK context. As Forrest et al (2004); Hirst (2004) and Hirst (2013) all note, most relationships and sex education in the UK has traditionally focused rather narrowly on contraception and disease prevention. While noting the importance of these topics, scholarship has stressed the need for relationships and sex education to also address questions of managing relationships, sexual pleasure, equality, the importance of communication and activities other than penetrative and heterosexual sex (Forrest et al. 2004; Hirst 2004; Hirst 2013).² This work stresses the importance of recognising young people's sexual agency, and the fact that young people desire more opportunities to learn about these topics in school (Forrest et al. 2004; Hirst 2004). It further notes the advantages of delivering relationships and sex education in a format that is discussion-based and acknowledges students' realities and experiences rather than in a lecture format (Hirst 2004).³

Scholarship from within and beyond the UK has shown how teachers' life experiences can shape how they approach relationships and sex education and that this work can advance their personal development (de Haas and Hutter 2022; Johnson et al. 2014). Likewise, this writing has shown how life experience (including gaps in one's own education) can also motivate those who teach relationships and sex education in a peer-to-peer capacity (Bowling et al. 21), and that this work can be motivated by an altruistic desire to 'make the world better' (Rees et al. 2014). We extend this work by exploring the motivations of near-peer volunteers delivering relationships and sex education in England and Wales since this teaching has become mandatory in schools.

A further field of scholarship on which this builds is health activism. The concept of health activism emerged in the 1990s as a way to recognise a particular form of health communication which Geist-Martin et al. (2003) define as: acting to improve the health of a group; improving responsibility for one's own health or acting to change health policy. Building on this, Brown et al. (2004) cast health activism as a process of direct action intended to challenge existing medical practice and bring more democracy to the process by which medical knowledge is formed, with key areas historically focusing on breast cancer awareness

² For a review of healthy relationships education in Wales in 2017, see: "A review of healthy relationships education." Accessed November 7 2022. www.estyn.gov.wales/thematic-report/review-healthy-relationships-education

³ For a view on sources of information about sex based on the National Survey of Sexual Attitudes and Lifestyles, see Tanton et al. 2015, and for information about young people's experiences of RSE in the UK see the Sex Education Forum. Accessed November 7 2022. www.sexeducationforum.org.uk/resources/evidence

and HIV-AIDS treatment (Zoller 2005). This definition, in contrast to that of Geist-Martin et al. (2003), introduces the idea of challenging existing (cultural and medical) paradigms, thus aligning health activism more closely to other forms of activism (Laverack 2013).

Building on this, Heather Zoller (2005) avers that health activism involves challenging existing power dynamics that impact health negatively, with key goals including changing social norms and improving public health, amongst other objectives (Zoller 2005). Parker et al. (2012) extend this, noting that health activism also serves an important function of flagging up (and seeking to redress) health inequalities. Based on analyses of peer-to-peer health activism in the context of HIV, Convey et al. (2010) argue this work can be motivated by an altruistic desire to look after others, while Milburn (1995), drawing on early peer-led interventions in sexual health, argued this work promoted self-development and self-care. Gender violence is fundamentally bound up with patriarchal and heterosexist norms and leads to gender-based health inequalities, with the vast majority of mental and physical health problems caused by gender violence being carried by women (including trans women), gay and bisexual men and people who are non-binary. We therefore aver that efforts to redress this problem constitute a form of sexual health activism.

A final field of scholarship on which this work builds is that on the theorisation of social activism more broadly. Drawing on the work of Joan Tronto and Bernise Fisher, Bond et al. frame activism as motivated by an ethic of care, with care here understood as: “everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Fisher and Tronto 1990, 40 cited in Bond et al. 2020, 757). As well as being motivated by an ethic of care, scholarship has also noted the importance of self-care work for activists as a means to address the emotional labour that activism can require (Barker et al. 2008; Chatterton 2006; Jasper 2018; Pulido 2003; Wright 2010). This work advocates for the importance of approaching activism as a deeply emotional experience (Bosco 2007; Brown and Pickerell 2009; Juris 2008; Pulido 2003), and, specifically, calls for an exploration of how interior lives drive activist practices (Bond et al. 2020, 751). Advancing conceptual innovation in this field, we synthesise work in this area and build on the work of Fisher and Tronto to advance a theorisation of activism as ‘societal care work’ to signal the forms of (unpaid) social and spatial practices aimed at making this (and future) worlds fairer and kinder.

In this paper we build on these four literatures by responding to Bond et al.’s invocation to query how activists’ lives and pasts shape their decision to invest time in this work. While health activism has been theorised as an important means of combatting health inequalities, we know very little about the motivations or interior lives of those engaged in such work: this research helps fill this gap.

Methods

This research draws on data for a larger project on education-based initiatives to bring forth more positive gender cultures in secondary schools and universities in the UK. This project was undertaken collaboratively between an academic (KB) and a medical student at a Russell Group University (IW), with assistance from a further medical student Lucy Willis (LW) who helped with data collection. The medical students were also themselves workshop facilitators working for a national sex-education charity delivering near peer workshops in secondary schools, making this a collaborative project between academics and scholar-activists. The project entailed 40 semi-structured interviews with workshop facilitators working in secondary schools and universities in the Southwest of England and in Wales, with 30

interviews conducted by KB and 10 interviews conducted by IW and LW.⁴ Secondary school level workshops were delivered by university students or recent graduates under the auspices of one of four sex education charities and one independent workshop provider⁵. The sessions they delivered were within the curriculum envelope of Relationships and Sex Education, which was made a mandatory component of the secondary school curriculum in England 2020 and Wales in 2022.⁶

Because some of the sex education charities for whom our participants worked have requested to remain anonymous, we cannot reveal the names or details of the specific organisations for which participants worked. Secondary school workshops typically explore concepts of gender norms and understandings of masculinity and femininity; power in relationships; intersectional power and the idea of enthusiastic consent. While some sessions included more traditional relationships and sex education programming with a focus on pregnancy prevention and sexually transmitted diseases and how to prevent them (depending on what the school had already delivered), they also covered the idea of respect and equality for people of all genders and sexual orientations and, importantly, the concept of equality of sexual pleasure (thus supporting UK policy which forbids discrimination based on sexual orientation or gender identity). Workshops were thus sex-positive, anti-homophobic and anti-transphobic in orientation. All the participants with whom we spoke had received training in workshop facilitation in which the focus is on curating a safe, inclusive environment and letting young people guide their own learning. This is done through the establishment of 'ground rules' around respect and anonymity, open conversation, inclusive and gender-neutral language and interactive activities rather than lecturing. The aim is to create engagement, identify gaps in knowledge, initiate conversation and consolidate understanding.

Our interviews focused on participants' experiences of running workshops and their motivations to undertake this work. Interviews were conducted between 2020 and 2021 and because of the timing of this work during the COVID-19 pandemic, all but 5 were conducted by Zoom. Regarding recruitment, our participant pool was built through a combination of snowball sampling (Cresswell 1998) and following trails from cold-calling relevant student organisations at six universities in the Southwest of England and South Wales, as well as word of mouth recommendations from participants to additional sex education charities. We tried to recruit participants from two further universities in this same geographic region but these

⁴ Between the fact that this work is nearly all done on a volunteer basis, that new organisations are starting all the time (and others are closing) it is difficult to know the exact number of volunteers delivering RSE workshops in the UK, however we estimate this number to be between 800—1,000. This estimate is based on the number of providers registered with the Sex Education Forum. Accessed 14 August 2022.

<https://www.sexeducationforum.org.uk/about/partners>

⁵ Since Relationship and Sex Education (RSE) became mandatory in all secondary school students in England a small number of 'sole trader' workshop providers has emerged to deliver classes on a sliding-fee scale to council and fee-paying schools. These individuals typically had previously worked for one of the larger sex-ed charities and typically had additional related credentials such as post-graduate degrees in gender studies or allied fields behind them.

⁶ Because some of the workshops explored here were conducted prior to these legislative changes, the activism we discuss arguably began independently of these policy changes.

queries were not returned. All our queries to representatives from sex education charities were returned and resulted in interviews. Our sample was comprised of 29 women and 11 men. Over 65% had a background in healthcare: 40% were in medical school and just over 25% had a background in nursing, sexual health or domestic abuse services. 46% identified as heterosexual, 29% as queer, bisexual or pansexual, and 25% as gay or lesbian. 39 identified as cisgender and one identified as non-binary. 35 (87%) were white-British and 5 (13%) were Black or other Ethnic Minority, roughly mirroring the UK population which is about 14% Black or other Ethnic Minority (diversityuk.org), and just under the NHS workforce which is 22% Black or other Ethnic Minority (ethnicity-facts-figures.service.gov.uk).

While university students in the UK tend to hail from higher-income families, 75% of our participants came from working-class backgrounds (as self-reported verbally by participants in response to the question ‘what do you consider your social class to be’?) though most reported that they ‘felt more middle-class’ since attending university.

The project received ethical approval from Cardiff University and was supported by a small grant from Cardiff University. Interviews were all audio-recorded and professionally transcribed. Taking a grounded analytical approach, at intervals through the data collection process the authors discussed themes as they emerged, and the interviews were then thematically coded by these themes.⁷ In addition to exploring themes which emerged most frequently, after Lewis et al. we were also inspired by facet methodology (after Mason 2011) in which data may be conceptualised “as a cut gemstone” (Lewis et al. 2018, 6) in which insights can sometimes be revealed in flashes (rather than simply by how often a theme arises). This can occur, for example, through an especially poignant observation or statement, in the context of becoming increasingly familiar with the data from spending significant time with it (Mason 2011). This guided our selection of participant quotations which help illustrate our findings.

Our subject positions are (respectively): a mid-50s, heterosexual academic who is married with a teenage child; and a mid-20s, queer and partnered medical student. We are both white, middle-class cis-gender women. Our orientation to this research was further shaped by our own desire to bring forth more positive gender cultures, as well, in the case of KB, as having given workshops of this kind herself in the mid-1990s. All of these markers – including being queer, having a teenage child, and having done work like this ourselves at different points in time-- shaped how we approached this research, shaping our ability to understand and appreciate this work as well as our access (and limits to access) in relating to participants and their narratives. After Taguchi, we would describe our engagement with the project as a defractive one, in which our views and understandings of the world not only shaped the research but were themselves affected and changed (and sometimes challenged) by the research process (Taguchi 2012).

Findings and Discussion: motivations to undertake sexual health activism

Life history

⁷ Other themes were evident in this data but which it is beyond the scope of this paper to explore include the emotional labour the work involved and the curation of tone or atmosphere within the sessions.

We will now turn to discuss our findings, focusing on the motivations to undertake this form of sexual health activism, the role it can play within broader processes of identity-formation as a healthcare provider, and the kinds of social-care and self-care it can deliver. For many participants, their own life history was a powerful motivator in the decision to devote time to cultivating more positive understandings and experiences of gender and sexuality. Take for example participant 21, who was currently working as an Equality, Diversity and Inclusion Lead for his University but had previously worked as a clinical nurse caring for people with HIV, in which capacity he had suffered abuse including being pelted with eggs on his way to work. As he told us: “I can certainly say I can understand and advocate for people who are in less privileged positions, because I’ve seen that myself as a gay man in those years, both personally and professionally when things weren’t always good for gay people.” Reflecting on how his current job and career history related to his upbringing, he observed that:

it’s also been the perspective for many, many gay people, is that I lived in rural Ireland... and had a very intense Roman Catholic upbringing which conflicted hugely with my own identity. So, I had to flee the parental home as soon as I could... and go seek the bright lights of the UK where it was more liberal than Ireland.

This narrative both shows the power of life history to shape career and volunteer choices throughout life, and resonates with scholarship which has highlighted the trend of LGBTQI+ young people moving to larger cities in order to find more accepting communities (Gorman-Murray 2007; Keene et al. 2017; Weston 1995). This participant was not alone in noting experiences of discrimination as a young non-heterosexual person as a motivating factor to invest time in gender (and specifically anti-homophobic) activism. In addition to discrimination stemming from religion, as noted above, participants also noted being affected by state-sponsored discrimination, as from the explicitly homophobic piece of legislation known as ‘Section 28’⁸ which forbade local authorities from presenting homosexuality as a ‘pretend family relationship’ that was in force between 1988 and 2003 in the UK. As participant 32, a lesbian-identified woman who had grown up in the Midlands in the 1980s shared with us:

the motivation (was) my own personal experience where I was a teenager growing up in the UK. I started secondary school literally smack bang at the same time that Section 28 came into force. So that meant I had no support really from teachers in school because they weren’t allowed to talk to me about alternative relationships. (I) remember it feeling incredibly isolating...to go through those formative years knowing there was... nobody I could talk to has really shaped my life experience and that desire to help others and for people to never have that feeling of ‘where do I turn?’

In addition to discussing the impact of broader cultural contexts of homophobia in narrating their journeys to this form of sexual health activism, many participants discussed their own experiences of relationships and sex education in school. These were characterised as almost universally unhelpful, with comments such as: “my own (sex-ed) was rubbish” (participant 1);

⁸ Section 28 was a clause of the Local Government Act of 1988.

“quite frankly this is more sex-ed than I got” (participant 8), and “my sex-ed was so bad” (participant 16). Participant 12 echoed this, noting: “I went to a comprehensive school in the Northeast. Our sex-ed was ‘please don’t get pregnant, please get your GCSEs before you get pregnant, please’”, underscoring the myopic focus of her relationships and sex education on pregnancy prevention and little else, and echoing the work of Pound et al. (2016). These comments illustrate the points made Johnson et al. (2014), Bowling et al. (2021) and de Hass & Hutter (2022) about how previous life experience (including gaps in one’s own education) can shape how educators approach teaching relationships and sex education.

Several participants also located their own lackluster experiences of relationships and sex education within broader cultures of lack of recognition of gender-based violence and homophobia in their secondary schools. As participant 3 observed, gender violence was: “not something we talked about in school”, while this comment was echoed by participant 5, who noted: “when I was at school it was such a taboo subject that I don’t even think that, you know, even if the #MeToo campaign had had been around, I just don’t think it would have been talked about in lessons”, echoing the work of Sun et al. (2018). Meanwhile participant 36 shared that: “a lot of (my) friends struggled with gender identity and sexuality... and there was just no education or advise on how to deal with that”; while participant 25 commented on the acceptability, only a few years ago when he had been in school, of saying ‘oh that’s gay’ as a put down.

Through these reflections many participants also remarked on how much they perceived things to have changed in recent years, based on their experiences as workshop facilitators. As participant 7 (in his early 20s) noted: “I do think that, like, this is a whole new generation... like I think maybe between (my) age and four years below me, it’s sort of a generation and I think there is that change .. I find that now a lot of students are very much aware of the pronouns and, like, equality”. Participant 10 observed that “compared to when I was at school... there’s just so much less stigma around it (homosexuality) now”, while participant 16 echoed this sentiment with her comment that “I’ve had (secondary school) students...who’ve been LGBT and it’s been like a really open topic... which is amazing to see... it was never like that when I was at school”. Drawing some of these points together participant 4 observed:

(It’s) not even that long ago for us, I do feel like there’s a massive difference, even now going into the schools we go in, to *my* experiences in school. And like I went to a co-ed school and feel like when we were taught, like, sex ed and stuff it was very heteronormative and I didn’t really... there wasn’t many people at my school who were openly a different sexuality or... had gender interplay or anything like that. It was just sort of like ‘boy, girl... straight

In these reflections, we can see the spectre of participants’ younger selves in how they understand the work they are doing now. We see both how much views on gender and sexuality appear to have changed in the space of just a few years, as well as how the practice of running workshops can serve as a means by which participants reflect on their own experiences of school, relationships and sex education, and coming of age.

Extension of identity as a health-care provider

A further theme evident in the data was the idea of workshop-leading as an extension of participants' (current, past or future) identities as healthcare providers. For example, participant 13 cast his volunteering as motivated by a desire to "make a positive impact on the community ..alongside my medical degree". This was echoed by participant 20 who noted "that is probably the nurse side of me now, but I wanted to be more altruistic", in regards to her work in sexual health activism, echoing the point made in the literature about the frequency of altruistic motivations in doing health activism (Convey et al. 2010; Rees et al. 2014). Meanwhile participant 8 put it simply "I medic them so much" in reference to her orientation to workshop participants, suggesting that her work as a workshop-leader may have also played an identity-producing function, reinforcing her (university and clinical) efforts to become a doctor through this extra-clinical health-advocating volunteer work.

Moreover, in cases where gender workshops were delivered within medical schools this work was also cast as a means of making medical training more inclusive. As participant 6 noted: "I'm gay and I know that many of our queer students won't have had any sexual health education". This observation sat alongside discussion about how medics and medical students who have themselves experienced gender violence can practice self-care in situations in which they may need to help patients who have experienced gender violence. Similar sentiments were noted by participant 21 who noted: we wouldn't be able to confidently say we're preparing our future healthcare practitioners to... have an understanding of LGBT lives, and particularly to understanding a lot of the added stressors LGBT people (experience)", going on to note that "It's obvious that even in health and social care this⁹ isn't being addressed to the extent that it needs to be". A similar sentiment was echoed by participant 20 who averred that "we assume that, you know, an environment in healthcare is always supportive but actually that's not the case". In these comments we see how facilitating gender workshops can serve as a means of pushing medical schools to be more inclusive, welcoming and aware of a fuller range of genders and sexualities.

Desire to make things better for future generations

Finally, we argue that the decision to undertake the kinds of sexual health activism considered in this research was intimately bound up with the desire to make things better for future generations. Linking back to our point about the role of life-history in the decision to undertake health activism, participants' desire to spend time on this work was often linked to wanting to spare others what they had lived through. As participant 20 disclosed, "I had previously been involved in what I would think of as an abusive relationship. It was some years ago but it's something I think ... I was keen to sort of help other people that might be in that position in terms of colleagues or students really." This was echoed by participant 12 who disclosed that she was a survivor of sexual assault, reflecting that at age 17 she was not aware what abuse within a relationship looked like and that this experience had rendered her: "passionate about making things better". Participants 4 and 9 put it bluntly but succinctly with their respective reflections: "We're doing this work because we wish we had it when we were younger", and simply: "I want your experience to be different from mine", echoing the concept of the ethic of care discussed by Fisher and Tronto (1990).

Importantly, this 'generational talk' was intertwined with faith in the power of this work to make things better for future generations. As participant 16 put it: "I think as part of

⁹ That is to say, awareness of LGBTQI+ -specific mental and physical health issues.

our charity we have a really unique opportunity to ... inform the next generation of society in a slightly different way". Participant 2 echoed this sentiment, noting: "I hope that when we bring up our children, they'll know from age one that they can love and they can date and they can have sex with whoever they want to", upping the ante from making things better for future generations in general to improving things for one's own (future) children. Sentiments such as these echo findings in the literature about the sense of moral obligation to future generations (including one's own children or grandchildren) as a motivation for activism (Bond et al. 2020, 756).

Herein we have explored some of the motivations for undertaking this form of healthcare activism to challenge misogyny and homo, bi- and transphobia at a 'society-wide' level. We have argued that this form of sexual health activism can function as a form of identity work, feeding into broader processes of building identities as healthcare practitioners within the time and space envelope of medical school, and that this work can serve as a means of caring for activists' younger selves. Time and again activists' younger selves and things that had happened to them were invoked in our discussions as a reason for why activists did the work they did. For some activists at least, we suggest this work serves as a means of proactively responding to hard, bad or painful things that had happened to them by actively working to change the kinds of discrimination that had led to their harm. In such cases we suggest health activism can function not only as a means of societal care work, but as a means of healing past wounds (and thus a form of self-care) on the part of activists themselves.

And finally, while the timeframe for the kinds of changes participants were seeking was sometimes cast in terms of 'future generations', there was also a sense that the time for making such changes was actually right now. Especially given how much has changed in just a few years in terms of attitudes about gender and sexuality, the view of many participants was: why wait another generation? As participant 32 put it in regard to working with medical students to challenge sexism, racism and homophobia in healthcare environments: "*We're the next generation, you're the next generation, you know, you're in a place to be able to stop this cycle*".

Discussion and conclusion

In the context of rising societal concern about misogyny and homo, bi- and trans-phobia, we argue that gender workshops provide a means of discussing both issues relating to gender and sexuality, and promoting sexual and gender equity within an LGBTQi+ positive framework that don't exist elsewhere. We suggest that understanding what happens in these workshops constitutes an important new research agenda warranting scholarly attention. Based on our research with 40 workshop facilitators through an inter-disciplinary approach that included both academics and scholar-activists, this research extends existing knowledge by theorising what makes these workshops happen by exploring facilitators' motivations to undertake this work. On the one hand, we argue that this work is motivated by an activist-informed desire to "make things better" for others (including both future and current generations) based on what workshop facilitators had themselves experienced, thus functioning as a form of societal care work. On the other hand, we argue that this work can also function as a means of self-care, through practices that may serve as a kind of balm for hurts experienced by past-selves. While scholarship has noted the importance of self-care as a means of coping with the emotional labour of activism itself (Barker et al. 2008; Bond et al. 2020; Bosco 2007; Brown

and Pickerell 2009; Jasper 2018), to our knowledge the proposition that activism can serve as a means for activists to address past hurts of their own is new.

Finally, we suggest this area holds significant potential for further research. By way of conclusion, we suggest that more work is needed to understand the kinds of practices and activities that may be required to bring for more positive and inclusive gender cultures. Specifically, more research is needed to understand the kinds of emotion-work needed to make gender workshops successful; how gender workshops are received by the young people who participate in them; and the role of men in these and other initiatives to fight gender violence and bring forth more positive gender cultures.

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Declaration of Interests

The authors have no conflicting interests to declare.

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