# Moving towards decolonising a curriculum:

## Gender, Sexuality and Sexual Health module

## A Course Review

## University College London

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# Overview

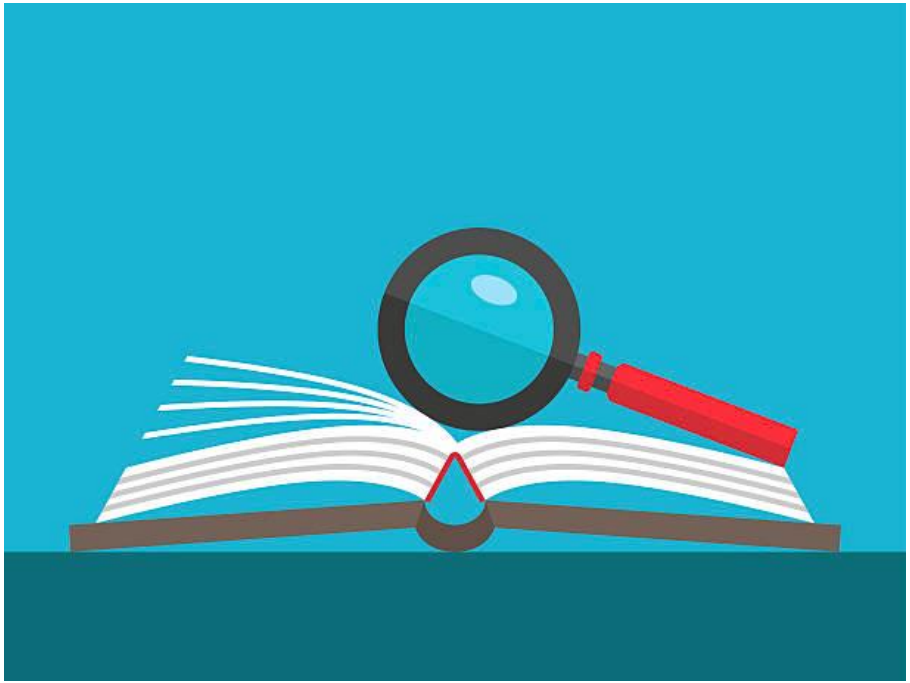
- Define key terms
- Decolonisation in academia
- Decolonising the Sexual Health, Gender & Sexuality Module
- Key findings:
  - Designing a module from a decolonizing perspective
  - Delivering a module with decolonizing practices
  - In ‘practice’
- Lessons learned & Take-aways
- Questions?

In **breakout rooms,** discuss how you **understand** and **define**:

# Colonisation

# Decolonisation

You have **5 minutes**, we will pop in the rooms to see whether you need more time.



# **Feedback –**

How do you understand and define **decolonising** (academia)**?**

# Definitions: Colonisation

**Colonisation:** the action or process of settling among and establishing control over a group of indigeneous people of an area and appropriating/exploiting them and their domain for one's own use [Annabel Sowemimo, UCL Sexual Health module]

Examples of changes brought to indigenous people:

- Language changes, renaming places and people
- Changing construction of knowledge, religion/beliefs and history
- Tribalism, racism, colourism, dehumanization (discrimination)
- Beauty standards, gender roles
- Enforcement of hierarchies

## Definitions: Decoloniality vs Decolonisation?

**Decolonisation:** the action or process of a state withdrawing from a former colony, leaving it independent (Oxford language dictionary) - **physical, political** shift of power

**vs.**

**Decoloniality:** is a commitment to a praxis of **undoing, unlearning, redoing, and relearning** to create societies free from the remains of the colonial era in their **culture, education and institutions** (Anibal Qujiano, Peruvian sociologist)

With rising popularity of “decolonising academia” movements, the two terms are starting to be used interchangeably

# Decolonising Academia: Movements

**Black Lives Matter (Sanford, 2013)**

International sociopolitical movement against racism, police brutality, discrimination and inequality; sparked by police shooting of 17-year-old Trayvon Martin in Florida

**Rhodes Must fall (Cape Town, 2015)**

Call for removal of statue of Cecil Rhodes (known coloniser) → sparks South African movement to "decolonise education" and address institutional racism

**Why is my curriculum white? (UCL, 2015)**

addressing UCL white and eurocentric academia (course content, readings, lecturers etc.), lack of diversity, institutional racism, history of eugenics and colonial ties

Dismantling the Master's House (UCL staff and students)

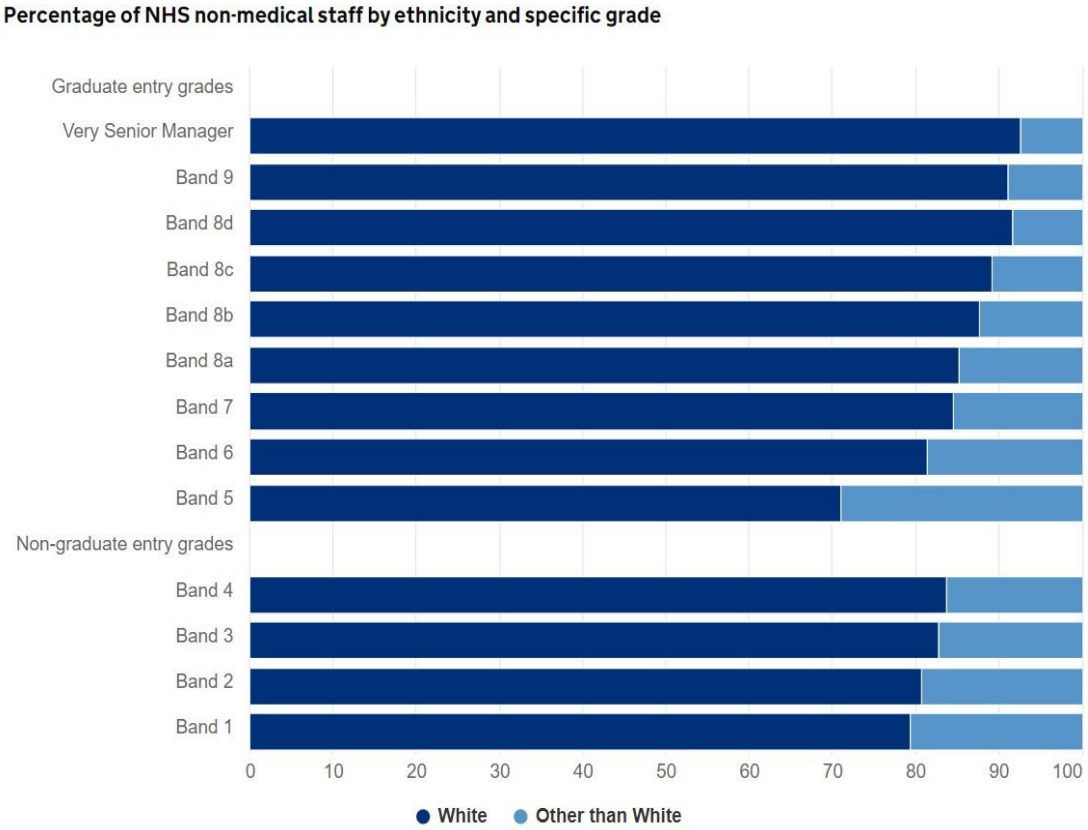
https://www.revolutionpermanente.fr/Partie-1-Le-mouvement-RhodesMustFall-et-l-emergence-d-une-nouvelle-generation-politique

# State of NHS Workforce and Medical Education

# The NHS workforce

For NHS medical staff**,** a higher percentage of **junior doctors** were from **Black, Chinese, Mixed or Other** ethnic backgrounds compared with senior doctors. (Ethnicity facts and figures - NHS workforce, 2020)

**16.7% of BAME medical staff** experience **discrimination** as opposed to **6.2% White Staff** (Workforce Race and Equality Report, 2021)



**Students feel 'ill-prepared'** to treat patients from all backgrounds and ethnicities by hindered ability to diagnose all illnesses and perpetuated **stereotypes**

(Bedi, 2021)

Louie & Wilkes (2018) found that in leading medical textbooks the **skin tones** represented were **75% light, 21% medium,** and **4.5% dark.**

This can impact on diagnosis of certain conditions, such as **Kawasaki disease, skin cancer, eczema, meningitis etc.**

## UCL Responsibility?

→ Francis Galton

→ Secret eugenics conferences at UCL in 2018

→ Colonialism contributions

→ Global medical racism

# Why does it matter?

Preparing students, educators, colleagues,  health care workers, and ultimately, people:

- to provide **equitable care**

- address the current and past **power structures, inequalities and institutions** of western academia & medicine

# Overview of project

## Aim:

### To document, and critically review processes of decolonising the Sexual Health Module

- Understand facilitators' and students' views of **decolonisation processes**
- Reflect on how decolonisation was incorporated in **module design and delivery**
- Gather **students' feedback** module content, structure and delivery from decolonizing perspective
- Celebrate **progress** and identify **spaces for improvement**

### The Review Team:

Mayra Salazar-Volkmann, Haoyue (Alice) Guo, Kara Smythe, Julia Bailey

**Athena Swan Catalyst Fund, Changemakers funding** for some of the students' time

# UCL Sexual Health, Gender & Sexuality Module

## Module Aim

- To understand sexual health and medicine in a wider social context

**Medical students - iBSc Primary Care Research and Clinical Practice**

**Research students - BSc and MSc students**

# Sexual Health, Gender & Sexuality Module

*By the end of this course you should be able to….*

- Explain the **meaning and complexity of concepts** such as gender, sex and sex variation, sexuality, sexual difficulty, sexual wellbeing..
- Understand the **influence of power and oppression** on gender, sexuality and sexual health
- Understand **sexual health care needs of marginalised groups** (trans, intersex, racialised communities)

# Session facilitators who taught from a decolonising perspective

- Calu Lema
- Annabel Sowemimo
- Kara Smythe
- Matt Francino
- Martin Hasan di Maggio

➢ Decolonising perspectives on gender, sexuality and relationships, sexual health, contraception, reproductive rights, intersex/sex variation

➢ Expertise from lived experience, activism, facilitation and academic expertise

# Course Review Methods

**Literature Review**

**Interviews**:

- Interviews with key decolonizing facilitators
- Interview with module lead
- Focus group with 5 students

**Discussions & Reflections**:

- Reflective discussion with course reviewer team
- Participant observation by Mayra – 2021 and 2022 courses

# Key Findings

**Design (theory) → Delivery (practice)**

# The module: where does decolonisation fit in?

The core of this module: To discuss medicine in society through a patient-centred lens, where students consolidate learning during discussions.

- **Challenge the 'default'**

  "**Question the white supremacy in your school**. Cis, straight, white-ness is treated as the default. Break that."(facilitator)

  "in the concept of sexual health, it's **de-centering white male bodies** as this is the norm and anything away from that is not as normal."(facilitator)

# The module: where does decolonisation fit in?

The core of this module: To discuss medicine in society through a patient-centred lens, where students consolidate learning during discussions.

- **Challenge the hierarchy of knowledge**

  "I really want to bring in more the idea of embodied knowledge... especially as there are medical students in the group, to really start to **think about what knowledge we value or don't value** when we talk about medicine."(facilitator)

  "I like to build on where information and knowledge is coming from. It's important to **have information from different continents and contexts**."(facilitator)

# Finding the right person for the topic

“as a white, middle-class, English person I don’t have the expertise, knowledge or experience to be able to teach from a decolonising perspective…” (module lead)

- Harvest the power of lived experiences
- Facilitate a space for students to learn through engagement
- Bring different perspectives to medicine
- Bring the knowledge to deepen discussions

A person who can create the **atmosphere for learning** we need as well as having **lived experiences** and **expert knowledge** on topics.

Speakers decided what content should be included to bring varied sources of knowledge, perspectives, and understandings to the class.

# Constraints on module content

- ➔ We are limited to using **English** source material
- ➔ There is limited **time & space**
- ➔ It is hard to **balance depth and diversity**

# Constraints on module content

- When looking for teaching materials, speakers are limited to showing content only in **English/ with English subtitles**.

"That's a really good idea... for English speaking people to realize that they don't have access to other things, rather than thinking, oh, they just don't exist." (facilitator)

# Constraints on module content

- **Limited time & space** to deliver the module - speakers need to decide on what's relevant and should be included.
- Introduction of new concepts can be overwhelming and time consuming.
- "I think the first thing is to always focus on who is the audience and **what's helpful for them to take away** what might be their questions. " (facilitator)
- "How much I can **share without overwhelming people** needs to be careful to prevent cognitive dissonance." (facilitator)

# Constraints on module content

- We have limited time & space, **how do we balance diversity and depth**?

- “I suppose there is a **risk of sprinkling in something a ‘little bit exotic’** but not actually spending time to digest it properly or contextualize it… sort of not really understanding how gender and sexuality fits within that particular cultural setting. Just cherry-picking things that seem interesting or perhaps stereotyping examples.” (facilitator)

# Acknowledging student background

**Language**: non-native English speakers

- Hard to rely on pre-recorded lectures because so much learning comes from discussion
- Recording the discussions could inhibit students from expressing their thoughts/ break the safe space

**Cultural background**

- Access to concepts is **not equal** for students from different backgrounds
- “ So here we were rattling off these terms in English and assuming that they are directly translatable. How do I talk about these things when I take for granted everyone have access to these terms, and that they make sense?” (facilitator)

# Facilitators - positionality

Acknowledge own **limitations** & **embrace the diversity** beyond

"your case scenarios, that any media you're showing, the images you're showing... It's **representing the diversity that the presenters can't aspire to** present." (facilitator)

"We gave examples of videos from different places, like the Dominican Republic or a documentary made in New Zealand, to display diverse views and forms of gender and intersex people. I wanted to **include more diversity in the global sense**." (facilitator)

# Delivery

**THE APPLIED PRACTICE --->** facilitating a course

**Facilitator role**

**Facilitation**

**Safe spaces**

**Ground rules**

# Facilitator Presence: power dynamics & positionality

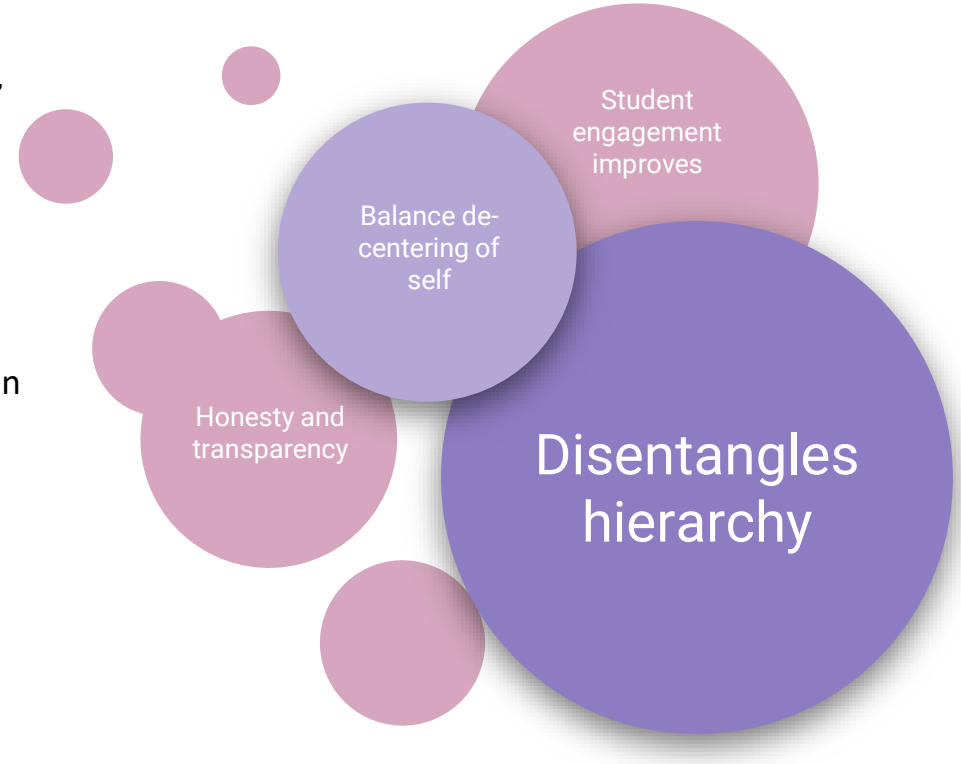

“We are r**esponsible**, we **perpetuate the system** and that’s what we’re r**esponsible** for.
We have a **role now a**nd it’s n**ever neutral**”
(facilitator)

## Student liason?

# Lived experience + Expertise

**“**In my personal experiences, the things I enjoy, and **remember the most are people’s stories**, more than just facts, powerpoints or statistics” (facilitator)

“I never give the same lecture twice. I pick up on similar themes but **I always tailor it to my audience depending on where I am in my own process of work and learning**” (facilitator)



# **Monitoring:** language, generalizations, assumptions & stereotypes

"Parts of decolonizing means **examining how the language we use and assume to be modern and inclusive can position us within a colonial context**"
(facilitator)

Uni of Washington Decolonizing Global Health Toolkit

- Instead of developing countries/global south→ '**middle-income or low-income**'
- Prostitute→ **sex worker**
- HIV/AIDS infected→ **living with HIV/AIDS**
- Vulnerable→ **marginalized by X/at risk of X**

## **Correcting, engaging & addressing:** student wellbeing

**Aware of student's** responses: breaks, check-ins, feedback

**Signposting** information, resources & services

**Space for challenging**: balance encouragement & hard cut-offs

**Kind Correcting**

**Address racism,** white fragility, microaggressions

"As a white person, I might get something wrong. I want to be told if I do.
**It's important to remind people of their subjectivity** "
(Student)

# Facilitation: general structure

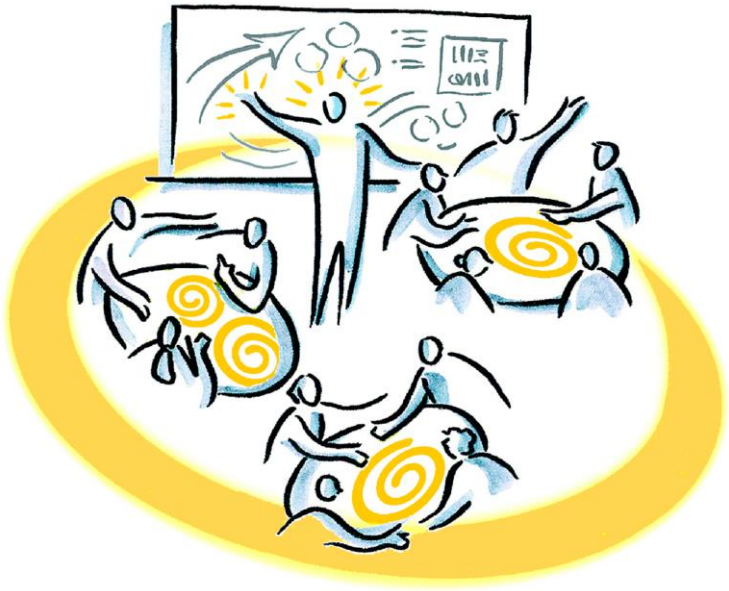
**Seminar-style structure & fission-fusion group discussions**

**Group analysis & sharing** takes away the pressure + disrupts the hierarchy

**Small group**s for micro ‘deeper and private’ and **large groups** for macro-level analysis

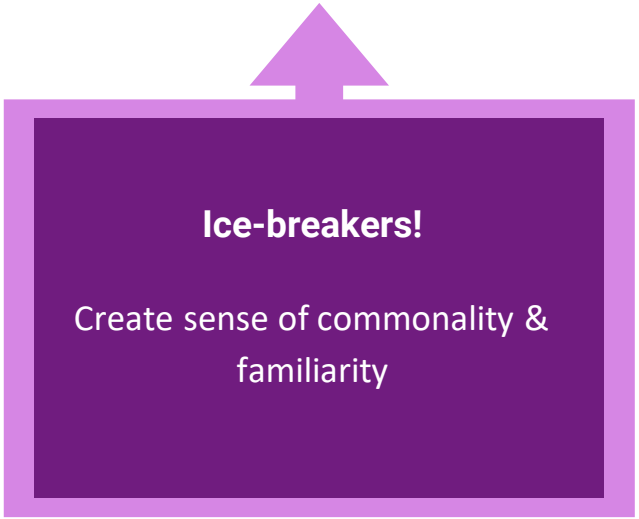
Process of **co-learning** and c**ollective validity**

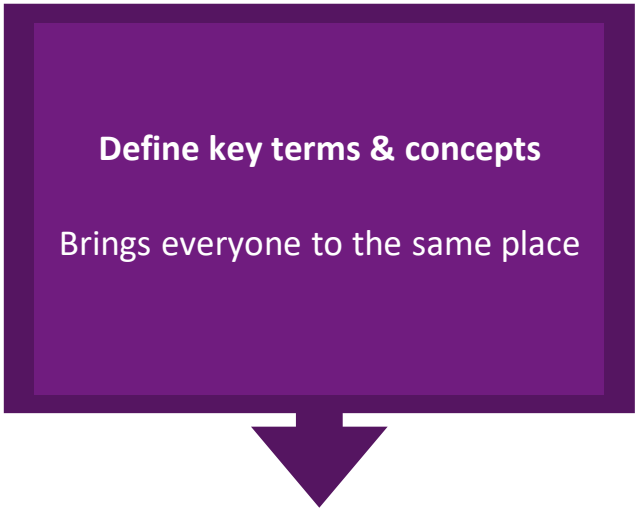
**Limit cognitive dissonance & drip feed information**



# Facilitation: setting it up

"I use icebreakers where I set a question or issue people responded to, as well as who they are, to **set up the room"** (facilitator)




"Find a **common dictionary** for some people who are not familiar to certain terms and others who are" (Speaker)

# Safe Spaces

"Create spaces in which **people's contributions are valued**, **feel valued**, and even those who sit there in silence feel their **presence is valuable**" (facilitator)

Non-judgement, no-bullying, no harassment etc.

Acknowledge **power dynamics** in room

**People are valued** even if they don't participate

**Diversity** of speakers, materials, etc.

# Ground Rules: focus on behaviour

Step ⬆ Step ⬇: speaking turns and power

Identify positionality before participating

E.g. pronouns on zoom

Focusing on behaviours, not the person

Consenting (to participate) but active effort

e.g. Having cameras on & preparing for the session

Clear, do-able, repeated

Avoiding assumptions

(knowledge, backgrounds, values, etc.)

Shared agreement of trust, respect, effort, co-learning and support

# Ground rules: examples

## Suggested ground rules/agreements for teaching session discussions

- Aiming to-create a supportive environment for exploring new topics and ideas
- Allow the chance for everyone to contribute if they want to (step up, step down)
- For those of us with more platform and confidence to speak (white, middle class, male, medics, native English speakers..) - pause before jumping in
- Recognise that this course content is not about 'them' and 'us' – it is relevant to all of us
- Try to avoid assumptions about the gender, identity, sexuality , HIV status etc. of 'patients', students and tutors
- Ongoing and revocable consent for participating in discussions and activities – i.e. you don't have to discuss a particular topic, step out if you want to
- The topics will hopefully be thought-provoking, and could be challenging – notice your emotional responses
- Respect the right to express different views
- No need to disclose how you know something
- Discussions may be therapeutic, but this teaching is not therapy
- Please tell us your needs (e.g. access needs, any other considerations)
- Ideally turn your camera on from time to time for a more personal connection with others
- Type comments/questions if you don't want to speak out loud
- Feel free to change your name and add your pronouns on zoom if you like

# Safe Spaces: the challenge

"I think the concept of a safe space is overused or a buzzword often. **How can you call a place a safe place without ground rules**? What have you done to assure that? Just calling it a 'safe space' means nothing without the steps taken to create it" (facilitator)

**vs.**

"I think you cannot curate safe spaces, but **you can have a respectful space using ground rules to regulate behavior and exclude people that might create harm"** (facilitator)

**Different definitions of safety**

**Power balance**

**Ground rules**

# In practice example: putting a decolonizing lens on Gender

**Sexual stereotypes and morality**

**Gender binary and experience**

**Intersectionality & Inequality**

**Policy, Academia, Research** (Knowledge)

**Hypersexualisation** of Black Men and Women: *pregnant, mammy, welfare queen etc.*

**Multi-Gender Representation**: "Muxe" in Mexico (transgender, non-binary) "Two-Spirit" in Native American Navajo, "Bugis" in Indonesia (5 Genders: makkunrai, oroané, bissu, calabai, and calalai), Fa'afaine in Samoa etc. (Read more)

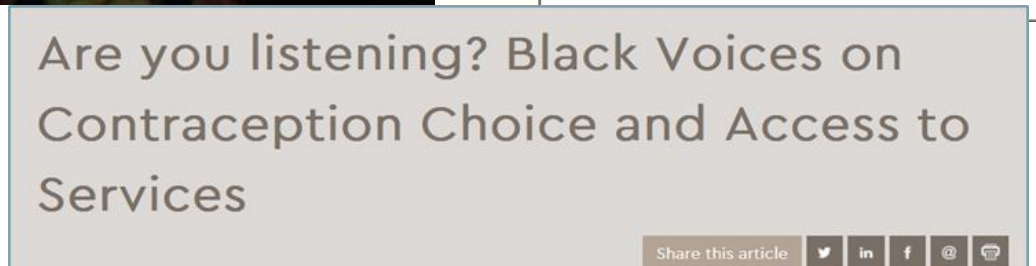
**Global health inequalities**: Global Gag Rule

**Using binary & colonial concepts, language** and **assumptions:** 'men and women'

# Pre-session preparation -

*Articles, videos, blogs*





# Lessons Learned & Takeaways

In breakout rooms, discuss…

**How does this apply to your teaching and/or learning?**

**What do you think are the next steps for you/the Dept/UCL?**

(10 minutes)

# Feedback

**How does this apply to your teaching and/or learning?**

**What do you think are the next steps for you/the Dept/UCL?**

# Our own takeaways

→ Decolonization is a **process**, not an end-goal

→ **Critical self reflection** of history, positionality, power

→ **Dismantling** of hierarchies and assumptions

→ Making **knowledge accessible, inclusive & diverse**

"Ideally the whole curriculum should be decolonized and infuse race in medicine throughout the whole thing" (Student)

Illustration: Maartje Louwers

# Questions?

*To decolonise and not just diversify curriculums is to recognise that knowledge is inevitably marked by* ***power relations****. … A decolonised curriculum would* ***bring questions of class, caste, race, gender, ability and sexuality into dialogue with each othe****r, instead of* ***pretending that there is some kind of generic identity we all share****.*

— Priyamvada Gopal

# Examples of change

**Inspired by Open Letter of Medical Students to University of Aberdeen Medical School Staff 2021**

- **New textbooks demonstrating clinical signs in darker skin** along with guidance that all clinical signs, where possible, are presented in both light and dark skin tones: https://www.blackandbrownskin.co.uk/mindthegap (Mukwende, 2020)
- Exploring the fact that **drug trials** predominantly **involve white, male participants**, and how this may lead to harmful prescribing for other patients (I.e. Covid-19 vaccine trials)
- Teaching on the **history of medicine**, including the **exploitation of people of colour** in scientific research
- **Training on spotting unconscious bias** and **helping students and staff** more confidently report and act on racism
- Setting up an **anti-racism/anti-colonist taskforce** to promote an environment that actively opposes racism