

Your Theory of Social Change

For my theory of social change, the area of injustice I am most interested in addressing is inequities related to sexual health education. There is no country-wide mandate for sex education, and for states that do provide sex education, many of their curricula are cis-heteronormative and abstinence-only. They are also not required to be evidence-based, culturally appropriate, or medically accurate. This type of content reinforces race, gender, class, ability, and sexuality inequalities, resulting in correlated health disparities.

When engaging with this issue, I want to reference ‘community care’ - an approach that exists within the BIPOC and queer communities I surround myself with. I believe this is the only way for positive social change to occur. Community care is essentially when individuals use their privilege (power, resources, etc) to support one another. This is a core tenet of the Combahee River Collective:

we realize that the only people who care enough about us to work consistently for our liberation are us. Our politics evolve from a healthy love for ourselves, our sisters and our community which allows us to continue our struggle and work. (Frazier et al., 1977)

This work relies on the collectivist belief that the well-being of individuals is intrinsically linked to the well-being of others, with ripple effects felt throughout the larger community. Community care can look like mutual aid, childcare, community health workers, voting, support groups, etc. These actions emphasize connection, the mobilization of individuals to support one another, and intentionality.

I also want to reference the importance of accessible knowledge in bringing about positive social change. As bell hooks eloquently states,

there are so many settings in this country where the written word only has slight visual meaning, where individuals who cannot read or write can find no use for a published theory however lucid or opaque. (hooks,1991).

Despite written theory being privileged over oral narrative in Academia, I agree with hooks that “any theory that cannot be shared in everyday conversation cannot be used to educate the public” (1991, p.5). This directly relates to my constructivist epistemology, that knowledge is constructed through social interaction and experience. This is why I love talking about sex and am drawn to fields like sexual health education, sexology, and sexuality studies. This creates a language for individuals to understand their own experiences and those of the people around them. However, because conversations about sexuality are regulated, conversations of desire thrive in subterranean spaces like “zines, internet, bulletin boards, small community corners, dining room tables, drug stores, and bathroom stalls, the quiet and outrageous spots of everyday life” (Fine, 2005, p.55).

As an insider, I believe Choices, Clark University’s peer sexual health education organization, has the potential to be one of those quiet and outrageous spots. However, this forces us to look at the accessibility of such a space and the presence of community care, which is what my praxis project explores.

References

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