

**AGAINST GENITOPLASTY OF INFANTS: A JOINT STATEMENT**  
Newsletter Jan - Aug 2011

*On Sunday, 26th June 2011, our resting bodies and minds were suddenly jolted by the headlines of the Hindustan Times article titled, "Doctors turn baby girls into boys". While the article itself was not very clear whether the procedures had been conducted on female infants or those whose genitalia cannot be categorised as strictly male or female, the news raised many critical questions: Has the fetish for a male child found a new way of being satisfied? Are these really females on whom the procedures have been conducted? Given that roughly, one in two thousand children seem to be born with ambiguous genitalia - are these intersex children being subjected to corrective surgery and assigned a male identity at the behest of the parents by obliging doctors, or are the doctors leading the way in this transformation? Seven leading paediatric surgeons in Indore reportedly turn intersex children into boys by providing them with external male organs as 'a common practice'. Limiting and hazardous as this surgery could be - as it only provides cosmetic changes, it is evident that the problem needs to be looked at within the context of what is considered 'normal' and 'abnormal', what constitutes elective surgery and what happens to such individuals, their psyche and identity later in life. Questions of forced gender assignment without the consent of the child are still a much debated issue worldwide.*

*Given the media sensation the news caused, several official bodies, including the Prime Minister's Office jumped up in response claiming that tighter norms need to be set. However, on 1st July when an investigating panel of the National Commission for the Protection of Child Rights (NCPCR) arrived in Indore it appeared to have a limited agenda - to find out if there was any criminal conduct on part of the doctors. But the question is, how can they be criminal when there is no law regulating this practice? As individuals and groups working on women's issues and sexuality rights many of us across the country, including Saheli, are attempting to broaden the focus of this enquiry, and raise several wider issues. But it is evident that the joint statement reproduced below is just the beginning of what needs to be another long and strong campaign ahead!*

We are shocked by the headlines of the Hindustan Times (26th June 2011) and the reports on the rampant practice of sex change surgery on infants in Indore. We do not think that this gruesome practice is limited to Indore alone but only the tip of a iceberg that has been exposed.

In the report the doctors claim that these surgeries have been performed on "children whose internal organs do not match their external genitalia - most commonly, girls born with some internal male organs" and these surgeries are done to reconcile the "external appearance" to match the "true sex." There are a few questions that arise from these claims.

To begin with, if the doctors are speaking of surgeries only on intersex children with "ambiguous genitalia," then how is it that there is no mention of surgeries that are being conducted "to make some of these children girls." This is important, given that all over the world, construction of female genitals has been considered, medically at least, much easier than phalloplasty. This is as true for surgeries on intersex children and persons, as well as for transgender persons seeking sex reassignment surgery (which is a completely separate issue). The success and number of male to female genital surgeries are much higher and any female to male transgender person trying to access genital reconstruction surgery knows this from the surgeons they manage to get in touch with.

It makes one speculate as to why these surgeries are being performed to "create boys" and it seems that the social preference for male children has a large role to play here. If these practices are fuelled by the craze for boys and social prejudices against the girl child, then it needs to be condemned as harshly as possible and the perpetrators of the crime punished as per the law of the land.

Even if these surgical practices are being attempted for intersex children with "ambiguous genitalia" they are of concern as they blatantly violate the rights of minors. Unless justified by a medical emergency, no such surgery should be allowed on minors.

If the doctors have informed themselves on the concerns and issues of intersex persons and their experiences, then they should be well aware that there is a growing movement against surgical interventions for infants and young children. In India, few doctors are aware of intersex conditions and the language of “being confused about their gender” and such adults having “sex-determination disorder and psychological problems” if not made into one body type or the other (even though they would be infertile) point to the sheer ignorance of the doctors towards the real concerns of intersex persons and to the medical arrogance that claims to set things right.

There are several intersex persons in India who are leading happy lives as adults and who are as confident as so called “normal” sexed persons about their gender and comfortable with it. Gender is how we see ourselves and is determined by our sense of self much more than the exact body parts that we may or may not have. Transgender activists too have been speaking of the right of a person to decide what gender they have with or without the intervention of medical surgeons. The growing understanding of biological sex shows immense variance in persons and it can be not just in visible genitalia, but also in the internal gonads, hormones or in the chromosomes. There are many variations in what is commonly understood as “typically male” and “typically female” biology and several persons may have these variations which may often remain undetected.

The surgeries done at a very young age are irreversible and have led to great personal trauma for the victims in their later life. Not only do they fail in reproductive functions but also suffer from chronic side effects and after effects including denial of sexual pleasure. Every surgery also has its own attendant risks and the delicate bodies of infants must be spared this elective intervention. Moreover, it is quite possible that the gender assigned and surgically created on to the child’s body may not be the gender that the person may feel in their later life. There have also been several instances of persons changing their gender many years after having being forced into one at an early age.

Across the world the growing opinion is for elective surgery with the consent of the persons after they are able to have their own informed understanding about their gender. Only surgeries that will alleviate physical pain or are necessary for ease of physical functions such as urination or others should be done on infants. The parents of the child must be counselled about the child’s health and the child should be brought up like any other child. These surgeries have been regulated and curtailed in other countries. In India with the strong sex preference and alarmingly declining sex ratio, the ramifications are more complex than documented in other countries.

The number of surgeries claimed to be performed in Indore is shockingly high and so we demand a proper investigation into these. We understand that even in the very rare cases where it is medically advisable, paediatric genital reconstructive surgery requires special training and highly specialised micro equipment. What are the qualifications and experience of these doctors in Indore who are doing these surgeries? What procedures do they use? What is their understanding of intersex persons and their issues? We demand that concerned and knowledgeable members of women’s health groups, child rights groups and groups working with queer persons and intersex persons be included in these investigations.

We urge various professional bodies of surgeons, the government and the parents to effectively control instance of reconstructive genital surgery of minors who are in no position to protect themselves and to help lay down norms in consultation with persons and organisations working especially with intersex persons.

**Taken from the Saheli ( a women’s resource group) website:**

<https://sites.google.com/site/saheliorgsite/-miniscule-minority-supreme-court-recriminalises-homosexuality/gender-sexuality/against-forcible-genitoplasty-of-infants-a-joint-statement>