INTERESTING DEBATES ON INTERSEX-NESS

Newsletter Sep 2011 - Apr 2012

In the last newsletter we carried an open letter by several women's groups, including Saheli in response to news reports of doctors from Indore performing "corrective" surgeries on infants apparently born with anomalous/indeterminate genitalia. While the letter was being drafted, we realised that as women's groups we have not really discussed these issues. So, on 31 August, 2011 we organised a discussion on "Intersex Variations" with members of LABIA (Lesbians and Bisexuals in Action) from Mumbai.

The LABIA Presentation

Shalini and Chayanika began their presentation by telling us that their group began discussions on intersex concerns in 2002-03 after reading Ann Fausto Sterling's essay "The Five Sexes". Before this in LABIA too they had been talking about going 'beyond the binary' in how gender is constructed but had not questioned the medical determination of the male/female. After reading this essay and other works, they began talking and thinking about the many variations and articulating the social construction of sex.

A Brief Introduction to Sex Variations

Since then, they have met some persons with intersex variations through their phoneline and through other queer groups. In the last two years, LABIA has also been doing a study that attempts to understand the negotiations and emerging understandings of gender through the life narratives of queer persons assigned gender female at birth (PAGFB), who may identify as any gender today. Some of the persons also have intersex variations.

Shalini and Chayanika said they consciously choose to use the term 'intersex variations' as against 'intersex conditions' because it talks of the variations in bodies rather than medicalising the situation as a 'condition'. Human bodies have many variations and these can be at multiple levels. In fact there is no absolute standard for male or the female body. For instance, the standard length for a penis in a male infant is 'prescribed' as a certain size that interestingly, varies from country to country. If the length is less than this, then it could be a considered a "micropenis" or a large clitoris, and consequently, the infant could be declared male/ ambiguous/female. These judgements made by doctors on the basis of the size of external genitalia is very problematic. Clearly, the standards/ways of understanding/naming someone 'ambiguous' are also vague!

Yet according to some studies and research (see link ttp://www.isna.org/faq/frequency), at least 1 birth in 2000 is of a child with "ambiguous genitalia" – one of the first criteria for intersex variation.

So-called "ambiguous genitalia" is, however, not the only indicator of an intersex variation. There could also be other variations which may not be visible at all at birth but could manifest at a later stage, usually at the onset of puberty. These could be the absence or presence of internal gonads which may or may not match the gender assigned at birth. For example, a person assigned gender male at birth may not have the testes, or may have some of the other organs which supposedly can only be in female bodies and vice versa.

Similarly there could be different chromosomal karyotypes (arrangements). For example, unlike the prototypical female (XX) or male (XY), a person could have XXY or XYY or some other variations of the sex chromosomes. Many of these may not be discerned at birth and could suddenly show up at a later stage.

Assigning Gender / Determining Sex, The Medical Way

Every child born is assigned a sex and then is brought up in the corresponding gender by the family. The first assignment of sex in modern times is more and more often being done by the doctors and as medical technology changes, interventions in the infants' bodies is becoming common. Earlier,

when surgeries could not be imagined, doctors assigned sex to the infants based on their observations and in keeping with social norms. But as newer kinds of technologies are becoming available, the doctors are also advocating surgical interventions in infants so that their external genitalia match with the "standard".

Historically this trend of actually intervening in infants bodies started in the 1920s/30s in Johns Hopkins University (USA) and as newer medical technologies came, by the '50s "intervention for correction" almost became a norm all over the US, at least. As soon as a child with 'ambiguous genitalia' was born, a team of doctors which involved surgeons, endocrinologists, urologists were involved in testing and finding the 'right sex and gender' for the child. They would then proceed to intervene and make sure that the genitalia were reconstructed to match the gender assigned.

The birth of such a child was seen as a psychosocial emergency and immediate action was taken, and treatment was continued to make the body and the assigned gender a 'perfect match'. So if the assigned gender was female, then care was taken to go through multiple surgeries to make the right kind of vaginal opening and cutting off of large organs assumed to be 'overgrown clitorises'. Hormonal treatments to match all secondary characteristics were also given as and when it was felt necessary.

In case the assigned gender was male then the size of the penis was a major criteria as it was assumed that a small penis would be a difficult thing for a 'boy' to grow up with. Another crucial factor was the ability of the 'boy' to be able to urinate standing and so even if there was an unobstructed urinary opening outside of the penis, many micro surgeries were performed to align the openings so that this was made possible.

At that point of time, there was also a growing understanding that these surgeries needed to be performed as soon as possible so that the child does not carry any memories of a faulty assignation of gender. In the US since the size of the penis was considered very crucial, many of the children born with ambiguous genitalia were made female by excisions (cutting) of micro penises and even severe clitorodectomies (female genital excision) officially performed by practitioners of modern medicine. To justify their actions doctors were known to make statements like "it is easier to construct a hole rather than a pole"! They also used the feminist argument that gender is socially constructed and the body does not matter.

Medical literature of the last few years is showing the growing possibility of increasing the size of the penis. This looks like the possible intervention being done in Indore, keeping in mind the prevalent dominance of son preference (though the facts from there are still not clear). Parents also possibly want it and doctors are once again coming to provide technological solutions for social needs this time at the cost of the child's overall health.

Intersex voices Speak Up

It was only in 1993 that Cheryl Chase, an intersex activist who had herself undergone such interventions as an infant, and others like her, began to raise their voice against this kind of medical intervention in their genders and bodies. The emergence of the Intersex Society of North America (ISNA) brought these issues to the forefront. Ever since, adult survivors of such interventions have continued to engage with the medical community in North America and have managed through their protests and representations to make a strong case for bringing a restriction on all unnecessary invasive procedures on infants.

There is today a growing consensus emerging from these activists across the world against surgeries on infants. There is a demand for more conversations on intersex variations, for ***giving up*** of the notion of 'correction' and intervention only for health reasons. For any other reasons, there is a clear demand that no interventions be carried out without the consent of the person themselves. And finally there is more and more work towards breaking down the strict diamorphic (of two morphologies: genders) system.

In the work that Labia has been doing, the group has met with persons with intersex variations and have had long conversations with them. All three persons interviewed were assigned gender female

at birth and though in at least two cases the doctors and parents knew that there was something different about the child, the children themselves were not told anything. None of them had any medical intervention. Two of them came from poor rural backgrounds and did not have much access to health care in any case.

For each of them the awareness of their difference came differently, but puberty and not getting their period was a major factor and in the absence of any conversation, it was difficult for them to understand what was different about them. The persons who called on the phone line were both struggling to find a name for what they were dealing with. They both identify as women and queer, and live as women, but the fear of “being found out” and being discovered as “not normal” in everyday life, of despairing of the possibility of having a relationship with another woman who would “understand” and see them as they see themselves - all these were very real and difficult concerns. Several conversations, readings, as well as meeting other queer persons identifying and living lives as lesbian, transgender, gender-queer, and such have been important for each of these persons in seeing their ‘normalcy’ and ‘natural-ness’. However the fear of discovery however and the importance of “passing” is still part of their everyday life.

Another person we met had an even more traumatic life, when he began exhibiting secondary masculine characteristics, body and facial hair, rougher voice, etc., in his twenties. He had a really hard time dealing with the completely unexpected and undesired changes in his body, a lot of violence from people around him and finally when he approached the medical community, from the doctors in that hospital as well. It has taken him a long time and counselling as well as being part of a queer community to take pride in himself as a man and explore the world from this gender.

From their work and experience, Shalini and Chayanika said several things need to happen with urgency:

- more work needs to be done to break the restrictive and false binary of both gender and sex within the queer and feminist movements more than anywhere else.
- more conversations on intersex variations within human bodies need to happen.
- the medical control over assignment of sex and gender must be broken and doctors need to be better informed of the issues from the standpoint of people living with intersex variations.
- and a strong case needs to be made against interventions on infants.

Some Discussion. Many Questions

At the end of the talk, our minds were buzzing. Trying to wrap our heads around terms like ‘chromosomal karyotypes’ and ‘micro penises’ and ‘clitorodectomy’ even as we grappled with concepts such as ‘gender-queer’, ‘gender assignment’ and so on. Questions also abounded. Do people who understand that they are intersex, identify themselves as such? (Shalini said, in their experience, “No, not necessarily.”) What happens in poorer families that cannot afford sex reassignment interventions? The answer was that typically, they are brought up as girls. We asked how intersex people articulated their problem on the phone line, and we were told that one person had called saying, “I am not normal” and thus had deep anxiety about being in a relationship, being ‘found out’ for not being normal even at work, and so on. Speaking of those who had come to terms with their gender identity, Shalini and Chayanika talked about how long and arduous their journey to such acceptance had been.

Not surprisingly, much of the discussion centred around anxieties related to surgical intervention or so called ‘correction of sex’ in order to determine the gender of the infant. Are intersex activists saying not to do surgery but that they should be brought up as genderless? Is that possible? What about children who have had the surgery (with or without their consent) and are well adjusted? Is there not a value in ‘resolving’ this matter so that the child does not have to deal with these uncertainties when it is growing up? When can a child be considered old enough to consent to such an intervention? Or in fact, be informed that they have had a procedure done on them. In response, a clarification was offered that none of these interventions are one time surgeries. They are often a series of procedures followed by hormonal therapy (often lifelong), so one can’t really ‘grow up in

innocence' about these things. There are also many other things the person has to deal with like infections, etc, and there are concerns surrounding their success/failure. Another concern that arose was that in a world so determinedly male or female, how does a parent, even a liberal one, make a child comfortable being 'different' in such a fundamental way? Will it help? If so, how far?

Quite naturally, this led to a brief but important conversation around the question of Sex Reassignment Surgeries which people may choose to go in for as adults. How do we understand peoples' need, if not determination for it? How do we address the question of whether in supporting SRS we are indeed, conforming to the normative male/female, if not affirming it. But there is a need to question why we do so. Why is it important for some people to resolve issues surrounding comfort/belonging to one's body/gender identity.

As Chayanika said, "The issue is, who is going to decide - society, doctors or the person. If we are going to say we're ok with all such surgery, the whole discussion finishes. There are uncomfortable questions we need to address, much as our asking why a woman goes back to a violent man. As feminists we have always opend and need to continue to open, such uncomfortable questions".

Beyond the framework of surgery, we came back to the discussion of whether or not it is at all possible to identify with the gender assigned to us at both, or indeed or biological gender. Some of us have grown up feeling comfortable with it and some have not. As Shalini said, "My gender identity may be transgressing many norms but I may not want any change it but the real issue for me is that there is no space neither within society nor within feminist spaces to stay out of these binaries… the body itself has not been questioned enough by us.

At the end, Chayanika underlined the need for feminists to truly address / try to understand this continuum of gender, sex, sexuality, body, desire, identity… debates that intersex voices have added significantly to in this day and age. So really, as feminists, we do need to question, who is woman, who is man?

We also collectively explored various ideas of working with women/women's/health groups who work in areas of RCH and infant health to understand more about how such gender/sex determination happens in India with newborns. Another idea was to specifically work with groups working with traditional midwives/dais to understand how they determine the sex of infants/how they deal with infants of 'ambiguous' sex, and so on.

Clearly there is much to understand, explore and challenge ourselves on, even more to do. But this conversation was a great way to start it.

Taken from the Saheli (a women's resource group) Website:
https://sites.google.com/site/saheliorgsite/-miniscule-minority-supreme-court-recriminalises-homosexuality/gender-sexuality/interesting-debates-on-intersex-ness