WHAT IF YOU WERE BORN WITH A BODY ANATOMY THAT LIES BETWEEN MALE AND FEMALE?

After your name, the next thing that you are almost always asked to indicate in important documents is whether you are male or female. Gender is so basic to our identity that few of us stop to even think about it. However, for a significant proportion of the population, it’s not so black and white. Consider these real life stories.

Pius whose was technically born a genetic male but because of his ambiguous sexual organs, the doctors at the time decided he would be better off assigned as a female. By the time he turned seven, his private parts had started to grow. Doctors subsequently removed his testes to prevent him from growing towards the male side any further, but that did not stop Pius developing into a man and not the woman doctor and carers made him. When he turned thirty, he chose to live his life as a man. Now, you can imagine the psychological trauma he went through all those years amidst the social challenges as well he had to face.

Nancy was told that she was born with deformed ovaries that were surgically removed at the age of four. As she grew up, it was discovered that she was actually born with testes, not ‘deformed’ ovaries and that she had male chromosomes though she had only ever considered herself as female. You can also imagine how hard the psychological and social transition was for Nancy.

There are numerous people with similar emotional real life stories such as Pius and Nancy. These people are a blessing and their births and lives should equally be celebrated. However, they are intensely marginalised by society. They are branded with all sorts of negative names and even considered to be a curse. They are also often referred to as hermaphrodites, which term is inaccurate scientifically and also dehumanising. That is why it was scrapped in favour of ‘intersex’, ‘middle-sex’ or medically termed ‘Disorders of Sex Development (DSDs)’.

It is therefore important to note that whether surgery is done or not, intersex people lead normal lives except for a few instances that may require immediate medical intervention. To a great extent, these conditions can be corrected through operations.

It is however advisable to seek intersex people’s consent by adopting the best non-surgical strategy until they have a chance to determine their gender for the rest of their life. Most activists and doctors are opposed to early surgical strategies which deny a child to participate in an irreversible decision and often assign a wrong gender that consequently causes regrettable and endless trauma.

In Uganda, SIPD is taking on the major role of fighting, protecting and advancing the rights of intersex people. It offers social and psychosocial support, counselling, advocacy, medical referrals and awareness. It has so far registered over three hundred intersex children and people. It is believed that there are many more people who rather remain silent than encounter the various challenges associated with intersexuality such as being scorned and marginalised in the society. Nevertheless, the struggle continues; however long a tunnel may be, there’s always light at the end.

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