

Management of intersex problems

Shima Gyoh on chromosomal complexities



The human world is made up of two sexes, male and female, and society does not provide for life in the narrow strip of land between the two, the 'forbidden strip'. However, around 1.8% of babies are born within this strip. Biologically speaking, some are right in the middle, others at varying distances from the dividing fences on the male or female side, depending on the degree of ambiguity of their genitalia. Doctors try their best to modify the disordered anatomy and physiology to bring them into line with what society regards as normal. However, there are few biologically normal people who believe they are locked inside the bodies of the wrong sex and request for surgical sex reassignment. They are not classified as intersex.

I became involved with intersex when I was consulted to assist growing boys who were desperate to get rid of the beautiful female breasts that sprouted out of their chests at puberty, to the great entertainment of their peers. On other occasions, it was for repair of what looked like hypoplastic penises with perineal urethras or girls without vaginas. Yes, we worked on the principle, now under fire, that it was easier to dig a hole than erect a pole. It was relatively easier to start practically at birth, to prevent being asked to perform a miracle when the child was older, so we preached that when the sex of a newborn is in doubt, doctors should be consulted before the deciding on name and gender. On hearing that you have a baby, the invariable question is, male or female? Since female reconstruction is easier, it would be a problem to bring up your child as your son, and at some stage he goes into a hospital and emerges as your daughter! Your home is likely to become a pilgrimage of sorts for curious neighbours and acquaintances, and your child will face such severe teasing and embarrassment that it might become impossible to continue life in the same society.

Surprisingly, some intersex activists are claiming that we've got it all wrong, that what we do amounts to sexual mutilation, that doctors should not interfere with intersex conditions; to do so is to violate the patient's human rights, and the United Nations' Office of the High Commissioner for Human Rights is listening! Society should accept intersex as a third gender. Mad idea, I thought, ask the beneficiaries! I was knocked for six by the protest from a beneficiary, a very beautiful and

successful supermodel, Hanne Gaby Odiele, when she announced that she was herself an intersex personality. Genetically, Hanne is an XY male, but had the condition of androgen insensitivity syndrome. The testes did not descend, so they were removed at the age of 10. She had vaginal reconstruction at 18. Although she publicly revealed this to 'break the taboo' and stop the 'corrective surgeries' which she described as 'harmful', her body language in a video released¹ was anything but regrets: 'I am proud to be intersex but very angry that these surgeries are still happening.'

Her case was a spectacularly successful medical intervention. Some have said definitive action should be left to the child to decide when it reaches the age of consent. Note this postponement would be done without the child's consent! By 18, much harm would have been done. Sex assignment should be done well in time to administer the right management for the skeleton and body to develop the features of the desired sex. The community too should not be rudely surprised by a switch in gender of a person they have known.

Will an intersex gender be accepted by society? I think it is a tall order. First, there is no evidence that leaving intersex subjects without correction makes them happier. Medical intervention may not make them fertile, but reconstruction of a vagina will give females a chance to get married as Hanne has done. It isn't true that removal of the phallus (large clitoris) deprives them of sexual feelings and pleasure. Sex in humans is highly encephalised and I have heard 'circumcised' females defend the practice on an international television debate, claiming it did not reduce their sexual pleasure. This is also true of many female defenders of the culture in our societies. Of course genital mutilation is indefensible, but for entirely different reasons.

How far could we go in regarding congenital anomalies as normal? Why do matters of sex often attract strange philosophies? Before the age of consent, parents make decisions of life and death for their children in emergencies. If a few regret 'destructive, irreversible operations that assigned them to the wrong gender', they probably belong to the small group in the 'forbidden strip; mentioned earlier. We have advanced to prenatal diagnosis and correction, and must not take retrogressive steps.

Reference

1. Wong C M. Video on intersex discussion. The Huffington Post, 2017. http://www.huffingtonpost.com/entry/hanne-gaby-odiele-intersex-model_us_588a7fb2e4b0303c0752c7d8

Shima Gyoh has held many posts ranging from village doctor to DG of Nigeria's Federal Ministry of Health and Chair of the Medical and Dental Council of Nigeria.

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