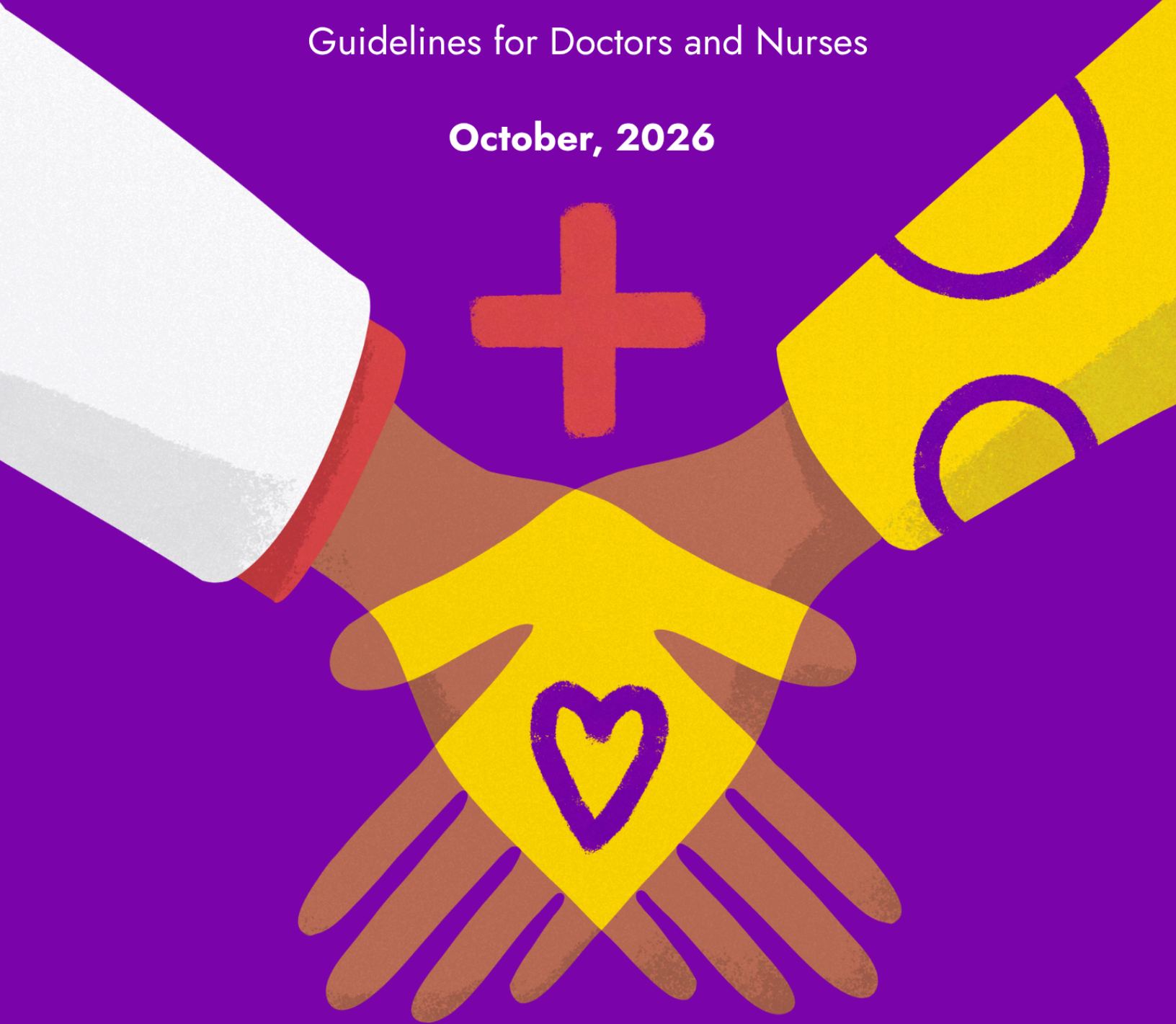


Understanding Intersex:

Providing Compassionate and Informed Care

Guidelines for Doctors and Nurses

October, 2026



Understanding Intersex:

Providing Compassionate and Informed Care - Guidelines for Doctors and Nurses in South and South East Asia

Developed by Enfold Proactive Health Trust, India and Intersex Asia, Taiwan in collaboration with intersex rights organisations, academicians, researchers, and medical practitioners.

October, 2026

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Preface

Intersex refers to people who are born with sex characteristics that, according to the Office of the United Nations High Commissioner for Human Rights, "do not fit typical binary notions of male or female bodies". The Government of India formulated guidelines on medical interventions required for infants/children with intersex variations (dated: 25-06-2024). The guidelines provide a compass for the healthcare provider regarding the medical, surgical, and mental health interventions to be offered to intersex children and adolescents. In spite of this, children assigned intersex at birth or during puberty, as well as adults, continue to face a number of misguided attempts and pressure to 'correct' their anatomical features to conform with a binary (female or male) sex by parents as well as the medical fraternity.

The World Health Organisation report titled 'Sexual Health, Human Rights and the Law',¹ states that sex 'normalising' surgeries constituting intersex genital mutilation (IGM) should be deferred until the intersex persons are old enough to make the decision. Sex reassignment surgeries have to be necessarily distinguished from the surgeries and interventions done in cases where intersex variations may pose a life-threatening risk to children.²

The lack of understanding of intersex among doctors in primary and secondary health care systems and general practitioners, combined with social, cultural, and patriarchal systems, has an adverse effect on all aspects of the lives of intersex persons in India.³

Various sex 'normalising' surgeries on infants and hormone therapies continue to be administered without proper information given to parents or children/ adolescents, either out of ignorance or in hopes of ensuring proper gender role development. "When children receive limited information about their bodies and are subjected to repeated medical examinations without adequate

¹ World Health Organisation. (2015). Sexual health, human rights and the law. https://iris.who.int/bitstream/handle/10665/175556/9789241564984_eng.pdf

² Claahsen-van der Grinten, H. L., Gravholt, C. H., White, E. K., Brösamle, M., Breen, L., Smyth, A., Persani, L., Hiort, O., & Main Thematic Group 7 for Sex Development and Maturation in the European Reference Network on Rare Endocrine Conditions (Endo-ERN). (2026). ENDO-ERN expert opinion: Addressing the endocrine needs in considering genital surgery in disorders/differences in sex development individuals in Europe. *European Journal of Endocrinology*, 194(2), 217-224. <https://doi.org/10.1093/ejendo/lvag009>

³ Sajan, N. (2024). Intersex Persons and Medical Interventions: An Exploratory Study in India. In: Sivakami, M., Bhushan, A., Rashid, S.F., Khan, K.S. (eds) *Handbook on Sex, Gender and Health*. Springer, Singapore. https://doi.org/10.1007/978-981-97-2098-9_23 <https://link.springer.com/rwe/10.1007/978-981-97-2098-9>

explanation, they may experience feelings of shame, difference, and stigma.”⁴ Such surgeries can also cause permanent infertility, incontinence, and loss of sexual sensation and function, causing lifelong pain and severe psychological suffering, including depression and shame linked to attempts to hide and erase intersex traits and hence must be postponed until the individual can make an informed decision and give unbiased consent to the procedure.⁵

Such surgeries done in childhood can assign a genital appearance that does not align with the individual’s gender identity that evolves later and can cause gender dysphoria. Long-term effects on body image and intimate relationships can also occur after non-consensual medical interventions in childhood.⁶

Keeping in mind these multifaceted issues, these guidelines aim to equip healthcare professionals with the knowledge and skills needed to understand intersex variations, the challenges intersex individuals face, and how to provide inclusive and respectful healthcare. It focuses more on psychological and social aspects of intersex individuals, as well as ethical considerations related to treatment and care, rather than delving deeply into the biological aspects, for which the reader is advised to refer to other texts.

The guidelines reiterate that intersex healthcare is about personhood, legal recognition, dignity, and citizenship. Healthcare providers often become the first professionals who encounter an intersex child. Their decisions may influence not only health outcomes, but also the child’s future legal identity, social participation, and sense of belonging. Therefore, intersex care must be understood as supporting the whole person across the life course, rather than managing a set of sex characteristics.

Dr. Sangeeta Saksena

Co-Founder, Enfold Proactive Health Trust

⁴ Wieseemann, C., Ude-Koeller, S., Sinnecker, G. H. G., & Thyen, U. (2010). Ethical principles and recommendations for the medical management of differences of sex development (DSD)/intersex in children and adolescents. *European Journal of Pediatrics*, 169(6), 671-679. <https://doi.org/10.1007/s00431-009-1086-x>

⁵ Wieseemann, C., Ude-Koeller, S., Sinnecker, G. H., & Thyen, U. (2010). Ethical principles and recommendations for the medical management of differences of sex development (DSD)/intersex in children and adolescents. *European journal of pediatrics*, 169(6), 671–679. <https://doi.org/10.1007/s00431-009-1086-x>

⁶ Urone, C., Naccari, C., & Miano, P. (2026). Biopsychosocial dimensions of intersex experiences: A PRISMA systematic review of relational and sexual outcomes, body image, and quality of life. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-026-01342-5>

Module Overview

Intersex healthcare is not solely about anatomy, hormones, chromosomes, or sex characteristics. It is also about personhood, legal recognition, dignity, and citizenship. Healthcare providers often become the first professionals who encounter an intersex child. Their decisions may influence not only health outcomes, but also the child's future legal identity, social participation, and sense of belonging. Therefore, intersex care should be understood as supporting the whole person across the life course, rather than managing a set of sex characteristics.

This module aims to equip healthcare professionals with the knowledge and skills necessary to understand intersex variations, the challenges faced by intersex individuals, and how to provide inclusive and respectful healthcare. It will focus on biological, psychological, and social aspects of intersex individuals, as well as ethical considerations related to treatment and care.

Target Audience

- Doctors (especially paediatricians, endocrinologists, urologists, obstetricians-gynaecologists, general practitioners)
- Nurses (especially pediatric, medical-surgical, obstetric, those working in PHC, and ANMs)
- Other healthcare professionals (psychologists, social workers, counsellors)

Learning Objectives

By the end of the module, participants should be able to:

1. **Understand the definition of intersex** and explain its biological, genetic, and anatomical basis.
2. Recognise the **variations of intersex** and the associated medical challenges.
3. **Identify the psychosocial implications** of intersex and how they can affect mental health and well-being.
4. Learn the **ethical and human rights considerations** regarding medical interventions for intersex individuals.

5. Develop **inclusive communication strategies** for interacting with intersex patients, their families, and caregivers.
 6. Understand the **role of healthcare providers** in supporting intersex individuals throughout their lives.
 7. Provide **patient-centred care**, respecting autonomy, consent, and confidentiality, and how these can play out on the ground when the intersex baby is born, through early childhood, adolescence, and adulthood.
-

Understanding the Terms

Sex and Gender

The distinction between sex and gender, popularised by John Money in 1955 and later expanded by Robert Stoller in 1968, created the notion that "sex is biology and gender is sociological." However, this understanding has been critiqued, as both sex and gender can be thought of as social constructs. While biology defines sex based on characteristics such as gametes and sex chromosomes, society often determines sex by external genitalia and secondary sexual traits. The Yogyakarta Principles Plus 10 reflect a more inclusive approach by recognising the rights of individuals based on "**sex characteristics**," emphasising the inclusion of intersex people. Yet, the understanding of the sex and gender of a person still is very conflated. It is widely misunderstood as interchangeable and that male sex means a person will have masculine gender and female sex means that a person will have feminine gender.

The rigid binary system that enforces male and female categories does not reflect the diversity of human bodies and identities. The medicalisation of intersex bodies and the conflation of sex and gender continue to perpetuate harmful norms. The concept of sex and gender as binaries, rooted in Western thought, has been imposed globally, often disregarding indigenous cultures and their more fluid understandings of sex and gender.

The dissociation of sex and gender is essential in reducing the oppression faced by intersex and transgender individuals. By shifting the question from "What is it?" to "Who is it?", we begin to recognise intersex individuals as whole people, whose identities are not solely defined by their sex characteristics. This approach challenges the pathologisation of intersex bodies and affirms the autonomy and personhood of intersex individuals.



Intersex

The United Nations Human Rights Office of the High Commissioner describes intersex as an umbrella term for people born with natural variations in sex characteristics including chromosomes,

gonads, hormones, or genitals that do not fit typical definitions of the male or female sex⁷.

Nomenclature

The terminology used to describe intersex people has shifted considerably over time. The oldest term, hermaphrodite, derived from Greek mythology, was used in medical and popular discourse for centuries before being recognised as inaccurate and offensive. In the late 19th century, medicine introduced pseudo-hermaphroditism, further entrenching the assumption that all bodies must conform to a male-female binary. The term intersex was coined by biologist Richard Goldschmidt in 1917 (interACT, 2023)⁸, and gained wider use in the 20th century, particularly from the 1990s onwards as intersex people began organising collectively.

In 2006, a clinical consensus introduced Disorders of Sex Development (DSD), which was rapidly adopted by medical professionals but strongly rejected by intersex communities as pathologising. The alternative Differences of Sex Development has been proposed as a compromise (Romao et al., 2021⁹; Weidler & Peterson, 2019¹⁰). The phrase variations in sex characteristics (VSC), endorsed by the Council of Europe, is increasingly used in policy contexts. Today, intersex remains the preferred term among intersex people, advocates, and international human rights bodies, including the WHO and the United Nations.

To make it clear, DSD refers to medical diagnosis; VSC is the description of bodily traits and intersex means persons, communities and lived experiences. Sex characteristics are not the rights-holder. Intersex people are.

In this document, we will use the term intersex or intersex variations.

⁷ OHCHR, *Intersex people* <https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people>

⁸ interACT (2023): Advocates for Intersex Youth, 'We Are More Than a Disorder' <https://interactadvocates.org/we-are-more-than-a-disorder/>

⁹ Romao, R. L. P., Braga, L. H., Keays, M., Metcalfe, P., Psooy, K., Bagli, D., & Koyle, M. (2021). Pediatric Urologists of Canada (PUC) 2021 position statement: Differences of sex development (AKA disorders of sex development). *Canadian Urological Association Journal*, 15(12), 395–396. <https://doi.org/10.5489/cuaj.7658>

¹⁰ Weidler, E. M., & Peterson, K. E. (2019). The impact of culture on disclosure in differences of sex development. *Seminars in Pediatric Surgery*, 28(5), 150840. <https://doi.org/10.1016/j.sempedsurg.2019.150840>

Cultural history of nomenclature:

Across South Asia, people with variations in sex characteristics have been described through a range of linguistic and cultural terms, although these have often overlapped with terms for gender-diverse communities. For example, in parts of southern India, the indigenous Tamil term Idailingam Makkal has been documented while in Nepal, regional terms such as Fulu Fulu, Singaru and Maugiya have also been documented in relation to intersex people.¹¹

In India, the history of naming intersex people is inseparable from the broader history of gender diversity and its colonial disruption. Pre-colonial Indian traditions recognised gender plurality through concepts such as tritiya-prakriti and napumsaka in Vedic and Sanskrit literature, and the Jain tradition acknowledged that physical and psychological gender could differ. Intersexuality was not a categorical aberration but a recognised dimension of human experience.

British colonial rule fundamentally altered this. The Criminal Tribes Act of 1871 criminalised gender nonconformity and collapsed the diversity of intersex and gender-diverse people under the term hijra or eunuch, mandating their registration with the district police (Safdar, 2020).¹² This colonial conflation of intersex with hijra and transgender identities has persisted in Indian law and public imagination. Regional terms such as Kinnar, Aravani, Jogta, and Shiv-Shakti are applied across South Asia to people outside the gender binary, often without distinguishing intersex from transgender identities (Singh et al., 2025).¹³ In Tamil Nadu, intersex activists have advocated for the term Idailingam Makkal (intersex people) as non-derogatory (Intersex Asia, 2025).¹⁴

The pathologisation of intersex in India follows global patterns but is compounded by social and institutional pressure. Families are routinely directed toward corrective surgery at birth, treating intersex variations as disorders rather than natural biological diversity. Many facilities continue to offer treatment for intersex variations as though they constitute a disease. The public imagination

¹¹ Intersex Asia. (2024). Intersex justice in Nepal: A country report on the situation of intersex rights in Nepal. Intersex Asia.

¹² Safdar, A. (2020). Criminalizing the natives : a study of the Criminal Tribes Act, 1871. *Open Collections*. <https://doi.org/10.14288/1.0390312>

¹³ Singh, V., Sah, S., Kabra, S., & Hussain, S. (2025). A study of Socio-Legal History of Transgenders in India. *Cuestiones De Fisioterapia*, 54(2), 4687–4697. <https://doi.org/10.48047/14ve7m42>

¹⁴ Intersex Asia. (2025). Intersex justice in India: A country report on the situation of intersex rights in India. <https://intersexasia.org/>

often fails to distinguish between intersex (biological variation) and transgender (gender identity). While courts have recognized the "third gender," it is predominantly seen through the lens of the sociocultural hijra community, not specifically the medical or legal needs of intersex people. The preferred terms used today by intersex people, advocates, and human rights bodies are intersex and, increasingly, variations in sex characteristics (Sajan, 2024).¹⁵

Intersex Variations

Medical literature classifies intersex variations into three main categories:

1. **Differences in Sex chromosomes:** 45 XO Turner's syndrome, 47 XXY Klinefelter syndrome, and 45X/46XY GMD, Ovotesticular DSD

2. **46 XX Intersex variations:**

Differences of ovarian development: Ovotesticular DSD, testicular DSD, gonadal dysgenesis

Differences of synthesis/action: Complete adrenal hyperplasia, aromatase deficiency, maternal luteoma

3. **46 XY Intersex variations:**

Differences of testicular development: Complete gonadal dysgenesis, Partial gonadal dysgenesis, gonadal regression, ovotesticular Intersex variations

Differences of synthesis/action of androgen: defect in androgen synthesis, Luteinizing Hormone (LH) receptor defect, insensitivity to androgens, 5 alpha reductase deficiency, disorder of Anti-Mullerian Hormone (AMH), cloacal exstrophy

Anatomical variations: like hypospadias. This is debated. Hypospadias occurs commonly. In isolated mild hypospadias, paediatric surgeons routinely do surgery to relocate the opening of the urethra to the tip of the penis and the downward curvature of the penis is removed. When the hypospadias is severe - for example the urethral opening is at the base of the penis, or when it is associated with undescended testes, then it is often an indicator of an underlying chromosomal or

¹⁵ Sajan, N. (2024). Intersex Persons and medical interventions: an exploratory study in India. In *Handbook on sex, gender and health* (pp. 1–21). https://doi.org/10.1007/978-981-19-9265-0_23-1

hormonal intersex variation. Intersex advocates often consider all instances of hypospadias as intersex variations.

Prevalence

Estimates of how common intersex variations are in the population vary. The true prevalence of intersex variations is not known because of underreporting of the data and different ways of categorising intersex. There is also a debate over which variations should be included under the umbrella term intersex. Therefore, estimates often range from 0.018% (one in 4,500 to 5,500 births where the differences in development of the genitals are visible at birth) to 1.7%.^{16,17,18,19}

A Brazilian study by three intersex authors, *150 Intersex Variations*, estimates the global prevalence of intersex variations at 10.95%, challenging earlier prevalence estimates.²⁰

¹⁶ OHCHR, *Intersex people* <https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people>

¹⁷ Fausto-Sterling A (2000). *Sexing the Body: Gender Politics and the Construction of Sexuality*. Basic Books. p. 53. ISBN 978-0-465-07714-4.

¹⁸ Blackless M, Charuvastra A, Derrryck A, Fausto-Sterling A, Lauzanne K, Lee E. How sexually dimorphic are we? Review and synthesis. *Am J Hum Biol*. 2000 Mar;12(2):151-166. doi: 10.1002/(SICI)1520-6300(200003/04)12:2<151::AID-AJHB1>3.0.CO;2-F. PMID: 11534012.

¹⁹ "How common is intersex? a response to Anne Fausto-Sterling". *Journal of Sex Research*. **39** (3): 174–178. doi:10.1080/00224490209552139. JSTOR 3813612. PMID 12476264. S2CID 33795209.

²⁰ Santos, T. E. de C. dos, Albuquerque, C. R. de, & Freitas, D. do C. A. (2024). *150 variações intersexo*. Editora CRV. <https://thaisemilia.com.br/produto/150-variaco-es-intersexo-livro>

Positive Inclusive Approach to Healthcare

Inclusive Healthcare

A positive, inclusive approach from healthcare professionals is crucial in supporting intersex individuals. This involves respecting the autonomy and informed consent of intersex people, particularly regarding medical decisions that affect their bodies. Health practitioners should approach intersex care in a way that prioritises the individual's well-being and mental health, rather than focusing solely on “fixing” their bodies to fit binary gender norms.



Trauma-Informed Care

For many intersex individuals, past experiences with non-consensual medical procedures can be traumatic. Inclusive healthcare providers should be trauma-informed and recognise the significance of respecting bodily autonomy. This includes understanding the history of harmful practices such as forced surgeries or hormonal treatments on intersex children, and committing to a more respectful, patient-centred approach in present-day care.

Affirming Attitude

Medical professionals' affirming and positive attitudes toward intersex individuals can significantly reduce social stigma and discrimination. Intersex traits are not inherently stigmatised; societal labelling creates this burden. If intersex identities were widely understood and celebrated as part of human diversity, intersex people would likely experience mental health challenges at rates comparable to the general population, free from the anxiety and depression caused by societal rejection.

Inclusion of Parents

To foster a positive environment for intersex newborns, parents must be educated about intersex variations from the start of pregnancy. Equipping parents with affirming knowledge ensures they view an intersex baby as a welcome addition, preventing shock, sadness, or shame. This proactive approach mitigates negative emotions during pregnancy, fostering confidence and joy in welcoming their child. In Taiwan, however, there were cases where doctors' negative attitudes lead to recommendations for induced labour or abortion, causing parental depression and even marital conflict, with some couples divorcing over differing decisions. By cultivating positive attitudes in both parents and medical professionals, we can protect intersex fetuses, preserve family harmony, and affirm the child's future health and autonomy.

Medical and Clinical Aspects of Intersex



Diagnosis and Screening

Diagnosis and evaluation of Intersex variations in a newborn requires a multidisciplinary approach. The team must comprise a neonatologist, a pediatric endocrinologist, a pediatric surgeon or urologist, an obstetrician-gynaecologist specialist, a pediatric radiologist, a geneticist or genetic counsellor, psychologist/psychiatrist, social worker, nursing staff and a family physician or a General practitioner , for continuation of care(whenever appropriate) and to provide necessary mental health support. It is the responsibility of the team to sensitise and educate other health and non-health care workers in the setting, from being curious, intrusive, sympathising and pathologising to being compassionate, respectful and understanding. Paying attention to matters of privacy and consent are crucial.

- a. **Physical examination** of the infant with Intersex variations after informed consent is of utmost importance to understand the anatomy of the genitalia. Important points to be noted include the symmetry of the external genitalia, any palpable gonads, genital pigmentation and extent of labioscrotal fusion, length and diameter of the phallus, site of the urethral opening, and the number of perineal openings that need to be recorded. The presence of posterior labial fusion, and looking for any evidence of any other abnormality. Where possible it is advisable to ensure the comfort of the person. This includes making sure their consent is sought at all steps of the process and the team doing the physical examination is extremely respectful. Any photography taken at this stage also needs to be done sensitively and with consent. Only the relevant team members must be present for the physical examination.
- b. Ultrasonography and other imaging techniques to determine the structure of organs in the abdomen.
- c. **Genetic testing** helps predict the phenotype, the recurrence rate, and informs medical decisions. Genetic testing includes:
 - i. Peripheral blood karyotype for detection of X and Y chromosomes, balanced chromosomal rearrangements, or large structural rearrangements.
 - ii. FISH (Fluorescence in situ hybridisation) using X and Y centromere-specific probes for the detection of sex chromosome mosaicism.
 - iii. Detection of Yp Rearrangement by using a probe specific to the SRY gene.
 - iv. Chromosomal microarray analysis and next-generation sequencing (NGS)

d. Hormonal testing

Measurement of 17 hydroxyprogesterone, testosterone, gonadotropins and anti-Mullerian hormone; hCG and ACTH stimulation tests to assess testicular and adrenal steroid biosynthesis and urinary steroid analysis

- e. Serum Electrolytes and Urine analysis

Challenges in diagnosis and the importance of timing

Not all the intersex variations are evident at birth or prenatally. Many variations become apparent only at the time of puberty or much later in life.

Some of the life events at which an intersex variation may become apparent are:

- During a routine prenatal screening (USG) /prenatal care for at risk pregnancies
- At the time of birth - if genital variation is present
- Approaching the health system for care of an inguinal mass/ hernia that lead on to presence of internal/undescended testis
- At the time of puberty:
 - delayed or failure to proceed through expected puberty
 - appearance of physical changes not in sync with the assigned sex at birth (e.g. rapid virilization of a child assigned female at birth)
- During an incidental medical/ surgical procedure
- In adults , when evaluated for infertility.

General principles of medical response to Intersex variations

1. Informed Consent

In India, ethical concerns around **informed consent** arise when intersex children are subjected to medical interventions, such as surgeries, to conform to societal expectations of male or female bodies. These decisions, made by doctors and parents, are often made before the child can understand and express their identity, raising concerns about autonomy and the right to make decisions about one's body. Since children cannot legally consent, the lack of consideration for future autonomy is a significant ethical issue.

Intersex and endosex (individuals born with innate physical sex characteristics that align with typical medical and social norms for "binary" male or female bodies) children are often subjected to medically unnecessary procedures, often justified by parental concerns. With intersex babies gender 'normalisation' or societal discomfort with bodily diversity often colour parental and even medical personnels' decisions. The practice of **non-consensual surgeries** on intersex children has a troubling history in India. These procedures are often justified by the belief that conforming to binary gender norms will ensure social acceptance and well-being. However, this approach disregards the long-term emotional and physical harm it can cause. Medical professionals and families have historically prioritised societal conformity over the individual rights of intersex individuals, ignoring the potential for regret and disempowerment that many intersex adults express later on.

Children have bodily autonomy, even if they cannot yet exercise it. Parents and clinicians must safeguard this right until the child can make their own decisions. Non-consensual genital surgeries should be reserved for urgent physical health needs, preserving future choices for the individual. They should not be done for social conformity, or to obtain a "normal" appearance, or meet gendered expectations. For example, in India, a cultural preference for sons often informs medical decisions about intersex children. These rationales and 'priorities' fail to meet the ethical standard of medical necessity.

Healthcare providers should ensure that patients and families fully understand any proposed interventions' **potential risks** and **benefits**. Providers must also be transparent about the long-term impacts of medical decisions and respect the patient's right to delay or refuse interventions until they can make a fully informed decision.

Shared decision-making allows patients, parents, and healthcare providers to collaborate in decisions that align with the individual's values, preferences, and needs. This approach helps empower the patient and ensures their rights and autonomy are respected throughout the healthcare process.

2. Medical Necessity

Procedures are only necessary when a child's physical health would significantly deteriorate without intervention. Determine if it's a medical emergency. Mere presence of atypical genitalia in a newborn is not a state of medical emergency per se and most variations do not warrant an immediate surgical intervention. Based on the diagnosis, some variations like the salt-wasting crisis in Congenital Adrenal Hyperplasia (CAH) may require immediate life-saving medical intervention. An emergency surgical intervention may be required where the anatomical variation may impede essential bodily functions.

In a large number of intersex children, a medical urgency to operate upon is often socially constructed. A recent review²¹ suggests that the decision to conduct an elective, sex assigning surgery and their timing are predominantly based on anatomical/cosmetic/functional rationale, a perceived desire of aligning with a sex assigned by surgeons and parents, parental desire, and a belief of best practice rather than a clinical

²¹ Muschialli, L., Allen, C. L., Boy-Mena, E., Malik, A., Pallitto, C., Nihlén, Å., & Gonsalves, L. (2024). Perspectives on conducting "sex-normalising" intersex surgeries conducted in infancy: A systematic review. *PLOS Global Public Health*, 4(8), e0003568. <https://doi.org/10.1371/journal.pgph.0003568>

protocol. It is recommended that all non-emergency, invasive and irreversible interventions be deferred until the intersex individual is old and can understand enough to provide consent. The treatment plan should prioritize the individual's long term physical and psychological well being over "fixing genitalia".

Typically, non-therapeutic genital surgeries are performed in an infant with the rationale of suggesting that it relieves parental distress and improves the bonding and attachment between the parent and the child. However, this wide held belief lacks systematic clinical evidence. The need to defer surgeries is supported by evidence that these procedures result in a range of life-long physical and psychological harms²². Parental distress should be addressed by providing proper ongoing counselling and psychosocial support.

Another widely held belief that earlier intervention is more efficacious at promoting gender identity development aligned with an assigned sex from parents or medical teams, also has no evidence. In fact, the opposite is true. Several studies²³ note an increased prevalence of gender and bodily dysphoria in individuals having undergone "sex-normalising" surgical intervention in infancy, experiencing severe psychological distress as a result.

It is shown that many intersex people face multiple adverse effects of the genital 'corrective' surgeries done at an early age like scarring, chronic pain, loss of sensations, urinary and

²² Hughes, I. A., Houk, C., Ahmed, S. F., Lee, P. A., & LWPES/ESPE Consensus Group. (2006). Consensus statement on management of intersex disorders. *Archives of Disease in Childhood*, 91(7), 554-563. <https://doi.org/10.1136/adsc.2006.098319>

²³ Dessens, A. B., Slijper, F. M. E., & Drop, S. L. S. (2005). Gender dysphoria and gender change in chromosomal females with congenital adrenal hyperplasia. *Archives of Sexual Behavior*, 34(4), 389-397. <https://doi.org/10.1007/s10508-005-4338-5>; Minto, C. L., Liao, L.-M., Woodhouse, C. R. J., Ransley, P. G., & Creighton, S. M. (2003). The effect of clitoral surgery on sexual outcome in individuals who have intersex conditions with ambiguous genitalia: A cross-sectional study. *The Lancet*, 361(9365), 1252–1257. [https://doi.org/10.1016/S0140-6736\(03\)12980-7](https://doi.org/10.1016/S0140-6736(03)12980-7); Schützmann, K., Brinkmann, L., Schacht, M., & Richter-Appelt, H. (2009). Psychological distress, self-harming behavior, and suicidal tendencies in adults with disorders of sex development. *Archives of Sexual Behavior*, 38(1), 16–33. <https://doi.org/10.1007/s10508-007-9241-9>; Muschialli, L., Allen, C. L., Boy-Mena, E., Malik, A., Pallitto, C., Nihlén, Å., & Gonsalves, L. (2024). Perspectives on conducting "sex-normalising" intersex surgeries conducted in infancy: A systematic review. *PLOS Global Public Health*, 4(8), e0003568. <https://doi.org/10.1371/journal.pgph.0003568>

sexual dysfunction, and repeated corrective surgeries. The surgeries performed at early ages have also led to symptoms of post traumatic stress disorder, anxiety, depression, feelings of loneliness, insecurities about their own bodies and fear of intimacy. Also surgeries performed at an earlier age can assign a genital appearance that does not align with the individual's gender identity that evolves later and can cause gender dysphoria.

3. Safeguarding Human Rights, Best Interest of the Child

It is the medical teams imperative to guide and manage ethical decision making with parents, upholding the rights and best interest of the child.

Early medical decisions about intersex bodies do not merely treat anatomy, they actively shape patients' imagined and actual futures. Ethical, patient-centred care requires healthcare providers to acknowledge the limits of outcome prediction, communicate uncertainty honestly in a humble, clear, transparent and simple language, and actively protect and aid the individual's right to make decisions about their own body and health experience.

Non-therapeutic surgeries must be deferred until the intersex individual is able to take an active and meaningful part in the decision making process and provide a free, full and informed consent. This supports the bodily autonomy and integrity of the individual.

Medical Interventions

The Govt of India(GOI), Ministry of Health and Family Welfare Guidelines (2024)

The GOI has issued guidelines on medical intervention required in infants/ children with intersex variations (dated: 25-06-2024).²⁴ The guidelines have been drafted by a committee constituted at Dte.GHS. This guideline provides a compass for the healthcare provider on the medical, surgical and mental health intervention to be offered. GOI DSD guidelines states the following;

²⁴ Guidelines issued by the Ministry of Health and Family Welfare, Govt of India 25 June 2024 regarding medical intervention in children with DSD (intersex).
<https://enfoldindia.org/wp-content/uploads/2026/09/DSD-Guidelines-with-stamp-Issued-by-the-Min-Health-and-Family-Welf-are-Govt-of-India-25-June-2024.pdf>

GUIDELINES FOR MEDICAL INTERVENTION REQUIRED IN INFANTS/CHILDREN WITH DISORDERS OF SEXUAL DIFFERENTIATION (INTERSEX) TO HAVE MEDICALLY NORMAL LIFE WITHOUT COMPLICATIONS

1. Infants/Children of Disorders of sexual differentiation (DSD) or intersex should be treated at centres that have a Local Multi-Disciplinary Committee (LMDC) consisting of a Paediatric Surgeon, Paediatrician/ Paediatric Endocrinologist, and Psychiatrist/ Clinical Psychologist. Patients who do not typically fit into DSD need not go through LMDC.

2. Newborns/ infants requiring sex of rearing assignment, children requiring surgical treatment at any age and adolescents with a lack of pubertal development requiring hormonal support should be evaluated by the LMDC.

3. GUIDELINES FOR MEDICAL INTERVENTION

a. Infants/Children with life-threatening electrolyte imbalance, dehydration etc. need to be given appropriate emergency treatment without waiting for LMDC.

b. Adolescents with a lack of pubertal development will require appropriate hormonal support.

4. GUIDELINES FOR SURGICAL INTERVENTION

a. Optimisation of urine flow to enable them to pass urine normally without outflow tract obstruction can be done. This will prevent repeated urinary tract infections and renal damage.

b. A biopsy of gonads to prove diagnosis and rule out cancer can be done.

c. Removal of dysgenetic gonads and/or repositioning in a location where they can be easily palpated for prevention and detection of cancer should be done.

d. Correction of hernia should be carried out before complications occur.

e. Correction of outflow tract obstruction for egress of urine/ menstrual fluid should be done. This will prevent the development of retained menstrual fluid which may lead to urinary tract infections and their further complications later in the child.

f. On rare occasions, surgery may be required in cases with clitoromegaly and painful erections that are not controlled by medical management.

g. Whatever surgical intervention is required should be carried out if a potentially life-threatening (physical or psychological) circumstance arises.

5. GUIDELINES FOR MENTAL HEALTH INTERVENTION

a. Age-appropriate gender-relevant information in the context of the infant's/child's socio-cultural background should be provided.

b. Care and support to infants/children and their families with encouragement to develop and maintain social support systems including family, friends and peers should be offered.

c. Children with DSD and their caregivers should be screened for mental health issues and appropriate mental health interventions should be provided when needed. The exploration of gender identity in these children should also be facilitated.

Note on Hormone Therapy

General principles of hormonal therapy²⁵ in intersex variations:

- Prenatal treatment of CAH, with maternally administered dexamethasone. This is to be done after educating the mother about CAH and with her informed consent.
- Glucocorticoid and mineralocorticoid replacement in salt wasting CAH. It is life saving, and is started as soon as a diagnosis is made/ symptoms appear usually within the first few weeks of birth.
- Induction of puberty and maintenance of secondary sex characteristics, as desired by the individual.
- Suppression of excessive secretion of a hormone.
- To affirm gender identity if sex and gender assigned at birth does not correspond with the person's gender identity.
- To replace sex hormones after surgical removal of gonads.

²⁵ Warne GL, Grover S, Zajac JD. Hormonal therapies for individuals with intersex conditions: protocol for use. *Treat Endocrinol.* 2005;4(1):19-29. doi:10.2165/00024677-200504010-00003

Ongoing Medical Needs

Although most individuals with intersex variations don't require a specialised medical care, some may require special care at specific developmental periods of life and others may have a lifelong medical need, depending on the variation. Hence care should be taken in developing a long-term holistic healthcare plan which should include the consideration of the risk of cancer, prevention of osteoporosis, advice on hormones, sexual health and fertility options and ongoing support in order to optimise quality of life and wellbeing.

Bone & Joints health

Treatment of CAH requires lifelong steroid replacement therapy and could potentially lead to decreased bone density. If treated with higher doses of steroid, a baseline bone density measurement has to be made and subsequent regular monitoring is required in young adults. Over the age of 40, annual bone density measurements are recommended.

Cancer risk Monitoring

Certain variations are known to have a slight increase in risk of developing cancers like breast cancer, gonadal tumors or non hodgkin's lymphoma. Gonadectomy is performed most of the time for risk reduction but these surgeries are often performed on individuals with low cancer risk or before an age where informed consent is available. Gonadectomy is indicated only when the cancer is already present or precancerous lesions are noticed.

Periodical screening and active patient education is a better way of managing cancer risk than uninformed radical gonadectomies. Eg: Breast cancer risk in individuals with Klinefelter is equivalent to the risk in females. Individuals with Klinefelter should be taught breast self examination technique, have mammograms taken at age and frequency corresponding to the screening in a female. If there is a strong family history of breast or ovarian cancer, consider genetic testing for cancer risk genes.

If the individual is on hormone replacement therapy (HRT), then the safety of the HRT has to be reviewed periodically by experts and necessary screening for the cancer risk must be provided concurrently.

Fertility

In her article **"Intersex, infertility and the future: early diagnoses and the imagined life course,"** Charlotte Jones (2020) explores how receiving a diagnosis of infertility in childhood or adolescence often alongside a diagnosis of an intersex variation, fundamentally shapes a person's sense of the future.²⁶ Health care providers often implicitly imagine a normative life course (binary sex, heterosexual partnership, biological parenthood) which influences the perception and provision of care by the clinician. Many intersex diagnoses are often accompanied by assumptions of inevitable infertility, which are rarely communicated clearly, revisited over time, or contextualized as uncertain or variable.

General recommendations when discussing fertility/infertility:

1. Acknowledge "Early Infertility" as a Unique Experience

Standard medical definitions of infertility often focus on "the failure to conceive after 12 months of trying." This definition is adult-centric and to offer this as an inevitable diagnosis in childhood or adolescence, attached to the intersex traits can be distressing. It is a "future-oriented" loss rather than an immediate clinical failure. Avoid presenting infertility as absolute unless medically certain. Revisit fertility, identity, and life-course discussions longitudinally as the individual develops and matures.

2. Avoid "Biographical Disruption" through Sensitive Communication

Early diagnoses can lead to what sociologists call "biographical disruption"—where a patient's imagined future (marriage, biological parenthood) is shattered even before it begins.

When delivering a diagnosis, do not present infertility as a "tragedy" or a "definitive failure" of the body. Frame it as one characteristic of their unique development, leaving room for the patient to navigate their own relationship with parenthood over time. Reproductive potential is complex and evolving. Use uncertainty-aware language and document what is known, unknown, and potentially changeable.

²⁶ Jones C. (2020). Intersex, infertility and the future: early diagnoses and the imagined life course. *Sociology of health & illness*, 42(1), 143–156. <https://doi.org/10.1111/1467-9566.12990>

3. Support the "Imagined Life Course"

Rather than presenting infertility as a pathology, explore with the individual the life course that they would like to live. Not all individuals experience infertility as a devastating trauma or end. Most individual's views on a childless future are often **complex, ambivalent, and transitional**; some eventually find empowerment in child-free lives or alternative paths. Support patients in exploring diverse futures, including biological parenthood (if possible), adoption, fostering, or a fulfilling life without children. Explore early options of gamete freezing or ovarian or testicular tissue freezing, wherever appropriate and before HRT or any surgical intervention. Provide clear, age-appropriate, and honest information.

Psychosocial and Mental Health Considerations

Identifying with the Term "Intersex"

- **Understanding the Term**

Being intersex is a natural part of human biology. Identifying with the term can be empowering for some individuals, as it provides a label to describe their unique experience. However, not everyone who is intersex identifies with the term, and some may prefer other terms like "non-binary" or simply not label themselves at all.

- **Cultural and Personal Perspectives**

The way a person identifies can depend on their cultural context, personal experiences, and the language they grew up with. In some cultures, being intersex may have been historically recognised in different ways, while in others, it may have been stigmatised or even erased from public discourse.

Feelings of Alienation and Sense of Belonging

- **Alienation**

Intersex individuals may experience alienation due to societal expectations of gender and sex. From an early age, children are taught rigid notions of male and female bodies, and intersex individuals can feel marginalised when their bodies do not align with these expectations. A lack of visibility and representation of intersex people in media, healthcare, and social contexts can compound the alienation.

- **Sense of Belonging, Community and Network**

A sense of community can be crucial for intersex individuals. Many intersex individuals find a sense of belonging in intersex communities, whether through advocacy groups, online forums, or local organisations. These spaces allow people to connect with others who share similar experiences and struggles including the experience of medicalisation (the tendency to pathologise intersex traits) and the process of navigating identity. This common ground

can foster empathy and solidarity, strengthening the sense of belonging and providing a space to advocate for change. These communities provide not only emotional support but also a platform for activism and education.

Additionally, feeling accepted by friends, family, and allies who respect their identity and autonomy can help counter feelings of alienation.

Understanding Individual Psychological Perspectives

- **Psychological Impact of Being Intersex**

Psychological experiences can vary widely among intersex individuals. Some may struggle with body image issues or a sense of not fitting into societal gender roles, particularly if they underwent medical interventions at a young age. The impact of medical interventions, such as surgeries or hormone treatments, can create long-lasting emotional and psychological consequences, especially if those procedures were performed with the aim of assigning a sex and a gender to the child, without informed consent.

- **Mental Health**

Intersex individuals may experience higher rates of mental health issues, including anxiety, depression, and trauma, due to stigma, discrimination, and the psychological impact of medical procedures. A positive and inclusive approach from healthcare professionals, combined with support from family and community, can improve mental health outcomes.

Intersectionality of Identity for Intersex Persons and Its Impact

Understanding Intersectionality

Intersectionality refers to the interconnected nature of social categories such as race, gender, sexuality, class, and ability, which can intersect and affect an individual's experiences. For intersex people, their intersex status may intersect with other aspects of their identity, including race, religion, caste, socioeconomic background, gender identity, and sexual orientation.

Impact of Intersectionality

The experiences of intersex individuals are not monolithic, and intersecting identities can create unique challenges. For example:

- **Community (caste based, indigenous based):** Intersex individuals from marginalized community backgrounds may face compounded discrimination, both from the general public and within their cultural or familial communities.
- **Socioeconomic Status:** Those from lower socioeconomic backgrounds might have less access to healthcare or support systems, making it more difficult to navigate their experiences as intersex individuals.
- **People with different educational background** might need different kinds of support in navigating medical systems and knowledge.
- **Gender Identity and Sexual Orientation:** Intersex people who identify as transgender, non-binary, or genderqueer may experience additional layers of discrimination or misunderstanding related to both their intersex status and their gender identity.

Empowerment Through Intersectionality

Understanding the intersectionality of an intersex person's identity can lead to more inclusive policies and practices that consider the full complexity of their experiences. For example, intersex people who are also members of the LGBTQ+ community may benefit from shared activism and advocacy work, as the struggles for recognition and rights are often aligned.

Psychological and Developmental Care

Clinical care should comprise psychological and developmental well-being and care of intersex children along with physical care. Evidence²⁷ shows that intersex individuals experience elevated rates of mental health issues like severe anxiety, depression , gender dysphoria and post traumatic stress. The psychological distress that originates from having undergone non-consensual surgical interventions at a developmentally very young age and managing the complications that arise out of it contribute to these mental health outcomes more than the intersex variation itself .

Age appropriate, ongoing disclosure to the child about their own body and its development should be provided in a manner that is affirming rather than pathologising their experience. Gender assignment should be provisional.

Patient-Centred Care and Communication

Effective communication is key in ensuring that the intersex patient and their family feel heard, respected, and empowered. Some key strategies include:

1. **Active Listening:** Providers should listen attentively to the concerns of the patient and their family, ensuring they feel supported and understood.
2. **Cultural Sensitivity:** Be mindful of cultural differences and how they may impact the family's understanding of intersex variations.
3. **Clear, Non-Judgmental Language:** Avoid medical jargon and use clear, simple language when discussing sex characteristics and medical options.
4. **Respect for Autonomy:** Encourage shared decision-making by prioritising the patient's voice, especially as the individual grows older and can express their preferences with full information and understanding.

²⁷ Rosenwohl-Mack, A., Tamar-Mattis, S., Baratz, A. B., Dalke, K. B., Ittelson, A., Zieselman, K., & Flatt, J. D. (2020). A national study on the physical and mental health of intersex adults in the U.S. *PloS one*, 15(10), e0240088. <https://doi.org/10.1371/journal.pone.0240088>

Addressing the Unique Needs of Intersex Patients

Intersex patients have specific needs that should be addressed holistically and respectfully. This includes:

1. **Physical Needs:** Ensuring access to appropriate healthcare that respects the individual's sex characteristics and avoids unnecessary medical interventions.
2. **Psychological Needs:** Providing emotional support for individuals dealing with the stigma and challenges of being intersex in a society that often doesn't understand or accept their bodies.
3. **Social Needs:** Addressing concerns about societal acceptance, bullying, and inclusion. Supporting intersex individuals in finding community and advocacy groups can help build resilience and a sense of belonging.

Respecting the identity of intersex individuals requires sensitivity, a commitment to inclusive language, and an emphasis on informed consent. Healthcare providers must prioritise the **autonomy** and **well-being** of intersex patients, support families in navigating medical and societal challenges, and advocate for the recognition and dignity of intersex persons in all aspects of healthcare.

Respecting Identity

When interacting with intersex individuals in healthcare settings, it is crucial to approach gender and sex identity with sensitivity and respect. Avoiding assumptions about a patient's gender or sex is essential to providing inclusive and empathetic care. Gender identity is deeply personal, and each person's experience may differ significantly from the sex recorded at birth. Intersex individuals, who may have sex characteristics that do not fit typical definitions of male or female, are no exception.

Inclusive Language

Using correct terms and pronouns is essential in affirming the identities of intersex individuals. Healthcare providers should always ask individuals about their preferred pronouns and terms when addressing their gender identity or sex characteristics. This demonstrates respect for their identity and helps create a safe and inclusive space for open communication. For intersex individuals, it is crucial to avoid using outdated or pathologising language and instead use terminology that reflects their lived experiences, such as "intersex", "people with innate variations of sex characteristics" or whatever they self-claim.

For instance, healthcare professionals should refrain from using terms like “disorder”, “defect” or “abnormal” to describe intersex variations, as this reinforces the harmful stigma associated with bodily differences. Instead, intersex variations should be acknowledged as a natural part of human diversity.

Considerations in Communication and Clinical Interaction

With Parents

The diagnosis of intersex variation in a child can be unsettling and confusing for parents. It may provoke in them a response that is closely parallel to acute grief. They may experience a variety of emotions including shock, denial, guilt, shame, blame, sadness, sense of loss, fear and anxiety about their child's future. These reactions should be anticipated and acknowledged when it arises without any judgment. They should be meticulously addressed with ongoing structured psychosocial support (by professionals as far as possible) and shouldn't be just left to be patronised or sympathised by the doctor within limited clinical encounters. Often it is this parental distress and the need to resolve their own psychological discomfort by anatomically normalising the child that play out as a demand for premature, early surgical intervention. It's important to guide parents through this process with compassion and clarity, helping them understand that intersex variations are a natural part of human diversity. Healthcare providers should approach these conversations with patience, providing accurate and accessible information, and offering support to parents who may feel overwhelmed. Medical social workers with training in intersex case management can be used as a resource in these situations. They can be a necessary bridge between medical professionals and families of intersex persons.²⁸

Structured psychosocial support like counseling should be initiated for the parents at the time of diagnosis and has to be maintained longitudinally across the span of child's development. This includes addressing concerns about stigma, bullying, and future challenges the child may face. It shouldn't be used as a one time process for parents to lean on narrow perceived options and outcomes. It has to be an independent process, where the parents are provided a safe, non-judgmental space to process the complex emotions without these reactions influencing the decision making for their children.

Psychosocial support should also include an educational component providing parents with precise, evidence based information about their child's specific variation, the possible range of developmental arc including, the potential medical needs that may arise as and when required. In cases where medical interventions are being discussed, it is important to help parents understand

²⁸ Das, A. (2024). Intersex children and their families in India: Some critical perspectives and recommendations for social work practice. Families and Gendered Violence and Conflict: Pan-Continent Reach. Springer.

the **long-term implications** of these decisions. Families should be involved in the decision-making process, but respecting the **child's autonomy** and giving children space to express their thoughts and preferences as they grow older is crucial. Providers should emphasise the importance of allowing children to make decisions about their bodies when they reach the age of consent.

The support should also address and help the parents navigate external pressures from families and communities (social, cultural and religious) which often reinforces the urgency around normalising surgical interventions. Informed parents are better advocates of their child's well being, upholding and respecting the rights of the child.

Facilitating peer support and connections - other parents of children with intersex variations or with advocacy organisations , has shown significant benefits in reducing parental isolation, challenging stigma and broadening the care. Providing contacts of such peer support should be proactively offered as a part of care plan and not left to parents to seek independently.

With Intersex Adolescents²⁹

In the developmental trajectory of intersex individuals, teenage marks a particularly crucial period with increase in psychological vulnerability, phase of identity formation and increasing need for autonomous decision making. Adolescence marks an important stage of self development. Puberty may provoke or heighten insecurities or confusion about their gender. It is also the period that may bring in new clinical events like unexpected virilisation or feminisation, fertility related disclosures or the need to explore hormonal interventions. This requires honest, timely, appropriate and sensitive communication from the healthcare provider.

If information has been withheld or fragmented across early childhood about the variation, and if adolescence is the period when complete disclosure is happening , it can be a source of significant psychological distress. Evidence strongly supports a policy of early, staged , age appropriate disclosure and sharing of information for better health and well being outcomes.

²⁹ Marinus, M.A.; Cense, M. A Life Course Perspective on the Sexual Development of Young Intersex People. *Healthcare* 2024, 12, 239. <https://doi.org/10.3390/healthcare12020239>

Adolescence care³⁰ needed to be proactive rather than reactive. Actively screen for anxiety, depression, substance use, signs of traumatic distress, suicidal ideation or intent. Evaluate and refer to necessary specialist care.

1. Communicate in a warm and matter of fact manner that intersex variations are more common than people think.
2. Speak and communicate to the adolescent first and then to the guardians or parents. Respect the evolving need of autonomy and decision making of the adolescent.
3. Avoid language that might objectify or medicalise the bodies of intersex individuals.
4. Share information in a simple, accessible language with the individual and their families calmly and warmly. Secrecy creates alienation and loneliness; transparency helps the patient integrate their diagnosis into a healthy self-identity.
5. Try and find out what the person already knows about their body
6. Anticipate strong emotional reactions
7. Make sure that the communication is active and two ways, finding out what they have understood from the dialogue.
8. Encourage the youth to ask questions and be curious about their bodies.
9. Avoid use of heteronormative standards in language (eg cis-gendered, heteronormative language)
10. When doing genital examinations, explain, seek permission and consent. Avoid unnecessary genital examination.
11. Don't take pictures of their bodies and/or genitals, unless a prior explanation is given and informed consent has been taken.
12. Allow the adolescent to choose whom they want to be in the consultation and examination room. Give them options and allow them to choose.

With Intersex Adults³¹

1. Instead of assuming gender identity or sexual orientation, ask and clarify. Ask what pronouns and terminology the individual prefers. It is fine if they are still in the self-understanding

³⁰ Affirming primary care for intersex people; Accessed at:
<https://interactadvocates.org/wp-content/uploads/2020/10/Affirming-Primary-Care-for-Intersex-People-2020.pdf>

³¹ Affirming primary care for intersex people; Accessed at:
<https://interactadvocates.org/wp-content/uploads/2020/10/Affirming-Primary-Care-for-Intersex-People-2020.pdf>

journey and have not decided or simply have no gender identity or any specific sexual orientation.

2. Bring about discussions on reproductive and sexual health rather than assuming a normative life course based narrative. Eg: Don't ask when your last period was, assuming the patient has menstrual cycles. It is part of nature that some intersex people have periods and some have no periods.
 3. Use sensitive language when providing preventive health checkups and screening. Avoid using language that makes patients feel invalidated, humiliated, misclassified, or forced to disclose their identity. Eg: Recommendations should be based on the individual's anatomy, health needs, and preferences, rather than assumptions based solely on sex or gender labels.
 4. The individuals have the right to refuse being examined, observed or treated by trainees (for eg in a teaching hospital / medical college) when the primary purpose is educational or informational rather than providing active medical care. Understand this and also make sure to explain and secure the rights of the patient.
 5. It is likely that an intersex adult may have experienced medical trauma already and may experience health anxiety when visiting a hospital/doctor. Be aware of this in order to avoid re-traumatising the patient.
 6. Avoid unnecessary genital examinations. Eg: a doctor/nurse on seeing intersex variation in the medical record of an intersex individual does/asks for a genital exam out of curiosity even though the person has approached the medical personnel for an unrelated issue like an upper respiratory infection.
 7. Genital examinations only when absolutely necessary, after obtaining informed consent, providing explanation on the need for it.
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Application in Practice

Following are a few examples of how the above principles were applied as well as what happens when they aren't:

Narrated by a gynaecologist practising in Bengaluru, India:

"16-year-old M was brought by her mother to me for a gynaecological assessment. Her father owned a grocery shop in a small town in Karnataka. Her mother was a housewife and had studied till class 5.

M was the eldest of three children, all born through uneventful pregnancies and normal deliveries. Her childhood was unremarkable. Once M turned 14, her mother was worried that she had not attained menarche, and her breasts and underarm and pubic hair had not developed either. But belonging to a deeply conservative family where girls are not educated after high school, and are married off by 18, the mother was scared to take her for a health check up to the local doctor. She feared the local gossip and lack of confidentiality. She used to make the girl sleep on the floor and eat on a separate plate for 3-4 days every month for people to feel that her periods had started (In many conservative Indian families, this kind of segregation and discrimination is still a common practise rooted in the belief that a person is 'dirty' during menstruation).

The mother used the excuse of buying sarees and clothes for a family wedding to come to Bengaluru and meet me. On examination, the findings showed slightly shorter stature, stocky build and absent secondary sexual characteristics. There were breast buds, Tanner stage 3. The external genitals were healthy but Tanner stage 2 in development.

Investigations were done. Hormonal profile, reproductive hormones and karyotype. She was given cyclical estrogen and progestogen and had regular withdrawal bleeding every month.

The mother had planned to take up Deeksha (a sacred religious initiation by a Guru, which could also lead to a life of renunciation) with her daughter. She planned to take up a spiritual life without social interaction. She felt that it was the only path for her daughter coming from a deeply conservative family.

After much discussion, the mother spoke to the head of the family and, with his reluctant consent, started her daughter in a hostel as a path to education and financial independence.

Today M is living with a partner in a foreign country, planning on having a baby through donor eggs and with her husband's sperm. They plan to try IVF but are happy to adopt a child. They are content and secure about their future!"

Narrated by an affirming physician in Karachi, Pakistan:

Case 1:

24-year-old S reached out from another city as he couldn't find a single doctor who could understand his situation. Announced female at birth, S easily passed as a tom boy before puberty. Around 12-13 years of age, S started receiving verbal instructions for reducing interaction with boys, covering up like a girl, and pushed into the stereotypical role.

He couldn't continue education because he was misunderstood by peers and teachers alike. He dropped out before finishing A-levels.

Living in a joint system, he felt ashamed as he didn't fit the norm despite trying. With access to the internet, he learned about dysphoria and expressed this to his mother who, herself having a psychology background, could tell this child was different, and pushed him to find the right medical help. He reached out to me last year, masculine appearance, short hair, voice not completely feminine and during our initial conversation it was evident that he had suicidal ideation because of family rejection (father used to criticise a lot, though no physical abuse happened).

History revealed high intensity dysphoria post puberty. Growing breast size overwhelmed him and he became more isolated. Periods were almost regular, no hirsutism noted. He has 46XX so I explored CAH symptoms too but they were inconclusive. So I advised relevant investigations. He had very low vit D and naturally increased testosterone for the female range. S does not identify as khwajasira, this distinction is important as in Pakistan, khwajasira community exists as third gender with gender marker "X". S identifies as a man/transman with a possible intersex variation, using gender marker "M".

He has a younger sister, parents are not cousins and no one in his known family has a similar experience. Father, being religious, had major concerns over his affirming care. So before starting

HRT, family counseling was done to take parents on board. Mother was fully supportive and understanding. Father supported him financially for all blood works and imaging.

Following WPATH standards of care, he was advised about non medical steps for alignment. Once his HRT was started, there was a significant decline in the intensity of dysphoria.

A trans-friendly plastic surgeon was taken on board for his top surgery done earlier in 2026 that significantly grew his confidence and lowered social anxiety completely.

We reached out to a private hospital in his city of residence, the hospital refused his hysterectomy claiming it is not in accordance with their policy. The family again faced discrimination despite our Transperson protection Act 2018 being in place.

Another laparoscopic surgeon was contacted for it a couple of months back, who performed it with due diligence and dignity.

Post op ultrasound revealed hypoechoic tissue still present in the pelvis (which isnt the ovary, could also be testicular tissue). His experience with the ultrasound technician and radiologist was not a good one as he says they seemed very confused. His MRI was also done to check the same.

His process for the change of national identity card from "F" to "M" has started, although the medical board that has assessed him, are not specifically trained in intersex/transgender healthcare so that interaction was very stressful for him. With family acceptance and affirming care, S is now doing much better.

Conversation Guide With Parents, Intersex Children and Adolescents

Questions that families may have and suggested answers

1. What is intersex?

Medical personnel: "In nature, there are many sexes - female, male and intersex variations. Your child has intersex variations. This means that when you see the child's genitals or their internal organs, these are different than expected and can't be understood as a standard male or a female body. Nature allows for a lot of difference and diversity that cannot be understood within the binary of male/female "

2. What is my child's gender?

Medical professional: "Children grow up and tell us their gender. At birth, we classify and record a sex of the child - female, male or intersex. Your child is intersex. Like other children, the child will grow up and tell us their gender. Many children given the female sex grow up to identify themselves as girls/women. Many children given the male sex at birth grow up to identify themselves as boys/men. These children are cisgender. Their recorded birth sex matches with the gender they identify with. Many children grow up to identify as trans - their recorded sex at birth and gender identity developed do not match. Intersex children can have any of the numerous gender identities that exist amongst humans including no gender identity. It is all ok. We will have to wait and see what the child feels like and how they want to be known."

3. Can't my child's gender be fixed now? By medical treatment?

Medical personnel: "It is important to understand the difference between sex and gender. We tend to use these words interchangeably. But they are not the same. In fact they are very different. Sex is a category where we classify and record a newborn baby by looking at their genitals and other biological characteristics like genes and organs and hormones. The categories are female, male and intersex. Gender identity is a feeling - an inner sense - that a child develops as they grow. The categories here are many - girl, boy, woman, man, transman, transwoman, non-binary, queer etc. The feeling of one's gender can't be forced on a child. It's an inner sense that develops over time. It cannot be changed by doing surgery on the body, removing parts of the body or doing plastic surgery. Besides, doing such

surgeries, making the body similar to male or female body does not ensure that the baby will grow up to identify as a boy or girl! Also, changing 'the look' of the body for the purpose of "assigning" a female or male sex or a girl or boy gender is not good for the child healthwise. It denies and erases the existence of intersex and their rights to develop their gender identities. It can cause long lasting physical, and mental trauma and can potentially have extreme, adverse effects. The bottom line is, we can't decide or 'fix' a person's gender. What we can do is provide all the support that the child/adolescent might need. We can put you in touch with a team of social workers/psychologists who would be able to help you navigate this journey."

4. Why was such a child born to us? Why? Is it something in our families? Something that happened during pregnancy? Will I have more intersex children?

Medical personnel: "Intersex is a natural variation in the development of the sexual and reproductive system of the baby. It can happen due to many factors - but diet or parents' genetic make-up is not one of them. There can be variations in the genetic make-up of the baby, or enzymes may be different, leading to such development. It occurs quite commonly, and there are many intersex individuals born every day all over the world. In some cases, a couple may have another intersex child. We will be able to tell you more after the genetic testing of this baby is done."

5. What do I tell my relatives?

Medical personnel: "Parents should be supported in making careful decisions about disclosure. It is possible to be honest with the child while maintaining privacy from unnecessary public exposure. Tell your relatives that your child is intersex if you confirm it is safe for the child and family.. Educate them about this natural variation. Tell them that the child will grow up, and let us know if they are a girl, a boy, or any other gender identity. Tell them we are going to bring up the child as a beautiful human. We will give them a gender-neutral name, such as Amrit, Kiran, Deep, Daman, Saras, Neel, Surya, Tara, etc. We will let the child wear what they want, play with whichever toys they want, and make friends with whomever they want to be with. Please support us in this."

6. How can I get help?

Medical personnel: "It is a good time for the entire family to learn more about intersex. There are some online support groups. You could read more and watch some videos of how parents have empowered their children. You can always reach out to us."

7. Which school will admit my child? What do I tell the school?

Medical personnel: "You can speak with the Principal of the school and explain that your child is intersex. You can say that the child likes to wear the clothing of this gender, and you would like the child to be grouped with that gender for now. The child prefers this pronoun, and you would like the teachers and the students to use that pronoun for the child. Request schools' Principles to ensure that schools support students to be their genuine self.

8. "I have an intersex child. I am pregnant. What tests can I do to find out the sex of this baby? I don't want another intersex baby!"

Several genetic and non-genetic factors are associated with intersex variations. A few, like Turner's and Klinefelter's Intersex variations, can be detected through prenatal genetic testing. There is no way to determine the sex of this baby with 100% accuracy. Intersex babies deserve equal celebrations like any other newborn in the family.

9. How can I bring up my intersex child?

Medical professional "Gender identities are diverse. Boy and girl are only two typical social norms. There are more identities than that. You could consider gender neutral upbringing. You could give a gender neutral name to the child. You could dress the child in gender neutral ways. You can avoid choosing the colour of the dress or the kind of toys for the child. You can support the child to choose their own dress with any colour of their choice, choose their own toys or sport they would like to play, or choose their own friends. Once the child starts asserting their identity in different ways, you can take your cues from them. It can be a long journey. Just ensure you always support your child's decision without social judgment and secure a safe space for them to explore their identity. It is best that every child can develop their genuine self freely without fear. You could consult counselors, community support persons when they have doubts or road blocks."

10. Will my child have a normal puberty? Will things get better with growth?

Each person experiences pubertal changes differently depending on the biological factors like genetic make-up, hormones, other biological factors, the organs present and environmental factors like nutrition. At the same time, the pubertal changes are similar in all sexes at a basic level. However, the changes vary in their extent. For example, height and weight increase (more in males). Males develop more muscle mass, and females develop more fat. Breast development and widening of the pelvis occur more in females. Hair grows in the pubic and underarm areas. Males see more facial and body hair, voice deepening, and shoulder widening. In intersex children the changes will depend on their biological

factors and the organs present. However, none of these markers are conclusive of your child's gender identity. As mentioned earlier, your child will develop their own gender identity with time and express it when they are ready. You can provide them support as they go through this journey.

It is quite common that intersex children who identify as a girl may have no period like other female children. You can discuss it with them in a positive and calm way, helping them understand it is not a big issue. Giving them a choice either to request for medical support or just accept how it is is all ok. Not every intersex child is reproductive. Highlight not every one is meant to be reproductive. It is common that some people have no reproductive ability. Some intersex assigned as boys may have regular or irregular bleeding and period pain like menstrual cramps. Please listen to their pain with patients and offer medical support needed. The similar situation might happen in breasts development and other second sex characteristics development. Being different is normal, it doesn't devalue them as a person. Your positive and calm attitude can prevent them from feeling shock, hurt or shameful for the situation. The prevention of dignity loss, shameful feeling and identity crisis are the key mental healthcare for intersex children during puberty. Puberty generally begins between 8 and 15 years of age and takes 10-12 years to complete. Reproductive organs grow and begin to function as per the organs present, about 2 years earlier in females than in males. In intersex children, this will vary. The brain matures into an adult brain by 22-24 years of age.

11. How can I face the taunts of people?

When people taunt others, they are showing their personality, what they want to create in this world. They are choosing to be rude and unkind. It hurts when people treat us unkindly. When people taunt us like this, they are actually ridiculing nature. Our bodies are made by nature. We don't create our bodies or choose the bodies we are born with. When people taunt us, we can choose to ignore them, be silent, feel pity for them as they seem to have a long way to go in their journey to be a kind, empathetic human being! We can also choose to educate them. We can say "Nature also makes everybody different. No two persons are exactly alike in every aspect, not even twins! When we take an overview, we find that we can group bodies into different broad categories, for example, female, male, and intersex. While these categories may help in some ways, they should not become the basis for discrimination. We can respect everybody and not ridicule anyone for how their bodies are."

Questions that an intersex child/adolescent may have, and suggested answers

1. What is my sex?

Medical personnel: “Your body has characteristics that are not typical compared to what has been defined as male or female bodies. These characteristics are known as intersex variations. It’s a natural variation of the way the sexual and reproductive organs develop. Intersex is not an incomplete state awaiting correction. It is one of the naturally occurring forms of human sex development.”

2. When will I become normal? Like other children?

Medical personnel: “You are normal. No two bodies are alike. Your body and the structure of various organs will remain the same and not become like those of other children. This is because your genetic and hormonal makeup, as well as other factors, are different. With time and the onset of puberty, the organs may develop in size. Some may begin to function. We can’t predict how this growth and function may happen. Each one of us is unique and develops differently. We have to wait and see.”

3. Can I change my sex? Should I?

Medical personnel: “We are all born with specific sex characteristics like chromosomes and other factors. When we talk about changing our sex, we are talking about taking medical treatment - medicines- or doing operations that will change the structure of some organs. Some medicines, mainly hormones, can cause specific characteristics to develop, such as facial hair or breasts. Some surgeries can make the sexual organs look different, more like the female sex or the male sex. Any treatment should be undertaken with a complete understanding of the risks involved and the probable short-term and long-term consequences. Sex and gender are different. In most countries, “Intersex” is still not recognized or adequately reflected within the Civil Registration and Vital Statistics. You have the right to choose your gender - girl, boy or nonbinary, etc. It is generally advised that the body is altered to match the gender identity you have, but this too is not a must. It all depends on what the person wants, how much risk there is and whether the person wants to take those risks. Many intersex people change their sex. Many don’t. It will be good to speak with other intersex people and hear their stories, what led them to make the choices they made. One thing is certain - surgery once done, can’t be reversed. Many hormonal changes are also long lasting.”

4. Am I a girl or a boy? What do I say when people/ friends ask me this?

Medical personnel: "You could say what you feel is your gender at this time - girl, boy, agender, trans, queer - so long as it fits with what you feel inside. It is the sense you have of your gender. It may be confusing at this age. Gender identity - the sense of who you are when it comes to gender- develops under many biological, social, cultural, and experiential factors. In intersex children and adolescents, it can take a while to develop - well into their early adulthood. It's okay to be confused, to be questioning. It's perfectly fine. Respect yourself. No one has to declare their gender for ever and ever! It can also change over time! That's called being gender fluid. So take your time and be yourself, with pride and happiness."

5. What do I do when people taunt me? Make fun of me?

Medical personnel: " It hurts when people taunt us. We feel sad, angry and frustrated at the same time. We may want to hit back at them, hurt them the way they have hurt us. All such feelings are fine. We can be mindful of our actions. What people say and do reflects their character, their behaviour, what kind of a person they are being. We can choose how we want to be, what kind of a person we want to be. We can tell them "You are being unkind and hurtful. Your body and mine were made by nature. We did not choose it, we did not make it. Nature did. Nature made my body differently. It's my body and I care for it. If you don't like my body, that's not my problem! Complain to God/Nature! Don't tell me! Stop taunting me."

6. What will happen to me during puberty?

Medical personnel: "During puberty, the sexual and reproductive organs begin to develop and function under the influence of several hormones and other factors. However, all pubertal changes are similar in all sexes. Similar physical, emotional and mental changes occur in all adolescents, but to varying degrees, for varying durations. Height and weight increase, mental capacity increases, and emotional ups and downs occur. The adolescent begins to search for their identity and determine the values they will live by. This helps with independent critical thinking and decision-making. The adolescent develops into an adult over 12-14 years. The brain typically matures by the age of 22-24 years. Reproductive function also begins during this time, usually between the ages of 9 and 16 years. We will have to wait and see what changes occur in your body. These may or may not be different from those expected in the gender you identify with. It's a slow process of discovery and excitement! Adolescents also begin to feel attracted to other genders. It's good to have peers

you can discuss your feelings with, as well as safe adults who can support you with your dilemmas, questions and confusion! You can always reach out to me”

7. Who will I be interested in sexually?

Medical personnel: “Who a person is interested in sexually is called their sexual orientation. While in the majority of instances, it matches with their sex and gender - that is, males who identify as men feel attracted to females who identify as women; it is not always so. In many individuals, it is not so. A person may be attracted to someone of the same sex and gender - that’s homosexual, or towards men and women (that’s bisexual) or towards many genders (that’s pan sexual) or to no one at all (that’s asexual). To whom a particular person will feel attracted can’t be predicted in any way! It’s a good idea to pay attention to one’s body, how it feels in the presence of others, what happens when you see or talk with someone, and that will help you understand your orientation.”

8. Can I have an orgasm?

Medical personnel: “If you didn’t have genital normalizing surgery, yes, you are likely to have an orgasm when you understand how to touch your body. Since every body is unique, you need to explore how to have an orgasm just like everybody else. The genitals are supplied with nerves and blood vessels, and these respond when touched. Orgasm is the peak of sexual excitement. People generally have orgasms during masturbation or sexual activity with another person. The genitals are touched repeatedly, and the feeling of pleasure is built up slowly. The blood flow to the genitals increases, the tissues there become turgid - filled with blood, increase in size, and the nerves become more sensitive. Some people also fantasise - imagine sexual situations, other people, etc, to enhance this excitement. Eventually, the brain reaches a peak of excitement, releases chemicals which act on different parts of the body to produce what we call an orgasm. The muscles around the pelvic region and elsewhere contract rhythmically, and the glands in the genitals release lubricating substances and other contents like semen. After this peak, the body relaxes and the sexual organs slowly return to their resting stage.”

9. Can I have sex?

Medical personnel: “Yes, you can have sex if you want to! Having sex means having the consent of the partner. There are legal considerations, such as the age of consent, to consider. From a biological perspective, when people talk about having sex, they often mean to be just peno-vaginal sex. That kind of sex can happen between people who have a penis and a vagina. However, there are many other ways of having sex - sexual partners often

explore oro-genital sex and anal sex. Sexual activity with another person can also involve mutual masturbation, use of sex toys and exploration of non-genital erogenous parts of the body. There is a lot more to having sex than just peno-vaginal sex.”

10. Will anyone be my partner? Marry me?

Medical personnel: “Well, if you and the other person are willing, then why not? It will all depend on the relationship and understanding between the two of you. Being open, authentic and sharing your feelings and expectations helps build relationships. Mutual respect and concern for each other helps relationships last. Many intersex people get married.”

11. Can I have children?

Medical personnel: “There are many ways to have children! To have a biological child, we need fertilisation of an ovum with a sperm, and then the fertilised egg to be implanted in a uterus where the fetus will grow for 9 months! Intersex people generally need intervention from fertility specialists to have their biological child. In vitro fertilisation and surrogacy may be required. Of course, the option of adopting a child is always open to people.”

12. Will my children be intersex too?

Medical personnel: “No, being intersex does not mean that your child will also be intersex. The characteristics that result in intersex variations are not inherited like other traits, even though some intersex variations have a genetic component. These usually occur randomly during conception and are not linked to the parent’s intersex status.”

13. What rights do I have?

Medical personnel: “You are entitled to the same legal protection as anyone else. In India, intersex people have rights related to equality, non-discrimination, and healthcare, including the right to informed consent for medical procedures. The Supreme Court has recognised that “person” in the Constitution is not limited to males and females, and that discrimination based on sex includes discrimination based on gender identity.”

14. Will my life be normal?

Medical personnel: “Each one of us has a unique life. We are born into a family and society, and we live our lives in a society. Each one of us has a unique body, and we learn how to care for it. Sometimes we need assistance, including medicines and surgeries, to help it work as well as it can. Our purpose in life, how we live it, and what we do for others - all this affects how we feel about our life. As human beings, we love to create! And we can create in

any aspect of life - physical, emotional, cognitive, spiritual ... anything we want to! The important point is, does it make you feel happy and fulfilled? Are others being hurt or respected in this process? How you feel about your life actually depends on what you make of it."

15. What health risks do I have?

Medical personnel: "Your health risks depend on the specific characteristics of your body. Medical science can help with many things. We can have a detailed discussion on this and involve all the specialities that can support you in living your life as comfortably as possible."

Intersex Rights and Advocacy

Indian Laws and Policies Impacting Intersex Persons

India currently lacks a dedicated legal framework for intersex persons. There is no specific law in India addressing the needs of intersex individuals, such as bodily autonomy, gender recognition, self-decision, and protection from discrimination. The absence of a legal framework leaves intersex people vulnerable to continued medical and social marginalisation. As a result, intersex individuals, born with sex characteristics that don't fit typical definitions of male or female, often face unnecessary and non-consensual medical interventions, medicalisation, discrimination, and a lack of legal support.

Legal Recognition of Sex and Gender

India's laws primarily operate within a binary classification of sex, limiting the extent to which the rights of intersex individuals are recognised. The **Indian Constitution** guarantees equality, non-discrimination and dignity to all persons. However it does not expressly recognise intersex persons as a distinct category or specifically address their rights. As a result, despite the constitutional guarantees available to all persons, there is very little legal recognition of intersex persons within the Indian legal framework.

The **Transgender Persons (Protection of Rights) Act, 2019 (2019 Act)**, offers some recognition of intersex persons by including them within the broader definition of "transgender persons." The Act separately defines a "person with intersex variations" as a person whose primary sexual characteristics, external genitalia, chromosomes or hormones vary from the normative male or female body.³² Intersex persons are expressly included within the wider definition of "transgender person."³³ This means that intersex persons fall within the Act's general protections against discrimination, including in education, employment, healthcare, access to public goods and services, housing and other areas.³⁴ However the 2019 Act does not create a separate statutory framework addressing the particular rights or needs of intersex persons. Instead the protection

³² The Transgender Persons (Protection of Rights) Act 2019, s 2(i).

³³ Ibid, k).

³⁴ Ibid, s. 2.

afforded to intersex persons are provided through their inclusion in the broader transgender framework. This conflation has been criticised for contributing to the invisibilisation of intersex persons and their unique concerns.³⁵

The 2019 Act was amended by the **Transgender Persons (Protection of Rights) Amendment Act, 2026 (2026 Amendment)**, which has made significant changes to the definition of intersex persons. The 2026 Amendment removes the separate statutory definition of a “person with intersex variations” such that they are not separately defined. Instead the 2026 Amendment incorporates persons with specified intersex variations within the definition of a “transgender person.”³⁶ The amended definition of a “transgender person” covers congenital variations in sex characteristics, including primary sexual characteristics, external genitalia, chromosomal patterns, gonadal development, and endogenous hormone production or response, as compared with male or female development. Therefore, while the 2019 Act expressly identified intersex persons as a distinct category within the transgender framework, the amended Act no longer affords intersex persons a separate identity. Their protection under the amended Act now depends on them being covered by the amended definition of a “transgender person.” Although the 2019 Act was itself criticised for conflating intersex and transgender persons, the 2026 Amendment removes the separate statutory recognition of intersex persons altogether. This change has been criticised for further conflating intersex persons, whose status concerns variations in sex characteristics, with transgender persons, whose status concerns gender identity, and for reducing the distinct statutory visibility of intersex persons.³⁷

The 2026 Amendment also changes the procedure for recognition of transgender identity, removing the provision for the right to “self-perceived gender identity.” Recognition as a transgender person now requires the District Magistrate to consider the recommendation of a medical board before issuing a certificate of identity.³⁸ This change also affects intersex persons, who are now included in the amended definition of “transgender person.” As a result, intersex persons seeking recognition under the amended Act are subject to the amended certification process. In addition to requiring

³⁵ Vidhi Centre for Legal Policy, [Queering the Law: Making Indian Laws LGBT+ Inclusive](#) (2020), 10.

³⁶ The Transgender Persons (Protection of Rights) Amendment Act 2026, 2 (iii) and (iv).

³⁷ UN Special Procedures, ‘[Communication OL IND 7/2026](#)’ (23 April 2026); Amnesty International, ‘[India: Presidential approval of regressive Transgender Bill a major step backward for human rights](#)’ (2026); Intersex Asia, [Country Report on Intersex Rights: India](#) (2025) 33.

³⁸ The Transgender Persons (Protection of Rights) Amendment Act 2026, s.4.

medical processes for recognition under the law, this amendment represents a shift away from recognition based on self-perceived identity for intersex persons.

Non-Consensual Medical Interventions

Intersex persons have been subjected to medically unnecessary **surgeries** before they are able to provide their informed consent, including procedures intended to make their bodies conform to typical male or female physical characteristics, while they are still infants or young children and are unable to participate meaningfully in decisions about their own bodies.³⁹ Such interventions may be undertaken during infancy or early childhood, including shortly after birth, to alter the appearance or function of the sexual organs so that they conform to typical male or female anatomy.⁴⁰ Such interventions may have long-term consequences, including loss of sexual function, infertility, chronic pain and psychological trauma.⁴¹ Although some legal protections exist, India lacks a comprehensive legal framework governing these interventions, and existing protections remain fragmented. The Supreme Court's ruling in *National Legal Services Authority v Union of India* recognised that no person should be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormonal therapy, as a requirement for legal recognition of their gender identity.⁴² In *Arunkumar v Inspector General of Registration*, the Madras High Court applied this principle specifically to intersex children, holding that parental consent cannot be considered equivalent to the consent of the child.⁴³ The Court relied on WHO guidance concerning medically unnecessary and often irreversible interventions on intersex children and directed the Tamil Nadu Government to issue a Government Order to effectively prohibit sex reassignment surgery on intersex infants and children.⁴⁴ The Court further emphasised the importance of bodily integrity and physical autonomy,

³⁹ Intersex Asia, [Country Report on Intersex Rights: India](#) (2025) 24; World Health Organization, [Sexual Health, Human Rights and the Law](#) (WHO 2015) 26-27.

⁴⁰ Intersex Children's Foundation of India, [Towards Ethical and Affirming Care: A Guide for Healthcare Professionals](#) (2026) 1.

⁴¹ Ibid.

⁴² *National Legal Services Authority v Union of India* (2014) 5 SCC 438, para 20.

⁴³ *Arunkumar v Inspector General of Registration*, AIRONLINE 2019 MAD 496, 17.

⁴⁴ Ibid, 18-20.

referring to the right of individuals to develop and express their identity without being required to undergo medical or surgical interventions.⁴⁵

National Human Rights Commission (NHRC)

The NHRC's 2026 Advisory⁴⁶ includes a number of recommendations aimed at strengthening protections for intersex persons. Among these, the NHRC recommends:

- (i) the prohibition of coercive or non-consensual surgeries on infants and children, except in life-saving situations;
- (ii) the review of existing laws to ensure the protection of intersex persons;
- (iii) the inclusion of distinct categories, such as "intersex," "transmen," and "transwomen" in the the Census and other national surveys; and
- (iv) equal inheritance, succession and properly and housing rights for transgender and intersex persons.

However, these recommendations are not legally binding, and merely have persuasive value.

Gaps in Law and Intersex Persons

Family law presents further gaps in the legal recognition of intersex persons. Indian marriage legislation uses gendered terminology such as "bride" and "bridegroom", "wife" and "husband", and "male" and "female". However, in *Supriyo @ Supriya Chakraborty v Union of India*, the Supreme Court clarified that these provisions are not confined to cisgender men and women and has expressly held that intersex persons who identify as men or women and seek to enter into a heterosexual marriage have a right to marry under the existing law.⁴⁷ Therefore an intersex person who chooses to identify as either male or female can enter a marriage. However the legal position is unclear in cases where an intersex person does not self-identify as male or female, and instead identifies as "non-binary". As this issue has not been specifically addressed by judicial decision, it is unresolved as to whether the gendered structure of the law permits intersex persons to marry outside

⁴⁵ Ibid, 22.

⁴⁶ National Human Rights Commission, [Advisory 2.0 for Ensuring the Welfare of Transgender Persons](#) (19 May 2026)

⁴⁷ [Supriyo @ Supriya Chakraborty v Union of India](#), 2023 SCC OnLine SC 1348, para 277.

of the male-female binary. Moreover, the 2026 Amendment may further complicate the position. While the Supreme Court recognised the right of intersex persons who identify as male or female to marry in reliance on the existing statutory framework, the 2026 Amendment has since removed the express right to “self-perceived gender identity” and introduced a certification process, requiring the assessment of a medical board. The extent to which the reasoning in *Supriyo* applies under the amended framework, particularly to intersex persons who identify outside the gender binary, therefore remains to be determined.

The position is similarly unclear in relation to inheritance and succession. Indian succession laws continue to employ gendered terminology and, in several provisions, structure rights by reference to gendered familial relationships.⁴⁸ It is unclear what the status of intersex persons is under the law as it currently stands, specifically in cases where such persons do not conform to the gender they were assigned at birth.⁴⁹ Intersex persons may also face particular difficulties in accessing protection under India’s sexual-offence laws, which remain largely gender-specific. The principal offence of rape under section 63 of the Bharatiya Nyaya Sanhita 2023 is framed such that it is an offence committed by a man against a woman.⁵⁰ This potentially leaves intersex persons whose legal status or gender identity does not fall within these categories without the protection of the provision. The Protection of Children from Sexual Offences Act 2012 is an important exception, as its offences are framed in gender-neutral terms and apply to all children.⁵¹

Advocacy for Change

Recent litigation also highlights the gaps in laws relating to intersex persons. In December 2025, a PIL concerning the legal recognition and rights of intersex persons, including the recording of intersex persons in birth and death records and the Census and the regulation of medical interventions on intersex infants and children, was referred to a three-judge Bench of the Supreme Court.⁵² The petition further challenges the Supreme Court’s conflation of “sex”

⁴⁸ [Hindu Succession Act 1956](#), ss 3(f), 6, 8 and 15;

⁴⁹ Vidhi Centre for Legal Policy, [Model Code on Indian Family Law 2024](#) (Vidhi Centre for Legal Policy 2024) 123.

⁵⁰ [Bharatiya Nyaya Sanhita 2023](#), s 63.

⁵¹ [Protection of Children from Sexual Offences Act 2012](#), ss 2(d), 3-10.

⁵² *Gopi Shankar M v Union of India*, WP(C) No 241/2024, (Supreme Court of India, 16 December 2025); Amisha Shrivastava, ‘[Intersex Persons Should Not Be Under Transgender Category: Plea In Supreme Court](#)’ (*LiveLaw*, 16 December 2025).

and “gender” in previous judgements and argues that this has led to ineffective and confusing policy.

A separate PIL, was filed in July 2026 seeking recognition of intersex persons as a distinct class and separate statutory safeguards, including a nationwide prohibition on medically unnecessary or irreversible surgical or hormonal interventions on intersex infants and children until they are capable of giving informed consent, except where necessary to address a life-threatening situation.⁵³ The petition also seeks measures to ensure that intersex persons are not excluded from inheritance and succession frameworks.

These cases reflect growing intersex advocacy in India, which has called for legal reforms that respect bodily autonomy, prevent medically unnecessary interventions, and provide distinct legal recognition and protection for intersex persons.

Global Examples of Laws Recognising Intersex Rights

Many countries and international organisations have instituted laws and **policies protecting intersex rights**:

1. Malta:

- Gender Identity, Gender Expression and Sex Characteristics Act (2015)
- First law to ban non-consensual, medically unnecessary treatment or surgery on intersex minors and protects sex characteristics as protected bases.
- https://www.lemonde.fr/en/science/article/2022/06/12/malta-s-pioneering-law-on-intersex-children_5986507_10.html#

2. Portugal:

- Law on the rights of trans and intersex people (2018-19)
- Restricts non-essential interventions on intersex children until gender identity becomes apparent excluding emergencies.
- https://www.lemonde.fr/en/science/article/2022/06/12/malta-s-pioneering-law-on-intersex-children_5986507_10.html

3. Germany:

⁵³ *Shamshravish Rein v Union of India*, W.P.(C) No 764/2026 (Supreme Court of India, 17 July 2026); Debby Jain, ‘[Plea In Supreme Court Seeks Separate Legal Identity, Protection For Intersex Persons](#)’ (LiveLaw, 17 July 2026).

- Law for the Protection of Children with Variants of Sex Development (2021)
- Introduced restrictions on unnecessary medical interventions on intersex children.
- <https://www.oieurope.org/countries/>

4. Belgium:

- Hate-crime/anti-discrimination reform (2020)
- Since 2020, offences and crimes against intersex people have been punishable by law.
- https://www.lemonde.fr/en/science/article/2022/06/12/malta-s-pioneering-law-on-intersex-children_5986507_10.html

5. Denmark:

- Hate-crime/anti-discrimination reform (2021)
- Since 2021, offences and crimes against intersex people have been punishable by law.
- https://www.lemonde.fr/en/science/article/2022/06/12/malta-s-pioneering-law-on-intersex-children_5986507_10.html

6. Scotland:

- Hate-crime reforms (2021)
- Since 2021, offences against intersex people have been explicitly recognised by the law.
- https://www.lemonde.fr/en/science/article/2022/06/12/malta-s-pioneering-law-on-intersex-children_5986507_10.html

7. Iceland:

- Law on gender autonomy/intersex protections (2022)
- Restricts non-essential interventions on intersex minors.
- <https://rainbowmap.ilga-europe.org/categories/intersex-bodily-integrity/>

8. Greece:

- Legal reforms on intersex bodily integrity (2022)
- Prohibits unnecessary surgical or medical interventions on intersex children.
- <https://rainbowmap.ilga-europe.org/categories/intersex-bodily-integrity/>

9. Spain:

- Law for the real and effective equality of trans people and guarantee of LGBTI rights (2023)
- Prohibits non-consensual genital modification practices on intersex minors.
- <https://www.oieurope.org/countries/>

10. France:

- Policy movements regarding intersex rights (2024)
- Recent developments recognise intersex rights more clearly in public debate and legal reform discussions.
- <https://www.ibanet.org/intersex-rights-emerging-across-europe>

11. Australia:

- State and medical policy developments (2024)
- Several Australian jurisdictions and medical bodies are moving towards better recognition and standards of care
- <https://www.ibanet.org/intersex-rights-emerging-across-europe>

12. New Zealand:

- Policy recognition of intersex rights (2024)
- Intersex rights are increasingly included in national human rights and health discussions.
- <https://www.ibanet.org/intersex-rights-emerging-across-europe>

13. OCHR/UN:

- Human Rights Standards and Good Practices for Intersex People (2024)
- Summarises human-rights obligations and good practices and supports bodily autonomy, informed consent and non-discrimination.
- <https://www.ohchr.org/sites/default/files/2023-11/ohchr-technical-note-rights-intersex-people.pdf>

14. WHO:

- Gender and health guidance (2021)
- Uses rights-based language and distinguishes intersex from gender identity and sexual orientation.
- <https://www.ohchr.org/sites/default/files/2023-11/ohchr-technical-note-rights-intersex-people.pdf>

15. Council of Europe:

- Recommendation on equal rights for intersex persons (2025)
- Sets a comprehensive Europe-wide human rights framework including the prohibition of non-consensual interventions and discrimination protections.
- <https://www.ilga-europe.org/press-release/watershed-moment-as-council-of-europe-sets-first-standard-protecting-intersex-rights/>

16. ILGA World:

- Intersex legal mapping report (2023)
- Global mapping of intersex legal protections and policy gaps used for comparative policy analysis.
- https://ilga.org/wp-content/uploads/2024/02/ILGA_World_Intersex_Legal_Mapping_Report_2023.pdf

17. ILGA-Europe:

- Rainbow map of intersex bodily integrity (2026)
- Tracks European countries that prohibit unnecessary medical interventions on intersex children.
- <https://rainbowmap.ilga-europe.org/categories/intersex-bodily-integrity/>

18. OII Europe:

- Good practices map/country profiles (2025)
- Documents national intersex protection measures and legal gaps across Europe.
- <https://www.oii europe.org/countries/>

19. European Courts of Human Rights:

- Intersex rights case laws and emerging judgements (2024)
- Begun recognising intersex-related rights issues in litigation across Europe.
- <https://www.ibanet.org/intersex-rights-emerging-across-europe>

20. European Parliament:

- Resolution and recommendations regarding intersex rights (2024)
 - Recent developments recognises intersex rights more clearly in public debate and legal reform discussions.
 - <https://www.ibanet.org/intersex-rights-emerging-across-europe>
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Resources

Journal Articles

1. **"Intersex: A Critical Review"** by Alice Dreger et al. (Journal of Pediatric Endocrinology and Metabolism, 2012)
 - a. This paper comprehensively reviews intersex variations, including medical management, ethics, and psychosocial implications.
 - b. [Link to Journal Article](#)
2. **"The Psychological and Social Impact of Intersex Conditions"** by Megan A. McGrath, PhD
 - a. Focuses on the mental health implications of intersex, including social stigma, identity formation, and the role of healthcare providers.
 - b. [Link to Journal Article](#)
3. **"Intersex: A Review of the Literature"** (Journal of Sex Research): A comprehensive review of intersex research, covering medical, psychological, and social aspects.
4. **"The Experience of Being Intersex"** (Journal of Clinical Nursing): A qualitative study exploring the experiences of intersex individuals, highlighting the importance of patient-centered care.
5. **"Intersex and the Medical Profession"** (Journal of Medical Ethics): An article examining the complex relationships between intersex individuals and medical professionals, highlighting the need for informed and empathetic care.

Online Resources

1. [Intersex Stories](#) - shared by Hiker Chiu
2. Intersex Society of North America (ISNA): A comprehensive resource on intersex, including articles, videos, and personal stories.
3. World Health Organization (WHO): WHO's website provides information on intersex, including definitions, prevalence, and health considerations.
4. American Psychological Association (APA): APA's website offers resources on intersex, including articles, research, and guidelines for psychologists.

5. The Intersex Project: A website dedicated to promoting intersex awareness, education, and advocacy.
6. **Intersex Human Rights Australia (IHRA):** Website offering detailed explanations about intersex variations, medical management, and advocacy for human rights. [Link to IHRA Website](#)
7. **Intersex Society of North America (ISNA):** Although the ISNA website has been archived, it provides valuable resources for understanding the history of intersex advocacy and medical practices. [Archived ISNA Website](#)
8. **Intersex UK:** A leading organization in the UK advocating for intersex rights, with a resource library for healthcare providers and other stakeholders. [Link to Intersex UK](#)
9. **United Nations Free & Equal Campaign (Intersex Rights):** The UN campaign for equality provides educational materials on the human rights of intersex people, including policy guidance. UN Free & Equal

Books

1. "Intersex (For Lack of a Better Word)" by Thea Hillman: A personal and informative book about intersex experiences.
2. "Intersexuality: A Perilous Difference" by Morgan Holmes: A comprehensive and accessible book on intersex, covering history, medicine, and personal stories.
3. "Fixing Sex: Intersex, Medical Authority, and Lived Experience" by Katrina Karkazis: A critically acclaimed book that explores the complex relationships between intersex individuals, medical professionals, and societal norms.

Videos and Documentaries

1. "What Is Intersex?" (Intersex Society of North America): A short and informative video introducing intersex and its various forms.
2. "Intersex 101" (The Intersex Project): A comprehensive video covering intersex basics, medical considerations, and personal experiences.
3. "Intersex Stories" (Intersex Awareness): A series of videos sharing personal stories and experiences of intersex individuals.

4. **"Intersex: The Last Taboo" (BBC Documentary):** A 60-minute documentary exploring the medical, ethical, and human rights aspects of intersex, with personal stories and expert interviews. Available on BBC and YouTube.
5. **"Intersex & Me" (Documentary by Intersex Australians):** A short documentary exploring the lived experiences of intersex people and challenges faced in healthcare and society. Available on YouTube and various streaming platforms.
6. **TEDx Talk by Georgiann Davis: "The Intersex Body":** A powerful TEDx talk by an intersex advocate discussing the intersection of gender, medicine, and human rights, with a focus on personal experience. [Watch on YouTube](#)

Reports and Guidelines

1. **"Guidelines for the Management of Intersex Variations"** by the American Academy of Pediatrics (AAP)
 - Provides clinical recommendations for managing intersex variations, including treatment options, ethical concerns, and psychosocial care.
 - Available through the AAP or in medical library databases.
2. **"Human Rights and Intersex People"** by the United Nations Office of the High Commissioner for Human Rights (OHCHR)
 - A report on the human rights violations faced by intersex individuals, including medical interventions without consent.
 - UN Report on Intersex Rights

Training and Educational Resources

1. **"Intersex 101: A Guide for Educators, Advocates, and Healthcare Providers"** (Video Series)
 - This online video series, produced by the Intersex Society of North America (ISNA) and various other advocacy groups, is designed to teach the basics of intersex variations, clinical care, and ethical decision-making.
 - [Link to Intersex 101](#)
2. **Online Course: "Understanding Intersex" by the University of California, San Francisco (UCSF)**

- A comprehensive online course offering insights into the medical, psychological, and social aspects of intersex. Ideal for doctors and nurses looking for an in-depth resource.
 - [Link to UCSF Course](#)
3. **"The Ethical Issues in Intersex Medical Care" (Webinar by the American Medical Association)**
- A webinar discussing the ethical and legal considerations of providing medical care to intersex individuals.
 - Available through the AMA website or on-demand through professional health organizations.

Intersex Advocacy Groups

- Intersex Society of North America (ISNA): A leading organization advocating for intersex rights, awareness, and education.
- Organization Intersex International (OII): A global organization promoting intersex awareness, education, and human rights.
- Intersex Asia (IA): An intersex network and hub advocating and defending intersex human rights in Asia. They provide resources of intersex 101 materials, data portal for Asian countries, research, newsletter, and the UN advocacy support for intersex-led organizations in Asia.
 - [Link to Intersex Asia](#)
- **InterAction:** A intersex-led organization in Australia advocating for the rights of intersex individuals. They provide educational materials, advocacy resources, and guidance for healthcare providers.
 - [Link to InterAction Australia](#)
- **VoIS India:** An intersex-led advocacy organization registered in Tamil Nadu, India.
 - [Link to VoIS India India](#)
- **Campaign For Change Nepal (CFC-Nepal):** An intersex-led advocacy organization registered in Nepal.

Support Services

1. **Intersex Peer Support Australia (IPSA)**

- Offers peer support for individuals with intersex variations and educates health professionals about the impact of medical decisions on intersex people.
- [Link to IPSA](#)

2. **The Androgen Insensitivity Syndrome Support Group (AISSG)**

- A nonprofit organization providing support and resources for individuals with Androgen Insensitivity Syndrome, one of the common intersex variations.
 - [Link to AISSG](#)
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Note to Teachers

In case you are using this resource to develop a teaching learning module, you can include the following:

Case Studies and Practical Scenarios

- **Case Study 1:** A newborn diagnosed with variant genitalia and the decisions surrounding medical interventions.
- **Case Study 2:** An adolescent with Klinefelter syndrome and the psychological impact of delayed diagnosis.
- **Case Study 3:** An adult seeking fertility advice and hormone replacement therapy for an intersex variation.

Discussion Questions:

- What are the ethical considerations in this case?
- How can healthcare providers support the mental and physical health of the patient?
- How would you approach discussing treatment options with the patient and family?

Teaching Methods

- **Lectures and Readings:** Key concepts on intersex biology, medical management, and psychosocial implications.
- **Interactive Workshops:** Role-playing patient-provider scenarios to practice inclusive communication and decision-making.
- **Case Study Discussions:** Small group discussions around real-world scenarios that include ethical dilemmas and patient care.
- **Guest Speakers:** Involving intersex individuals or advocacy groups to share personal experiences and perspectives.
- **Assessment:** Knowledge checks, quizzes, and reflection exercises to test understanding of key concepts.

Evaluation and Feedback

- **Knowledge Check:** Pre- and post-module quizzes to assess learning.
 - **Reflection:** A brief written reflection on the ethical challenges presented in the module.
 - **Feedback Surveys:** To improve the module and ensure that it meets the needs of healthcare providers.
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