

Which Sex is Which?

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Intersexuality is the condition of either having both male and female gonadal tissue in one individual or of having the gonads of one sex and external genitalia that is of the other sex or is ambiguous (Merriam-Webster 2017). It is estimated that there are more than 6 million intersexuals in the United States, and 120 million globally (Armato and Thompson 2012:44). However, many biomedical doctors in western society choose to establish either a female or male sex to those born with this genetic variation. This usually involves a "normalization" or "corrective" surgery that either reduces or removes certain parts of the reproductive system. Western society suggests this is the best decision for the child. However, there are a rising number of critics saying that it is taking away individual's right to choose or establish their gender later in life. There are feminist movements that suggest that this "normalization" procedure is a form of genital mutilation and that there are major ethics involved in practicing this "corrective" surgery, such as the ones performed today. In addition, research suggesting that medical intervention is either necessary or beneficial to those born with ambiguous genitalia is hard to find. Assigning a two-model sex to intersexed individuals has increased over the years, causing conversation about the controversy surrounding gender in the Western Society. Especially, when more research has been done on transgendered individuals and those of the third sex.

When a baby is born with both male and female reproductive organs, it could mean a multitude of combinations or variations of the human body or genome. At least 25 conditions may produce individuals who are not clearly male or female (Armato and Thompson 2012:44). This could mean something as simple as an enlarged clitoris or small penis, to something as complex as having a mixture of internal and external reproductive organs. In Western society, this can be a problem, especially when the normative two-sex model only considers female and male, and nothing in between. There are different types of surgeries that involve "sexing" an intersexual. This could include the removal or the alteration of reproductive organs. When these "corrective" surgeries are done, the concern is not about whether the individual will ever experience any type of sexual pleasure, but instead, focusing specifically on making the genital area fit the two-sex model of western biomedicine. One benefit that western biomedical experts give for having this early surgery is to allow intersexed children to perceive themselves a seamless and singularly sexed and gendered persons (Holms 2002:162). However, with the rise in transgendered people in western society and the knowledge of a third sex in other cultures, this is not the case.

Fausto-Sterling argues that there are at least three more sexes to be added to the two - sex model-berms, mermers, and fermers-because of variations in genetics (Armato and

Thompson 2012:52). This is essential to intersexuals, because it would establish that they are indeed normal and do not need to conform to the two-sex model that western society believes in. By bringing in the core genetic material that a person is made of, western society (who places a large belief in biomedicine) has to acknowledge the faults of a two-sex model. In most basic science classes one can find that there is not just the normal pattern of XY or XX chromosomal combinations, but instead, XXX, XXY, YXX, XXYY, and XO combinations are also prominent in many individuals (Armato and Thompson 2012:44). Each of these unique combinations bring to light a new set of variations that occur in the human body or genome. With this information being taught in basic Biology I classes, it would be suspected that other sexes besides female and male, would be not only possible, but also be as reasonable and valid, as Fausto-Sterling stated. Not to mention, that even those with normal chromosomal configurations such as XY and XX, can also have a different genital development than those normally associated with each respective configuration. There are many different possibilities to explain the necessity for at least a third sex to be considered and acknowledged by western biomedicine.

Not only is "normalization" surgery controversial because it sometimes takes away the organs that experience sexual pleasure, but also because you cannot tell what gender the infant is until it is much older. Therefore, in order to tell if a child is technically female or male one would need to see what gender the child identifies with before surgery to change their sex. This would also avoid any feeling of displacement, due to a sex change at birth, instead of adulthood. However, another question then arises on how to classify this surgery. According to Holmes in *Rethinking Intersexuality*:

“Under current policy in Canada such "corrective procedures" are covered under public insurance; the rationale for public coverage is that the procedures are necessary medical treatments. The very same procedures done for adult transsexuals, however, are not publicly insured; the rationale is that as adults, transsexual patients choose medically unnecessary interventions, which like other forms of cosmetic surgery are best thought of as "self-improvements." The insurance status of the procedures then seems to depend on whether someone else is making the pronouncement of sex (2002:159).”

According to this, if medical professionals were required to wait until the child determined its gender (and therefore sex) it would no longer be a "corrective procedure" but instead an "unnecessary surgery." The other underlying question now is if this surgery is necessary and if the intersexed individual would even elect to have this surgery in the first place.

Sometimes "corrective" surgery can leave an individual unable to achieve sexual satisfaction. Results indicate that individuals who have clitoral surgery, are more likely to than those who have not, to report a complete failure to achieve orgasm and higher rates of non-sensuality in particular, a lack of enjoyment in being caressed and in caressing their partner's body (Minto et al. 2003:1256). To take away an individual's ability to achieve sexual pleasure can be a serious ethical issue, especially when "successful vaginal construction most often relies on the ability of a vagina to be a receptive for a penis during

intercourse." (Preves 2003:5) In addition, the psychological aspects of child who was born intersexed and received a "corrective " surgery is more likely to have stressors later in life that resemble those who are transgender. Being forced to identify as transgender after having this corrective surgery, could welcome another stressor that would be caused by stigmatism. A stigmatism that would have been avoided had surgery been put off until the individual could consent. Another added mental stressor is knowing that they could have avoided this confusion if they would have had the right to choose in the first place, creating a feeling of violation as well as confusion. The next question is whether doctors look at what will be "easier" and "politically and socially correct" verses what is actually beneficial to the individual or biomedically supported.

There has been an increased comparison by critics of this corrective surgery to circumcision, specifically female circumcision. Circumcision is a common concept and practice in many cultures around the world, especially the United States and Africa. Male circumcision is practiced by many religions, and it is a very common surgery in the United States. It is usually done within the first few days of the baby's birth, so that they do not remember the procedure. However, there are relatively little if any benefits of circumcision, so the choice usually comes down to whether there are religious beliefs in place. There is controversy surrounding whether a male should have the right to choose to have a circumcision done later in life instead of at birth, since the same question of ethics in choice takes place. Male circumcision can be done as late as when the male is in adulthood or as early as the day an infant is born. Male circumcision in the Nandi culture is another important mark of both adult status and ethnic identity for boys who are between ten and fifteen (Oboler 15). Male circumcision is a common practice in many cultures, including where there are Jewish and Christian roots. Since the reasoning behind male circumcision is not always about religion or even culture, there is a higher demand for the actual health benefits associated with it.

Some cultures have beliefs for circumcision not only for males, but also females. Female circumcision ranges from the slight cutting off a layer of the skin, to the entire removal of the clitoris. A clitoridectomy is a genital surgery involving the excision of all or part of clitoris, and sometimes part of the external labia (Oboler 13). These practices usually have religious, cultural, and ritualistic roots. In the case of the Nandi, a clitoridectomy is part of a girl's initiation. This ritual is for the purposes of marrying a girl (now woman) to an appropriate male once she has healed and recovered. In Somalia, there are two main types of female circumcision. The first one, Sunna, has two different forms, both involving two stitches: a drop of blood being obtained from a small incision or a Kaatun (ring), where the removal of the prepuce is performed (Bo 2013:4). The second one, Pharanic, is much more extensive and involves cutting most of the sternal genital tissue, with the sides fused together to leave only a small opening (Bo 2013:4).

There is a major movement in international organizations like the World Health Organization to stop the ritual of female circumcision and genital mutilation (WHO 2017). There are, however, mixed views among the people who pursue such practices. In a study, findings showed that almost all the participants supported the continuation of female circumcision, with the majority supporting the continuation of the Sunna form, while

rejecting the Pharaonic form of circumcision (Bo 2013:7). On the 20th of December in 2012, the United General Assembly unanimously passed a resolution banning the practice of Female Genital Mutilation (Mabilia 2013:17). With major organizations and governmental agencies all disowning the ritual of female circumcision and mutilation, it would seem that there would be a question of whether or not intersexual "corrective" surgeries would also see as much scrutiny in the future. One of the arguments against (and a reason for) female circumcision is whether the woman who has this procedure will achieve sexual pleasure. As stated previously, successful vaginal construction in the "corrective" surgery process has been proven to take away an individual's ability to achieve sexual pleasure, therefore, it is not out of the realm of possibility to link the two practices. It would seem that organizations like the World Health Organization and the United General Assembly would also be against "corrective" surgeries for intersexuals that involved removing reproductive organs and genitals without the individuals consent, that do the same thing as some female circumcision procedures, but no attention has been paid to the subject.

Even though there is a great deal of talk about female and male circumcision (even though male circumcision is a much smaller conversation) in general and especially when done at an older age (where they are far more likely to feel pain), there is not a huge conversation about the ethics of "corrective" surgery on intersexual infants. If one were to compare these "normalization" surgeries, the removal of the clitoris (or a clitoridectomy) or the penis (castration), similarities can be drawn to the circumcisions around the world that are being performed.

However, there is not a discussion about the ethics of "normalization" surgery like there is on the "barbaric" ritual of female circumcision, no matter the similarities between the two. One procedure is when the intersexual is a baby and who may never feel sexual pleasure, whereas the other is when the individual is reaching adulthood and has often times already felt sexual pleasure and could even still claim to still feel sexual pleasure after circumcision (Oboler 1998:14). None of these procedures are for medical purposes, but instead, reasoning consists of cultural and religious validations. This could also be said about "corrective" surgeries on intersexed individuals.

In some cultures, intersexed individuals are either highly revered or not given much thought. The Mexican Muxe is considered a normal part of life. The Muxe are an integral part of Zapotec culture, revered, not reviled (*Striking Muxe* 2014:62). They are a third gender and third sex in this culture. Even though there are other cultures where a third sex not only exists but is also revered, the Muxe is particularly interesting because even though they appear to be a what western society deems transgender, they are not. They are distinct (*Striking Muxe* 2014:62). Muxes take on a majority of careers, including those of woman and/or man. Some even have the responsibility of taking care of their parents and families. According to Lacey, Muxes are believed to have special artistic and intellectual capacities (Armato and Thompson 2012:47). Interestingly enough, the Muxe is still a present feature in Zapotec and Mexican culture. Therefore, not only is there a past acknowledgement of the intersexed and the notion of a third sex, but also a present one as well.

However, the Muxes are not the only cultures to have acceptance of intersexuals and third gender/sex categories. In some Native American societies, those who are intersexed are considered very prestigious. For the Navaho, the intersexed is considered to have been divinely blessed and are able to convey that blessing to others (Armato and Thompson 2012:46). This would mean that not only are the intersexed accepted for who they are, but they are also highly revered for being so, just as the Muxe. The two-spirit people of Native American culture are considered to inhabit both traits of male and female, making them very wise. In India, hijras occupy a third gender category. They are neither male nor female, yet are considered man plus woman, or erotic and sacred female men (Armato and Thompson 2012:48). Some cultures do not even pay much attention to intersexuals except when determining whether or not they can function in society. The Pokot, in East Africa, measure intersexuals worth based on practical concerns (Armato and Thompson 2012:46). Although the Pokot have a more relaxed way of looking at an intersexual, it is no less evident that they are accepting to the fact that having ambiguous genitalia is a variation of the human body.

Today, other countries are already questioning the ethics surrounding intersexuality and sexual rights. In Southern Brazil there was a debate about whether to operate on a newborn with ambiguous genitalia. "Carolina's newborn" was a case that brought together a meeting of specialists called to deal with a "case" of intersexuality where the precise diagnosis and attribution of male or female sex to the baby was especially complicated (Machado 2009:238). There is a rising debate in biomedicine on whether to even operate at all, and what bioethics would be involved in operating on such a young child for a surgery that was not even medically essential. In places where cultures, such as the Pokot exist, surgery is not seen as a necessity at all, if the child can function and operate under normal conditions. In China, if the child can pass as a sociable boy, it is preferable and there is a less likely chance that the child will be medically altered (Armato and Thompson 2012:47). In fact, prior to the two-sex model prominent today, many cultures generally accepted that some people's bodies occupied the space in between the two-model male and female.

Today, there are movements to increase the rights of children born with ambiguous genitalia. There are a lot of ethics that are called into question, such as whether or not it can be fully determined, with or without genetic testing, what sex (or gender) the child truly is. The next question is whether one takes away a person's natural born right to choose when performing this surgery. The intersexed patients' rights movement has upset this formerly unquestioned approach in medical education and practice and placed it into its current state of flux, crisis, and reform (Preves 2003:1). There are questions of not only human rights involved, but also the bioethics in the medical procedures. Some people in western society would even go as far as to use preimplantation genetic diagnosis to avoid having a child who is born with ambiguous genitalia. Critics would say that the ethics of using preimplantation genetic diagnosis goes even further, to other important issues of bioethics. In the context of intersex conditions, preimplantation genetic diagnosis, threatens to become a form of "gender eugenics," wherein advanced medical technologies is deployed to prop up heterosexism by preventing the birth of those with non-normative anatomies (Sparrow 2013:30). However, that is another topic entirely that needs focus in another light. This question brings into a question of ethics by altering an individual's reproductive system before they can even have a thought of existing. Where will a line be drawn, and a unanimous side be taken in the rights of an individual, who

just happens to have a normal variation of the human body, due to the influence of western society?

The next problem in case of the intersexed, is the lack of information made available. There is a sea of information about intersexuality with plants and other animals within the vast animal kingdom. However, this author was unable to find published research addressing the ethics of biomedicine's approach to intersexuals. Even when looking at the outdated term, hermaphrodite, there is a lack of literature on medical procedures and bioethics. The research done of other cultures is next to non-existent, even with the rise of social sciences trying to uncover the "other. The individual, whom is looking for more information about the commonality and reaction to the intersexed, can infer that the subject is not of huge concern. However, one can dig deep enough to see that it is a rising topic of issue. For a child or teenager looking into what makes them different, could be a cause for concern, since it is harder to reach the appropriate resources. Not only could intersexed individuals not completely understand what is going on with their bodies, but they're not easily found insight on what this could mean. This could further the psychological effects that take place when western societies push or conform these individuals into a two-sex model.

All in all, it is very clear that there is a new major, overall, question of ethics involved with the procedure conducted when an intersexed individual is born. The surgeries themselves seem questionable, since they can take away all sexual pleasure normally available to an individual, an issue that is used as argument by WHO and other organizations for the ban of female circumcision. Critics of the corrective surgery compare this to genital mutilation in this way. Especially since there is a major discussion and very apparent line drawn with the majority siding against female circumcision. Both past and present cultures outside western society have shown acceptance and even reverence when looking into the intersexed. Western society, on the other hand, which likes to see itself as advanced in almost every aspect, including in acceptance of the different. However, this western biomedical procedure is still indecisive and biased when it comes to the intersexed. There has been little if any psychological studies done on those who have undergone "corrective " surgeries, which makes the side effects virtually unknown. Not to mention the limited amount of research done on the subject. The research that is present, does not show very good response and shows little to no benefits in having a surgery that fits society's two-sex model. It seems that there needs to be a major talk today, about the ethical and medical practices surrounding the birth of a baby with ambiguous genitalia. .

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