BEYOND THE BINARY:
EXPLORING THE DIVERSITIES
OF INTERSEX IDENTITIES
AND EXPERIENCES
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ACKNOWLEDGMENTS

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<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5 - 11</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>12 - 24</td>
</tr>
<tr>
<td>Methodology and processes</td>
<td>25 - 29</td>
</tr>
<tr>
<td>Presentation and analysis of result</td>
<td>30 - 58</td>
</tr>
<tr>
<td>Conclusions and recommendations</td>
<td>59 - 63</td>
</tr>
<tr>
<td>References</td>
<td>64 - 72</td>
</tr>
<tr>
<td>ACRONYMS</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>ESPE - European Society for Pediatric Endocrinology</td>
<td></td>
</tr>
<tr>
<td>FGD - Focus Group Discussion</td>
<td></td>
</tr>
<tr>
<td>KII - Key Informant Interview</td>
<td></td>
</tr>
<tr>
<td>SOGIESC – Sexual Orientation, Gender Identity and Expression, Sex Characteristics</td>
<td></td>
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<tr>
<td>OHCHR - Office of The High Commissioner for Human Rights</td>
<td></td>
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<tr>
<td>SSMPA - Same Sex Marriage Prohibition Act</td>
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<td>UNDP - United Nations Development Programme.</td>
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</tbody>
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1.0. INTRODUCTION

Intersex describes a person who does not fit the typical definition of male or female. They may have differences in their hormones, chromosomes or internal and external sexual organs. About 1 in 1500 live births are intersex (Dreger, Alice Domurat.1998). According to experts, between 0.05% and 1.7% of the population is born with intersex traits – the upper estimate is similar to the number of red-haired people (United Nations 2017). It is not a new identity as it has been around since the beginning of human existence, yet it continues to be perceived as a ‘condition’ or ‘impairment’. This huge pathologization comes with imposed and unwanted surgeries on intersex persons that may lead to multiple, unending surgeries, causing trauma for the bodies and minds of intersex persons. Doctors often perform “normalizing” surgeries on intersex babies without medical reasons and medical records are often kept secret from them without allowing them to understand their bodies. Being forced to ‘belong’, intersex persons are forced to fit into the gender binary that might not fit their identity.

Research priorities around intersex identities are mainly focused on medicalization and tools to ‘treat’ intersex persons, without strategies to deconstruct the complexities that continue to fuel standards and agreements applicable to the situation of intersex people.
1.1. BACKGROUND

Categorizing all people into the sex binary of either ‘female’ or ‘male’ means that intersex people are likely to face social stigma and discrimination, often due to a lack of awareness about intersex identities. This can be made worse when parents do not fully understand their intersex child due to lack of clear and affirming information.

Importantly, being intersex is not a health issue, but mental health issues may arise due to social and cultural assumptions about sex. Additional mental health issues can emerge as a result of unnecessary surgeries and hormone treatments that may be imposed on infants and young people throughout childhood and adolescence. Further, many laws and other institutional barriers currently discriminate against intersex people and do not properly acknowledge their existence (Australian Psychological Society). Intersex Human Rights Australia (2013) suggests that intersex people make up 1.7% of births, but estimates range from 1 in 2,000 births (0.05%) to 8 in 200 (4%), and exact figures are unknown.

In Nigeria, just like many countries and cultures around the world, there is a gendered assumption that someone assigned female at birth will identify as a woman and that someone assigned male at birth will identify as a man. This perspective assumes that only men and women exist, thereby obscuring gender diversity and erasing the existence of people who do not fit into sex characterization as either male or female.
While this assumption is true for cisgender individuals—people who identify with their gender assignment—it is not the case for everyone. Some people assigned male at birth identify as women, some people assigned female identify as men, and some people identify as neither women nor men.

The existence of variations in sex characteristics radically challenges the notion of a binary biological sex and with this comes the stigma and discrimination that hampers the quality of life of intersex persons.

The public is familiar with the terms; hermaphrodite and half-man/half-woman (local names) used to refer to intersex persons. However, these terms are inappropriate and derogatory for referring to intersex persons.

There are no social and legal recognition of intersex persons, and data on their health, birth, impact of social exclusion and overall well-being in Nigeria is limited because not enough information is being collected. Most studies carried out have been focused on reinforcing being intersex as medical conditions and some do not involve the voices of intersex persons in the research design.
Intersex activism in Nigeria is not widespread yet, and the lived experiences of intersex people are excluded from mainstream documentation on violence, stigma and discrimination. The area of human rights violations and overall lived experiences of intersex persons in Nigeria is an area with little or no study on it. While data is paramount to inclusive growth, this serious data gap on the marginalization, human rights violations, and impact of social exclusion on intersex persons in Nigeria, simply means that there are gaps in inclusive and sustainable advocacy efforts to advance the lives of intersex persons in Nigeria.

Globally, research on intersex persons are improperly framed and clinical research is largely focused on infants, children and adolescents with very limited research on adults. This has resulted in a lack of long-term outcome data (Intersex Human Rights Australia). Available clinical data lack adequate sample sizes, independence, and often relevant control groups. They are often framed around clinical preoccupations with genital appearance, heterosexuality, and gender conformity (Carpenter 2018). There is so much fixation on what intersex persons are, rather than the challenges they face. These challenges include systematic oppression, discrimination and human rights violations (Ghattas 2013; FRA 2015; Carpenter 2016; Crocetti et al. 2020). Much of the discourse has centered on the nature of intersex and how far it challenges the categorization of sex and gender. This form of academic appropriation risks diverting attention from important social justice issues towards trivial issues or reductive theorizing about social construction. Given the extent of human rights violations faced by intersex people, a clear focus on human rights is central to intersex studies (Monro et al. 2021).
This study will be first non-clinical research to explore the realities of intersex persons living in Nigeria. Thus, the theoretical importance of this study is that it will fill an existing knowledge gap while also adding to the body of existing knowledge on non-clinical research on intersex persons. This research also makes recommendations that will advance advocacy efforts and foster inclusion, by focusing on the voices of adult intersex persons and exploring their experiences of living as intersex persons in Nigeria.

The Center for Healthcare Development and Youth Empowerment (Intersex Nigeria) is an organization that works to promote the human rights and bodily autonomy of intersex persons in Nigeria. The organization exists to build community, advocacy, evidence-based studies, capacity building, education and information resources. This research serves as a response to the gaps in data that could advance their programmatic efforts and, in alignment with their organizational goals, help to create a society where the experiences of intersex persons are humanized and documented, consequently galvanizing actions for change.

1.2. STUDY OBJECTIVES

• To explore and document the social exclusion and human rights violations issues faced by intersex persons living in Nigeria. It will dive deep into several lived experiences of intersex people such as, human rights violations, access to healthcare services, and economic stability.
To stimulate an in-depth exploration of the opinions of medical professionals who are the first point of contact when a child is born. It aims to understand the motivation and beliefs of medical professionals on intersex identities and what informs their concept of the sex classification.

To contribute to broadening of information that will serve as a basis for planning strategic intersex programmatic interventions and future research.

1.3. RESEARCH QUESTIONS

These are the research hypothesis questions:

• Do religion and culture play a role in the marginalization of intersex persons in Nigeria?

• What is the impact of the lack of health education on the human rights of intersex persons?

1.4. RESEARCH HYPOTHESIS

This study requires the need to devise research hypotheses in order achieve the aim of study.

Hypothesis I

1. \( H_0 \): Religion and culture have no impact on the marginalization of intersex persons in Nigeria.

2. \( H_1 \): Religion and culture have an impact on the marginalization of intersex persons in Nigeria.
Hypothesis II

1. HO: Lack of proper health education on intersex persons has no impact on the human rights of intersex persons in Nigeria.

2. H1: Lack of proper health education on intersex persons has an impact on the human rights of intersex person in Nigeria.
2.0. THEORETICAL FRAMEWORK

This chapter explores the theoretical background to frame this study, using existing literature on the realities of intersex persons. It begins with an introduction to what it means to be intersex, followed by public perception of intersex in Nigeria. After that, the discussion will center on the challenges of intersex persons living in Nigeria. Finally, a legal framework will be presented.

2.1. BEING INTERSEX

Intersex people are born with physical features, such as genitals, chromosomes or genetic features, that don’t fit what doctors expect for either female or male bodies. Many people think that ‘intersex’ is a word for a particular kind of body or a particular identity. This isn’t the case – intersex people have many different sex characteristics and all kinds of bodies – all of them are natural variations.

Just like everyone else, intersex people are assigned as female or male at birth based on their appearance. If doctors are unsure which sex to assign, they may perform tests. Intersex traits aren’t always obvious at birth; they can become apparent during childhood or puberty, or even later in life.

Intersex people learn and choose many different words to describe themselves. These include medical terms relating to their differences, and umbrella terms like ‘variations of sex characteristics,’ ‘disorders’ or ‘differences of sex development’. Whatever someone’s sex characteristics are, it’s only a part of who they are (Reach Out Australia).
According to the United Nations Office of the High Commissioner for Human Rights, African Commission on Human and Peoples' Rights, Council of Europe Commissioner for Human Rights and Inter-American Commission on Human Rights; intersex persons are people born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit the typical definitions for male or female bodies.

An Exploratory Study on Knowledge Practices of Healthcare Professionals and Families of Intersex Persons in Nigeria was conducted in 2021 by The Initiative for Equal Rights (TIERs), an organization working for the advancement of SOGIESC in Nigeria. The guided in-depth interview with intersex persons gave room for almost all interviewees to share how they understood their identity.

Some described not fitting into the typical binary gender of being either male or female as a variation in sexual characteristics or as a disorder in their sexual development. Many described being intersex as unique, with both male and female sex variations and different forms of presentation. According to the interviewees, these could have resulted from chromosomal “abnormalities”. Here are some of their responses which reflect their understanding of what it means to be intersex:

“The term intersex is a... disorder in sexual development, and there are different types of intersex conditions. Some have “ambiguous” genitalia, different chromosomes and gonads and the others”. (Respondent 1)
“To me, intersex is... it’s just like being in between, like having double-gender chromosomes, like it mustn’t be chromosomes, it mustn’t be genitals or otherwise, is just like having both gender features. You have this feature as a female, and you have this feature as a male, together.” (Respondent 4)

“It is a variation or condition, in which a person is born with reproductive sexual anatomy that doesn’t seem to fit with the typical recognition of male or female, so to say; variation...so in sex characteristics which includes chromosomes...Sex hormones or genitalia. (Respondent 3)

Being intersex is not a disease, it is a naturally occurring difference in humans (Kuehnle 2021). Looking at the stigmatization and lack of information around being intersex for both intersex persons and their parents, this research posits that the negative perception of intersex persons having a disorder and their negative perceptions of their identities stem from cultural constructs and indoctrination. The term intersex emerged in the late nineteenth century (Epstein 1990). Prior to that time (and up until now), the word “hermaphrodite” was used to describe intersex persons. Hermaphrodite is a stigmatizing and misleading word. It implies that a person is fully male and fully female, which is a physiologic impossibility. There is a growing momentum to eliminate it from medical literature and to use the word “intersex” in its place (Intersex Society of North America, 2013)
2.2. PUBLIC PERCEPTION OF INTERSEX IN NIGERIA

Public perceptions around intersex persons in Nigeria are often clouded with ignorance and superstitious beliefs (Untold Facts, Initiative for Equal Rights 2021).

According to an interview with NewsWireNGR, a footballer who was assigned female at birth, revealed how well-off things were for him until he approached puberty and the expected bodily changes did not happen. He neither experienced the growth of breasts nor menstruation. This forced him into a life of closets and shame for something he never fully understood nor knew how to manage. It didn’t take long before the other women from the Nigerian football team that he played with noticed the “difference”. After discussing with the doctor of the National Football Team, he did some tests and discovered that although he was assigned and raised female, he was intersex with a varying percentage of traditionally male and female hormones and tissues. The diagnosis quickly spread to other members of
the team as well as the head of the National Football Federation. This led to his excommunication from the national team, a move that he was told would help him seek and find a solution to his ‘problem’. Maybe discrimination led him to develop suicidal tendencies.

This footballer’s experience with the stigma and discrimination that comes with being intersex is not an isolated case. It is the experience of many intersex persons living in Nigeria. The current estimates on intersex people in Nigeria are unknown. There isn’t a conducive environment to enable data to be fully disaggregated.

Human rights issues faced by intersex persons are still widely ignored in Nigeria, even in development spaces and minority programming spaces. The knowledge gap, social conservatism, religion-cultural fundamentalisms and intolerance to any form of otherness has entrenched the discrimination against and unfair treatment of intersex persons.

Prior to the 1700s, intersex persons in Nigeria were believed to be a bad omen, a curse, and they were killed at birth (Ball & Hill, 1996). It was believed that they brought doom to society and killing them was necessary for the aversion of serious calamity. In some cases, the intersex child would be whisked away without the mother seeing or holding the child, and no one was allowed to talk about it (Ekpokai, 2017). As time passed, people born intersex could live but keep their sex characteristics secret.
Therefore, the birth of an intersex children is emotionally traumatizing for (Nigerian) parents because the intersex children’s sexual ambiguity violates a deeply held worldview, and because it brings out feelings of shame and guilt (Baqutayan, 2014).

A research on The Psychology of Intersex by Gallacher (2003), revealed that most parents of intersex persons do not reveal the identities of their children due to shame. They hide it to avoid embarrassment, losses, conflicts and punishments for their children (Sampaio, Lima, Leone de Souza, Guimaraes & Cangucu-Campinho, 2015).

2.3. CHALLENGES OF INTERSEX PERSONS LIVING IN NIGERIA

2.3.1 THE MEDICALIZATION OF INTERSEX

Being intersex is still referred to as “conditions” even by organizations who actively advocate for SOGIESC mainstreaming. This was also the mode of documentation in a recent research conducted by an organization in Nigeria to explore the knowledge practices of medical professionals on intersex persons. This means that the rhetoric of inclusion has not been holistically matched by reality. Although claims of clinical consensus have been selectively constructed and applied and lack evidence, intersex persons continue to be subjected to unwanted surgeries and forced interventions (Carpenter 2018). In 2006, a medical model construed being intersex as “disorders of sex development” (Hughes et al. 2006, 554). This further entrenches the belief that being intersex is a “malformation” that should be “fixed” to ensure the notion of healthy physical and psychological development of intersex
persons as either female or male; to ameliorate stigma and mitigate parental and societal antipathy (Carpenter, 2018). Many of these surgeries, despite the fact that they are often not emergency-driven, are invasive and irreversible (Amnesty International, 2017).

In 2021, Kano State Government in Nigeria, sponsored the surgeries of 7 intersex children who they claimed were “patients with intersex problem.” The governor claimed that the state government would continue to fish out intersex persons and help them to “overcome their conditions.” According to him, the state government would institutionalize the gesture while embarking on a plan to establish a center where these surgeries can be carried out. The Kano State Commissioner of Health was solidly behind the “interventions” with claims that it was important for intersex persons to conform to other people’s expectations about sex and gender to avoid discrimination (The Guardian, 2021).

2.3.2 EXCLUSION DUE TO IMPROPER FRAMING

Inaccurate assumptions in SOGIESC researches about intersex people affect participation rates and responses. These include assumptions that frame intersex people as homogeneous, as a gender identity (typically a non-binary gender identity); or assumptions that frame the experiences of intersex persons as one of transition, or same-sex attraction.

Nigeria does not recognize sex/gender markers outside the male and female binary. Administrative laws such as birth registration, legal processes and administrative processes can put pressure on parents and medical professionals to choose
and assign the sex of an intersex child. The sex assigned at birth becomes a legal and social fact that represents the identity of a person. While the importance of assigned sex does not present an issue for most people, it becomes a serious problem for those who are unable fit into either the ‘male’ or ‘female’ categories.

Parents are required to register their child in birth registers 42 days after the birth, where they need to provide information about the baby's name and sex, which is usually either male or female. This requirement comes from the belief that sex is one of the main human identities and that every person must be registered under one of the two sex categories (UNDP, 2017). Intersex people share some common concerns with lesbian, gay, bisexual and transgender (LGBT) people due to shared experiences of harm arising from dominant societal sex and gender norms (Davis, Dewey & Murphy, 2015).

2.3.3 HUMAN RIGHTS VIOLATIONS

Human rights violations affecting intersex people may take place before they are able to develop or freely express an identity; stereotypes, fear and stigmatization of sexual and gender minorities provide rationales for forced and coercive medical interventions on intersex children. Intersex people have diverse sexual orientations and gender identities, so intersex and sexual minorities overlap (Carpenter, 2018).

Some intersex persons may identify with the sex marker assigned at birth, while others may not. Some may feel forced into legal sex and gender categories that they do not identify with, including binary (male or female) and third or non-binary categories (Asia Pacific Forum of National Human Rights Institutions, Sydney, Australia, 2016).
Potential future LGBT identities in intersex children are frequently ignored by clinicians or presented as adverse outcomes (Dreger, Feder, & Tamar-Mattis, 2012), and intersex people who are lesbian, gay, bisexual or transgender may face additional burdens of discrimination (Cabral, 2015).

Performing surgeries without informed consent or adequate information are a violation of people's right to physical bodily integrity, and this may have long-term consequences on their rights to health as well as their sexual and reproductive rights.

Human rights abuses against intersex people include, but are not limited to: infanticide; abandonment; forced and coercive medical interventions; discrimination in education, sports, employment and other services; lack of access to justice and remedies (OHCHR, 2015).

Available data show that intersex people may have high rates of poverty, associated with high rates of early school leaving, stigmatization and discrimination. An East African baseline survey published by Support Initiative for People with congenital Disorders (SIPD) in 2016, based on interviews with 120 participants including intersex people, parents, medical practitioners and community leaders found that, in Uganda and other East African countries, 90 per cent of the intersex youths interviewed reported that they were forced to drop out of school due to stigma and discrimination from students and staff associated with their physical development during puberty. Students faced problems in accessing sanitation, including toilets, showers and changing rooms. A 2018 Kenyan intersex task force survey also found very high levels of early school leaving, “due to negative peer pressure and societal stereotyping” (Intersex Taskforce Report, 2018).
2.3.4 EXPERIENCE WITH HEALTHCARE

An assessment of attitude towards intersex persons in the course of the research carried out by TIERs, revealed that a vast majority (90.6%) of the healthcare professionals had positive attitudes towards intersex persons and only 25.8% of the healthcare professionals surveyed have been involved in providing care to intersex persons. Five intersex persons interviewed in the course of the research narrated their experiences with discrimination, harassment and generally poor treatment in the hospitals because they are intersex. One respondent shared their experience of feeling very uncomfortable with a family doctor whom they perceived always took advantage of their condition and was in the habit of touching the genital area even if they complained of a headache. The knowledge gap in medicine documented in the research is said to be responsible for the response of the healthcare delivery system.

However, there could be more to this than information in medical school around sex characteristics. Social norms have been seen to influence major life decisions such as how to treat people. A recent study in Social, Cognitive, & Affective Neuroscience illuminated the extent to which social norms play a role in our decision making. Using brain imaging data, the researchers built a computational model that supported the notion that social norms influenced decisions more than a desire for fairness. The research suggested that when faced with a tough, possibly ethically-laden choice, people are more likely to do what they think society wants instead of what we feel in our hearts is fair or morally right (Chang & Sanfey, 2013).
This study will explore perceptions and attitudes of doctors to intersex persons beyond the documented knowledge gaps.

2.4. **LEGAL FRAMEWORK**

In Nigeria, there is no provision for birth registration of intersex persons. However, there are international policies that give legal recognition of intersex persons, including registration at birth.

- **The Convention on the Rights of the Child (Article 7); the International Covenant on Civil and Political Rights (Article 24); and Convention on the Rights of Persons with Disabilities (Article 18(2)) require that children be registered immediately after birth, with a name and the right to acquire a nationality, but these conventions do not require states to register sex or gender.**

- **The Yogyakarta Principles plus 10 (YP+10), Principle 31, recommends an end to the registration of the sex or gender of the person in identity documents and as part of their legal personality, while proposing interim arrangements that include a multiplicity of gender markers.**

- **The Convention against torture and other cruel, inhuman or degrading treatment or punishment requires that States ensure access to redress and compensation, including means for rehabilitation. It has been recommended that States arrange for investigations of cases of surgical or other medical treatment reportedly carried out without individuals’ informed consent.**
The Yogyakarta Principles plus 10, Principle 37, recognizes a right to truth for victims of human rights violations on the basis of sex characteristics that should not be subject to statutes of limitations.

In an open letter of concern to ESPE, Intersex organizations have suggested that statutes of limitations unnecessarily limit access to redress for intersex individuals who have suffered unnecessary or inappropriate medical interventions without their consent during childhood or adolescence (Zwischengeschlecht.org et al).

In Nigeria, the Convention of the Rights of the Child was domesticated through the Child Rights Act, however there are inadequacies and gaps that makes no provision for intersex children. Intersex persons lack access to justice and remedy for human rights violations. States have a duty to address the root causes of human rights violations. States have an obligation to challenge and modify social norms that underpin and justify harmful practices (Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child, 2014).

Kenya has taken steps towards recognizing intersex persons. A Kenyan court has ordered the government to issue a birth certificate to a five-year-old child born with ambiguous genitalia, in a landmark ruling that the child’s lawyer said was a first step towards recognizing intersex people. The court also ordered the Attorney-General to name a body that would take responsibility for conducting a census of intersex Kenyans and to develop guidelines and policies for their recognition and support (Thomas Reuters Foundation, 2014).
With about 27 countries of the world legally permitting same sex marriage, many African countries have outlawed marriage between same sex couples. Nigeria enacted the Same Sex Marriage Prohibition Act in 2014. By the Act, same sex marriage is expressly prohibited and criminalized with a penalty of 14 years' imprisonment upon conviction. While the law focuses on the association of same sex persons, there is no provision of law on the rights of an intersex person. In the same vein, there is no judicial precedent on this issue (Adelakun & Odumosu, 2019). However, they may be targeted under this law because of their appearance, or their apparent non-conformity to gender norms. Documenting human rights violations is a key part of advocacy that African activists can leverage on, after which they can build movements and share best practices that will help to persuade people on the negative effects of punitive laws, discriminatory practices, and the incitement of hatred and violence against intersex persons.

The findings of this research will serve as an advocacy tool for national, regional and international efforts to advance the rights of intersex persons.

2.5. SUMMARY

Most research conducted on intersex have been clinical and focused on medical interventions for intersex persons. There is not enough data about the lived experiences of intersex persons that would foster strategic and meaningful engagements to ensure that their rights are upheld and their interests are reflected in policy reform. This study explores what life looks like for intersex persons living in Nigeria and provides strategic recommendations.
3.0. METHODOLOGY AND PROCESSES

Literature was reviewed to establish a clear correlation with existing research and to establish knowledge gaps, taking into consideration the objectives of this research. This study was designed to use a mix of quantitative and qualitative methods to establish values and characterize the current situations regarding the existence, human rights violations, healthcare accessibility, economic stability, and overall lived experiences of intersex persons in Nigeria.

3.1. QUANTITATIVE METHODOLOGY

Quantitative data collection and analysis refers to collecting and treating numeric information through polls, questionnaires, and surveys. For this research, we adopted a 5-point Likert scale (Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree) of measurement for designing the questionnaire as this caters to the psychometric evaluation of the respondents in this study, and a simple Yes or No answer for categorical variables. Also, we collected demographic data on respondents to expiate the personalities of the respondents for this research.

We adopted tabular, text, and diagrammatic methods to analyze and present data generated from the field. In a tabular method, we systematically arranged the facts and figures in rows. Each table is carefully titled and appropriately captioned. At the base of each table, source references are presented.
In effecting data analysis, we made use of a combination of descriptive statistics methods such as sample percentages and ratios. Inferential statistics employed to test the hypotheses was the t-test one unequal variable technique. These tools are statistically chosen yardsticks for data analysis and hypothesis testing.

### 3.2. Qualitative Methodology

Qualitative data collection and analysis refers to collecting and treating non-numeric information such as interviews, transcripts, notes, and audio/video/text documents. In this research, after taking into cognizance the context of each case and the different experiences of each respondent, narrative analysis was employed to reformulate stories presented by respondents.

### 3.3. Sampling Design and Procedures

A sample size of 38 individuals was identified and collected during this research. An online quantitative survey was applied to all randomly selected intersex persons in all geopolitical zones of Nigeria. A Focus Group Discussion (FGD) was applied as well to provide more depth into the experiences of intersex persons. Key informant interviews (KII) were carried out with mapped medical practitioners in Lagos, Kano, and Enugu to provide more depth on the social perception of intersex persons by medical practitioners, and the impact of social norms of the medicalization of intersex persons in healthcare facilities. With the total number of the target population unknown, a tentative sample size of 38 individuals was derived (95% Confidence Level, 5% Confidence Interval) using a normal sample size calculator.
3.4. PARAMETERS

Among all target groups, we applied the following minimum targeting parameters:
• Intersex persons aged 16 to 45 in 6 geopolitical zones of Nigeria.
• Medical doctors and consultants who are pediatric endocrinologists and pediatric surgeons.

3.5. SAMPLING TECHNIQUE

In interviewing and administering the questionnaire to the respondents, we adopted the purposive sampling method, which relies on the researcher’s judgment when identifying and selecting the individuals and cases that can provide the best information to achieve the study’s objectives (Nikolopoulou, 2022). It is a non-random technique that does not need underlying theories or a set number of participants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of their knowledge or experience. This study was restricted to 38 respondents for both focus groups (qualitative) and questionnaires (quantitative). 21 intersex persons responded to the questionnaire; 10 intersex persons were interviewed for the focus group Discussion; and 8 medical practitioners were engaged in the Key Informant Interview. For this analysis, we utilized the responses from the 21 intersex persons.
3.5.1 CALCULATION OF SAMPLE SIZE

<table>
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<th>Number of respondents</th>
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<td>8</td>
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<tr>
<td>Intersex Persons (FGD)</td>
<td>10</td>
</tr>
<tr>
<td>Intersex Persons (Questionnaire)</td>
<td>21</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
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The sample size was arrived at by the application of the understated statistical formula based on the fact that our population is unknown, our number of respondents must be 10% of the total sample size for our results to be representative of the population.

\[ n = \left( \frac{z\alpha}{2} \right)^2 / 4e^2 \]

where; \( z\alpha / 2 = \pm 1.96 \), \( e = 5\% \)

marginal error and \( n = \) sample size.

\[ n = (1.96)^2 / 4(0.05)^2 \]

\[ n = 3.8 / 4(0.0025) \]

3.8/0.01= 384, therefore \( n = 384 \).

Therefore \( 38/100 \times 384 = 10\% \).

This validates that our total number of respondents for research is efficient.
3.6. DATA COLLECTION INSTRUMENTS AND ANALYSIS

The key instrument adopted for the collection of data was a questionnaire, which was designed on Google Forms and shared via a link with respondents. The FGD and KII also yielded useful information for the qualitative analysis of this study. Questions contained in the questionnaire were tested utilizing a t-test one unequal variable technique to determine the validity of acceptance or rejection of the null and alternative hypothesis. The foundational principle of dignity of all participants was upheld. Pronouns used by the participants about themselves were routinely used and they were compensated for their time. “Othering” language was avoided and researchers asked questions from the participants from a position of openness and humility. Researchers sought to learn from the lived experiences of the participants, as the participants are the experts in their lives.
4.0. PRESENTATION AND ANALYSIS OF RESULT

This section of the study attempts to empirically investigate the lived experiences of intersex persons in Nigeria. The data used for the analysis was gotten with the aid of structured questionnaires that were administered online. The variables were analyzed using descriptive analysis.

4.1. DEMOGRAPHICS OF STUDY

Assigned Sex at Birth

![Pie Chart of Sex at Birth]

- Female, 67%
- Male, 33%

Gender Identity

![Bar Chart of Gender Identity]

- Woman: 7
- Non-binary: 7
- Man: 6
- Other: 1

Figure 1

Figure 2

Source: Survey Data (2022)

Fig 1 shows the pie chart which represents the sex of the intersex respondents at birth. 67% of the respondents were assigned female at birth while 33% were assigned male at birth. While the bar chart in fig 2 represents their current gender identity.
Are you affiliated with any religion

Yes, 57%
No, 43%

Which Religion?

Christianity, 62%
Islam, 5%
No affiliation to any religion, 33%

Source: Survey Data (2022)

Figure 3

Figure 4

Figure 3: 57% of the respondents have religious affiliations and 43% do not have any religious affiliations. Figure 4 represents the distribution of their affiliation per religious group; 62% of the respondents are Christians, 5% are Muslims and the remaining 33% are not affiliated with any religion.

4.2. LIVED EXPERIENCES

4.2.1 RELATIONSHIPS

Relationship Status

Marital Status

Figure 5

Figure 6
Has being intersex affected your desire to date or have intimate relationships

![Pie chart showing percentage of responses]

Figure 7

**Source: Survey Data (2022)**

Fig 5: The pie chart above (Relationship Status) indicates that 66% of the respondents are not in a relationship, 19% are dating, 6% are in a monogamous relationship, another 4% are in an open relationship while the remaining 5% kept their relationship status private. Fig 6: The pie chart above (Marital Status) indicates that 90% of the respondents are single, and 5% of the respondents are married.

Figure 7 represents the proportion of respondents whose intersex identity has affected their desire to date; 71% do not wish to date, 19% have the desire to date and 10% are indecisive. According to one of the respondents during the FGD, being intersex has affected their relationships. Another said: "Being intersex makes me isolate myself from a lot of people who did not know my condition, and those that don’t understand the type of person I am. And I keep off from being in a relationship to avoid being insulted or embarrassed."
4.2.2 MEDICAL INTERVENTIONS

Were you given any surgery and/or treatment at birth?

![Pie chart showing the distribution of respondents who were given surgery or treatment at birth. 52% said no, 29% said yes, and 19% said they don't know.]

Were you told why?

![Pie chart showing the distribution of respondents who were told why they had surgery. 52% said no, 29% said yes, and 19% said they don't know.]

Source: Survey data (2022)

Fig 8a, the pie chart above represents lived experiences of respondents as regards their surgery status, 52% of respondents did not have surgery at birth, 29% of respondents had surgery at birth and 19% are not aware of their status. Figure 8b represents the distribution of respondents who understand why they had surgery. 52% were not told the reason for their surgery, and 29% were told the reason for their surgery.
4.2.3 DISCOVERY

How old were you when you discovered you are intersex?

![Figure 9a](image)

How did you learn about it?

![Figure 9b](image)


**Source: Survey Data (2022)**

Fig 9a. This represents the point at which the respondents discovered they were intersex, 48% discovered in their teens, 43% discovered in their twenties, 5% discovered in their thirties, and the other 5% can’t tell. Fig 9b shows that 71% discovered by themselves, 14% said they always knew, and 14% said they were told.

Figure 10 is a representation of how the respondents felt when they discovered they were intersex persons, 33% were confused; 25% were ashamed, confused, and indifferent; 19% felt indifferent; 14% were happy, and 5% were happy and confused. According to a respondent, finding out that they are intersex made them isolate themselves from a lot of people who did not know about their condition, and those that did not understand
the type of person they are. Another respondent said nobody knows they are intersex apart from their family, as they have managed to hide it. Another said “It killed me mentally and emotionally. I do not wish to remember”

4.2.4 SEX EDUCATION

Did you receive any sex education?

![Figure 11]

Did sex education involve intersex education?

![Figure 12a]
How was it highlighted?

Source: Survey Data (2022)

In Fig 11, 52% of the respondents did not receive sex education, and 48% received sex education. Fig 12a represent the education status of respondents, 24% of respondents received sex education relevant to intersex, another 24% received sex education but it was not relevant to intersex variations, and the other 52% did not receive sex education. Fig 12b, this chart represents the distribution of how sex education was taught, 24% of the respondents were taught as a fundamental part of sex education, 19% were taught but in a derogatory manner, and the other 57% did not receive sex education.
4.2.5 SEX PERCEPTION/EXPECTATIONS

Should everyone fit into a male and female sex binary?

![Pie chart showing responses to the question about fitting into a male and female sex binary.](image)

Figure 13

Source: Survey Data (2022)

Figure 13 represents choice to fit into a perceived sex binary; 71% thinks there shouldn’t be only male and female sex binary, 19% responded Maybe and 10% responded Yes.

This study reveals the negative impact of being forced into perceived binary sex. In the words of a respondent, “There are not many opportunities for intersex folks in Nigeria to thrive. Everyday, there are less and less people that are accepting of people who do not exist within the traditional sex binary. It is difficult to exist on social media without cyberbullying, difficult to find housing and stay housed in the Northern parts of Nigeria, there is also job discrimination all round including among queer-affirming NGOs because of discrimination against intersex folks.”
Do you think intersex variation is an anomaly that can be corrected?

![Pie chart with responses]

Figure 14

Have you forcibly acted as man or woman?

![Pie chart with responses]

Figure 15

Source: Survey Data (2022)

The chart above figure 14, represents responses for thoughts on “correction” of intersex variations; 57% replied no, 19% replied maybe, 14% replied yes, 5% responded that it should be a personal decision and the other 5% responded that this decision varies with intersex individuals. Figure 15 represents responses to their lived experiences based on gender, 90% affirmed that
they have forcibly tried to live within the binary of gender as proposed by society, while 10% responded No.

**Have you experienced gender bias?**

![Figure 16]

**Which is responsible for the negative perception of an intersex person?**

![Figure 17]

**Source: Survey Data (2022)**

The chart above, that is figure 16, represents the responses of intersex persons if they have ever experienced any suggestions from people on what is an “appropriate” gendered behavior and how you should act in accordance with gender norms and 100% of the respondents responded yes, Figure 17 represents what
respondents considered as the major factors responsible for the negative perceptions of intersex persons by the society; 57% of negative perceptions were due to the combination of religion, culture and lack of education, 24% was due to lack of education, 14% due to culture and 5% due the combination of religion and culture.

A respondent said, “I was stopped on the streets by unknown individuals and questioned about my sex. They were debating over it.”

4.2.6 HEALTHCARE AND EDUCATION-BASED DISCRIMINATION
In the chart above, in Figure 18; 52% of respondents have experienced discrimination from healthcare professionals, 43% did not experience discrimination, while the other 5% hardly visit the hospital. In the chart in Figure 19, 66% of intersex persons started experiencing discrimination from school, 24% did not experience discrimination in school, 5% did not experience discrimination because those at school did not know they were intersex, and another 5% wrote that they were bullied in school. In expatiating their experiences with healthcare professionals, a respondent said, “Hospitals are concerned with correcting an anomaly rather than providing effective and efficient
healthcare for those who are brave enough to seek medical care for any ailments”. Another respondent said “in the hospital, they all judge me by my look/appearance. Having access to health care facilities has been a challenge because of the discrimination and stigma.

In the words of another respondent, “So I went to a hospital some time ago when I was ill, and the doctor was like are you a man or a woman, why are you even dressed the way you are?”

On education-based discrimination, here are some of the responses from respondents:
“Well, I was kind a suspended from school”
“I was stopped by some tout around school hostel to reveal my real identity or they would strip me naked to clarify”
“It has affected me in my family and also my education, because I was living with my brother. He sent me out of his house, because he said I act feminine and if I couldn’t act like a man I had to leave his house. He stopped paying my school fees, I had to sleep under the bridge for some weeks, it was very horrible.”

4.2.7 MENTAL HEALTH

Have you ever experienced internal conflict because of being intersex?

![Figure 20](image)

No, 33%
Yes, 67%
Was your mental health affected?

![Pie chart showing mental health affectedness](image1)

Figure 21

Were you able to locate a mental health facility?

![Pie chart showing access to mental health facilities](image2)

Figure 22

**Source: Survey Data (2022)**

The chart above in Figure 20 represents the proportion of respondents who have experienced internal conflict to those who have not, this is 67% to 33%. Figure 21 represents the proportion of those whose mental health has been affected. 86% of respondents have mental health problems and the other 14% do not. Fig 22 represents the proportion of respondents who were able to access mental healthcare, 62% could not access care for their mental health, 29% have never experienced issues with mental health, while 10% had access.
4.2.8 HUMAN RIGHTS VIOLATIONS

Human right violation based on expressed gender

Figure 23

Forms of abuse you experienced?

Figure 24
Are you able to register your gender identify in documents?

Figure 25

**Source: Survey Data (2022)**

The chart above in figure 23 represents the proportion of respondents who have experienced human rights violations. 71% of the intersex respondents have had their human rights violated and 29% have not experienced any form of violation. For categories of abuse experienced by the intersex respondents. Figure 24 depicts that 43% have experienced discrimination this consists of (forced eviction, coercion to fit into a gender type, and police harassment), 14% experienced stigmatization in health care, 10% experienced dismissal from jobs, another 14% experienced harassment and extortion, 9% experienced none and 10% experienced intersex genital mutilation.

Fig.25 represents results for official documents, 71% are unable to register their identified gender on official documents, 29% register with their identified gender on official documents.

Experience sharing from respondents elicited the following: “The police and law enforcement derive pleasure in arresting, battering and humiliating those who disclose they are intersex,
whilst family members continue to stigmatize against their intersex relatives. The intersex community is largely a very poor one with little to no economic and psychosocial empowerment, or any impactful programs directed towards us, hence our dire need for general sustenance, such as offsetting outstanding medical debts, handouts of food, clothing, and sanitary and health supplies to ensure our survival. It is an individualistic lifestyle for intersex people in Nigeria due to the fact that even within the queer community, we are widely misunderstood and as a result, we are kept at arm’s length and are very rarely included in community programming.”

“Was harassed by a police officer on my way to school. They were calling me a lesbian and that I could be arrested for being one.
“I was stopped by some tout around school hostel to reveal my real identity or they would strip me naked to clarify themselves.”
Being an Intersex has affected me in so many ways especially obtaining my legal documents and corrections of certificate and document, even having access to health care facilities has been a challenge because of the discrimination and stigma.
“The stigma and discrimination I experienced came from all sectors, family, peer groups, church, schools even other employment spaces.”

“Sometimes I didn’t get hired just because of the way I look”

4.3. PRESENTATION OF EMPIRICAL RESULTS

4.3.1. Table 1.1 Descriptive Statistics

<table>
<thead>
<tr>
<th>S/N</th>
<th>Lived experiences</th>
<th>Frequency of Responses</th>
<th>Total</th>
<th>Mean</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>SA (5)</td>
<td>A (4)</td>
<td>N (3)</td>
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<td>1</td>
<td>Lack of health education on intersex variations has an impact on Intersex person’s marginalization?</td>
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<td>3</td>
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<tr>
<td>2</td>
<td>Religion and culture play a role in the marginalization of intersex persons in Nigeria.</td>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>The people in your life were supportive</td>
<td>1</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

The relevant outcome of this table is based on the mean variable; as a rule of thumb, if the mean of responses is less than three (3) then the statement is non-relevant. As seen from Table 1.1, the mean for Statement 1- Lack of health education on intersex variations has an impact on Intersex person’s marginalization in Nigeria- is 3.3. This infers that the statement is effective. The mean of Statement 2- Religion and culture play a role in the marginalization of intersex persons in Nigeria- is 4.3, this infers that the statement is effective. Statement 3 has a mean of 2.7, which infers that statement 3 is not effective.
4.3.2 Table 1.2 T-Test One Sample Assuming Unequal Variances

<table>
<thead>
<tr>
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<th>Value</th>
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<tbody>
<tr>
<td>Mean</td>
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<tr>
<td>Variance</td>
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<tr>
<td>Observations</td>
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<tr>
<td>Pooled Variance</td>
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<tr>
<td>Hypothesized Mean Difference</td>
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<td>Df</td>
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<tr>
<td>t Stat</td>
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<tr>
<td>P(T&lt;=t) one-tail</td>
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</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.720742903</td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
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<tr>
<td>t Critical two-tail</td>
<td>2.079613845</td>
</tr>
</tbody>
</table>

Source: Author’s Computation (2022)

4.3.3 Table 1.3 T-Test One sample assuming unequal variances

<table>
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<th>Value</th>
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<tbody>
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<td>Mean</td>
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<td>Variance</td>
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<tr>
<td>Observations</td>
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<td>Pooled Variance</td>
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<td>Hypothesized Mean Difference</td>
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<tr>
<td>Df</td>
<td>21</td>
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<tr>
<td>t Stat</td>
<td>3.118160605</td>
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<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.002600331</td>
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<tr>
<td>t Critical one-tail</td>
<td>1.720742903</td>
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<td>P(T&lt;=t) two-tail</td>
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</tr>
<tr>
<td>t Critical two-tail</td>
<td>2.079613845</td>
</tr>
</tbody>
</table>

Source: Author’s Computation (2022).

This result will be utilized for hypothesis testing of the null and alternative hypothesis.
Where \( t\text{-stat} > t\text{-critical} \) reject \( H_0 \) and accept \( H_1 \) and when \( P > 0.5 \) reject \( H_0 \) and accept \( H_1 \)
The P-value for both tests is lower than 0.5, this indicates that the results from both tests are significant and the data and statistical method are valid.

4.3.3 HYPOTHESIS TESTING

In this section, we tested both hypotheses stated in Chapter 1 of this study using the t-test: One-Sample Assuming Unequal Variances. We tested for the acceptance or rejection of the null or alternative hypothesis (\( H_0 \) and \( H_1 \)).

1st Hypothesis - states that:
1. \( H_0 \): Religion and culture have no impact on the marginalization of intersex persons in Nigeria.
2. \( H_1 \): Religion and culture have an impact on the marginalization of intersex persons in Nigeria

For Table 1.3 t-stat is 3.11 and t-critical is 1.72 and the P stat is 0.005 > 0.5.
Therefore, the null hypothesis \( H_0 \) is rejected and the alternative hypothesis \( H_1 \) is accepted.
This infers that religion and culture have an impact on the marginalization of intersex persons in Nigeria.

2nd Hypothesis - states that:
1. \( H_0 \): The lack of health education on intersex variations has no impact on the marginalization of intersex persons in Nigeria.
2. \( H_1 \): The lack of health education on intersex variations has an impact on the marginalization of intersex persons in Nigeria.
From table 1.2 t-stat is 3.11 and t-critical is 1.72 and the P stat is 0.005>0.5. Therefore, the null hypothesis H0 is be rejected and the alternative hypothesis H 1 is accepted. This infers that religion and culture have an impact on the marginalization of intersex persons in Nigeria.

4.4. PERCEPTION OF DOCTORS ON INTERSEX PERSONS IN NIGERIA

Medical norms around difference in sex characteristics have not considerably evolved in Nigeria looking at the responses from intersex persons during the course of this research, and the responses from medical professionals. The approach to intersex is still highly controversial and greatly influenced by religion and cultural norms. Pediatric surgeons and pediatric endocrinologists from Lagos State University Teaching Hospital, Aminu Kano Teaching Hospital, and University of Nigeria Teaching Hospital Enugu, were interviewed for the purpose of this research. An observed common factor was that all the respondents referred to intersex as “Disorder of Sex Differentiation”.
Some also agreed that coming from a social space and having religion-social inclinations are bound to influence their medical practice. According to one of the professionals: “culture is the people’s way of life which involves religion and societal norms. Our belief teaches us how God created the world and we have to live in accordance with our belief that we are meant to be either male or female and anything against it is out of nature.”

One of the professionals was asked about their perception of intersex and he said: “Intersex describes people who do not have a genuine identity of what they are by evidence of having some form of discrepancies between their external genital organ and their internal self.

The discussion around consent from a human right perspective emerged and a professional said that consent was still largely dependent on the parents even though he understood the importance of the intersex person making autonomous decisions.

The information on intersex is quite limited in Nigeria. According to one of the professionals, their curriculum was not detailed around intersex. The information he had around intersex while in medical school and before he began clinical practice, was vague and superficial, he said: “before now I didn’t know anything about intersex, but my perception has been good. I don’t think I have any stigmatizing thoughts against them. It is just for you to understand how they are and determine how you will help them out”
Another professional said: “The stigma and discrimination intersex persons experience are largely shaped by religion and culture... Although a person has to be male or female, you cannot be male or female at the same time. Scientifically, it is impossible”

On corrective surgeries, one of the professionals told the researchers “there are no negative consequences for surgeries...It is easier to construct the female genitalia than the male genitalia. All that needs to be done is to sit with the parents and educate them to know which one to choose”

4.5. DISCUSSION OF FINDINGS

This study examines the lived experiences of intersex persons in Nigeria and the variable conditions that influence their lives in Nigerian society. We used a t-test for one sample variable to analyze religion and education as major factors influencing the lived experiences of intersex persons in Nigeria and we also used descriptive statistics to analyze other factors as well. The results above revealed that religion and culture have a major influence on the lived experiences of intersex persons and how they are seen in Nigeria, this hypothesis is supported by the 100% response from medical practitioners on the question “do you think religion and society have shaped the way intersex persons are seen?” Also, 100% of the intersex persons and the medical professionals agreed that religion and culture shape the perception and lenses through which intersex persons are seen and engaged in Nigerian society today, and 78% of the Medical practitioners agreed that medical norms are influenced by social norms in Nigeria, thus this influences their decision making in the treatment of intersex persons.
90% of intersex persons in this study are single and not married, and another 68% of the respondents are not even in a relationship that can lead to a marriage. This further shed light on the level of discrimination and non-inclusive nature of their lived experiences in the society, and this is mainly due to the societal and religious beliefs of their immediate community which have also led to intersex persons in Nigeria keeping to themselves.

Also, the results above revealed that the lack of sex education on intersex variations in schools has been a major contributing factor to the marginalization and discrimination experienced by intersex persons in Nigeria, this hypothesis is supported by 52% of responses by the intersex persons confirming that they were not educated on intersex variations in their schools. 100% of medical practitioners believe that ignorance and a lack of understanding are responsible for the response of society towards intersex persons.

The majority of the intersex respondents acknowledged living in denial, adopting a more reserved demeanor, experiencing depression, and considering suicide. These experiences were influenced by their interactions with medical experts and family members., Most family members live in denial of the non-binary status of an intersex family member, and will prefer to assign them a preferred binary sex and expect the intersex persons to conform to their gender expectations. In some cases, this has led to family members referring to them as gay when they are attracted to a gender that is not the opposite of the one they have been assigned at home.
The lack of education and understanding is a problem for intersex persons during certain phases of their lives as they do not fully understand what they are going through. 71% of intersex persons start experiencing discrimination from schools, while 52% of respondents also experienced discrimination from health care professionals. This is corroborated by responses from health care professionals where 78% confirmed that social norms influence medical norms. This also infers that in executing their jobs in relation to intersex persons, they are influenced by societal and religious prejudice. Some medical practitioners also insisted that in the Bible, God created only male and female and this is what has formed the basis for their perception and interactions with cases on intersex persons.

100% of the medical professionals confirmed that there are curriculums dedicated to studying and caring for persons with intersex variations, however, this is at variance with the lived experiences of the intersex respondents in this study. They reported that many medical practitioners who were trusted to deliver medical care and advice had insufficient in-depth knowledge and understanding of intersex variations, lacked empathy, and frequently used patients as test subjects in research (without the prior and informed consent of the patients).

This corroborates the 100% response from medical practitioners in this study that there is a huge gap in knowledge, and lack of awareness of intersex persons and their variations in Nigeria. Intersex persons still experience discrimination, not just in school but also at hospitals; 100% of the medical practitioners also confirmed that there are no policies guiding intersex
surgeries in Nigeria, this infers the lack of awareness on the side of the government and the will to legislate on the well-being of intersex persons because as intersex persons grow, they identify themselves with their sex based on the formation of their body parts, and surgeries may lead to confusion for this intersex person at puberty.

The medical practitioner respondents did not believe that "corrective" surgery performed on intersex children violated their right to autonomy and physical integrity. 100% of the medical practitioners asserted that genetically, there are two sex and intersex persons must be treated at birth and assigned a gender so they can fit into society. This is at variance with their response that the rights of intersex persons are taken into cognizance during the process of corrective surgery, this also infers that the right and autonomy of the sex variation and genitalia of choice for an intersex person is taken from them and given to their parents at birth. This assertion is also at variance with the response of Intersex persons as 100% of them were assigned a gender at birth, 29% of the intersex respondents had corrective surgeries carried out on them, and they were not told why they had surgical operations carried out on them.

These surgeries and arbitrary sex assignments left 81% of them confused, unhappy and indifferent to their assigned gender as they matured and discovered that their dominant body morphology suggested that they were assigned the wrong gender at birth because their sex characteristics did not conform to the stereotypical binary male-female anatomy, they reportedly felt uncomfortable and bewildered. This leaves them feeling violated and their human right to choose taken from them; this is in alignment with the response of a medical
practitioner who confirmed that before the case of an intersex person is usually brought to him, it is usually late as the previous doctor would have handled the child wrongly. Another medical practitioner confirmed that due to the lack of understanding on the parents’ parts, the cases reach them as a social and medical problem.

The lived experience of intersex persons in this study is also at variance with the responses of medical practitioners. 100% of the medical practitioners responded that the human rights of intersex persons are taken into cognizance during the counseling and medical interventions of intersex children/adolescents. However, this is done by granting autonomy for the need of “corrective” surgery to the parents of the intersex children/adolescents based on the recommendation of the doctors. There are medical professionals who also believe that there might be a risk to the life of an intersex person if “corrective” surgery is not carried out at birth.

100% of medical practitioners for this study also confirmed the fact that intersex persons were no longer referred to as hermaphrodites but are now referred to as individuals with Disorders of Sexual Development (DSD). This change in nomenclature feels like progress for them but it still leaves a stigma on intersex persons and leaves room for discrimination against them.
The places where intersex persons encounter the most discrimination as highlighted by the data are schools, hospitals, and religious centers; they ranked number one on the list as confirmed by 75% of the respondents, and another 10% confirmed additional channels of discrimination such as police checkpoints, workplace and during negotiations for accommodation. The other 15% confirmed that they have never experienced discrimination.

Due to this continuous discrimination, it has become more difficult for intersex persons in Nigeria to fully live and express themselves in Nigerian society. As indicated by our findings on the public identification of preferred gender on documentation and social media, 71% are unable to register their identified gender on official documents, while 29% register with their identified gender on official documents. Due to the degree of discretion offered by social media, more intersex people are identifying with their preferred gender.

86% of the intersex respondents for this study have other persons who are aware of their status, 9% were unsure while 5% have no one who is aware. However as confirmed by the descriptive statistics analysis with the non-effective mean of 2.6 for Statement 3; (have friends and family been supportive), an intersex person does not get the support or respect required when they openly identify themselves. This also highlights the reason why most respondents freely identify themselves on social media where they are protected and can indulge without the invasion of their privacy.
5.0. CONCLUSION AND RECOMMENDATIONS

CONCLUSION
This study was carried out to investigate the lived experiences of intersex persons in Nigeria. This study has revealed that intersex persons continue to be pushed to the margins and spaces that do not affirm gender non-conforming identities.

A.R. Byaruhanga, in *A Journal of Makerere University Convocation*, is of the thought that food, shelter, and protection, are a human’s basic needs with respect to bodily autonomy, and that these needs must be satisfied. Social development cannot be affirmed in the absence of these basic needs. Regarding the spiritual aspect, the human person needs ideas of freedom, justice, honor, and truth, lack of any of these implies lack of development.

This study has also shown that religion, culture, and a lack of education on intersex identities are major obstacles to the good quality of life of intersex persons in Nigeria. Religion and culture negatively impact intervention approaches that should promote bodily autonomy and avoid avoidable harms. Creating safe spaces for intersex persons to successfully thrive requires collective effort. Public authorities, private and public institutions, civil society organizations, and everyday people need to create an atmosphere of equal opportunities where intersex persons can have decent lives and make autonomous decisions.
This is the first national study solely focused on the lived experiences of intersex persons in Nigeria. Our findings will enhance the understanding of the realities of intersex people and this study will be relevant for health care professionals, civil societies, and institutions who provide care to intersex persons. This study demonstrates the need to expand research and interventions relating to the lives of intersex people, particularly targeting recognition, bodily autonomy, intersection of identities, mental health, and daily function.

**RECOMMENDATIONS**

**Laws and policies**

- The Federal Government urgently needs to review the Child’s Right Act to adequately cover the protection of intersex children. The states and the Federal Government must ensure that intersex children are safe and properly protected from unwanted, unnecessary, and arbitrary surgeries and other medical interventions.

- States that have yet to domesticate the Child’s Rights Act in their laws should do so in the interest of intersex persons in schools or needing to access quality healthcare services.

- Policies must be put in place to end discrimination against intersex persons in workplaces, households, and schools e.t.c.

**Knowledge Creation**

- Research should be carried out to shape nomenclature and raise awareness on the realities of intersex persons.

- Intersex persons must be at the fore-front of all forms of knowledge creation on the understanding of intersex variations and intersex persons.
• Researches must be expansive and inclusive to include other multiple and intersecting identities of intersex persons.
• Intersex rights organizing, conferences, and position papers by civil societies must move beyond minority civil society organizations, to mainstream organizations to public and private institutions and authorities.

Education
• Parents of intersex persons, the general populace, and intersex persons themselves should be educated on intersex variations, and the intersex variations demystified. This should be backed up by policies from the Nigerian government through the Ministries of Health and Education, and driven by news media agencies and NGOs. Information sharing and education are at the core of this discourse because when everyone is well-informed, it will drastically reduce the negative impact triggered by religion and cultural inclinations on the lived experiences of intersex persons.
• All hospitals in Nigeria should be made to incorporate progressive best practices that are inclusive of intersex persons during birth registration and provision of care.
• Medical professionals should take continuing education courses on courses on the intricacies of intersex variations, and they should also be taught to positively affirm the bodily autonomy of intersex persons by avoiding "corrective" surgeries and treatments where the condition does not pose harm to the intersex person. This should be incorporated into the curriculum in medical schools as well.
Introduction of basic study of intersex variations should be incorporated into the health education curriculum for primary and secondary school students.

NGOs working for sexual and gender minorities should raise more awareness and scale advocacy efforts aimed at improving the lives of intersex persons in Nigeria.

Education for intersex persons must start from their childhood. This will lead to a sharp reduction in discrimination in schools as 75% of intersex respondents experienced their first form of discrimination at school.

The role of parents cannot be overemphasized, parents have to follow up with every concern raised by their intersex child(ren).

Faith-based and cultural efforts

This research has proven that religion and culture significantly affect the lives of intersex persons and how they are perceived and treated. Faith-based institutions, traditional institutions, religious leaders, and traditional leaders must respectfully and compassionately embrace intersex persons, counter harmful faith-based rhetoric such as “male and female he made them,” and reject policies, laws and practices that discriminate or fuel prejudice.

Religious authorities have a responsibility to ensure that religion and tradition are not utilized in promoting the discrimination of persons based on gender identity.

Regardless of the varying opinions that religious institutions may have with respect to gender identity related matters, under no circumstances should their authorities be allowed to incite violence or hatred against anyone based on gender identity.
Every religion and cultural practice should have humanistic principles and human rights framework at its core; to safeguard and promote the inherent and equal dignity of every human being, to guide people and societies in their quest for happiness, and to build a world where everyone can live freely and equally.
REFERENCES


