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'MY ANCESTORS WERE DISPLEASED WITH ME' – CHILDHOOD EMBODIMENT OF VARIANT INTERSEX DEVELOPMENTS IN SOUTH AFRICA

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Abstract

South Africa constitutionally promotes affirmative gender and sexual diversity education, but the curriculum assumes normative bodies with binary classifications of external genitalia. Children born with intersex development present variant chromosomal, gonadal, or genitalia that deviate from the norm. Lensed through the Theory of Unintelligibility, these bodies are seen as ambiguous and derogatively labelled as hermaphrodites or Disorders of Sex Development (DSD), making them incapable of integration into socio-educational environments. This phenomenological study explores how young adults born with variant intersex characteristics learned about and embodied their sexual identity during their school years, using in-depth interviews with six participants selected with the support of Intersex South Africa. The evidence shows that participants lived in confusion for a large part of their childhood due to frequent hospital visits, examinations, surgeries, and family reactions without explanation. Learning about male and female bodies at school *confirmed* the messages about their *abnormal* bodies, resulting in self-hate and isolation. There is a need for child psychology services to support medical professionals, families, and educators in addressing variant intersex developments, providing trauma therapy for children, and including intersex development alongside normative sex development in sexuality education and awareness.

Keywords: childhood voices, embodiment, intersex, sexuality education, unintelligibility,

Introduction

The United Nations Convention on the Rights of the Child (UNCRC) has been instrumental in advocating children's right to participate and express their views on matters affecting them (Office of the United Nations High Commissioner for Human Rights, 1989). This recognition, along with evolving sociological discourses on childhood, has led to a growing interest in listening to children's voices in research (Cudjoe et al., 2021; Cuevas-Parra, 2020; Eastham & Kaley, 2020; Lundy, 2018). Contemporary models of childhood emphasize researching with children rather than on them, recognizing their agency as active, competent social actors capable of shaping societal issues and policies (Harcourt & Einarsdottir, 2011).

The silencing of intersex voices in sexuality research

Children's participation in sexuality research is vital for understanding their sexual subjectivities and knowledge. However, the voices of children with intersex variations have been largely silenced or unexplored due to the stigma and secrecy surrounding these variations, lack of access to information and support, gender stereotypes, and cultural norms (Lane et al., 2019; Carpenter, 2018; Davis, 2015; Jones, 2018). The medicalization of intersex variations has perpetuated a culture of silence and erasure, denying intersex children access to accurate information about their bodies and experiences (Carpenter, 2018; Davis, 2015). This lack of representation and visibility extends to sexuality education, where intersex variations are rarely discussed, and the voices of intersex individuals are often absent (Jones, 2016). Historically, medical professionals have pathologized intersex variations, viewing them as "disorders" requiring surgical and hormonal "normalization" (Carpenter, 2018; Davis, 2015). These interventions, often performed on infants and young children without their consent, aim to erase bodily differences and assign a binary sex (Davis, 2015; Jones, 2018). The decision-making process typically involves medical professionals and parents, leaving the child without a voice in what happens to their body (Roen, 2019). The consequences of these non-consensual medical interventions can be severe, including physical pain, scarring, loss of sexual sensation, and psychological distress (Carpenter, 2016; Roen, 2019). Many intersex individuals report feeling shame, secrecy, and isolation due to the stigma surrounding their bodily differences and the lack of control over their medical treatment (Jones et al., 2016; MacKenzie et al., 2009).

The silenced struggle: Intersex lived realities in South Africa

In South Africa, the lived experiences of individuals born with intersex variations are marked by a stark contrast between the promise of legal protection and the harsh realities of discrimination, stigma, and human rights violations. Despite the country's progressive constitution and the inclusion of intersex within anti-discrimination legislation, intersex people continue to face numerous challenges that deeply impact their lives from infancy to adulthood. Individuals born to variant intersex developments face barriers in accessing competent, affirming healthcare, as illustrated by Nthabiseng Mokoena's story of medical mistreatment and lack of privacy (Iranti, 2018). The prevalence of infanticide, abandonment, and stigmatization by families and communities, particularly in rural and traditional settings, further compounds the challenges faced by intersex people (Collison, 2018). Inadequate education and awareness about bodily diversity perpetuate misconceptions and discrimination in various spheres of life, including educational environments, sports, and official documentation Iranti, 2018).

Despite South Africa's acknowledgement of the need to address these issues (Green, 2018), concrete actions to protect intersex rights and ban intersex genital mutilation (IGM) have yet to be taken. As other countries like Greece move to outlaw IGM (Igual, 2022), activists urge the South African government to follow suit and work with intersex-led organizations to develop comprehensive legislation and policies that uphold the rights to bodily autonomy and self-determination for intersex individuals (Iranti, 2018). Addressing these challenges requires a multi-pronged approach involving legal reform, medical education, public awareness, and the meaningful inclusion of intersex voices in decision-making processes.

In recent years, intersex activists and researchers have challenged the medical paradigm of "fixing" intersex bodies and advocated the rights of intersex children to bodily autonomy and self-determination (Carpenter, 2016; Davis, 2015). Central to this movement are the voices of intersex adults reflecting on their childhood experiences and the decisions made about their bodies without their consent. Qualitative studies exploring the lived experiences of intersex individuals have highlighted the profound impact of non-consensual medical interventions on their sense of self, relationships, and overall well-being (Hart & Shakespeare-Finch, 2021; MacKenzie et al., 2009). Many intersex adults express anger and resentment towards the medical professionals and parents who made decisions about their bodies without their input (Roen, 2019). They emphasize the importance of bodily autonomy and the right to make informed choices about their own medical care (Carpenter, 2016; Hart & Shakespeare-Finch, 2021). Some participants also report positive experiences of self-discovery and empowerment when they connect with intersex communities and gain access to accurate information about their variations (Hart & Shakespeare-Finch, 2021; MacKenzie et al., 2009).

Implications for sexuality education

The experiences of intersex individuals who were denied bodily autonomy in childhood have important implications for sexuality education. Sexuality education curricula must include accurate, non-stigmatizing information about intersex variations, acknowledging them as a natural part of human diversity (Jones, 2016). This inclusion can help challenge the medical paradigm of pathologization and promote acceptance and understanding of intersex experiences (Carpenter, 2018). Furthermore, sexuality education should emphasize the importance of bodily autonomy and informed consent, teaching children that they have the right to make decisions about their own bodies (Cense, 2019). This empowerment can help prevent the violation of intersex children's rights and promote their overall well-being (Roen, 2019). In addition, sexuality education programs should also create safe spaces for children and youth with variant intersex developments to share their experiences, ask questions, and receive support (Jones, 2016). This can be achieved through collaboration with organizations advocating for people with intersex developments, inviting intersex guest speakers, and providing resources and referrals to intersex-affirming healthcare providers and support groups (Crocetti et al., 2020). Engaging parents, caregivers, and medical professionals in dialogues about intersex variations, emphasizing the importance of listening to and respecting the voices of intersex children, is crucial (Haghighat et al., 2023). By fostering open communication and informed decision-making, sexuality education can contribute to a shift in societal attitudes towards intersex variations and promote the rights of intersex individuals (Roen, 2019).

(Un)Intelligibility and intersex bodies

The concept of (un)intelligibility, as theorized by Butler (1993), provides a valuable lens through which to examine the experiences of children born with variant intersex developments. According to Butler (1993), intelligibility refers to the socially constructed norms and expectations that render certain bodies and identities recognizable and acceptable within a given cultural context. Bodies and identities that do not conform to these norms are deemed unintelligible, leading to marginalization, stigmatization, and exclusion (Butler, 1993). In the case of children with intersex variations, their bodies challenge the binary notion of sex and gender, which are deeply ingrained in societal norms and expectations (Fausto-Sterling, 2000). The medical establishment, in its attempt to maintain the binary system, often intervenes to 'fix' these bodies through surgical and hormonal treatments, aiming to align them with cisnormative standards (Davis, 2015). This practice of 'normalizing' intersex bodies reflects the societal pressure to render them intelligible within the binary framework of sex and gender (Roen, 2019).

However, the voices of intersex individuals reveal the harm caused by these medical interventions, which are often performed without their consent and can result in physical and psychological trauma (Jones et al., 2016). The lack of autonomy afforded to children with intersex variations highlights the power dynamics at play, where medical practitioners and parents make decisions about their bodies based on societal norms rather than the child's best interests (Carpenter, 2018). The experiences of intersex individuals challenge the notion of intelligibility as a fixed and unchangeable construct. As they navigate their lives and come to terms with their bodily differences, intersex individuals often resist the binary norms imposed upon them and assert their right to self-determination (Hart & Shakespeare-Finch, 2021). By embracing their intersex identities and advocating their rights, they disrupt the dominant narrative of intelligibility and demand recognition and acceptance on their own terms (Carpenter, 2016).

The voices of intersex individuals also highlight the importance of creating space for diverse bodily experiences and identities within societies (Crocetti et al., 2020). Rather than enforcing a narrow definition of intelligibility based on binary norms, it is crucial to recognize and celebrate the spectrum of human diversity (Roen, 2019). This requires a shift in societal attitudes and a willingness to challenge the assumptions and biases that perpetuate the marginalization of intersex individuals (Hegarty et al., 2021). In the context of sexuality education, it is essential to include accurate, non-stigmatizing information about intersex variations and to emphasize the importance of bodily autonomy and informed consent (Jones, 2016). By creating safe spaces for intersex children and youth to share their experiences and receive support, sexuality education can play a crucial role in promoting their well-being and challenging the notion of unintelligibility (Crocetti et al., 2020).

Ultimately, the experiences of children with variant intersex developments underscore the need for a more inclusive and accepting society, one that recognizes and values the diversity of human bodies and identities. By listening to their voices and respecting their right to self-determination, we can work towards dismantling the oppressive norms of intelligibility and create a world where all individuals, regardless of their bodily variations, can thrive and live authentically.

Methods

This article is part of a larger study that aims to explore the lived realities of South Africans born with variant intersex developments, focusing on how these individuals have navigated childhood to adulthood. The current paper draws on the childhood experiences of participants, examining how they came to learn about their different bodily developments and how they made meaning and navigated around it. Life history methodology was employed to reclaim the voice of the child through the adult body, as participants were denied the opportunity to make decisions and voice their choices as children. Life histories allow for the exploration of individual experiences within a broader social and historical context, enabling researchers to trace the voices and experiences of children through their adulthood (Goodson & Sikes, 2001).

This methodology provides a platform for participants to reflect on their childhood experiences and the impact of societal norms and expectations on their lives (Adriansen, 2012). The qualitative historical data were collected through in-person, one-to-one interviews that lasted between 45 and 60 minutes. Participants were identified through Intersex South Africa (ISA), a civil society organization that advocates for the rights and care of people born with variant intersex developments (ISA, 2021). A total of 16 participants agreed to participate in this study. In this article, I draw on eight participants who detailed their school experiences.

The interviews focused on questions exploring how participants learned about the concept of intersex, the age at which they learned that their reproductive organ development was different, what they remember from that experience, how they navigated through life, and the support needed and rendered. It is important to note that the reflections in this study retrospectively emanate from young adults' experiences of their school years.

Brief background on the participants (using pseudonyms)

1. Akhona, 23 years old, was born with more visible female traits, such as breasts and a vagina, along with an underdeveloped but visible phallus that enlarges during arousal. Akhona has not undergone any surgeries.
2. Andiswa, 25 years old, presents as a masculine/butch lesbian. She was born with breasts, an active vagina, and a separate penis. Andiswa has not had any surgery.
3. Jackson, 27 years old, is perceived as a lesbian. He was born with breasts, a vagina, and a small penis that enlarges during arousal. Jackson has not undergone any surgery.
4. Jason, 25 years old, identifies as male. He was born with a vagina and a penis. Multiple failed surgeries left him with a non-functional penis.
5. Thando, 28 years old, presents as feminine with breasts and a vagina. She also has a micro-penis growing from the vagina. Thando has not had any surgeries.
6. Julia, 30 years old, identifies as female. She was born with a vagina, and her testes were removed in adolescence. Julia takes hormones to enhance her female traits.
7. Thami, 26 years old, identifies as male but is perceived as a lesbian. He was born with breasts, a vagina, and a penis. Thami had a mastectomy but has not undergone genital surgery.
8. Xoli, 34 years old, was assigned female at birth but was born with a vagina and a penis. The penis was surgically removed, and the vagina now has a deformed presentation. She was treated with hormones and has since developed breasts.

Ethical approval for this study was granted by the University of Johannesburg (UJ Ed. 2-2019-024). Additional ethical considerations included having a therapist on standby should the need arise during and after the interviews (Creswell & Poth, 2016). No personal information was disclosed that would make the participants identifiable, ensuring confidentiality and anonymity (Bryman, 2016).

To ensure trustworthiness, the study employed strategies such as prolonged engagement, triangulation, and member checking (Lincoln & Guba, 1985). Prolonged engagement involved investing sufficient time to understand the participants' experiences and build trust. Triangulation was achieved through the use of multiple data sources, including interviews and field notes. Member checking was conducted by sharing the findings with participants to confirm the accuracy of the interpretations (Creswell & Poth, 2016).

Content analysis, a systematic approach to analysing qualitative data, was used in this study (Hsieh & Shannon, 2005). The data analysis process followed these steps: (1) familiarization with the data through transcription and repeated reading, (2) generating initial codes, (3) searching for themes, (4) reviewing and refining themes, (5) defining and naming themes, and (6) producing the report (Braun & Clarke, 2006). This iterative process allowed for a thorough examination of the participants' experiences and the identification of meaningful patterns and themes.

Findings and Discussions

The findings and discussions section of this article delves into the lived experiences of individuals born with variant intersex developments in South Africa, focusing on their childhood experiences and the impact of silence, invisibility, and lack of knowledge on their mental health, emotional well-being, and agency. Through the lens of the Theory of Unintelligibility (Butler, 1993), the study uncovers themes of fear, secrecy, and marginalization that profoundly shaped the participants' sense of self and understanding of their bodies. The narratives presented in this section highlight the challenges faced by intersex children in navigating a world that fails to acknowledge and accept their bodily diversity, leading to confusion, self-hate, and isolation. The findings underscore the urgent need for greater awareness, education, and acceptance of intersex variations within healthcare settings, educational environments, and society at large.

Silenced bodies, confused minds: The impact of intersex invisibility on childhood experiences

The narratives presented in this study highlight the experiences of individuals born with intersex variations, revealing a common theme of fear, secrecy, and invisibility surrounding their bodily developments. The participants' stories demonstrate how their non-normative bodily characteristics were perceived as something to be hidden and silenced, leading to a lack of understanding and agency during their childhood.

The efforts of parents and caregivers to conceal and silence the participants' intersex developments had a profound impact on their sense of self and understanding of their bodies. As children, they were left to navigate a world that failed to acknowledge and accept their bodily diversity, leading to confusion and a sense of isolation (Hansen et al., 2022). The lack of open communication and information about their bodily differences left participants with a feeling that something was "very wrong" with them, as exemplified by Julia's and Thando's experiences.

> *My mom would tell me not talk to anyone as a child. I could not play with other children. When I was at school, I was told to focus on my school, and during break, I had to be by myself. It is only in my adulthood that I realized the fear my mother had that the other children might find out about my 'strange' body of a girl with a vagina and testes. The tone in which I was told to isolate made me realize that something was very wrong with me. I simply complied and never dared to ask any questions.* ***Julia***

> *There was the growth above my vagina, and as a child I was always curious what it was. All my mother said was I should not worry, it will go away. I attended a residential school since my first grade. My instructed me that I should always wait till everyone was done in the bathrooms before I could go for a shower. She also told me that I should go fully dressed so that people do not see the growth. I wanted to know if other girls also have this growth. The way my mother looked scared when she told me what to do, I knew something was very wrong.* ***Thando***

Jason's account in this theme demonstrates how the participants' intersex variations were deemed unintelligible (Butler, 1993) by their parents, caregivers, and the society at large, resulting in a silencing of their voices and a denial of their agency. The silencing of the intersex children's voices and the lack of understanding about their bodily embodiment can have long-lasting effects on their mental health, self-esteem, and overall well-being (Jones et al., 2016). As Jason's story illustrates, the confusion and isolation experienced during childhood can persist into adulthood, highlighting the need for greater awareness, acceptance, and support for individuals born with intersex variations.

> *I look like a boy, but the body part that would certifies me as male was marked by a hole. I was born with a penis and vagina, but my father later in life told me something went wrong when the doctors tried to fix me, and they removed both organs. I had to relieve myself sitting like a female when I wanted to urinate. It was confusing. I remember in my first year at school mom told me to never use the toilets at school. Our house was close to the school, and even the teachers would just allow me to rush home to use the bathroom. In my culture, we don't ask a lot of questions, and I simply did what I was told. I wanted to join the other boys and was very confused why I could not.* ***Jason***

Xoli's experiences are a poignant example of how the medicalization of intersex bodies can lead to a profound sense of confusion and isolation in childhood. Xoli's prolonged hospitalization, lasting seven years, without a clear understanding of why she was there or what was "wrong" with her, illustrates the lack of communication and transparency often experienced by intersex children (Creighton et al., 2014).

> *I lived in hospital for seven years. My parents would visit me every day, but I never understood why could not go home. When I was about four years, I would ask them to go home like all the other children after a while. They would say that I could only go home when I am better. I never felt sick and didn't understand why I am in the hospital anyway. The doctors would come almost every day and lift my dress, they would speak English, and leave the room. I had no idea what was wrong with me.* ***Xoli***

The frequent medical examinations and the use of a language (English) that Xoli did not understand further contributed to her feelings of alienation and powerlessness. This experience highlights the need for healthcare providers to communicate effectively with intersex children and their families, using age-appropriate language and ensuring that they are fully informed about their conditions and any proposed interventions (Wiesemann et al., 2010).

Xoli's story also reveals the impact of medical interventions on the intersex children's sense of self and bodily autonomy. The removal of her penis and the subsequent deformation of her vagina, including treatment to develop breasts, exemplify how medical interventions can be used to "normalize" intersex bodies according to societal expectations of binary sex characteristics (Davis, 2015). These interventions, often performed without the child's informed consent, can have long-lasting physical and psychological consequences, as evidenced by Xoli's experiences.

Subsequently, this study underscores the importance of listening to and amplifying the voices of intersex individuals, particularly those of children. By creating a space for open dialogue and understanding, it is important to work towards a society that embraces bodily diversity and respects the autonomy and agency of all individuals, regardless of their sex characteristics (Carpenter, 2018). This requires a shift in societal attitudes and a commitment to educating healthcare providers, parents, and the public about intersex variations and the importance of informed consent and bodily autonomy.

Hidden scars, unspoken pain: Reclaiming the mental well-being of the intersex children

This study highlights the profound impact of silence and invisibility surrounding intersex knowledge during childhood on the mental health, emotional well-being, and trauma experienced by individuals born with intersex variations. The lack of understanding and acceptance of their bodily differences, coupled with the pressure to conform to binary gender norms, left many participants feeling isolated, anxious, and depressed.

The theory of unintelligibility (Butler, 1993) is woven throughout these narratives, as the participants' intersex embodiment rendered them "unintelligible" within a society that adheres to strict binary notions of sex and gender. This unintelligibility led to feelings of shame, self-hatred, and a desire to "fix" or "cut off" the parts of their bodies that did not conform to societal expectations, as exemplified by Andiswa's story.

> *My siblings and parents all died when I was very young. Other people in my community told me I killed my family with my freak body. I hated myself and this thing that was growing above my vagina. I just wanted to take a pair of scissors to cut it off, as it was responsible for my misery. It caused depression for all my school years because I was scared I would lose friends, so I did not even try to make friends. I wish I had the knowledge I have now of being intersex.* ***Andiswa***

The silence surrounding intersex variations and the lack of knowledge about their own bodies had a profound impact on the participants' mental well-being and ability to form social connections. As Julia's narrative illustrates, the fear of being discovered as "abnormal" and the lack of representation of intersex bodies in educational materials led to withdrawal and loneliness. This isolation and lack of understanding can contribute to the development of mental health issues such as anxiety and depression (Jones et al., 2016).

> *Having no friends as a child was the most difficult for me. I felt lonely, but I was also scared that they would find out that my body was 'abnormal'. At school, there were always pictures of children's male and female bodies. I knew that my body does not look like those pictures. That made me withdraw more and more. I had no knowledge on why I was different. That made me more anxious and withdrawn.* ***Julia***

The role of family dynamics and cultural beliefs in shaping the experiences of intersex children is critical. Xoli's story reveals the fear and uncertainty that can arise when family members view intersex variations as a sign of ancestral displeasure or a reason to "get rid" of the child. This lack of familial support and acceptance can further contribute to the emotional trauma experienced by intersex children (Hart & Shakespeare-Finch, 2022).

> *When I came home from hospital and bathed with my sister, who is 'normal', I discovered that her private parts do not look like mine. That is when I realized something is wrong with me since the doctors nor my parents told me why a stayed in school for so long. I became very sad. I kept asking mom why I looked different, and all she could say was all people are different. I didn't want to be different and was scared that other kids would find out I was different. One day I overhead a discussion between my mom and dad. Dad shared that his brother proposed that they should get rid of me because the ancestors are displeased with him. I was very scared every day for one, I would lose my family. Those were horrible days as a child.* ***Xoli***

The medicalization of intersex bodies and the lack of transparency in healthcare settings also emerge as significant themes in these narratives. Thami's experience of having their private parts displayed to a group of student doctors without proper explanation or consent underscores the objectification and dehumanization that intersex individuals often face in medical contexts (Davis, 2015). The use of pathologizing language, such as referring to intersex variations as a "disorder," can further contribute to the emotional distress and fear experienced by intersex children.

> *I was about 10 years old when I went for my visits at the hospital. This day the doctor did an examination. He stepped out and came back with a group of other young doctors. I later learned that they were student doctors. They looked at the screen where my private parts were displayed. He asked them what they saw. They used a lot of big words, but I remembered the word intersex. I started to look for information on it. The more I learned of it, the frightened I became. I was emotional because I learned it was a disorder. It was scary.* ***Thami***

There is an urgent need for greater awareness, education, and acceptance of intersex variations, both within healthcare settings and society at large. By breaking the silence surrounding intersex embodiment and providing children with age-appropriate knowledge and support, we can work towards promoting the mental health and emotional well-being of intersex individuals (Liao et al., 2015). This requires a shift in societal attitudes, a commitment to respecting bodily diversity, and the amplification of intersex voices and experiences.

Akhona's story highlights the challenges faced by intersex children who do not conform to traditional gender norms and expectations. Akhona's desire to wear the boys' uniform and their discomfort with wearing a dress reflect the disconnect between their gender identity and the gender assigned to them based on their intersex anatomy. The theory of unintelligibility is evident in Akhona's story, as their gender expression and identity do not fit within the binary categories of male and female that society deems "intelligible" (Butler, 1993). The teachers' insistence that Akhona wear a dress because they are a "girl" reinforces the rigid gender norms that often fail to accommodate the diverse experiences of intersex individuals.

> *When I started school, I wanted to wear the boys' uniform. The teachers told me I am a girl, and I am not allowed to wear pants. I cried every day to my mother to be granted permission to wear pants. I felt uncomfortable in a dress and was very unhappy. I hated school.* **Akhona**

Akhona's emotional distress, manifested in their daily crying and hatred towards school, underscores the psychological impact of being forced to conform to gender norms that do not align with one's sense of self. This experience of gender dysphoria can lead to significant mental health challenges, including depression, anxiety, and low self-esteem (Liao et al., 2015). The lack of knowledge and understanding about intersex variations, both among educators and society at large, contributes to the invisibility and marginalization of intersex children like Akhona. By denying Akhona the opportunity to express their gender identity in a way that feels authentic to them, the school system reinforces the notion that intersex bodies and experiences are "unintelligible" and unacceptable within society's binary gender framework.

These findings shed light on the profound impact of silence, invisibility, and lack of knowledge surrounding intersex variations on the lives of individuals born with variant intersex developments in South Africa. The findings highlight the urgent need for a paradigm shift in how society perceives and addresses intersex embodiment, moving away from pathologization towards acceptance and celebration of bodily diversity.

Conclusion

This article explored the childhood experiences of individuals born with variant intersex developments in South Africa, focusing on how they learned about and embodied their sexual identity during their school years. Through the lens of the Theory of Unintelligibility (Butler, 1993), the study revealed a common theme of fear, secrecy, and invisibility surrounding the participants' bodily developments, leading to confusion, self-hate, and isolation. The findings highlight the profound impact of silence and lack of knowledge about intersex variations on the mental health, emotional well-being, and agency of intersex children. Reflections in this study demonstrate how the efforts of parents, caregivers, and medical professionals to conceal and "normalize" intersex bodies left participants navigating a world that failed to acknowledge and accept their bodily diversity. The medicalization of intersex variations and the pressure to conform to binary gender norms further contributed to the emotional trauma and marginalization experienced by the participants.

The study underscores the urgent need for greater awareness, education, and acceptance of intersex variations within healthcare settings, educational environments, and society at large. The silencing of intersex voices in sexuality education perpetuates the notion that intersex bodies are "unintelligible" and unacceptable, denying children access to accurate information and support. This lack of representation and visibility can have long-lasting effects on the mental health, self-esteem, and overall well-being of individuals with variant intersex developments. To address these concerns, it is crucial to include accurate, non-stigmatizing information about intersex variations in sexuality education curricula, acknowledging them as a natural part of human diversity. This inclusion can help challenge the medical paradigm of pathologization and promote acceptance and understanding of intersex experiences. Furthermore, sexuality education should emphasize the importance of bodily autonomy and informed consent, empowering intersex children to make decisions about their own bodies and medical care.

Creating safe spaces for intersex children and youth to share their experiences, ask questions, and receive support is essential. This can be achieved through collaboration with intersex-led organizations, inviting intersex guest speakers, and providing resources and referrals to intersex-affirming healthcare providers and support groups. Engaging parents, caregivers, and medical professionals in dialogues about intersex variations, emphasizing the importance of listening to and respecting the voices of intersex children, is also crucial. This study highlights the urgent need to break the silence surrounding intersex embodiment and to amplify the voices of intersex individuals, particularly those of children. By creating a more inclusive and accepting society that recognizes and values the diversity of human bodies and identities, we can work towards promoting the mental health, emotional well-being, and agency of intersex children. This requires a shift in societal attitudes, a commitment to bodily autonomy and informed consent, and the meaningful inclusion of intersex voices in decision-making processes. Only then can we truly reclaim the bodily autonomy and self-determination of intersex individuals and ensure that their experiences are no longer silenced or erased.

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