



# Words Matter: Stigmatization Narratives by the Intersex Persons in Kenya

# 13

Margaret Aringo and Caroline Kinuu Kimathi

## 13.1 Introduction

The intersex community of Kenya is regarded as one of the most marginalized and least understood communities in East Africa. Their unique biological attributes often clash with the accepted norms associated with our engendered common sense that emanates from the human habit of categorization based on expected binary opposition that determines the symbolic basis of our categorised human mentality (Dundes, 1997). Socialization within a community would ideally be dependent on its ability to cater for its members holistically. This therefore suggests that the individual in the society must be catered for mentally, physically and spiritually in an equitable manner (Laker, 2000). Due to the obvious low representation of all members of the society based on apparent inequalities, the declaration of human rights was ascended to, and the global awareness geared towards human liberation initiated. Therefore, this discussion was bound to be of focus, if not in this chapter, then, in another similar responsiveness.

Our current context allows the discussion to look into the manifestation of the intersex attributes and their occurrence at the different stages of development, in light of an individual's healthy growth. The health we speak of is determined by estimating the level of quality of life via Erik Erikson's psychosocial developmental stages as a measure of an individual's developmental expectation. Therefore, within the jurisdiction of our study, how well a member is integrated is a mirror of how well the society allows for their integration. To reiterate, integration of members is

---

M. Aringo  
School of Education, Tangaza University College, Nairobi, Kenya  
e-mail: [maringom@tangaza.ac.ke](mailto:maringom@tangaza.ac.ke)

C. K. Kimathi (✉)  
Faculty of Arts and Social Sciences, Catholic University of Eastern Africa, Nairobi, Kenya

an indicator of the sense of belonging or level of integration that they possess. Provision and access of education is a significant marker of social integration that may display how different societies ensure integration of members. Globally, education is regarded as a human right. It has been recorded that when intersex individuals, at an infantile stage, become victims of abuse because of their differences, they suffer deep wounds related to lack of acceptance by their guardians and/or the wider community. For instance, according to Erik Erikson's psychosocial stages of development, a child who suffers from neglect and abuse has a likelihood of suffering from other related difficulties in the future stages in life, if their issues are not mitigated (McLeod, 2013).

---

## 13.2 Intersex and Psychosocial Development

By utilising aids of categorisation, we can divide the development of an individual in accordance with Erik Erikson's psychosocial stages of development. When intersex individuals are developing, they negotiate through the human stages of sexual development with difficulty due to their distinct situation that lacks a general reference to follow. In this situation, the intersex person undergoes new experiences of development that lack available guiding principles towards holistic growth as a functioning member of the community. This is to say, they struggle to answer most personal questions about themselves. The knowing of who, what and why "I am" becomes even more philosophical than it is for their fellow normative members who undergo typical sex development.

---

## 13.3 Infants

According to Erik Erikson, while the infant is developing, their basic id energies are strongest in feeding matters while the child is under the care of their environment, whose quality is determined by the guardian who sets the level of trust or mistrust experienced by the child. If all conditions at this stage are ideal, the individual may have the positive outcome of hope. However, infants who possess intersex attributes suffer because in some communities members lack knowledge about intersex people and their unique realities. Such ignorance leads to social discrimination effected through physical, mental and spiritual abuse inflicted on the infant due to their condition.

---

## 13.4 Early Childhood, Preschool and Schooling

According to Erikson, the child, at this stage, is tasked mainly with developing their toilet training. During this stage, the conflict that an intersex child may encounter could result from the ambiguous genitalia resulting in a sense of shame and doubt. Finally, in this stage, the general value that is said to be developed is will (power)

(Kohlberg & Kramer, 1969). This stage, with regard to intersex plays a major role because the individual has now access to understanding their genitalia, not in a sexualised way, as with Freudian psychosexual perspective which seems corroborate with Erikson's perspective. At a school-going age, intersex individuals undergo hardship related to self-discovery, and it may lead to self-doubt leading to difficulties in forming an identity.

---

### 13.5 Young Adulthood

At this stage of identity development, the individuals who possess more social awareness as well as stronger economic power may take different forms of actions to acquire peace of mind to negotiate through life. Accessing this peace of mind is therefore shrouded in social expectations. In some cases, these expectations only lead to ill-informed decisions that may have irreparable consequences. Circumstances have led intersex individuals to make life-altering decisions based on an accepted or a popular definition of themselves in accordance with community members' expectations. Our engendered reality that is part of our common understanding is people may not entirely represent all members with varied unique and natural predispositions like those experienced of intersex members (Katrina, 2008). This has even led to some people paying exuberant prices to have corrective surgery done on them.

It is therefore important that as society enhances its awareness of all its individual members, it must improve the apparatus it employs to accommodate each intersex member who are members of our global community. By doing so, it is hoped that social structures will acknowledge that all members of the society, as from their respective cradles, are complete creations as they are.

Intersex refers to people who manifest male or/and female characteristics which can be genetic, hormonal or physical organs (Lang & Kuhnle, 2008). The intersex persons therefore may possess varied combinations of male and female sexual manifestations. These atypical genitalia make the identification of intersex people a source of confusion amongst members and the rest of society, resulting in exclusion of the members. Acceptance in a community is largely dependent on the role and identity one possesses in the community. At birth, a member belongs to a community, the name they receive certifies them, and even this name is largely dependent on their gender.

Intersex is a natural phenomenon where it is estimated that there is an intersex person out of every 200 or 300 people. Kenya's 2019 census reveals that the number of people of intersex conditions is higher than the records previously anticipated. This numeric misrepresentation of intersex members coupled with the nominal misrepresentation makes members of the intersex community vulnerable to social exclusion, mistreatment and neglect. These consequences radiate from lack of awareness of the reality that members of our society can only be mitigated by putting an end to ignorance.

Intersex and its nominal ambiguity is what we in this chapter seek to address. By acknowledging the difficulty associated with such an endeavour, we seek to do this

by unearthing the voice of the intersex members themselves and their personal experiences of stigma.

Superstition and prejudice are the major hindrances to the adequate inclusion of intersex members in the society. Superstition is widely held; from it, irrational belief systems suggest the main causes of differences in sex development (DSD) are unrelated, and in most cases, supernatural forces. These lead to extreme reactions that include violence towards members or execution, sometimes at birth. Therefore, if superstition and prejudice, both acquire justification through ignorance, we seek to shed light on the marginalised intersex community by a deeper analysis of their experiences.

---

### 13.6 Education

Nomenclature is a natural way of understanding the people and things in the world around us. Members of the society therefore are recognised through the names they have in a specific way, or in a general way; either the roles they play, sub-community they belong to or the gender they represent. Defining an intersex person cannot be done according to the traditional categories of the society. The identification must be done anew, devoid of prejudicial or superficial tools for the task. Ryan Muiruri, an intersex member, narrates about how he grew up ridiculed and being stripped down by his friends so that they can ascertain his gender. As a victim of ignorance, Ryan says that “If my mother was aware and educated of my condition, she would have been my greatest support and would have protected me from the ignorant community.” Furthermore, the law is seemingly ignorant on intersex. For example, an intersex, Richard Muasya disclosed how Justice Anaola jailed him for being an intersex person at Kamiti Maximum Prison, and the government has never paid him after the court declared he be paid for damages caused him. Therefore, reform in this sector is needed in order to convincingly protect the interests of the intersex community.

---

### 13.7 Intersex and Its Definitions

Global efforts bring to attention inclusivity and equal human representation as key means of universal development. This includes the right to access education (Ko et al., 2008). Though intersex persons, and how they are defined, are largely under medical control, majority of the material referred to, while conducting our study, comprised qualitatively collected information about intersex within and beyond medical context.

The medical fraternity provides definitions from detailed studies conducted on chromosomal configuration, hormonal make-up, internal or external genitalia and other resulting factors, such as muscle mass and hair distribution (Oakley, 2015). The medical field is where we derive the umbrella term of “intersex” and DSD, which deal with over 40 different variations which include: ambiguous genitalia,

aphallia, clitoromegaly, Congenital Adrenal Hyperplasia (CAH), cryptorchidism, endocrine-disrupting chemicals, gonadal dysgenesis (partial or complete), and it is further noted that 17 out of 100 people have a type of variation (Lundberg et al., 2018). These considerations made by the medical field has led to ambiguity due to the need for prior esoteric knowledge in order to define and understand intersex under the conditions set in place in the medical field.

Alternatives to the deterministic medical perspective, within the same field, exists in another approach employed by somatechnics; where an individual is more sensitively observed by viewing each individual's body as an already fully technologized entity where the technologies are already enfolded (Nikki, 2012). In this perspective, the question of correction of the individual becomes a platform for deeper discourse about who intersex persons are. Within the sights of our study, such a perspective can provide an anchor point to centre our intent around.

---

### 13.8 Sociolinguistics, Intersex and Society

By utilising sociolinguistics epistemologies to the study of intersex and DSD terms, it serves as a timely intervention in the hegemony, authority and vested interests of medical authority in the lives of and bodily autonomy of intersex-embodied people (Monro et al., 2021). While we have described the realities of intersex people as being under the deterministic eye of the medical field, intersex exists beyond such intellectual jurisdiction, and survives within various social contexts that interact more directly and intimately with intersex persons than the clinically categorical standpoint. Our study therefore looks into deeper understanding of intersex through language use in society.

Our assumptions of sociolinguistics allow us to delve into the psychosocial realities that are experienced in relation to word use in communities. Sociolinguistics suggests that the choices of vocabulary are most often manifestations of hegemony, authority and vested interests (Ulrich et al., 1987). This reality further provides a platform for fruitful inclusivity by establishing the best means of defining a misunderstood and marginalised member of society. This may lead to a shift from accepted orthodoxies towards an expansion of knowledge to aid change of attitudes and increased inclusivity within education.

Terminology and especially its use in society and agency of intersex bodied experience, for naming and classification systems, has its tangible consequences. Intersex and DSD have been defined in some cases as neonatal psychosocial emergency. In his work, Holmes cites two categories of medical procedures under two general medical terms: enhancement and treatment. The term enhancement deals with the improving of certain attributes of a person to fit the expected forms already normative to human beings. The other term treatment deals with the management and combat against disorders and disease. Therefore, according to Holmes (2009), intersex does not fall in either of these categories, thus giving reason for alternative angles or approaches of inquisition, of which is sociolinguistics.

This sociolinguistic rationale provides a platform for the discourse of intersex closer to the common sense discussions within human society. By doing so, other forms of scholarly discourse on the topic find their place in the realm of the more speculative and qualitative human sciences approach. For instance, the input by major scholar Michael Foucault on the topic of DSD and intersex may provide deeper information if inspected sociolinguistically. Despite his input on the topic of intersex, the mode of interpretation of his input was described as follows: although Foucault provided motivated accounts of how intersex realities affect society, his works have been characterised by intellectual elitism and a level of abstraction from experience which make it far removed from English-speaking feminist work. According to the American Academy of Pediatrics there is urgent need to achieve what people call a true gender. This brings to focus the needs and difficulties experienced by intersex persons in a society that has inherent expectations placed upon individual members to fit in to preconceived gender roles and interactions. This makes it important to observe DSD and intersex under the qualitative eye of sociolinguistics.

---

### 13.9 Psychosocial Factors of Sexual Development

Development of a person is influenced by biological, psychological and environmental factors. These three factors team up to provide a basis for interpreting DSD and intersex within psychosocially attuned framework of interpretation. In this area, we utilise Erik Erikson's psychosocial stages of development, for it provides access to markers that provide us with a more conclusive idea of how easy or difficult individuals of DSD or intersex interact with the society.

Developmental psychology theories have attempted to account for the process of gender development emphasising the influences of cognitive and affective learning in interaction with parents, peers and other aspects of a social environment (Leslie, 1985). While an individual is developing, they are in a process of collecting vital information to aid their future selves as members of the society. Within the area of sex development, the use of individual genital information can serve as a criterion for sex classification. They have instead processed knowledge based on stereotypes and display gender role behaviour characterised as either masculine or feminine (Sandberg et al., 2012).

Major psychological and social-environmental aspects of DSD and its management identified in earlier developmental stages can re-emerge in future stages as early as childhood. Giving importance to gender issues as being based on gender development as somatic sex, gender identity and gender role typically develop in accordance with each other. To illustrate this further, it is said that a newborn does not have self-awareness of his or her sex and gender. This is because such self-awareness develops gradually during infancy and childhood. Only when discord in relation to aspects of sex and gender occurs, does such self-awareness become important. This is why before one can make adequate use of genital information, the social surroundings may provide the individual with the temporary self-awareness

based on other members of the society. This means that adults and peers influence gender development by reinforcing or discouraging gender-role behaviours and indirectly by serving as role models.

Informing society about psychological, biological and socio-environmental issues that affect sex development would lead to a better management of the situation. Conversely, if the child is not adequately and timely informed about their sexuality and the realities that they experience, they may exhibit atypical gender role behaviour or sexual feelings.

---

### 13.10 Medical Perspective on Intersex

It is difficult to reverse the condition, because to redesign a person to become 100% male or female is impossible because the condition is caused by a deformity which could be in either way in different levels of extremity (Melissa, 2005). Intersex person may not be fully fertile; therefore, before the treatment or surgery is done, doctors may establish the appropriate gender, and it may not be fully productive (Suzanne, 1990).

An intersex trait is usually identified at age 3 (Lee et al., 2006); an age when children begin to interact with other children on a more independent level as compared to the previous stages where the child's social system is within the trust of guardians and close family members. This stage is also where the child begins to see their different traits within their extended social access.

A new challenge existing in medical practice related to intersex is the reversal of gender attributes because the level of male and that of female are not set and the condition may oscillate between male and female in either extreme or less extreme ways. Dr Paul Lainong suggests that before you are assigned a gender, you do not know whether you are a girl or a boy; male or female. It is preferred to let the children grow till puberty; at puberty the doctor will see the area of maturity that is more dominant. Then the doctor can perform surgery on them, or they choose where to belong.

Prenatal identification is possible, and one of the most common ways of identifying the sex, while in uterus, is by the use of ultrasound analysis. It is to be noted that this testing may also involve measuring of anogenital distance to determine the gender or non-normative genital development. But, it is regarded as a highly inaccurate method. This is because in this form of testing, the differences are subjective and the area in concern has an overlap zone which makes such testing only 50% accurate.

---

### 13.11 Treatment and Medical Protocols for Intersex

The primary investigation of an intersex condition is done through x-rays and other chromosomal tests. Kenya has added intersex as the third gender, according to the 2019 census. Malta, Italy, Australia and Germany have also accepted intersex as

their third gender. Kenya National Human Rights Commission has come up with the constitutional and administrative reforms with regard to incorporating and accommodating intersex in our national community. The commission displayed that the intersex community is discriminated and marginalised for being naturally different.

According to Hrovatin, “Medical protocols for treating intersex children are not common. In Sweden, their National Board of Health and Welfare (Socialstyrelsen) created specialized protocols for treating intersex children. The protocol prescribes that between the ages of 2 and 12, so-called genital surgeries should not be conducted. However, in most cases genital surgeries are performed before an intersex child’s sixth month of age” (Hrovatin & Tanja, 2018, pp. 1009–1018). This supports this section’s endeavour of bringing to light the reality of intersex persons and the need for deeper and a holistic understanding of what they need to develop as functioning members of society.

### 13.12 Methodology

In the description of the study’s problem, we are prompted to analyse how words (statements) are used within the intersex context of experience. To facilitate this intent, we have selected recorded interviews as our source of data for the study. These interviews include narrations of personal experiences about being intersex in Kenya. They provide us the means to unearth general patterns of speech that may represent, suggest or imply a lack of the prescribed psychosocial needs an individual experiences along their life’s development (Erik Erikson). According to Erikson, deficiencies caused at different stages lead to different crisis against expected outcomes. His stages represent an individual’s psychosocial development. This reveals that an individual interacts with a social context that shapes their anticipated ease or disease during human development and growth (See Table 13.1).

**Table 13.1** A summary chart of psychosocial stages (Erikson, 1963)

Stage	Age	Conflict	Important events	Outcome
1	Infancy (birth to 18 months)	Trust vs. mistrust	Feeding	Hope
2	Early childhood (2–3 years)	Autonomy vs. shame and doubt	Toilet training	Will
3	Preschool (3–5 years)	Initiative vs. guilt	Exploration	Purpose
4	School age (6–11 years)	Industry vs. inferiority	School	Confidence
5	Adolescence (12–18 years)	Identity vs. role confusion	Social relationships	Fidelity
6	Young adulthood (19–40 years)	Intimacy vs. isolation	Relationships	Love
7	Middle adulthood (40–65 years)	Generativity vs. stagnation	Work and parenthood	Care
8	Maturity (65 to death)	Ego integrity vs. despair	Reflection on life	Wisdom



With heightened ignorance attached to those who are referred to as intersex, Erik Erikson's table above guides our qualitative research by providing the sociolinguistic analysis of the selected interviews with specific outcomes; which are *conflict* versus positive *outcome*. By studying the statements made by interviewees about intersex, it is made possible to establish which words/phrases elicit either a positive outcome or a negative crisis. To reiterate, this mixed method makes it further possible to analyse statements said about their intersex condition. It is anticipated that such statements affect the individual within Erik Erikson's theory of stages of development.

Further justification for employing a methodology that combines sociolinguistic analysis of words/phrases with Erik Erikson's psychosocial theory of development is as follows.

First, in the sampling, the interviews provide a representative voice for those people living as intersex in Kenya. According to the Census of 2019, the recorded number of intersex persons is 1500.

Second, this chapter addresses education and how experiences of intersex persons affect their education within an environment that has not fully integrated their realities into the education sector. Erik Erikson's theory provides the research with necessary markers that will guide our chapter to conclusive definition. This is to say that it provides us with (1) specific stages of development demarcated by clusters of years and (2) it provides specific representations of positive against negative outcomes that pervade human reality, including intersex persons. Also, by using the psychosocial stages of development, the conversation allows for a more inclusive representation of intersex people as social members of the society with the primary goal of integrating with society as opposed to alternative theories that would only look at them as a gender, which often lead to exclusion.

The following are the stages we have used because they give a general representation of ages when people access education: infancy (birth to 18 months), early childhood (2–3 years), preschool (3–5 years), school age (6–11 years), adolescence (12–18 years), and young adulthood (19–40 years).

Third, sociolinguistics is said to be the study of language in a social context. Furthermore, it has been employed from its pioneering efforts made by Labov (1996) to illustrate how language is governed by factors such as class, gender, and race. This gives us a good basis to establish our study's intent on how language may be used to discriminate, marginalize or stigmatise members of intersex community within Kenya.

### 13.13 Analysis of Interviews

#### 13.13.1 PAUL, Intersex Member: Psychosocial Development and Education

When his father went to the hospital and was told by the doctor that his child was intersex, he took off never to appear again leaving his child and wife. Even if Paul was to receive the recommended treatment, his condition would not change.

As for the mother, "I had given birth to a child with strange organ." Paul, who at the time was 17 years old, is an intersex and his condition was identified around his time of birth, when the medics realized his non-normative genitalia. They were not able to perform surgery immediately but asked for him to be returned to hospital for further analysis.

Paul had a hole and the doctors were to close it. Through grafting, they took flesh from his thigh to close the hole. At 2 years of age, now in his toddler stage, his condition became problematic, because urine leaked from his genitalia despite having the corrective surgery being conducted on him as an infant. His mother took him back to the hospital where the hole was sealed again. It is to be noted that within this point in his psychosocial stage of toddlerhood, a key event, according to Erikson, involved toilet training. Therefore, the resulting problems related to leaking urine caused by an "incomplete" surgery created the crisis that led to lack of autonomy and increased shame and doubt. This negative self-awareness and feeling of doubt inadvertently leads to difficulty in the anticipated enrolment to school, therefore inhibiting the potential towards successful schooling due to lack of assertiveness brought about by self-doubt.

From that point, Paul was raised as a boy. His mother allowed for him to grow as a normal boy without much further inspections of his genitalia because of the respect of privacy that she believed was necessary for him. She was convinced that the condition of intersex was a thing of the past and would not re-emerge.

At school, from kindergarten, primary all the way to the first term of form three, Paul had changed distinctly. He began missing class; he would tell his mother that he was dealing with issues that his mother could not understand. According to Erik Erikson, this stage of Paul's life transverses preschool, school-age and adolescence, and it was obviously a difficult negotiation for Paul due to his intersex condition. Furthermore, psychosocial development, when upset, may lead to an apparent deficiency of will and purpose as well as a sense of inferiority in comparison to other members of society. These conditions ultimately led Paul to escape from people and begin missing classes, further affecting the overall education process.

Paul, due to increasing difficulties contemplated suicide. His mother said: "He told me I don't understand him, neither does the school nor the society, so he'd rather be dead." These descriptions depict and represent the school-age period of an intersex and associated difficulties while manoeuvring through the social environment. This is a key indicator of a deficient psychosocial experience.

Paul then confided in his uncle that he was menstruating. His mother upon learning about this was shocked and could not understand how. The idea of using sanitary pads and other menstrual aids was too much for him to handle, therefore making him skip classes. He was a very intelligent child and a bright student in school. When his periods would surface, he skipped school because it affected him deeply and he had no one to share it with.

These psychosocial difficulties experienced affected Paul's education because, according to him, (he narrates): "In school I was a very bright student, in my class records I have never attained less than a B+. I dropped out of school because of my situation. Your friends have known you, even the teachers have known your condition, they don't even want to see you, and you don't have anybody to share with".

He was then tested at the hospital and the tests revealed that he has both male and female characteristics. The female hormones within him are stronger than his physical male organs. Despite this, he was raised as a boy and has a deep voice. Paul has received counselling and has since accepted his reality, and appreciates that he still has a life to live.

### **13.13.2 Medical Response Described by Dr. Fred Kambuni, Consultant, Paediatric Surgeon**

The fact that Paul menstruates means that he is healthy person. He has a uterus and he has ovaries. So Paul is a female who requires surgery to change the physical organ (Penis). Paul is going to have breasts and because he has grown as a boy, it is going to be difficult for Paul to change and dress as a girl. However, after a long period of counselling he has accepted himself and says: “Self-realization is the most important thing to be able to handle your problem.”

### **13.13.3 Mary, Parenting an Intersex: Psychosocial Development and Education**

Mary gave birth to a baby (named Jacky) whom she did not know whether he will be a boy or a girl. According to her, “I gave birth to a child who had both female and male organs.” She then began to raise her child as a girl but when doctors later conducted tests, they found that he had both male and female hormones but there was no presence of ovaries. Mary then made the decision to raise the child as a girl. But, even though the child was hidden from the public eye, “the curious villagers would throng the house to welcome the new-born, but their intent was to see how she looks”.

The child then underwent surgery in her earlier childhood and a second surgery when she was in class 6 in primary school, where the internal testes were removed. Mary said: “I thought that after the surgery, the child will develop as a girl”. By the time Jacky was 19, she was not developing any sign of a female gender. Jacky, who was used to identifying herself as a girl says, “I knew I was different ... at the age of 13, 14, and 15 is when a girl begins maturing...I expected to grow breasts like the other girls but that did not happen... I lost hope. I looked like a boy and people told me that it was as a result of witchcraft or genetics”.

Jacky went to an all-girls’ school, and at the age of 15 she got noticed by her peers because she was more masculine for a girl. Jacky says, “My best friend and desk-mate had planned to undress me. I went and hid in the toilet and wrote a letter to my mother saying that I would commit suicide. People knew about my condition, and two teachers counselled me. I resumed my studies, but bitter. I used to score at least a C plain, but in KCSE I failed terribly. I rarely mingled with people and I had no friends.” Mary, Jacky’s mother says “I am distressed; she is my first born and is not growing like a girl. Villagers question about her condition and yet I used to take her to hospital. I am always in tears, even after completing high school she refuses

to join college because of her condition. She tried taking her life by swallowing chemicals but she was rescued by her grandmother and siblings”. For Jacky, “my mother is very supportive, she says it is not my wish or hers to be the way I am... but it is God who created me that way.”

#### **13.13.4 Joseph Ngari/Josephine Wangari: Psychosocial Development and Education**

Born as an intersex, Joseph Ngari grew up as a girl with the name Josephine Wangari. “After birth, my mother was released from the hospital knowing that I am a boy, Joseph. However when we reached home my aunt realised that I have a problem with breathing. They took me back to the hospital and after medical examinations; they decided that I am a girl!” (“Joseph Ngari” is the male interpretation of “Josephine Wangari”).

The first operation was done when I was 8 months old, the second operation I was 7 years old. At puberty stage, I realised that I was different. I used to dress like a girl and sometimes I would wear my brother’s trousers. In 2003, my voice started breaking, I developed breasts. I was shocked when my beard began to grow. I applied oil and started to develop pimples. I stopped but the beard became thicker. I used to shave on a daily basis. I also grew hair on my chest. I would isolate myself to avoid uncomfortable questions. Most of the people thought I was a man. At the shops, they would address me like a man because of my physical appearance. But it was very contradicting because of my dress-code. So, I avoided going to church and crowded places.

I refused to join boarding school and told my mother I prefer a mechanic course instead. She however refused and took me to a day school. I thought I was the only one with this condition. I had low self-esteem because I was neither developing as a girl or a boy. I preferred to die; I told my mother that I had no reason to continue living.

#### **13.13.5 Ryan Muiruri/Ruth Muhoki Wangari: Psychosocial Development and Education**

As an intersex and activist, she was 28 years at the time of the interview and described how at birth her mother and the midwife were unable to identify whether she was a boy or a girl. When her father arrived at the hospital, he said that there was no point taking an abnormal child home. The unique child led to the marriage breaking apart. The father of the baby said that he cannot take a curse to his family. In their culture, to be born an intersex means a person is a curse or a sign of a bad omen. At the stage of puberty, the expected female development did not occur instead her voice began to break. S/he did not know who s/he was because she did not know what was happening.

Ruth/Ryan was kidnapped by a group of young men who undressed her, leading to her condition being publicly known and people beginning to question her/his gender. They taunted him, and mocked him for his condition. This led him to close

himself off in his house, protecting him/her from the outside world. The community around him began claiming that he is a curse to the society and the family. The villagers planned to kill him/her as cleansing. He/she cried all night because of catching wind of the plot against his/her life. This caused him/her to flee and thereafter attempted suicide more than seven times but survived.

---

### 13.14 Psychosocial Development and Education

Things began to change in class eight when Ryan Muiruri's appearance began to look masculine. She became the topic of focus for her class and the school. She dropped out of school, leading her mother to instil discipline through punishment. She had no accommodating environment at school nor at home. She decided to drop out of school and stayed away from home also. After living on the streets for one and a half years, her mother located her and after dialogue she/he agreed to go back to school.

Being in a girls boarding school was challenging as an intersex person because, "you wish no one to know your sex." Her/his condition forced her/him "to wake up early at 3 am to avoid the other girls noticing the different body." "When I started receiving love letters from them (the other girls), my teachers were accusing me of being a lesbian". She dropped out of school "because everyone knew that I was an intersex by that time". But, her central question remained: "Am I a boy, am I girl". S/he felt that s/he is boy/man.

As per the above interviews, intersex people are widely misunderstood. They suffer social stigma leading to low self-esteem and a feeling of rejection. Families with intersex members find it difficult to deal with them and therefore opt to hide them from the rest of the community.

### 13.15 Erik Erikson's Stages and Their Significance to Education

According to Erik Erikson, education occurs at preschool, school-age, adolescence and young adulthood. From our respondents' narrations about their life and the challenges involved, the successful education process is hindered due to the underlying difficulties associated with the intersex persons and how they interact with their social environment that is largely unaware of intersex conditions. This clearly alienates integral members of society and reduces the overall potential derived from a healthy social environment that accommodates and elevates all members despite individual unique attributes.

All the above respondents discuss how intersex and the lack of proper awareness within the society hindered them from pursuing education in its entirety. They experience negative outcomes manifested at various psychosocial stages. Self-doubt, inferiority and role confusion are common to all respondents, and the negative long-term effects reflect in reduced capacity to generate prescribed positive self-image of intersex persons. According to Erikson, the prescribed positive self-image consists of attributes of will, purpose, confidence and fidelity. Therefore, to safeguard

education for all, intersex people must have relevant accommodations made to support their condition during education.

---

### 13.16 Recommendations

The national efforts designed for inclusion of the intersex as a significant member of our society has increased awareness that calls for unlearning of old misconceptions and readjusting them to renewed ideas of truth. Our discussion has so far been motivated by such efforts and it has informed us that the marginalisation of the intersex person has been systemically effected over generations. Furthermore, we acknowledge the social structures that keep out functional members of society, and it will take certain intelligible strides to influence change in the wider community. We therefore make the following recommendations with an aim to stem inequality when accessing education and other vital human services.

1. The government must take affirmative action towards ensuring special accommodations are made in light of the various difficulties that intersex people have to contend with on a daily basis. Intersex persons require special mental, social and medical support to navigate through life and gain self-efficacy. The government must therefore allocate special funding for mental, social and medical support needed for intersex learners at all levels of education.
2. Pedagogical adjustments must be implemented with regard to gender issues that are becoming a major social point of focus. Along with such pressures placed on society in sight of these contemporary gender landscapes of understanding, it is important that the education must include deeper discussions about intersex and how its reality can bring more members of the human family toward progress. Therefore, we see that inclusion of courses on gender and its various forms be developed.
3. Seminars and workshops should be organised to enlighten educators on intersex persons and the context from which their reality emanates. The educators are agents of socialisation that interact mainly with students of all genders and they should always navigate their process of teaching through empathy of interaction learned and taught at seminars and workshops.
4. Parents and guardians must be taught and updated with important information about how intersex and DSD manifest themselves. This can be done prenatally or postnatal and throughout the upbringing of the child. This will ensure that parents and guardians can monitor their children's development with keen sensitivity.

---

### 13.17 Conclusion

We appreciate the strength felt in the voices of our intersex informants, and acknowledge that there must no longer be battle to be fought, but a celebration of beautiful lives to be enjoyed. By doing so, we further acknowledge that the weight of their

struggle must be shifted to be shouldered by all members of the society in the spirit of awareness and unity of existence as one human family.

When education accommodates intersex and DSD in an enlightening tone, we should be able to mention holistic development of all members of the human family as a common reality. Further consultation is what the discussion on intersex requires if it is to be an enriching process of inclusivity. We suggest that these efforts must be kept in an open and multidisciplinary forum so as to accommodate all aspects of intersex person's lives.

---

## References

- Dundes, A. (1997). Binary opposition in myth: The Propp/Levi-Strauss debate in retrospect. *Western Folklore*, 56, 39–50.
- Erikson, E. H. (Ed.). (1963). *Youth: Change and challenge*. Basic books.
- Holmes, M. (2009). Introduction: Straddling past, present, and future. In M. Holmes (Ed.), *Critical intersex* (pp. 1–12). hin.
- Hrovatin, K., & Tanja, K. (2018). Genetic sex determination assays in 53 mammalian species: Literature analysis and guidelines for reporting standardization. *Ecology and Evolution*, 8(2), 1009–1018.
- Katrina, K. (2008). *Fixing sex: Intersex, medical authority, and lived experience*. Duke University Press.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Charles, W., Marleen, W., Melissa, J. B., & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, and juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396.
- Kohlberg, L., & Kramer, R. (1969). Continuities and discontinuities in childhood and adult moral development. *Human Development*, 12(2), 93–120.
- Labov, W. (1996). When intuitions fail (Papers from the parasession on theory and data in linguistics). *Chicago Linguistics Society*, 32, 77–109.
- Laker, A. (2000). *Beyond the boundaries of physical education: Educating young people for citizenship and social responsibility*. Psychology Press.
- Lang, C., & Kuhnle, U. (2008). Intersexuality and alternative gender categories in non-Western cultures. *Hormone Research in Paediatrics*, 69(4), 240–250.
- Lee, P. A., Houk, C. P., Faisal Ahmed, S., & Hughes, I. A. (2006). Consensus statement on management of intersex disorders. *Pediatrics*, 118(2), e488–e500.
- Leslie, R. B. (1985). Gender differences in emotional development: A review of theories and research. *Journal of Personality*, 53(2), 102–149.
- Lundberg, T., Hegarty, P., & Katrina, R. (2018). Making sense of “Intersex” and “DSD”: How laypeople understand and use terminology. *Psychology & Sexuality*, 9(2), 161–173.
- McLeod, S. (2013). *Erik Erikson*. Retrieved from [www.simplypsychology.org/Erik.Erikson.html](http://www.simplypsychology.org/Erik.Erikson.html)
- Melissa, H. (2005). *Brain gender*. Oxford University Press.
- Monro, S., Carpenter, M., Crocetti, D., Davis, G., Garland, F., Griffiths, D., Hegarty, P., Travis, M., Grinspan, M. C., & Aggleton, P. (2021). Intersex: Cultural and social perspectives. *Culture Health & Sexuality*, 23(1), 1–12.
- Nikki, S. (2012). The somatechnics of perception and the matter of the non/human: A critical response to the new materialism. *European Journal of Women's Studies*, 19(3), 299–313.
- Oakley, A. (2015). *Sex, gender and society*. Ashgate Publishing Ltd.
- Sandberg, D. E., Melissa, G., & Peggy, T. (2012). Psychological aspects of the treatment of patients with disorders of sex development. *NIH Public Access*, 30(5), 443.

- Suzanne, K. J. (1990). The medical construction of gender: Case management of intersexed infants. *Signs: Journal of Women in Culture and Society*, 16(1), 3–26.
- Ulrich, A., Dittmar, N., Mattheier, K. J., & Trudgill, P. (1987). Sociolinguistics/Soziolinguistik. In *An international handbook of the science of language and society/Ein internationales Handbuch der Wissenschaft von Sprache und Gesellschaft* (Vol. 2). De Gruyter Mouton.