

Pakistan Journal of Humanities and Social Sciences

Volume 12, Number 04, 2024, Pages 3378-3393 Journal Homepage:

https://journals.internationalrasd.org/index.php/pjhss



Social Rejection and Inequitable Rights of Intersex Individual: A Qualitative Study

Nayab Islam¹, Syeda Anum Arooj Bukhari², Umal-Baneen³, Ummay Habeba⁴, Rehmat Ullah⁵

- ¹ Department of Clinical Psychology, Superior University, Lahore, Pakistan. Email: navabislam806@gmail.com
- ² Lecturer, Department of Clinical Psychology, Superior University, Lahore, Pakistan. Email: syeda.anum@superior.edu.pk
- ³ Departments of Clinical Psychology, Superior University, Lahore, Pakistan. Email: umalbaneen279@gmail.com
- ⁴ Departments of Clinical Psychology, Superior University, Lahore, Pakistan.

Email: ummayhabeba1@gmail.com

⁵ MS Scholar, Departments of Clinical Psychology, Superior Universality, Lahore, Pakistan.

Email: malikrehmat508@gmail.com

ARTICLE INFO

ABSTRACT

Article History:
Received: September 05, 2024
Revised: December 14, 2024
Accepted: December 16, 2024
Available Online: December 17, 2024

Keywords:

Gender Identity
Human Rights
Inequitable Rights
Intersex
Psychological Distress
Social Acceptance
Social Rejects
Stigma

Funding:

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

The title of this current study is Social Rejection and Inequitable Rights of Intersex Individuals: A Qualitative Study. The aim of the study is to understand the life led by intersex and highlight the problems faced by them to move towards for the better and equitability of the community in society. Intersex Justice Project (2020) reported that intersex activism and advocacy efforts aim to promote awareness, acceptance, and inclusivity. The research by Kamazima et al. (2023) study aims to examine the role of political elite in recognizing, respecting, protecting, and affirming the human and citizenship rights of intersex individuals in Tanzania. Saima et al. (2024) research stated that social rejection is a significant predictor of psychological distress. Qualitative data are the conceptual data and non-numerical data that are gathered by the observation and literature review of the book. We used this approach of qualitative study. In this current study, relational content analysis was used. It is a type of analysis that shows the relationship between the variables and theme. The outcomes of the study showed that society discriminates and stigmatizes, which leads to inequitable rights and social rejection. The experiences faced by the intersex cause inadequate mental well-being, which leads to bad physical health. Even the intersex community does not get the basic need treatment equally in hospitals, educational institutes, and legal departments on the basis of misconceptions about intersex and transgender people. The rejection of society enhanced the bad mental health of the intersex community. The current study is very effective for the betterment of intersex careers in the private and public sectors of the country. This study evaluated advocacy narratives representing how popular movements affect public views and fuel the need for fair rights for the intersex community. Collaboration with political and religious leaders should be carried out to ensure the removal of superstitious thoughts about intersex individuals.

© 2024 The Authors, Published by iRASD. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License

Corresponding Author's Email: nayabislam806@gmail.com

1. Introduction

Intersex is the third gender in society. Third genders are neither a man nor a woman who lived normally in society; they are also known as the Hijra in Pakistan. Intersex individuals, born with reproductive or sexual anatomy that doesn't conform to typical male or female classifications, face severe social rejection, discrimination, and human rights violations, often even from their own families. This underscores the pressing need for policy reforms,

3378 eISSN: 2415-007X

education, and awareness to address these injustices. Genders are socially constructed, encompassing the characteristics, roles, and expectations associated with women, men, girls, and boys. The Batool, Saqib and Ghaffari (2019) study showed that the males are more oriented toward the sexual issue as compared to the females. Females have acceptance and empathy toward the intersex (Hijra) community. The intersex individuals face rejection by society. Transgender people have a clear sex at birth but are different in gender identity by their assigned sex. According to the Oxford Handbook on Feminist Theory, the chapter 20 study stated that intersex was originated by medical evidence, but transgender people had no medical evidence; it was a psychological issue, not physical.

Gender determines one's social position and intersects with factors like sexuality, race, class, ability, religion, and access to resources, shaping individual experiences and opportunities. Being a woman, man, girl, or boy, the norms, behavior, and roles are associated with each. Butler (2011) stated that intersex challenges traditional binary gender categories and highlights the complexity of gender and sexuality. As the intersex gender is not clearly defined, they faced many problems. In Pakistan, people have less knowledge and awareness about the difference between the intersex and transgender. There was a big misconception about the intermixing of intersex and transgender. Intersex is a biological problem, and transgender is a psychological problem. Intersex has no clear genitals, chromosomes, or reproductive organs, and it does not match with male and female reproductive organs. Intersex genitals are exposed at birth or early childhood. Intersex itself is not a disorder or disease. The study of Mukhtar, Sharif and Sabir (2024) reveals that due to biological, psychological, and social differences, intersex (Hijra) forms their different gender identity and takes on different gender roles. Society treats them with conventional and stereotypical beliefs. In order to analyze the issues faced by the intersex population, importance is given to some vital factors, including social support, economic opportunities, social and political rights, religious affairs, and access to the health care system. In the modern age, different genders are known, such as Agender (null-gender, genderless), Aero Gender (changing the gender identity according to his/her situation), Affectu gender (depending on a person's mood), Abime gender (associated with being profound, deep, and infinite), Adamas gender (indefinable), and Aesthetic gender (gender identity derived from aesthetics), but these are not included in the intersex community. Intersex has different numbers of chromosomes in their genetic makeup, such as Klinefelter syndrome (extra X chromosomes), Androgen Insensitivity Syndrome (XY chromosomes in testes), congenital adrenal hyperplasia (enzyme required for converting hormones), and Swyer syndrome (XY chromosomes are present but testes are not developed).

1.1. Societal factors and response

Some rejections are part of life, but rejection without a reason causes distress and trouble. Some major causes of rejection are societal norms, stereotypes, and negative thought patterns, in the consequences of which the rejected individual, group, and community were isolated. Abbas et al. (2024) research stated that social rejection is a significant predictor of psychological distress. Intersex, who scored higher on the distress scale, i.e., profoundly distressed intersex, is more prone to social rejection. It is the fundamental and basic need of all humans to treat or get equal rights and respect in society. According to the Intersex Intervention: a health and Human rights perspective (2022), intersex individuals often experience severe social stigma, discrimination, and invisibility, resulting in marginalization and social exclusion.

1.2. Reaction toward New born of inter-sex

In Pakistani culture and society, it is normal to understand the dishonor and feeling of insult being parents of intersex. It is abuse and traumatic for both parents and intersex individuals because of the conflicting relationship. Some have healthy relationships so that they live a good and healthy lifestyle. One's who give birth to the intersex individual negotiate with the doctor for minor surgery to resolve the gender issue. Passing with the minor surgery, intersex covert into male or female, but they will not reproduce their offspring. A study by Hoenes, Januschke and Köppel (2019) found that despite guidelines advising against unnecessary sex-changing surgeries on intersex children, the number of surgeries hasn't decreased. This is likely because the guidelines aren't enforced. The data extract from the survey from 2005-2016 shows that the number of surgeries on children under 10 remained steady, despite the guidelines. Family and living system of intersex Nurture them. Abbas et al. (2024) study indicates the research findings highlighted those intersexes that live in the joint

family system or with their guru's experience less social rejection and psychological distress. Age-wise differences through the findings suggested that intersex of old age is more satisfied with their weight as compared to the intersex of middle adulthood. The intersex in middle adulthood was found to be more satisfied with their physical conditions than the old-age intersex. It has also been highlighted that social rejection that the intersex faces since their birth and onwards truly affects their mental health.

1.3. Human rights breakout for intersex

Indig et al. (2021) in their study reported that in Intersex Justice Project, intersex activism and advocacy efforts aim to promote awareness, acceptance, and inclusivity. The institutional work on the awareness of intersex is well defining discrimination between the intersex and transgender, but the rate of education in Pakistan on gender study is very minimal. The Universal Declaration of Human Rights, adopted by the (United Nations in 1948), asserts that all human beings are born free and equal in dignity and rights. Articles 1 and 2 emphasize equal entitlement to rights and freedoms. Despite progress, recent years have seen significant pushback against sexual and reproductive health rights and LGBTIQ+ rights. Notably, intersex issues are distinct as they involve biological variations, whereas other LGBTIQ+ issues are primarily related to psychological and social aspects. The current study just influences and modifies the equally rights for biological and genetic factors affecting the persons.

1.4. Influence of Psychological factor on Mental Health

Jones (2016) study highlighted the psychological effects of social rejection and stigma that intersex people endure, emphasizing how urgent it is to change current attitudes and foster acceptance. Legal experts have criticized the absence of legal safeguards for intersex people and have called for legislative changes to preserve their rights. Intersex is facing a complex issue, stemming from societal norms that perpetuate binary gender expectations and reinforce harmful gender stereotypes. Trouble can occur in various settings, including:

Healthcare: Medical professionals may subject intersex individuals to harmful practices, such as coercive medical interventions and pathologization.

Education: Intersex students may face bullying, social exclusion, and discriminatory policies.

Employment: Intersex individuals may encounter discrimination, harassment, and unequal treatment.

Family and social environments: Intersex individuals may experience rejection, stigma, and violence from family members, friends, and the community. Intersex harassment has severe consequences, including:

- Mental health issues (anxiety, depression, PTSD)
- Social isolation and marginalization
- > Lack of access to healthcare and education
- Increased risk of violence and suicide

1.5. Norms for gender in Pakistan

All countries have their own gender norms; in Pakistan, traditional gender norms groove very deeply by influencing societal attitudes and behaviors. Pakistan was made on Islamic culture, which should be followed by men and women. Majority, men are breadwinners, and women are caregivers and play domestic roles. Men are the leaders of the family and make all important decisions; on the other hand, women have to follow the implicated rules designed by their husbands. Men have the choice to choose their career, educational field, and decisions for their lives, while women have limited. Arrange marriages are allowed, but love marriages cause conflicting environments. Men have autonomy for their dress code, on the other hand, often wearing hijab or burqa. Society accepts only 2 genders as per their demand of role so that they do not accept the 3rd gender in society because they honor conciseness and did not want the disturbance and interpreting zone. These all norms make difficulties for spending life. The Nawaz (2024) study reveals that in Pakistan, intersex is an abused and marginalized

community. They are living with low socioeconomic status in the community, and their fundamental rights have been blatantly abused by the government.

1.6. Working Foundation evidence social rejection for intersex individual

An increasing amount of material addressing the difficulties intersex people encounter and the need for systemic change has motivated foundations and organizations to actively work to support intersex people. Karkazis (2008), Research on medical treatments on intersex bodies, as that done by him, highlights the moral and human rights implications of existing procedures. Research by Carpenter (2018) emphasizes the importance of patient autonomy and informed consent in medical decision-making for intersex individuals. Additionally, community-based research by organizations like InterACT and the Intersex Society of North America provides valuable insights into the experiences of intersex people, informing advocacy efforts. The literature highlights the complexity of the issues intersex people confront and the value of interdisciplinary cooperation in advancing social justice and equality. With the ultimate goal of fostering community empowerment and advocating for legislative reforms, foundations and organizations that support intersex rights rely on this literature to help them create awareness, fight for changes to the law, and provide support services.

1.7. Psychological Factors investigate the psychological dimension of society regards intersex

In this study, psychological factors are used to investigate the psychological and social dimensions of inequitable rights and social rejection that are faced by intersex people. Cognitive behavioral therapy holds that an individual idea, feeling, emotions, and actions are all interrelated; implying the negative social messages concerning intersex identities can lead to internalized stigma and dysfunctional coping techniques. Mukhtar, Sharif and Sabir (2024) study showed that it has been found that the intersex population is still a socially excluded group in their social settings, and they are away from socio-economic activities practiced by the general population in the study area. The major factor in such exclusion is that they are hampered in social participation and left behind in economic, political, and educational opportunities. Moreover, the intersex (Hijra) subculture persuades them to remain at distance and also prevents them from social inclusion.

Persistent marginalization, represented as denial of legal rights, lack of autonomy in medical decisions, and widespread social rejection, creates a framework of chronic stress and bad self-perceptions for intersex peoples. These mental responses are frequently reinforced by external endorsement of discriminatory standards, which perpetuates a cycle of rejection and self-doubt. Understanding these patterns allows treatments to counter negative cognitive processes, helping intersex people to reinterpret social narratives and strengthen their psychological resilience. The study of Morrison, Dinno and Salmon (2021) showed that improving the standards for the quality of sex and gender term usage and centering sex and gender minorities in public health research are imperative to addressing the health inequalities faced by sex and gender minorities. In addition, the minority stress supplements CBT by stressing the particular stress the intersex people encounter as stigmatized minorities. These pressures include overt discriminations, macro-aggressions, and internal conflict over whether to conceal or reveal their identity. The approach provides a more comprehensive socioecological framework, linking systematic oppression to health inequities. For example, early non-consensual medical procedures frequently function as physical and symbolic representations of rejection, prolonging long-term trauma. When paired with CBT, this structure allows for a dual focus: resolving the individual's internalized narratives and pushing for systematic changes to remove oppressive systems. The comprehensive approaches emphasize the interaction of social pressures and individual psychological health, arguing for rights-based solutions that validate intersex identities and promote fairness.

1.8. Problem Statement

To understand the life led by intersex and highlight the problems faced by them to move towards for a better and equitable community.

1.9. Significance of study

It highlights the problems and issues that intersex people have to face in society, which builds a sense of empathy in people. It extensively provides the data about intersex life, which can help make the more prominent policies for them on the government level. It also helps the

organizations, hospitals, governmental bodies, and other individuals in better understanding of intersex, ultimately leading towards their betterment. It also builds a sense of equity and belonging to society in the intersex community. This research looks forward to a community which accepts the intersex as respectable citizens.

1.10. Objectives of research

The core objective is to know and highlight the social, cultural, national, and individual problems being faced by intersex.

- To look into the social, cultural, and individual superstitious norms which act as the barriers for intersex in leading a normal and peaceful life.
- To know the physical and psychological effects of problems faced by intersex in society on them.
- To explore the societal and cultural barriers when seeking help in health care centers, educational institutes, and legal protection department which directly or indirectly affect the intersex.
- To propose the way forward and tell the solutions of these problems.

1.11. Research Questions

The following questions led us to carry out the research:

- How do social and religious superstitions affect the societal behavior towards intersex individuals?
- What are the physical and psychological health consequences of societal rejection and biased behaviour of society on intersex individuals?
- What are the primary problems faced by intersex individuals in accessing fundamental rights such as health care, education, and legal protection?
- How can we educate society and bring in a sense of empathic solution for intersex?
- How can we create a sense of equality and belonging in intersex?

2. Literature Review

The study by Costello (2016) was to explain the Intersex and Transgender Communities: Commonalities and Tensions. This study explains that intersex and transgender values are similar in that they are both defames as they contradict fundamental current beliefs: that person is born with a binary physical sex, which defines their binary gender. Although this connection has motivated some intersex and transgender individuals to unite and work together politically, other deliberations keep the two communities apart. To understand the conflicts that exist between two communities that perform to be 'natural' friends, we must first understand how each community is divided into two divisions. Some members of the intersex and transgender groups consider their common distinction as a matter of identity and arrogance, while others see it as a disorder that should be handled with compassion and medically treated. The majority of persons in intersex groups utilize a disorder framework, whereas the mainstream of transgender people use an individuality frame. Many transsexuals who use the disease context characterize transsexuality as a brain intersex condition. Their aims are that if the greater society is influenced that this is the fact, medical alteration treatments will be freely provided out of compassion to cure people with intersex brains, just as children with intermediate genitals receive sex consignment surgery. For reasons that will be conferred in this stage, intersex people strongly face the notion that transgender status is an intersex brain disorder, and this tension divides the two groups. Only subgroups of the intersex and transgender communities that use the identity structure tend to work together as associates. These allied individuals center the idea that sex status should be a matter of personal independence based on gender identity, and they authenticate non-binary gender identities as well as binary ones.

The study by Carpenter (2018), which investigated a research study on reproductive health problems, shows the human right of intersex people: lecturing unsafe practices and boasting of change, intersex people and physiques have been considered unable of incorporation into society. Medical interventions on regularly healthy bodies stay the average, addressing perceived domestic and cultural demands despite anxieties about requirements, results, manners, and permission. A global and regionalized intersex society follows simple core

goals: the rights to physical autonomy and independence and a conclusion to stigmatization. The international human rights system is responding with a display of new process statements from human rights institutions and a handful of national governments recognizing the rights of intersex people. However, main challenges remain to enact those declarations. Human rights of intersex individuals continue to be deeply implanted in a thoughtful history of silencing. The rhetoric of change to clinical practices remains unconfirmed. Policy disconnections arise in an enclosing of intersex issues as matters of sexual orientation and gender identity, moderately than inherent sex characteristics; this has led to rhetoric of inclusion that is not matched by reality. This paper delivers a summary of unsafe practices on intersex bodies, human rights developments, and rhetoric's of change and attachments.

The study by Meer et al. (2017) shows the Lesbian, gay, bisexual, and transgender or intersex human moralities in Southern Africa. Individuals attractive in the same sex act, individuals categorizing as lesbian, gay, bisexual, transgender, and intersex (LGBTI), and individuals who do not follow hetero normative principles of gender and sexuality involvement have structural, institutional, and individual perception and rejection across the world. This is no different in Southern African countries. However, LGBTI individuals are heterogeneous and face very specific experiments based on their sexual orientation, gender identity, competition, class, ethnicity, and other elements; they share experiences of structural, institutional, and individual perception and disregard based on their sexual orientations and gender identity (SOGI). In most Southern African countries, same-sex activity remains banned, which further relegates LGBTI individuals and acts as an additional barrier to editing public services and understanding full civil political rights. This current literature review focuses on the state of LGBTI human rights in Southern African countries: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. The purpose of this review is to give towards a strong confirmation base and scientific basis for informed programming in the state.

The study by Khattak and Haq (2017) shows the intersex gratitude: personality and social interaction issues of Khawaja Saras in Pakistani society. This study was to get forth the gender personality and social interaction issues of Khawaja Saras in Pakistani society. For this resolution, a number of 15 Khawaja Saras were interviewed within their social environment to understand occurrences contextually as a life of qualitative nature of study. An interview guide was arranged to assist the major data collection process. The research found that Khawaja Saras do look at gender personality and social interaction issues in Pakistani society. They believed that society treats them with less respect and social approval. Hence, they feel socially alienated to a great level. It is recommended that society as a whole become aware of and inspired to recognize Khawaja Saras as an acceptable third gender. There is a greater need to instill confidence and drive in Khawaja Saras so that they can live in mainstream society while improving their social situations and creating a respectable space for themselves via refined habits, enhanced human conduct, and personality development.

Zeeman and Aranda (2020) conducted a thorough evaluation of health and health care inequalities for individuals with intersex variations. This study reviews intersex health and healthcare inequalities based on studies published from 2012 to 2019. In all, 9181 citations were discovered, with 74 records reviewed and 16 included. The summary of results includes nine quantitative, five qualitative, and two narrative reviews. Literature was Medline, Web of Science, Cochrane, PsycInfo, and CINAHIL databases were searched. Intersex individuals are more likely to experience anxiety, sadness, and psychological discomfort than the general population due to stigma and prejudice. Despite biological understandings of sex variation, restricted clinical concepts of health and treatment for persons with intersex variance continue in the health sciences. Medicalizing the bodies and lifestyles of individuals with intersex variation can have negative effects on their subjective experiences. Others benefit from improved access to therapy, including hormonal and surgical interventions.

Farrukh and Nosheen (2022) study aimed to examine psychological discomfort (psychological distress) and stress management related to intersex issues from a psychological perspective. The study took a qualitative approach, including semi-structured interviews for detailed assessment. This qualitative study examines themes and subthemes using thematic analysis. Semi-structured interviews revealed themes such as despair, pessimism, self-blaming, victimization, learned helplessness, and associated difficulties. The study highlights

the need for understanding and managing psychological stresses for those with intersex issues. The study aim is to raise awareness and give understanding into sexual difficulties in Pakistani culture, not just for intersex persons but also for mental health experts. The present study aims to teach both the culture and science fields.

Shahzad and Bhutta (2022) study aim to examine Nexus between socio-demographics and cultural marginalization of transgender community in the Punjab-Pakistan. Intersex is marginalized and socially excluded population over the world. Intersex people have no special status in Pakistan. They are also socially isolated, culturally disliked, economically deprived, politically impotent, and religiously invisible. The primary goal of the study was to understand the links between socio-demographic characteristics and cultural marginalization of the intersex minority in Punjab, Pakistan. Cultural marginalization is defined as the exclusion of intersex persons from family cultural occasions such as weddings, birthdays, and funerals. Using the snowball sampling technique, 325 respondents were scheduled for interviews in order to collect data. The socio-demographic results revealed that 53.2 percent of respondents were illiterate, with the majority earning PKR-5000-40,000 per month and living in rented homes. Monthly income was shown to have a substantial but negative connection with cultural marginalization (r = -.975, p <.001). It indicates that if intersex people's wealth increases, their families, society, and relatives will accept them as intersex. The study concluded that there is a need to mainstream the intersex community in society. Qureshi (2022) essay provides a critical analysis of the Transgender (Intersex) Persons Act, 2018, in Pakistan and the United Nations. A comparison of Pakistan's Transgender Persons Act, 2028, with UN Office of High Commissioner for Human Rights' (UNOHCHR) recommendations from 2016. The 2018 Act uses the term 'transgender' to refer to several categories, such as intersex, "khunsa," eunuch, and "Hijra.". This study examines the impact of 'the Transgender Persons Act, 2018' on the lives of intersex individuals in Pakistan, using text analysis. From 2016 to 2019, I randomly chose 50 news pieces, articles, and discussion programs concerning intersex from Pakistani and foreign media outlets, published in English and Urdu. This study examines the Transgender Persons Act, 2018 and its impact on media in Pakistan, shedding emphasis on the underappreciated topic of intersex.

The study by Mestre (2022) shows the Human Rights Situation of Intersex People: An Analysis of Europe and Latin America. This study intends to explore intersex human rights across Europe and Latin America through a scoping review and legal research, comprising the review of activist documents. It pursues to study the experiences of violence suffered by intersex people, the part of states in helping justice, and the possibilities offered by a human rights context to guarantee a distinguished life for bodily diverse communities. This study also demonstrates that, although regional, cultural, and social landscapes differ on both continents, intersex groups are subject to constant violations of their human rights, and they struggle for recognition and for their bodies to be respected outside the dual categories of sex and gender. Moreover, European and Latin American states have made proven judicial advances that have led to the greater visibility of intersex people but also face remaining difficulties and gaps. The research by Kamazima (2023) study aims to examine the role of political elite in recognizing, respecting, protecting, and affirming the human and citizenship rights of intersex individuals in Tanzania. Intersex refers to individuals with varying sex traits that do not conform to cultural or medical expectations of male' or 'female' body types. People with intersex variants are born with physical or biological traits that do not meet the traditional definitions of male and 'female'. This paper argues that the Tanzanian government has not taken significant steps to end discrimination against intersex individuals and ensure their right to bodily integrity, autonomy, and self-determination, as outlined in the UN Human Rights Declarations and Resolutions, Vienna Declaration and Programmed of Action 1993, Malta Declaration 2013, and World Intersex Declaration. Awareness of intersex conditions and their rights is growing among individuals, researchers, parents/guardians, activists, and the media in the nation. As knowledge grows, there may be a surge in protests, potentially leading to legislative reform. Tanzania's government should take immediate action to ban cosmetic and hazardous procedures and safeguard vulnerable newborns and children with intersex variants.

Chakrapani et al. (2023) published research in PLOS Global Public and conducted a scoping review of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people's health in India. While there has been progress in creating a legal and regulatory climate for

LGBTQI+ individuals in India, there are still gaps in evidence on their health. This study was scoping an assessment to summarize existing information, identify gaps, and provide recommendations for future studies, scoping the review utilizing the Joanna Briggs Institute techniques. The researched are 14 databases for peer-reviewed journal publications in English between January 1, 2010 and November 20, 2021. The articles offered empirical, qualitative, or mixed methodologies data on LGBTQI+ health in India. The study found those 177 suitable publications from 3,003 results; using 62% quantitative, 31% qualitative, and 7% combined methodologies. The survey targeted 55% homosexual and other men who have sex with men (MSM), 16% transgender women, and 14% both. Lesbian and bisexual women received 4%, while Tran's masculine persons received 2%. Studies found a high mental health burden due to stigma, discrimination, and violence victimization, and a lack of gender-affirmative medical care in government hospitals. Few longitudinal and intervention studies were found. Research on LGBTQI+ health in India should focus on mental health, non-communicable illness, and persons throughout the spectrum, rather than just HIV, gay men/MSM, and transgender women.

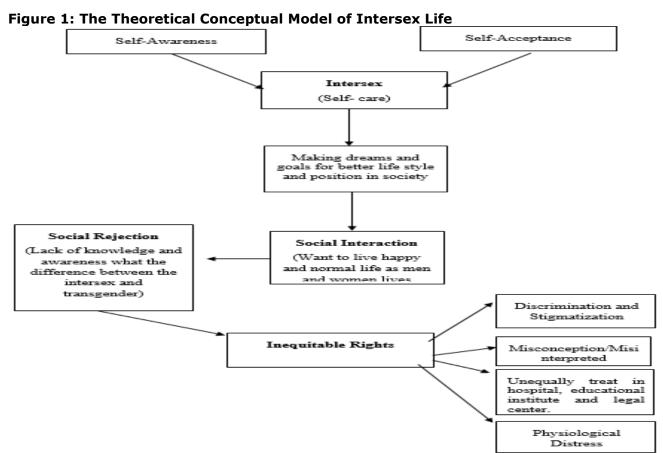
2.1. Hypotheses

The following hypotheses have been constructed:

- 1. Intersex experiences the discrimination and stigmatization in the society.
- 2. Intersex are misinterpreted with the transgender causes the societal rejection and inequitable rights.
- 3. Intersex faces many challenges in the health care, legal rights and education.
- 4. Intersex individual have psychological distress due to the societal rejection and inequitable rights.

2.2. Research Gap

- Intersex individuals have been tired of answering the questions of researchers again and again, as no one take effective measures to help them.
- There are no earning resources for them due to which they opt for begging, prostitution and dancing etc. that why the laceration make them to do not talk with male and female gender.
- Devising a practicable solution for their wellbeing is a challenge as society is not ready to accept them and that's why they lived alone.



The theoretical framework of intersex life depicted in Figure 1 delineates the complex relationships among various factors that affect the well-being, social inclusion, and rights of intersex individuals. At the core of this model lie self-awareness and self-acceptance, which are essential for empowering intersex individuals to acknowledge their identity and prioritize their own well-being. Self-care is positioned as a pivotal component, allowing individuals to establish personal objectives and aspirations that contribute to an enhanced quality of life and greater societal acknowledgment. Nevertheless, societal rejection, fueled by a lack of awareness and understanding regarding intersex identities, poses significant obstacles to social engagement and integration. This rejection is rooted in persistent misconceptions, including the failure to distinguish between intersex and transgender identities. Consequently, intersex individuals frequently encounter unequal rights, which manifest in various forms such as discrimination, stigmatization, and disparities in healthcare, education, and legal frameworks. These inequities lead to both physiological and emotional distress, exacerbating their difficulties. The model underscores the necessity of addressing these systemic challenges to promote inclusion, equality, and overall well-being for intersex individuals within society.

3. Research Methodology

3.1. Research design

The current qualitative study was conducted on intersex from October to December 2024. About 12 articles were selected using a simple sampling technique. Targeted community was intersex. The sample size of the community was 20. Qualitative data are the conceptual data and non-numerical data that are gathered by the observation and literature review of the book. In this current study, using relational content analysis, the study explored the themes of social rejection and inequitable rights for intersex individuals, examining how these are interconnected with societal norms and legal frameworks. This study highlights the systemic factors contributing to the marginalization of intersex individuals, emphasizing the interplay between cultural stigma and institutionalized discrimination.

3.2. Summary of Findings

The study reveals the following:

- This study reveals persistent prejudice and stigmatization of the society against intersex people.
- The rejection causes the inadequate mental well being which leads to bad physical health.
- The intersex experiences are highlighted by relational content analysis.

3.3. Procedure

First of all, the research topic was selected and decided as per interest. The research question and research methodology were designed and clearly defined. Then, identify the main concept or theme of the research. The relational content analyses are used to identify the reality of the factors affecting the intersex community. for this purpose, data themes, codes, and sub-codes are designed to understand and uncover the nature and strength of the relationship. All data are gathered to interpret the outcomes.

3.4. Data Analysis

A systematic approach of rational content analysis is used to design to support the hypothesis. Content analysis is a research procedure that logically examines textual, visual, or auditory material to discover patterns, themes, or meanings. Relational content analysis is used to investigate relationships between concepts within the data, typically to better grasp the context or deeper connections between topics. The research question and problems were clear. The tentative statement was established. Articles and books were chosen, then set the frame for the collection of the data. Data was filtered through the rational content analysis, and then it was carefully organized in tabular foam to support each hypothesis. In the last, the discussion was made on each hypothesis and supportive literature review.

3.5. Ethical consideration

A qualitative gender study on intersex rights and social rejection must take ethics into account. Given the vulnerability of intersexual individuals, obtaining informed authorization, protecting confidentiality, and minimizing harm are essential. Addressing preconceptions with

cultural sensitivity and reflexivity ensures polite connection. The observation was taken normally without disturbing them. Ethics are maintained for the rational content analysis when using journals and books. It was making sure that all the citations and copyrights were correctly written and followed. The idea of the original author carefully and correctly portage and respectfully mention the author's intellectual ability. Selected sources related to the biases and limitations of the analysis to maintain the integrity of the research.

4. Results

The current study shows society discrimination and stigmatization, which leads to inequitable rights and social rejection of the experiences faced by the intersex. Even the intersex community does not get the basic need treatment equally in hospitals, educational institutes, and legal departments on the basis of misconceptions about intersex and transgender people. The rejection of society enhanced the bad mental health of the intersex community.

4.1. Result Discussion

Hypothesis 1: Intersex experiences the discrimination and stigmatization in the society.

Rondón García and Romero (2016) research result shows the social elimination which refers to the process in which same individual and people of group have limited rights and opportunities by being completely incorporated in the society. Most of the legal and social development take place in the Spain but the outcomes in the real social advancement and equality for intersex community are not necessarily work. The particular needs of intersex community are not satisfied in the discriminatory situation which is structurally and legally organized in framework. It is a reality which is coupled by the social inters subjectivity and highlighted the ignorance and negativity, which are directed by a dominant gender by both, calls worldwide use techniques to cover its structure, culture and inter-subjective dimensions. The worldwide technique is originated from a perception of collaborator and different methods are used in this study to deal the mention issues of social factors and problems. These inequitable rights limited the empowerment and the social rejection of hetero-centric society which increase the plural and diverse.

Table 1

| Table 1 | | |
|----------------------------------|--|-----------------------------------|
| Items | Encoding Rules | Remarks |
| Intersex individuals experiences | 1.Trans Equality | Unclear Penalties: Transgender |
| the inequality and | 2. Non-Discrimination | and Transsexual or Intersex |
| discrimination by society | 3. Stigma | individuals experiences the |
| | 4. Rejection | inequality and discrimination |
| From stigma to supportive | 1.Employ experience unequal | From stigma to support: |
| environment | Leading to rejection | addressing the barriers and |
| | 3. Work Place Discrimination | needs of transgender or |
| | | intersex individuals |
| Empowerment of intersex play | 1.Inequity | Transgender or intersex social |
| a pivotal role in development of | 2. Social services | inclusion and equality: a pivotal |
| country | 3. Play a role | path to development |
| | 4. Improve economy | |
| | development of country | |
| Background Note on Human | 1.Discrimination and | Intersex persons have distinct |
| Rights Violations against | stigmatization | lived experiences and human |
| Intersex People | 2. Abuse | rights concerns. |
| | 3. Puberty | |

In the first hypothesis, the social and cultural stigma associated with trans people leads to the exceptional behavior they face. It was observed that most of the intersex people met were of the view that they were taken and understood as an exception in society. The intersex community experiences stigmatization and prejudice in society in widespread ways, which leads to social rejection and inequitable rights such as social exclusion, marginalization of culture, and psychological distress. A trivial chat with an intersex told us that the stares of people we encounter at public places make us feel uncomfortable. People stare at us in such a way that we feel like distinguished creatures. It was reported that "people don't even like to sit beside us.". They face the violation of human rights even when they do not respectfully earn the money for their basic needs. The intersex community can play an important role in the

development of the country. Researchers observed that there are nearly no opportunities for intersex people at workplaces, jobs, institutions, companies, etc. Moreover, the observation of the study is that due to the discriminatory behavior of society, many intersex individuals quit trying for employment or work. Rondón García and Romero (2016) research result shows social elimination, which refers to the process in which the same individual and people of a group have limited rights and opportunities by being completely incorporated in the society. The particular needs of the intersex community are not satisfied in the discriminatory situations.

Hypothesis 2: Intersex is misinterpreted with the transgender causes the societal rejection and inequitable rights.

Rommel et al. (2019) study reveal that the heteronormative orientation of society can pose a health risk for LGBTI people. The theoretical view of heteronormativity transmits the design of two sexes (men and women) only which are sexually oriented towards one another. Intersex, transgender and non-heterosexual people do not fulfill in normative social expectations expressed the heteronormativity.

Table 2

| Items | Encoding Rules | Remarks |
|--|--|--|
| Gender-Transgender and Sex- Intersex | Binary Gender Perspective Gender assignment Lack of awareness | Society misinterprets the transgender with intersex people and they have to face social exclusion and rejection. |
| Understanding Intersex and Transgender Communities | 1.Clarifying Terminology2. Transgender3. Intersex4. Misinterpretation | The two terms are often confused: while a person who is transgender has a gender that is different from the one traditionally on the other hand sex of person are by nature. |
| Health inquires of intersex | 1.Transgender2. Stigma3. Health4. Inequities5. Interventions | Hetero normatively is expressed by the intersex individuals who do not fulfill the normative social expectations. |

In the second hypothesis, the observation of this study is that there is a lack of awareness amongst people, which leads them to think that the intersex and transgender are the same. The misconception of the gender leads the people to misinterpret between the intersex and transgender. This misconception erases the real identity of the intersex community. Due to this approach, the intersex community faces social rejections and does not get their legal and social rights. The majority supports the idea of heteronormativity, which says that only two genders, male and female, exist. Gender studies play a very crucial role in raising awareness of the difference between the genders, such as the study of LGBTQIA+education clearly. The creatures that do not conform to heteronormativity are often taken as exceptional creatures. It is very crucial to understand and accept the fact that there are more than two genders. The Rommel et al. (2019) study reveals that the heteronormative orientation of society can pose a health risk for LGBTI people. The exclusion from heteronormative expectations leads to the discrimination and lack of equitable rights. It also brings out the adverse health outcomes.

Hypothesis 3: Intersex faces many challenges in the health care, legal rights and education.

Beigang et al. (2017) study reveal challenges faced by the people who have genetic differences such as heteronormativity face the social rejection which is the major causes of facing discrimination and prejudice in help seeking center. Intersex community reported the discrimination in the daily life affairs such as in workplace, educational institute because of gender biasness. Krell and Oldemeier (2015) the research conduct in German Youth Institute showed that the intersex community bear the fear of rejection from peer group such as family rejection was 69.4% and committing physical violence in health care facilitators, hospital and educational institute.

Table 3

| Items | Encoding Rules | Remarks |
|--|---|--|
| Human rights such as seeking help from healthcare center, right of education and legal processes | 1.Human rights 2. LGBTIQ+ 3. Health care center 4. Education system 5. Legal procedure | The modern literature review of intersex human rights in southern Africa |
| Stigma and discrimination in real life experiences | 1.Khwaja sira 2. Stigma 3. Discrimination 4. Sexual and gender minorities 5. Intersex | Intersex have faced social exclusion and oppression in multiple social spheres, namely in school settings, within their families, and in healthcare settings |
| Intersex care in the United States and international standards of human rights | 1.Intersexuality 2. Standards of care 3. Clinical guidelines 4. Rights of Human Beings 5. Sexual rights | Sexual rights are not human rights and they are not enshrined in the act of human rights |
| Situation of Intersex People in Medical Procedures | 1.Legal Basis2. Intersex community rights3. Lack of familiarity | Transgender and intersex people reported the expression of discrimination on their gender depend upon the experience of daily life affairs, institute and markets. |

In third hypothesis, the observations of the study in many healthcare providers are not trained in intersex variations, leading to misdiagnosis and inappropriate treatment. During the social informal interaction with one of intersex, she reported about the subjected to unnecessary surgeries to "normalize" their genitalia without their consent. It all means to lack of knowledge among medical professional. Also intersex individuals often face difficulties in obtaining identification documents that reflect their identities such as birth certificates, passports or driver's licenses. Also, one of intersex student said that they faced bullying from peers due to my physical differences or gender identity and physically harassed. Intersex also claims society judgmental behavior in harassment will never let them succeed. Stigma and discrimination build fear of judgment or ridicule may discourage intersex individuals from seeking medical care. They avoid hospitals altogether. Intersex communities are not protected by the policies of the schools which are leading to a hostile environment. Also previous researches approved that the study reveal challenges faced by the people who have genetic differences such as heteronormativity face the social rejection which is the major causes of facing discrimination and prejudice in help seeking center. Intersex community reported the discrimination in the daily life affairs such as in workplace, educational institute because of gender biasness. In legal departments, they face the physical abuse and harassment. Krell and Oldemeier (2015) the research conduct in German Youth Institute showed that the intersex community bear the fear of rejection from peer group such as family rejection was 69.4% and committing physical violence in health care facilitators, hospital and educational institute.

Hypothesis 4: Intersex individual have psychological distress due to the societal rejection and inequitable rights.

Crenshaw (2013) study shows that the different view of group on the dynamics of social power link with cons instead of personal traits. While when they are combining they do not add up. In daily affairs, they made circumstances which have impact on mental as well as physical health. Intersectionality describes the interplay. Pöge et al. (2020) stated that sexual orientation such as lesbian, gay, bisexual community and gender or sex such as transgender, intersex community they all should be focused and highlighted the complete variety of each community and the factors which affects the health of community.

Table 4

| I abic + | | |
|-------------------------------|------------------------------------|-------------------------------|
| Items | Encoding Rules | Remarks |
| Stigma, Discrimination, and | 1. Discrimination | Social stigma and social |
| Social Exclusion leads to bad | low self esteem | rejection produce profound |
| mental health | Social Exclusion | effects and destruction. Both |
| | 4. Self harm | are interlinked. |

| | 5. Mental health | |
|----------------------------------|------------------------------------|---------------------------------|
| Intersex received bad mental | 1.Shame and stigma | Experiencing discrimination can |
| health in the result of | 2. Secrecy | increase your risk of poor |
| discrimination | 3. Low self esteem | mental health. |
| | 4. Low self worth | |
| | 5. Social Exclusion | |
| Worldwide study on intersex | 1.Social Exclusion | The non-consensual |
| mental as well as physical well | Mental wellbeing | interventions permanently |
| being in adults | 3. Physical health | changed the long-term health |
| | 4. Lack of self esteem | challenges |
| Intersex life quality and mental | 1.Intersexuality | Intersex people have very low |
| well-being | 2. Face difficulty in sex | level of mental health as found |
| | development | in studies. |
| | 3. Life quality | |
| | 4. Social bounding | |
| | 5. Mental well-being | |

In the fourth hypothesis, during interviews, individual intersex says they are treated as 'abnormal' due to their physical differences, leading to isolation, ridicule, and rejection. The outcome is feelings of embarrassment, low self-esteem, and worthlessness. Family rejection: in some cases, families struggle to accept an intersex child, which can lead to neglect, abuse, or leaving. One of the intersex individuals said their roommate friend's family attempted to normalize the child through unnecessary surgeries, causing lifelong trauma. Intersex individuals commonly face verbal, physical, and emotional abuse from peers, colleagues, or community members, which can lead to anxiety, depression, or even suicidal thoughts. Our society gives unequal rights to intersex people. This can lead to feelings of helplessness and dislike. Also disturb their mental health, which can lead to psychological mental health disorders, which may include anxiety disorder, depression, post-traumatic stress disorder (PTSD), and suicidal thoughts and behaviors. Already research approved that societal rejection and inequitable rights of intersex individuals badly impact their mental health. Crenshaw (2013) study shows that the different views of groups on the dynamics of social power link with cons instead of personal traits. While when they are combining, they do not add up. In daily affairs, they made circumstances that have an impact on mental as well as physical health. Intersectionality describes the interplay.

4.2. Limitation and Suggestions

This study on the daily experiences of intersex people, with an emphasis on inequitable rights and social rejection, provides important insights but is not without limits. For starters, differences in cultural, legal, and socioeconomic circumstances among areas may make it difficult to capture the variety of the intersex group. Intersex people's experiences are significantly influenced by intersectional issues like race, socioeconomic class, and access to healthcare, which may not be completely reflected in this study. Secondly, the current study relies on self-reported data, which indulges the selective memory, and community popularity affects the validity of research outcomes.

A key suggestion for the welfare of the intersex community is to make people aware of their problems and rights. Include the gender study workshops in school and college students for awareness and to make a difference between the biological and psychological issues of gender. It should be taught to people that intersex is born by nature. It is not a punishment for mistakes. A sense of equality of the intersex community in society is to be created by all the possible means and also give them equal opportunities. Proper policymaking and legal forms should be carried out, which should ensure Social Security, educational provision, and equitable status in society for the intersex individuals. Legal processes for acquiring identification documents should be simplified. Special training programs for healthcare professionals, educators, and policymakers should be held to combat stigma and improve service deliveries. Safe spaces and support groups should be created where intersex individuals can easily and openly share their experiences and access the resources. Collaboration with political and religious leaders should be carried out to ensure the removal of superstitious thoughts about intersex individuals.

4.3. Strength of study

The study's value comes from its emphasis on amplifying the perspectives and real-life experiences of the intersex community, a population that is frequently neglected and disregarded in social and legal debate. This study fills a vital gap in awareness and activism by shining light on the unequal rights and societal rejection that intersex individuals endure. Its emphasis on personal narratives and qualitative insights offers a nuanced perspective on systemic difficulties, encouraging a more thorough understanding of their experiences. Furthermore, the study has the ability to influence legislative changes, challenge cultural norms, and promote inclusion by emphasizing the need for equal treatment and acceptance of intersex people. The intersectional approach it takes also allows for the investigation of how elements such as culture, gender, and socioeconomic class compound individual experiences, ensuring that the findings are robust and contextually appropriate.

4.4. Implications of study

The current study is very effective for the betterment of intersex careers in the private and public sectors of the country. This study gives awareness and makes a person educated that intersex is by nature not their fault, and they faced many problems regarding their unclear gender, so the people will be empathetic toward them. It will strengthen the intersex community, which means it will strengthen the economy of the country. The ratio of questionable professions such as begging, dancing, and prosecution will be reduced in the country because of increases in intersex jobs in the market. This study is very useful for policy-making for intersex individual rights by identifying the links between social attitudes and the lack of comprehensive judicial protections. This study also evaluated advocacy narratives representing how popular movements affect public views and fuel the need for fair rights for the intersex community.

5. Conclusion

This study highlights the substantial obstacles that intersex people experience, such as unequal rights and widespread social rejection. Addressing these concerns needs a multifaceted strategy that includes education, lobbying, and legislative reform to promote inclusion and fairness. By elevating intersex voices and cultivating a more knowledgeable and sympathetic society, we can fight to break down structural barriers and ensure that intersex people have the respect and rights they deserve. It is essential to protect the intersex rights and dignity as they are part of society, and it is necessary to put the laws and policies for the intersex community in place to ensure equality when seeking help in healthcare centers, education, and legal departments. It is the basic right of a human being to seek help for their basic needs and freely perform their religious practices. Intersex is by birth, not by choice, so put way all the stigma, bias, and social rejection. Educate the people about the life of intersex to warmly accept the intersex, which will provide a nurturing environment for individuals and open up good opportunities for them.

References

- Abbas, S., Mahmood, S., Fatima, A. B., Sarfraz, N., & Ahmad, A. (2024). Social Rejection, Body Dissatisfaction and Psychological Distress Among Transgenders. *Remittances Review*, 9(2), 2288-2316.
- Batool, I., Saqib, M., & Ghaffari, A. S. (2019). Attitude Towards Third Gender: A Case Study Of Southern Punjab, Pakistan. *Pakistan Journal of Applied Social Sciences*, *9*(1), 19-36. https://doi.org/10.46568/pjass.v9i1.326
- Beigang, S., Fetz, K., Kalkum, D., Otto, M., & Beigang, T. (2017). *Diskriminierungserfahrungen in Deutschland: Ergebnisse einer Repräsentativ-und einer Betroffenenbefragung*. Nomos.
- Butler, J. (2011). Bodies That Matter: On the Discursive Limits of Sex (0 ed.). Routledge.
- Carpenter, M. (2018). The "normalization" of intersex bodies and "othering" of intersex identities in Australia. *Journal of Bioethical Inquiry*, 15(4), 487-495. https://doi.org/https://doi.org/10.1007/s11673-018-9855-8
- Chakrapani, V., Newman, P. A., Shunmugam, M., Rawat, S., Mohan, B. R., Baruah, D., & Tepjan, S. (2023). A scoping review of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people's health in India. *PLOS Global Public Health*, *3*(4), e0001362. https://doi.org/https://doi.org/10.1371/journal.pgph.0001362

- Costello, C. G. (2016). Intersex and Trans* Communities: Commonalities and Tensions. In S. Horlacher (Ed.), *Transgender and Intersex: Theoretical, Practical, and Artistic Perspectives* (pp. 83-113). Palgrave Macmillan US.
- Crenshaw, K. (2013). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In *Feminist legal theories* (pp. 23-51). Routledge.
- Farrukh, H., & Nosheen, N. (2022). PSYCHOLOGICAL DISTRESS AND STRESS MANAGMENT OF INTERSEX INDIVIDUAL: A PSYCHOLOGICAL PERSPECTIVE. *Education Sciences & Psychology*, 63(2).
- Hoenes, J., Januschke, E., & Köppel, U. (2019). Häufigkeit normangleichender Operationen "uneindeutiger "Genitalien im Kindesalter. *Bulletin Texte*, 44. https://doi.org/http://dx.doi.org/10.25595/2437
- Indig, G., Serrano, M., Dalke, K. B., Ejiogu, N. I., & Grimstad, F. (2021). Clinician advocacy and intersex health: a history of intersex health care and the role of the clinician advocate past, present, and future. *Pediatric annals*, *50*(9), e359-e365. https://doi.org/https://doi.org/10.3928/19382359-20210816-01
- Intersex Intervention: a health and Human rights perspective, I. (2022). https://journals.law.harvard.edu/hrj/2022/06/intersex-intervention-a-health-and-human-rights-perspective/
- Jones, C. (2016). *Diagnosing sex: stories of intersex, relationships* & *identity* University of Sheffield].
- Kamazima, S. R. (2023). Intersexuality: The Role of Political Elite in Recognizing, Respecting, Protecting and Affirming Persons Born with Intersex Variations' Human and Citizenship Rights in Tanzania. *EAS J Humanit Cult Stud*, *5*(5), 250-264. https://doi.org/https://doi.org/10.36349/easjhcs.2023.v05i05.005
- Karkazis, K. (2008). Fixing Sex: Intersex, Medical Authority, and Lived Experience. Duke University Press.
- Khattak, M. K., & Haq, E. U. (2017). Third Gender Recognition: Identity And Social Interaction Issues Of Khawaja Saras In Pakistani Society. *Pakistan Journal of Applied Social Sciences*, 6(1), 37-54. https://doi.org/10.46568/pjass.v6i1.308
- Krell, C., & Oldemeier, K. (2015). Coming-out-und dann...?!: Ein DJI-Forschungsprojekt zur Lebenssituation von lesbischen, schwulen, bisexuellen und trans* Jugendlichen und jungen Erwachsenen.
- Meer, T., Lunau, M., Oberth, G., Daskilewicz, K., & Muller, A. (2017). Lesbian, gay, bisexual, transgender and intersex human rights in Southern Africa: A contemporary literature review.
- Mestre, Y. (2022). The Human Rights Situation of Intersex People: An Analysis of Europe and Latin America. *Social Sciences*, 11(7), 317. https://doi.org/10.3390/socsci11070317
- Morrison, T., Dinno, A., & Salmon, T. (2021). The erasure of intersex, transgender, nonbinary, and agender experiences through misuse of sex and gender in health research. *American Journal of Epidemiology*, 190(12), 2712-2717.
- Mukhtar, T., Sharif, A., & Sabir, I. (2024). Narratives of Inclusion and Exclusion: Experiences of Intersex.
- Nawaz, H. (2024). Protection of the Rights of Inter-Sex: A Legal Study of Reforms and Failures in Pakistan. *BUITEMS JOURNAL OF SOCIAL SCIENCES AND HUMANITIES*, 3(1).
- Pöge, K., Dennert, G., Koppe, U., Güldenring, A., Matthigack, E. B., & Rommel, A. (2020). The health of lesbian, gay, bisexual, transgender and intersex people. *Journal of Health Monitoring*, 5(Suppl 1), 2.
- Qureshi, K. (2022). A Critical Analysis of the Transgender (Intersex) Persons Act, 2018, in Pakistan Versus United Nations Recommendations. In M. Walker (Ed.), *Interdisciplinary and Global Perspectives on Intersex* (pp. 177-195). Springer International Publishing.
- Rommel, A., Pöge, K., Krause, L., Ludwig, S., Prütz, F., Saß, A. C., Strasser, S., & Ziese, T. (2019). Geschlecht und Gesundheit in der Gesundheitsberichterstattung des Bundes. Konzepte und neue Herausforderungen. *Public Health Forum*, *27*(2), 98-102. https://doi.org/10.1515/pubhef-2019-0021
- Rondón García, L. M., & Romero, D. M. (2016). Impact of Social Exclusion in Transsexual People in Spain From an Intersectional and Gender Perspective. *Sage Open*, 6(3), 2158244016666890. https://doi.org/10.1177/2158244016666890

- Shahzad, M. N., & Bhutta, M. H. (2022). Nexus between socio-demographics and cultural marginalization of transgender community in the Punjab-Pakistan. *Competitive Social Science Research Journal*, *3*(1), 423-428.
- Zeeman, L., & Aranda, K. (2020). A Systematic Review of the Health and Healthcare Inequalities for People with Intersex Variance. *International Journal of Environmental Research and Public Health*, 17(18), 6533. https://doi.org/10.3390/ijerph17186533