

# Gender Reassignment in Muslim Communities



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## OBJECTIVES

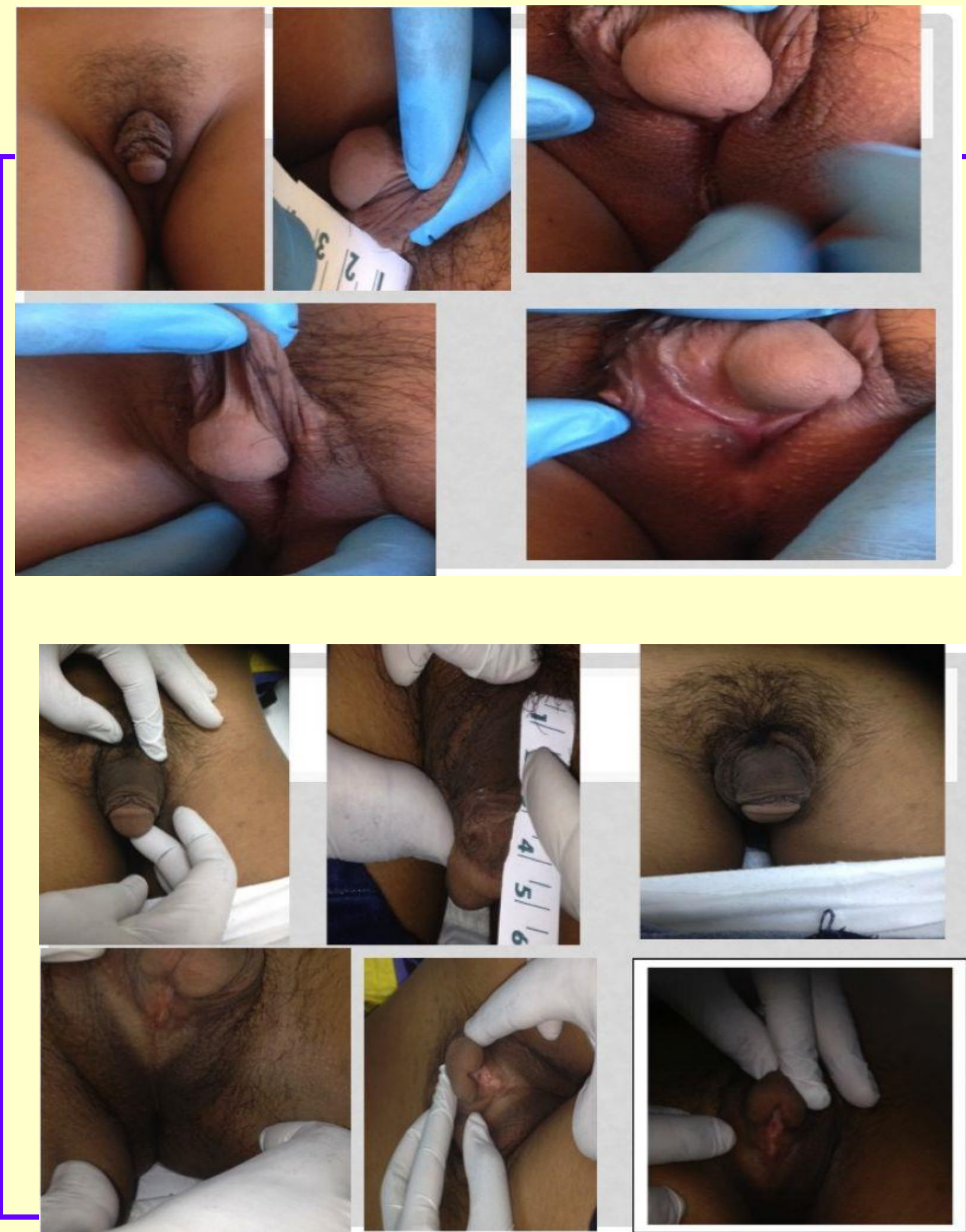
The commonest cause of 46 XX disorders of sex development (DSD) is congenital adrenal hyperplasia (CAH). We report two female siblings with CAH who were reared as boys since birth. A multidisciplinary team members were involved in management. We discuss here gender reassignment and the psychosocial implications from Islamic perspectives.

## METHODS

An eight and 11 yrs old severely virilised CAH Yemeni girls were raised as boys since birth. They were referred to Saudi Arabia for further management. Parents are consanguineous and there is a family history of neonatal death.

The gender was first assigned under social and cultural pressures on parents. Though, parents were increasingly unsatisfied of that gender assignment and therefore have kept a balance in counselling children and the way they dress them, to help an easier gender reassignment in the future. The dilemma has reached a peak when children started to menstruate at the age of 7.5 years.

	Yaser 11 yrs		Salem 8 yrs	
testosterone	10		0,087 (after one week of restart hydrocortisone)	
17 OHP	9178	High	2221	High
Androstandion	215	High	141	high
Renin	11.88	High	6.3	High
ACTH	74	High	210	High
Aldosterone	<1 Low		<1 LOW	
LH	116	pubertal;	114	pubertal
FSH	37	pubertal	2	pubertal
Bone age	Equal chronic age		Advanced 3 yrs	
Genitogram	Positive Communication between urinary bladder and genital tract		No communication between genital tract and urinary tract	
Cystoscopy	Common urogenital sinus		Common urogenital sinus	
Ultrasound pelvis	Normal uterus ,ovarus		Normal uterus ,ovarus	
Karyotyoin	46 xx		46 xx	
IQ assessment	Mild delay		Mild delay	



## DISCUSSION & CONCLUSION

### References

Although, gender transfer is totally prohibited, and is even considered criminal in Islam, however, likewise in western societies, sex should be assigned in muslim communities according to the best available evidence. Parents should be well informed and updated. The dominant role of male gender in a muslim community shouldn't over rule Islamic laws. Management shouldn't be influenced only by how easy to reconstruct the genitalia, but sexual function and better chance of fertility should also be considered. The islamic recommendation is to perform gender-reassignment surgery as early in life as possible to avoid non tolerable psychosocial implications.

In conclusion: Management of patients with DSD requires a multidisciplinary team approach, owing to make the best decision that help patients entertaining more or less usual gender role, sexual life, fertility and psychosocial wellbeing. Cultural and religious perspectives should not be overlooked.

