I EXISTS

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INTERSEX PHILIPPINES

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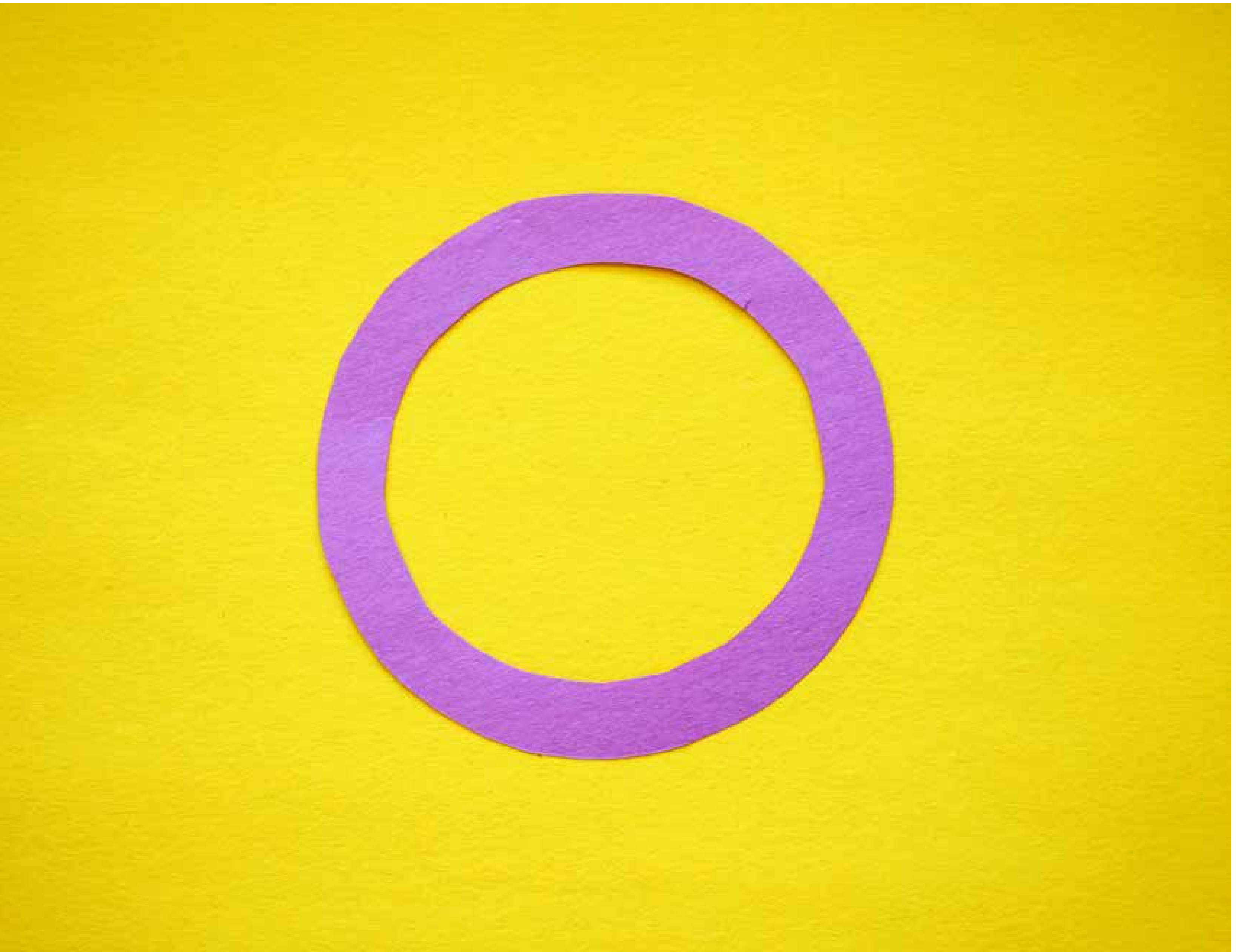
INTRODUCTION



Intersex variations were previously considered as rare, which may have been because – mainly – the exact number of intersex people was, and is still unknown. Nowadays, though, it has become widely acknowledged that intersex variations may be more common than most people realize, with estimates suggesting from 0.5% to 1.7% of the population (United Nations, Office of the High Commissioner for Human Rights, 2015) having intersex traits, and approximately 0.5% of people having clinically identifiable sexual or reproductive variations.

In truth, the actual number should actually be considered inconsequential. This is because even sans these figures, intersex people exists. This is uncontestable truth.

In the Philippines, the Supreme Court (SC) recognized intersex people's existence when it released a position on intersex people's right to self-determination. This stemmed from the case initiated by Jeff Cagandahan in 2003, when he filed a Petition for Correction of Entries in Birth Certificate before the Regional Trial Court (Branch 33) of Siniloan, Laguna. Assigned female at birth, Cagandahan asked to change his name (from "Jennifer Cagandahan") and his sex (from female to male) after developing male characteristics while growing up because of Congenital Adrenal Hyperplasia (CAH). Cagandahan's case reached the SC, which – in 2008 – ultimately favored the petitioner, stating that when a person is "biologically or naturally intersex, the determining factor in his gender classification would be what the individual… having reached the age of majority, with good reason thinks of his/her sex."

Despite such successes that are supposed to better the lives of intersex people, it is still widely recognized that this population continues to be disadvantaged.

> **"Intersex Filipinos are here, and have always been here, it's high time we hear about them, straight from them."**

For intersex Filipinos, intersex concerns start from the moment intersex people are born, when health professionals force parents to choose the sex of a newborn child and then force medical interventions (or "corrective" operations and treatments). Hence, the rights to self-determination and physical integrity are not respected. The intersex community may have also been "embraced" by the LGBTQIA community, and yet the supposed inclusion may be tokenistic since intersex issues have yet to be mainstreamed in LGBTQIA-related discourses. And even now, there is still no law specifically protecting the human rights of intersex Filipinos.

Over time, Intersex Philippines, Inc., which was established in 2017 at first as an online support group, was able to gather stories of intersex Filipinos, as well as those contributed by their parents/guardians. Stories that the first intersex organization in the Philippines (after it was registered with the Securities and Exchange Commission in 2019) curated, and now share to highlight what it is like to live as intersex in the Philippines.

With this, here is "I Exists" that stresses that intersex people exist, as this hopes to empower the intersex community particularly in the Philippines by showcasing their stories to hopefully make others learn about the still largely misunderstood issues of the intersex community. Intersex Filipinos are here, and have always been here; it's high time we hear about them, straight from them. ○

I, represented

JEFF BALAHADIA CAGANDAHAN

President, Intersex Philippines, Inc.

I am a licensed teacher. But I was also repeatedly made aware that if I wanted to teach as a person who was assigned female at birth, I had to wear a skirt when reporting to work every day. It was not something I was willing to do. Particularly not after being forced to wear uniforms stereotypically assigned to women while I was still studying. I just couldn't take it anymore.

And so I applied for a job in a factory. But even there, trying to make a living was not easy. Because when I submitted my documents, I was always asked, 'Wait, is this really you?'. People had issues with how I presented myself because of how I self-identified as; and what was written in my various documents.

These are only some of the experiences I had to endure that stemmed from my being intersex. See, I was diagnosed with Congenital Adrenal Hyperplasia (CAH), an intersex variation that was not apparent when I was born, when my name and gender markers were assigned to me. Only later, after already going though hardships, was a form of relief given to me – i.e. when the Supreme Court decided that as an intersex person, I, and others like myself, have the sole right to determine my gender classification.

And yet sadly, this condition – being intersex – continues to be largely misunderstood particularly in the Philippines. And so many of our issues continue not to be properly tackled and/or given attention and/or solutions.

Many Filipinos, for instance, fail to recognize that intersex isn't rare, even if it is unique and special because it represents a natural and diverse aspect of human biological variation. Unlike typical binary understandings of sex and gender, intersex individuals are born with sex characteristics that do not fit strictly into the categories of male or female.

Sans this recognition, intersex Filipinos like me continue to face numerous hardships and challenges.

Our issues are numerous, including: non-consensual and unnecessary medical interventions at a young age to conform to societal norms of binary gender, with these procedures having lasting physical and psychological effects; social stigmatization, discrimination, and misunderstanding due to our physical appearance and experiences, which leads to isolation, mental health issues, and feelings of shame; and issues with legal recognition of intersex individuals' gender identity, resulting in issues with identification documents, access to healthcare, and legal protections.

Other issues also include: the continuing limited public awareness and understanding of intersex issues, leading to misconceptions and the erasure of our identities and experiences; difficulties in accessing appropriate medical care and support that is sensitive to our needs; and discrimination in education and employment settings, which limits our opportunities for personal and professional growth.

Efforts are being made by activists, organizations, and allies to raise awareness, challenge harmful practices, and advocate for the rights and well-being of intersex individuals. We are all trying to foster a more inclusive and understanding society that recognizes and respects the diversity of sex characteristics and gender identities.

But we are also telling our stories now.

And for me, storytelling provides a platform to highlight the diverse experiences and identities of intersex individuals. By featuring intersex characters and narratives, we contribute in helping readers gain a deeper understanding of intersex lives and challenges. I strongly believe that stories have the power to evoke empathy and understanding. By reading about the experiences of intersex people, we hopefully help readers connect with their struggles, breaking down stereotypes and promoting compassion and acceptance.

> **"Storytelling provide a platform to highlight the diverse experiences and identities of intersex individuals."**

My dream for the intersex community continues to be the establishment of a society where we can live authentically, free from discrimination, and with access to the same rights, opportunities, and respect as other persons. In this world, we can proudly embrace our identities and contribute our unique perspectives and talents to society without fear of judgment or marginalization. We will get there for sure; and we will do so with the help of our stories. So we tell these stories one at a time. We start now, with "I Exists", stressing that – yes – the "I" in the LGBTQIA acronym exists. ○

SURFACING INTERSEX FILIPINOS

At least outside the Philippines, some studies have already been made to closely look into the intersex community. And so we know that – unfortunately – intersex people experience higher rates of stigma and discrimination, including – and even among – those who should help these people, such as medical practitioners and law enforcers.

So much so that, according to the Center for American Progress in 2021, three in five intersex individuals reported avoiding doctors’ offices to avoid experiencing discrimination (that’s 61% versus only 18% for non-intersex people); avoided public places such as stores and restaurants (57% versus 32%); changed the way they dressed or their mannerisms (51% versus 34%); avoided getting services they or their family needed (51% versus 17%); had to reconsider work venues/locations (47% versus 34%); and avoided law enforcement (47% versus 29%).

These experiences have grave implications – e.g. intersex people have poorer physical and mental health, with the Center for American Progress finding in 2021 that nine in 10 intersex individuals have poorer health. Specifically, 30% of intersex people reported “a lot” of mental or physical health concerns, particularly affecting their abilities to do usual activities, such as self-care, work, or recreation (versus only 10% of non-intersex people reporting the same concern); and 15% of intersex people claimed to have experienced being sad every day with nothing able to cheer them up (only 5% non-intersex people reported the same).

Crucial as these numbers may be, what is sadder for intersex people particularly in the Philippines is the absence of similar studies looking at the local experiences. And so it remains unknown if these figures are the same for intersex people in the Philippines.

It is known, all the same, that being intersex in the Philippines continues to be challenging. Intersex people in the Philippines have been saying so, in their own words. Even if these stories have yet to be curated… at least until now.

And so here are some of these stories that hope to surface the intersex in the Philippines.

Accept your intersex variation as a mission to help others - Jeff

Jeff – from Paete, Laguna – was still young when he said he already knew he was different from others. Mainly, "I knew I was different because of my ambiguous genitalia." Like other people around him, he didn't know of intersex variations, but just that "I was assigned female at birth, but my genitalia wasn't what was usually found in women."

He recalled getting checked by a medical professional when he was still in high school. "*Nasabi nga eh* hermaphrodite (They said I'm a hermaphrodite)," Jeff recalled, although – he added – no follow-up happened. He could still remember, nonetheless, that at that time, the endocrinologist wanted for him to be operated "*para gawing* 'normal' *na babae. Na*-loss to follow up *na yun kasi nga gusto nila ako operahan, ayaw ko* (to be turned into a 'normal' woman. No follow up happened because they wanted to operate on me, and I didn't want that)."

For being "different", some things were somewhat difficult for Jeff when he was young. "Growing up, *ang sabi lang nila tomboy ako* (people just thought I'm a lesbian)," and so "sabi nila, '*Kumilos ka ng tama!*' (they said to me, 'Act properly!'). I didn't have a choice even if I didn't believe I'm a lesbian since I also didn't know what I really am."

It was also common to hear neighbors gossiping, talking about his situation. "*May mga narinig-rinig na ako na ano… sa mga kapitbahay, sabi: 'Dalawa ang ari niyan.' Pero siyempre bata, wala ka naman magawa* (I heard people talking… neighbors saying: 'Jeff has two genitals.' But as a kid, there's nothing you can do)."

Intersex issues for Jeff include: forced surgery of young intersex people because of their ambiguous genitalia; lack of medicines needed by intersex people (e.g. hydrochloride, chloro cortisone); and concentration of services in Metro Manila.

Also, social expectations linked with the sex assigned at birth were eventually imposed on him as he grew older. For instance, "I no longer identified as a woman... I really saw myself as a man", and yet in elementary school, he was forced to wear skirts befitting students assigned female at birth. "It was difficult to act as a woman just because I was given a female name at birth. Because I identified as a man, it was hard to live as a woman. I thought and felt as a man, so there was a disconnect."

And when he started looking for a job after getting licensed as a teacher, it was just-as-difficult because his gender marker then was female, but his gender expression was masculine. And since at that time "female educators were told to wear skirts", Jeff was also expected to wear skirts for work, befitting his sex assigned at birth. So "*hindi ako naka-work sa* profession *ko* (I didn't find work aligned with my profession)."

On December 11, 2003, he filed a Petition for Correction of Entries in Birth Certificate before the Regional Trial Court (RTC), Branch 33 of Siniloan, Laguna. Specifically, he asked to change his name, and his sex (from female to male). His reason: He developed male characteristics while growing up because of a condition called Congenital Adrenal Hyperplasia (CAH), which is one of the 40+ intersex variations.

This move was costly, Jeff admitted – e.g. for karyotyping, he had to spend from ₱7,000; and he had to spend approximately ₱150,000 for legal representation.

Jeff's case reached the Supreme Court of the Philippines, which – in 2008 – released a decision siding with Jeff. "Ultimately," the SC stated, "we are of the view that where the person is biologically or naturally intersex the determining factor in his gender classification would be what the individual… thinks of his/her sex."

"When the SC rendered its decision, I felt relieved knowing I can now live as I see fit. I can choose the gender I identify as; I no longer had to hide. I felt relieved after finally getting what I desired for so long. Those were very happy days for me," Jeff said.

There have been major changes in Jeff's life since then – e.g. he is now "happily married; I have a child. I live as a man."

But also because of the SC's decision, "I can now help others like me."

In truth, "it took me so long to be an advocate because I had to learn self-acceptance first. It's hard to help others when you can't even help yourself. So I taught myself first about this; and to accept it. And then I became an advocate," he said. "I accepted my intersex variation as a mission. A mission to help others. Intersex people should not be ashamed of their condition. To intersex people, you are not alone. I am here."

> "I had to learn self-acceptance first. It's hard to help others when you can't even help yourself."

Jeff co-founded Intersex Philippines as a support group for intersex people in the Philippines, particularly since – Jeff stressed – so many issues continue to be ignored.

Other intersex issues for Jeff include: access to health care is important, worsened by the lack of experts; forced surgery of young intersex people because of their ambiguous genitalia; lack of medicines needed by intersex people (e.g. hydrochloride, chloro cortisone); and concentration of services in Metro Manila.

Sadly, even the SC decision on his case is not enough to help intersex Filipinos change their government-issued documents, mainly due to costs and the tedious process. "*Sa tingin ko yung* court decision *nakatulong dahil puwede namin i-*access *kasi dati wala ma-*access *eh. Pero yung kung ma-*access*, iba na yun* (For me, the court decision helped us access this judicial process because it wasn't there before. But if people access it at all, that's a different story altogether)." This – Jeff stressed – highlights the need for legal gender recognition.

In the end, to intersex Filipinos, "Don't be ashamed. Do not be ashamed that you are intersex. Be proud. I always believed that God did not make a mistake in creating us."

And to people whose ways of seeing intersex people still remain contentious: "We're also people; just like you. If you have rights, so do we. We just dream of living normally… properly. There's nothing wrong with this. So continue to educate yourselves about intersex variations. And if you have questions, (we are) willing to talk… so you can better understand this issue." ○

Our only choice is to accept - Rodela

Rodela always knew she was different. When she was 13 years old when "*na*-feel *ko sa sarili ko na kakaiba ako* (I felt I was different)" because of her external genitalia. So she persuaded her mom to go with her for a check-up at a rural health center, where a doctor told her everything's normal. "So normal," he supposedly told her, "that there's even a term in the local dialect to refer to her condition: '*labaw tinggil*' (literally, protruding clitoris)." And so she initially dropped this subject. "*Sabi ko, kung* normal *yun, eh di* okay (I said, if it's normal, it's okay then)."

When she was 15 or 16 years old, she noticed she did not yet menstruate even if others her age already did. But then she was told by a classmate to wait until she turned 18; and that if she still didn't menstruate then, she may as well get checked.

Even then, she already experienced discrimination. "*Naranasan ko yung… sinabihan ako ng kapitbahay namin* in a joking manner *habang naglalakad ako, 'Ayan na siya, nagsusuot ng bra wala naman dede, hindi naman babae.' Tapos nagtatawanan sila. Tapos tinanong ako. Sino daw ba yung lalaki na magkakagusto sa akin kasi daw hindi ako babae. Hindi naman daw ako magkaka-anak* (A neighbor told me in a joking mannerwhile I was walking, 'There she goes, she wears bra even if she doesn't have breasts and even if she's not a woman.' They all laughed. Then they asked me. What guy will like me when I'm not a woman? I will not have a child)."

> "If we don't accept ourselves, we become our own burden."

In college, she had herself checked by an OB-GYN, who expressed her surprise to Rodela's condition. “*Sa lahat daw ng pasyente niya sa ilang taon niya daw na naging* OB-GYNE, first time *niya daw nakita yung* condition *ko. Kaya nagtawag siya ng asawa niya na* pediatrician. *Tapos nagtawag uli siya ng isa pang* OB-GYN *sa kabilang* clinic. *Tapos nagpunta sa akin. Nag-usap silang dalawa. Inadvise sa akin nung* OB-GYN *na magpa-*ultrasound *ako* (Of all her patients working for years as OB-GYN, it was the first time she saw a condition like mine. So she called her husband, a pediatrician. He called another OB-GYN from another clinic. She came to me. They talked. They advised me to get an ultrasound).”

Rodela's ultrasound exhibited her having no secondary sex characteristics as female; and she was told that she's male.

The struggle started immediately for Rodela since “I was assigned female at birth so *hindi ko matanggap na ayun ang* diagnosis *sa akin* (I couldn't accept that diagnosis).”

And so she hid this from people. At work, for instance, “*hindi ko sinabi na ganito* condition *ko* (I didn't tell anyone of my condition).” She said she even had to play pretend, such as claiming to also menstruate, just to get people off her back. “*Mahirap siya kasi kailangan mo magtago* (It's hard because you have to hide).”

A few years ago, when Rodela underwent appendectomy, different doctors (a surgeon and an anesthesiologist) uncovered her case again. The anesthesiologist, in fact, recommended that she visit his wife, an OB-GYN in Ormoc. “*Kasi daw puwede daw akong* subject for study. *Kasi yung* condition *ko daw, may nahawakan ang* teacher *ng* OB-GYN *na yun, sa* Cebu… *pero namatay daw yun nung* five years old *siya* (Because I could be a subject for study. My condition is similar to the case in Cebu of the OB-GYN's teacher… though the patient died after turning five).”

Rodela was told to prepare ₱15,000… for her to be studied. “*Para daw sa mga* tests, laboratory tests. *Hindi pa naman ako nag-*agree (They said it's for tests, laboratory tests. I have yet to agree).”

Despite all her dealings with medical professionals, Rodela remains dissatisfied, mainly because they gave her different diagnoses. The first OB-GYN said she's male, only to be contradicted by the second one. And so her search continues.

Being different was – and still is – challenging, admitted Rodela.

And the challenge starts at home.

The third of six children, Rodela actually has a relative (on her mother's side) who has the same condition as hers (in their local language, referred to as “*libon*”, meaning “close”), and yet her parents still do not seem to know how to properly handle what she's going through. “*Yung sinasabi ko kay mama, papa, kinukuwento sa iba. So parang pinagtatawanan ako ng iba* (If I tell my mom, my dad, they tell others. So those people laugh at me).”

“Continue living. We don't have a choice. Our only choice is to accept. Because if we don't accept ourselves, we become our own burden. How can others accept us if we don't accept ourselves?”

Sadly, Rodela has yet to see agencies – including those run by the government – that helps intersex people. And so for her, there is a need to make services available to them “*hindi naman namin kasalanan na ganito kami* (it's not our fault we're like this).”

To younger intersex Filipinos, “*ipagpatuloy lang din ang buhay nyo. Kasi wala naman tayong* choice *eh. Ang* choice *lang natin* is to accept. *Kasi kung tayo mismo, ako mismo kung di ko tanggap ang sarili ko, maging* burden *din yun sa akin. Kasi paano ako tatanggapin ng iba kung ako mismo sa sarili ko hindi ko tanggap* (continue living. We don't have a choice. Our only choice is to accept. Because if we don't accept ourselves, we become our own burden. How can others accept us if we don't accept ourselves)?”

Intersex advocacy starts with increasing awareness - Dana

As early as 2014 or 2015, Dana already knew she had Polycystic ovary syndrome (PCOS). Right after finishing college, while applying for work, she was told to undergo medical tests. It was found that her urine had elements seen in pregnant women. Since she was not sexually active, an anal ultrasound/sonogram was done, which showed her having polycystic growths. “So the explanation was because of PCOS,” Dana said.

In a way, Dana saw other signs when she was younger. Her menstruation started later than her peers, as an example; and – at first – it only happened once, before she entered high school, only to recur when she was already in college. “*Pina-*check *ako sa* OB-GYN… and *sabi*, it could be irregular. *Pero pagbalik niya, magiging* regular *na, sabi niya. Pero di siya bumalik* until I was in college *na.* Still not regular. *Mga* once a year, twice a year (I had my condition checked by an OB-GYN, and she said that it could be because mine's irregular. When it returns, it would already be regular. But it didn't return until I was already in college. Still not regular. Only happens once or twice a year).”

She remembered asking if there's a cure for PCOS, and then was told there's none… yet.

“I had three OB-GYN I frequently visited. Same *sila ng* explanation *na* (They all had the same explanation that) it could be genetic, it could be acquired. But so far there is no actual by-the-book explanation *ng* PCOS,” said Dana.

With PCOS, “*mas mataas ang* testosterone, which is *hindi dapat kung* I'm a female. *Kaya mabuhok ako. Tabain ako. So sabi ko… baka* intersex *ako. Pero pabiro lang* (sa classmate) noon (my testosterone level is higher, which shouldn't be the case for females. So I am hairy. I gain weight faster. I used to say that

perhaps I'm intersex. Though I used to just joke about this)."

All the same, even if she noted more masculine features even if she was assigned female at birth, "*parang may* closure *na*. The explanation was given; that there's an issue with my reproductive organs. I produce testosterone instead of estrogen. So *doon pa lang ako nakahanap ng* closure, explanation *kung paano ako naging* PCOS (I found closure there, an explanation about my PCOS condition)."

She was not given life-long medication/s, though she was initially prescribed to take contraceptive pills to induce menstruation. Due to the bad effects on her (e.g. mood swings, weight gain), though, she opted to discontinue this.

And then in 2022, while researching on intersex people's issues, Dana was informed that – though this may be contentious – some consider PCOS as a variation of the intersex variations. "Due to the lack of information in the Philippines, I wasn't aware of this," Dana said, adding that if she believed this to be true, then she may as well join Intersex Philippines, Inc., the pioneering intersex organization in the Philippines.

But this awareness of possibly being part of the intersex community opened Dana's eyes to the many issues affecting intersex Filipinos. For one, some of the tests needed by them are not even available in provinces; just as experts who could help them tend to be concentrated in more cosmopolitan areas, so that these are not accessible to those who are in far-flung areas. Secondly, health-related expenses could be high, and these may not be covered by health insurance (private or public). And thirdly, awareness about intersex variations continues to be lacking, with intersex people often – and somewhat automatically – lumped with the LGBTQIA community.

> **"The push to mainstream intersex issues, should start with increasing awareness."**

In a way, Dana was still "luckier" than others with the same condition as hers. "*Hindi naman ako nakaranas sa* community *ng* discrimination (I didn't experience discrimination from members of the community)," she said, adding that even her family (she's the second of four kids) has been somewhat supportive, always worrying about her health.

Dana admitted, nonetheless, that "it could sometimes get burdensome on my part because I always have to explain. *Tapos siyempre* I have to look after my health *din*, so I have to seek ng check-up many times (And then I also have to look after my health, so I have to get checked frequently)."

In the end, for Dana, the push to mainstream intersex issues should start with increasing awareness about intersex people. Since I did some research *na, na*-find out *ko na yung* awareness *ng* Philippines, *yun talaga ang kailangan na i*-work out. *So sabi ko… kung may maitutulong*, like *mag*-spread ng awareness, *gagawin ko* (Since I already did some research, the lack of awareness on this in the Philippines is what needs to be worked on. So I said… if I can help, like in spreading awareness, I'd do this)." ○

Being intersex is not a disability or disorder - Liezel

When she was 26 years old, Liezel asked her elder sister to accompany her for a medical check-up. "*Sumakit yung sa may balakang ko* (I had pain in my hip area)," she said, so "*sabi ko* (I said), time to get a check-up."

One of the questions asked her then was whether she already menstruated; and this got Liezel thinking. In elementary school, when her classmates already started menstruating and she didn't yet, a classmate asked her about her period. "*Sabi ko, hindi pa. Baka* late bloomer (I said not yet. Maybe I'm a late bloomer)." In high school, she was asked the same thing; and her answer was the same: "*Sabi ko* late bloomer, *baka sa* college (I said I'm a late bloomer, maybe it'll happen in college)." And then she was asked again in college, and "*nagsawa na ako kaka*-explain *ng* late bloomer, *hinayaan ko na lang* (I got tired telling people I'm a late bloomer, so I just let it pass)."

The OB-GYN who checked Liezel told her that she actually saw other similar cases, and yet that her case was "rare". And then – mainly through physical examination – Liezel was told she won't be able to bear her own children. "*Siguro doon sa* physical examination *pa lang may nakita na siyang* something wrong about me (Maybe from the physical examination alone she already saw something wrong with me).

A succeeding ultrasound showed that Liezel had "infantile uterus. *Yung* uterus *ko parang* pang-baby. *Yun daw ang dahilan bakit hindi nireregla* (My uterus was similar to a child's. That was supposedly the reason why I didn't menstruate)."

But the same OB-GYN gave Liezel an advice – i.e. not to make changes to her official documents to avoid complications.

All the same, "*nung nalaman ko yung ganung* situation *ko, tatlong araw akong nagkulong sa kuwarto. Di ako lumalabas, di kumakain. Basta nagkulong lang, muni-muni lang. Bakit sa dami ng tao, bakit ako pa?* So *yun ang tinanong ko sa sarili ko* (when I found out about my situation, I locked myself in my room for three days. I didn't go out, didn't eat. I just stayed in my room, thought things through. Why me among so many people? That's what I asked myself)."

But that time also made Liezel think that "*kaya siguro ako naging ganito kasi* God has a plan for me. *Meron akong* role to help change the world (maybe I am like this because

God has a plan for me. I have a role in changing the world)."

The third of five kids, Liezel is the only one with an intersex variation in her family, which has always accepted her. And though she now wants to know her specific intersex variation, this is proving to be challenging, mainly because of the would-be costs. For instance, when she inquired about the cost for an computed tomography (CT) of the abdomen, she was told she had to prepare from ₱30,000 to ₱40,000. "*Dahil sa* socioeconomic problems, *tinengga ko muna. Kasi* after CT scan, *meron pang* other lab tests *na gagawin para ma-*clarify *o ma-*sure *ang* diagnosis. Good luck *bulsa.* Budget *ang* concern. *Kasi ako'y isang* breadwinner. *Una muna ang* family needs *bago ang sarili* (Because of my socioeconomic problems, I didn't pursue this for now. Because after the CT scan, there are other lab tests to be done to clarify or confirm the diagnosis. Good luck to my pocket. Budget is the concern. I am also the breadwinner. So the family needs come ahead of mine)."

In truth, Liezel still doesn't know her intersex variation. And so she self-diagnosed herself to have Mayer-Rokitansky-Küster-Hauser syndrome (MRKH). "*Ginagamit ko*, assuming *lang*, upon my research *lang. Ina-*assume *kasi wala pang* testing. *Ipon na muna* (This is what I use, only assumed, based on the research I did. I just assume because I have yet to be tested. I have to save money first)."

> **"Take time to think because this will have effects on your mental health."**

Now a part of Intersex Philippines, Inc., the pioneering intersex organization in the Philippines, Liezel is looking at the issues of the intersex community not just subjectively but also objectively. And she said that "these issues abound".

For instance, based on her personal experiences with medical professionals, none knew of intersex variations. In her case, "*basta sinabi lang ay* (they just said it's a) rare condition." And for her, this is a bad thing because "*hindi naman kasi* (this isn't) rare. When you say it's rare, *parang kakaiba* (you insinuate it's otherness). When you say it's rare, *parang mag-isa ka lang, wala kang kasama, wala kang kakampi* (it's like you're alone, no one is like you, no one is on your side)."

Also, the centralization of services in Metro Manila is proving to be disadvantageous to those living in the provinces. Liezel, herself, had her initial tests done in Tuguegarao, and "the support there isn't enough." She particularly lamented "teaching doctors about intersex variations, when – to begin with – I went to them to know about my condition."

And then there's the still-limited services offered to intersex Filipinos, since – aside from their intersex organization – even government agencies are said to not do enough to help members of the intersex community.

Liezel already experienced pain in loving because of her intersex variation. Though she thought she found love from a former close friend who initially said he was fine with Liezel not being able to bear his children, he still cheated with someone who would give him children. Perhaps sadder is the "acceptance" of Liezel that this is "understandable", since "men are bound to go with someone who'd bear their kids."

All the same, particularly now, Liezel is claiming power for being intersex. "*Kahit meron ako* condition, *di siya nakaka-*affect sa normal life *ko. Di ko siya tini-*take na disability or disorder (Even if I have this condition, it doesn't affect my normal life. I don't consider this as a disability or a disorder)."

And with this, she wants other intersex people to know that – if they still fear coming out – "take time to think because this will have effects on your mental health. *Kung* ready na sila, ready na tanggapin ang bashers and judgment, *puwede na lumabas. Andito lang kami to* help (If they're already ready, ready to face the bashers and the judgment, then they may come out. We're just here to help)."

Don't be afraid to seek help - MJ

MJ was around 23 years old when he sought medical care for the pain he felt in his groin area. Assigned female at birth, an OB-GYN told her to get laboratory tests, including an ultrasound. That was when "*sinabi nga niya sa akin yung* condition *ko na meron daw akong* rare case *na sakit. Sa* ultrasound, *doon niya nakita na yung mga* organs *ko pang-*male (she told me that I have a rare 'sickness'. In the ultrasound, that's where she saw my genitalia was for male)."

What was causing MJ pain then were undescended testes; one testicle was eventually removed.

After that surgery, more tests were recommended for MJ to do, including karyotyping. "Then *doon nga nalaman na* XY *yung* chromosomes *ko* (That's when they found I have XY chromosomes)."

MJ was eventually diagnosed to have Partial androgen insensitivity syndrome (PAIS), a genetic condition occurring when the body can't respond to male sex hormones (androgens).

Looking back, "*lumaki kasi ako na ano,* Mary Jane *ang pangalan ko.* Assigned female at birth. *So habang lumalaki ako, akala ko tomboy ako* (I was names Mary Jane at birth. Assigned female at birth. So while growing up, I thought I was a lesbian)."

Since then, MJ has been noting various issues affecting intersex people.

To start, the entire process of knowing one's intersex variation was – and still is – costly. Karyotyping alone costs around ₱7,500. Add the related expenses when accessing karyotyping (e.g. transportation to the few facilities offering this in Metro Manila), and the expenses more than double.

Secondly, expenses do not stop after knowing one's intersex variation. In MJ's case in particular, post-surgery, he was required to take testosterone shots to "correct the hormonal imbalance." Sadly, "*napakamahal niya. Bale yung isang* vial, 10mL, *nag-co-*cost *siya ng* ₱15,000. *Yung* shot *niyon*, 1mL twice a week. *So bale yung* 10mL *na yun, halos isang buwan lang.* Available *siya kung may pera. Pero kung wala ka pera*, sorry (it's very expensive. One vial, 10mL, costs ₱15,000. You consume 1mL twice a week. So that 10mL only lasts for about a month. So this is available if you have money. If not, sorry)."

Thirdly, changing legal documents is tedious… and expensive. MJ attempted to re-register herself (late registry), though this time as male instead of female. He was told this is not possible as it would mean "erasing his whole existence" with all his records (e.g. school records) going to be invalidated. The only option for him is to use the SC's decision on Jeff Cagandahan's case, though this would mean MJ needs to cough up from ₱10,000 to pay professionals to process his request, ₱6,000 more just to get documents asked of him, and so on. "*Ikaw co-*cover *niyan lahat* (You cover everything)," he said.

Fourthly, the lack of experts in intersex people's issues is lamentable. MJ experienced "shocking" medical people during physical exams when he applied for jobs. "*Nagugulat sila meron akong* testicles *atsaka enlarged* clitoris. *So isipin nila, bakit* female *yung nakalagay doon, and* male *ako* (They are shocked I have testicles and an enlarged clitoris. They think, why does it say female in the documents but he's male?)."

In his hometown in Cabanatuan, the doctors MJ consulted with have actually already changed his gender markers in hospital records. This was mainly to avoid confusions since the tests he said he gets there are for males. Alas, this change is limited only on that health facility, so elsewhere, MJ continues to be misidentified as female, solely because of his assigned sex at birth.

And lastly, discrimination continues to be common particularly since "mostly *doon sa amin, hindi nila alam ang* intersex. *Ang alam lang talaga nila* is gay, lesbian, and others (most of the people where I'm from, they don't know about intersex people. They only know gays, lesbians, and others)."

Interestingly for MJ, because of the assumption that he's a lesbian, the discrimination he experienced was linked with gender identity. "*Naranasan ko yung sa* work, *hindi ako natanggap. Kasi imbes na* skill *yung pag-usapan, ang nagyari, magugulat sila, parang bawal doon yung* lesbian. *Ang tinatanggap lang nila*, male or female (I experienced while looking for work, I didn't get accepted. Because instead of discussing my skills, what happened was they were shocked, and then said lesbians aren't allowed there. They only accept 'male' or 'female')."

MJ found a job eventually, in the medical field. And there, he said, things got better. Because there, "*pag ini-*explain ko sa kanila yun, yung mga friends *ko, hindi naman ako na-di-*discriminate. *Kasi halos ang* friends *ko* health workers *kasi eh... so naiintindihan nila* (when I explain to them, they don't discriminate. Because most of my friends there are health workers, so they understand)."

This false assumption about MJ's gender identity also limits finding a partner. "Very tricky *maghanap jowa. Ang hirap i-*explain *yung sarili mo. Iisipin nila… tomboy ka, pero ayaw kasi nila ng tomboy* (It's very tricky when looking for a partner. It's hard to explain yourself. They think you're a lesbian, and they don't like lesbians)."

Support is what's needed, said MJ, and he somehow found this in Intersex Philippines, Inc., which – he said – keeps his mental state stable by linking him to others like himself. This is also important since his family is – itself – not fully embracing him. "*Parang di nila matanggap kung ano yung nangyari kasi ang ini-*expect *nila* female *yung anak nila* (It's like they can't accept this because they expected a daughter for a child)," said the eldest of three kids, adding that even now, siblings still address him as "ate" (elder sister), his father still sees him as a girl in need of "protecting", and he is still introduced to others as the "lesbian daughter".

And so for younger intersex people, MJ said: "*Dapat magiging* aware n*a tayo sa kung ano tayo. And huwag tayong mahihiyang mag-seek ng* help (Be aware of what you are. And don't be afraid to seek help)." ○

Feel accepted in the intersex community - Vanessa

In high school, Vanessa noted that while her peers already started menstruating, she still didn't. "*Yun talaga ang pinakaunang kong napansin* (That was the first thing I noticed)," she said. "*Akala ko* late bloomer *lang. Nag-antay pa ako nun eh* (I thought I was just a late bloomer. I waited then)."

Sadly, though, "*nung hindi ako nagka*-mens, *na*-bully *ako. Sinabihan ako na, 'Ay hindi ka na magkaka-anak kasi may sakit ka.' Bumaba ang* confidence *ko sa* self *ko. Andoon din yung* pressure *kasi* healthy *sila,* normal *sila, tapos ikaw hindi* (when I didn't menstruate, I was bullied. I was told, 'You won't have kids because you're sick.' My confidence level lowered. The pressure was there, too, because they're 'healthy' and 'normal' and I am not)."

In 2020, Vanessa had herself checked in Antipolo. There, she remembered being told to get an ultrasound because – as a woman who did not menstruate – it was automatically and insensitively assumed she's pregnant. Instead, they found she had Mayer-Rokitansky-Küster-Hauser syndrome (MRKH).

Simplistically – yet not comprehensively – it was explained to her that "*may* issue *sa* uterus *ko. Sabi niya* okay *naman yung* ovaries *ko. 'Yun lang doon lang talaga nagkakaproblema sa* uterus *mo kasi maliit'* (there's an issue with my uterus. My ovaries are fine, she said. 'But we'd have problems because your uterus is too small')."

Vanessa was simply told to take contraceptive pills to regulate her hormonal imbalance.

Knowing did not appease Vanessa, mainly because none extensively explained to her her condition. "*Lalo na sa akin, pumasok agad sa isip nila na, buntis. Wala pa naman ako* experience *sa* sex. *Hindi sila* sensitive *dito* (Particularly for me, they immediately assumed I'm pregnant. I didn't even have sexual experience then. But they weren't sensitive to this)."

And so Vanessa turned to Google. And then YouTube… which was where she came across an episode of "*Kapuso mo, Jessica Soho*", which dramatized the life of one intersex person who had the same case as Vanessa.

To be blunt, as she was assigned female at birth, the idea that she may be intersex initially didn't enter Vanessa's mind. "*Kasi nga ang iniisip kung* intersex, *yung dalawa ang kasarian* (Because when you think of intersex, you think it's those people with male and female genitalia)."

But that KMJS episode that was posted in YouTube allowed her to get connected to Intersex Philippines, Inc. That was where she was able to ask if "intersex *din ba yung* case *ko; sabi, oo,* intersex *din. Kaya doon ko lang na-sure na kasama din ako* (my condition is also intersex; I was told yes. That's when I became sure I'm part of the intersex community)."

Nowadays, Vanessa said social pressures still exist. She had been repeatedly told, for example, that "*hindi ka magka-anak kaya kawawa ka kasi pagtanda mo wala mag-aalaga sa iyo* (you won't bear children so it's sad when you grow old because no one will look after you)."

And so she wants others to "*palawakin ang kaalaman* (broaden your knowledge)."

This is particularly important since "*hindi sapat ang support for* intersex people (support for intersex people isn't enough)."

> "We may have different intersex variations, but we unite for being intersex."

And so knowing other intersex people helps, said Vanessa. "*Iba-iba man* variations *namin, pero doon kami nagkakaisa. Hindi ko naramdaman ang paghuhusga, hindi ko naramdaman na nag-iisa ako* (We may have different intersex variations, but we unite for being intersex. I don't feel judged, I don't feel alone)." ○

You no longer have to feel alone - Ricalyn

Even in kindergarten, Ricalyn said she was always aware she was different. Her body, particularly her external genitalia, was unlike others her age, and though she was assigned female at birth, she was always boyish. And – in fact – everybody seemed to know her condition, e.g. "*sa barangay namin, ang tawag sa akin is 'balaki'. Kalahating babae, kalahating lalaki.* The term was derived from old movies. *Kaya alam ko na* (iba ako) *kasi usap-usapan na rin, sinasabi na ng mga matatanda. 'Ikaw yung may dalawang kasarian. Ikaw ay balaki'* (in our *barangay*, they called me '*balaki*'. Half woman, half man. The term was derived from old movies. So I knew I's different because older people talked about it. 'You're the one with two sexes. You're *balaki*')."

Ricalyn remembered feeling annoyed. But also, "*naisip ko sa sarili ko, 'Ako lang ba nag-iisa sa mundo*?' (I thought to myself, 'Am I alone in the world?')."

In truth, Ricalyn shouldn't even be asking that question since she has relatives with the intersex variations, including an auntie from her mother's side. "The family openly talked about it," Ricalyn said, though "none could really explain things extensively."

There were issues to do with her condition while Ricalyn was growing up. And many of these issues were because of adults deciding for her, even if they did not fully understand her situation.

For instance, since she was assigned female at birth, she was supposed to be forced to wear clothes associated with women. But because she had ambiguous genitalia, "*medyo* confused *din sila eh kung ano ang gagawin nila sa akin* (they were also confused on what to do with me)," Ricalyn said, with her mother allowing her to wear shorts and polo shirts, and her father wanting her to be more feminine, complete with pigtails.

When they thought Ricalyn was getting "confused", they decided to force her to just wear female-associated clothing. The teachers seconded this so that – supposedly – Ricalyn will not "stand out among others".

School wasn't exactly a safe space for Ricalyn, and not just from schoolmates who bullied her, but also from teachers who were curious about her condition. One teacher, for example, was told about her condition, and "out of curiosity, *gusto niya makita ang itsura ng ari ko raw. Pinunta niya ako sa likod ng* room. *Pinaghubad niya ako. Tiningnan. Ako naman, masunuring*

*bata, pinakita ko. Akala ko siya lang. Di pa siya nakuntento, tinawag niya pa ang isang guro. Ngayon ko lang na-*realize *na-*violate *ako* that time (she wanted to see my genitalia. She ordered me to go to the backroom. She told me to strip. She looked me over. I was an obedient child, so I showed her. I thought it was just her. But she wasn't contented, she called another teacher. I only just realized I was violated then)."

> "Accept them because that's the reality. This won't be changed by denial."

Though her mother reprimanded this teacher, she was basically unpunished.

The very first time Ricalyn knew of a public person who may be intersex was when track athlete Nancy Navalta was disallowed from competing. "*Sabi ng nanay ko, 'Day, katulad mo yan. Dalawa rin ang kasarian.' Akala ko nag-iisa lang ako, pero ayun na* (My mother said, 'Girl, she's like you. She also has two sets of genitalia.' I thought I was alone, then I saw her)."

The term was foreign to Ricalyn, though. Instead – even when she started surfing the internet – the word that first surfaced to her was "hermaphrodite", particularly after she searched for "both sexes appearing in one person." She was 17 or 18 then, when – for the first time – "I found a word to define my sex characteristics."

Actually, Ricalyn still hasn't been medically diagnosed due to financial reasons, and the lack of intersex-related services particularly in rural health centers. And so like others, she self-diagnosed, and she thinks she has Mayer-Rokitansky-Küster-Hauser syndrome (MRKH). "*Binasa ko* definition *niya.* And then *kumuha ako ng salamin*, and I looked at (my external genitalia) in the mirror. *Ang hinala ko*, MRKH (I read its definition. And then I grabbed a mirror, and I looked at my external genitalia. I suspect I have MRKH)."

It was also online where she met others like her, and which eventually led her to joining Intersex Philippines, Inc. "*Doon ko nalaman ang* term. '*Ang tawag sa atin, hindi* hermaphrodite. Intersex.' I tried to search the term intersex, and *ayun na, marami lumabas* (That's where I knew of the term. 'People like us are not called hermaphrodite. Intersex.' I tried to search the term intersex, and I had many results)."

And so for Ricalyn, increasing awareness needs to be prioritized. Such as in rural health centers sine "most of us were not born in cities, and people there need to be informed since most of the time there *nakadikit sa* superstition *na huwag na gawan ng anoman, o sinumpa ang pamilya mo* (this is anchored on superstition that we shouldn't be given medical care, or that our families were cursed)." And among families of intersex people, too, since "they don't even know *kung saan nila ilalapit yung anak nila* (where they can take their intersex child for help)."

All the same, "my message to intersex people is *huwag sila matakot lumabas. Lalo lang silang maging malungkot kapag hinayaan nilang ang sarili lang ang kanilang dinadala. Dati*, we personally dealt with our own problems. *Ngayon meron na grupo. Kaya huwag sila matakot. Andito kami para sumuporta.* Ask for support (don't be afraid to come out. They'd be sadder if they carry this on their own. In the past, we personally dealt with our own problems. But there's a group now. So don't be afraid. We're here to support. Ask for support)," Ricalyn said.

And for parents who have a hard time accepting intersex people, "*tanggapin nila kasi yun na yun eh, reality na ng pagkatao ng anak nila. Di naman mababago ng* denial *yan eh. Bagkus sa* acceptance, *mas magiging maluwag, mas magiging magaan ang pakiramdam ng isang* intersex *na tanggap sila, they* belong, *di sila iba sa ibang tao* (accept them because that's the reality. This won't be changed by denial. Instead, with acceptance, intersex people will feel lighter because they'd belong, they won't be seen as different from others)." ○

Provide unconditional support - Kiel

Kiel was assigned female at birth, but while growing up, he knew he was different. "*May kapatid kasi akong babae. Sabi ko, 'Bakit ako, wala pa akong ganyan? Bakit ikaw ganyan eh parehas naman tayo?'* (I have a sister. I told her, 'Why don't I have what you have? Why do you have something I don't even if we're supposed to be the same?)."

Too bad for Kiel, neither of his parents could expound on his condition, too. "*Hindi rin alam ng* parents *ko na may ganun palang* case *kasi* never *naman ako nagpa-*check-up. *Wala lang sila sinabi. Hindi rin nila alam* (My parents also didn't know about my case because I was never checked. They just didn't say anything. They also didn't have knowledge)."

Even then, though, Kiel said he identified as male. "*Hindi ko naisip na* lesbian *ako. Kasi nakita ko yung* parts *ng katawan ko, iba nga, hindi siya pambabae, hindi rin siya panglalaki. Naisip ko lang iba siguro ako* (I didn't see myself as a lesbian. Because I saw parts of my body that were different, neither for female nor for male. So I just thought that perhaps I'm different)."

He was, in a way, fortunate since his parents always protected him. For instance, when he was expected to wear clothes usually worn by women, his parents talked to school officials to give him special consideration and be allowed to wear male clothing. And another time, when a teacher tried to force him to strip so she can physically check him to see for herself his intersex variation, his parents moved him to another school.

But this latter also became a common thing for Kiel – i.e. when people discovered his condition, his family almost always moved elsewhere, where they made a fresh start. "*Mas* protective *pa sila kasi ayaw nila ipaalam sa iba. Kaya pag may naka-alam, nilipat na agad ako ng* school. *Malayo. Kaya hindi rin ako nakapag-*college *dahil sa ganung sitwasyon. Lumilipat na rin ng bahay* (My parents were more protective because they didn't want others to know. So when someone discovered, they immediately transfer me to another school. Far. This is also why I failed to complete college. We also moved houses)."

> "Support for intersex people isn't enough, perhaps they need to know more that such cases exist."

As an adult, a former boss – a doctor – once offered Kiel "corrective surgery." He refused. "*Kasi sabi ng tatay ako ayaw niya kasi baka pag-aralan lang daw ako. Tsaka sabi ko kung ano yung bigay sa akin ng Diyos, tanggapin ko na lang* (My father told me he doesn't want me to do this since they may just study me. Also, I said that I'll just accept what God gave me)."

It was actually only in 2018 when Kiel encountered the word "intersex", while watching the dramatization of an intersex person's life in a TV show. He was based in Mindanao at that time, living with a woman following the Islamic faith.

Kiel actually lived as he identified (as male) while in Mindanao, with the family of the woman he lived with very accepting of him. Unfortunately, that relationship ended.

Kiel used to have plans to go abroad, maybe work there. But this is easier said than done, he said, "particularly for intersex people like myself." He added: "*Di nga ako makakuha ng* passport. *Kailangan baguhin lahat* (I can't even get a passport. I have to change all documents)."

And this change is supposed to start with Kiel knowing his intersex variation. And yet "*hindi ko alam ano* variation *ko. Meron balak magpa-*check *kung may pera. Mahal eh* (I don't know my variation. There are plans to get checked when I have money. It's expensive)."

The only intersex-related check-up Kiel remembered was when a nurse checked him in a barangay health center. "*Sabi ng nurse* hermaphrodite *daw. Pero mas lamang daw ang lalaki kasi kita daw sa* physical *yung lalaki* (The nurse said I'm a hermaphrodite. But the male characteristics are more apparent)," he said, stressing instead the lack of knowledge of the one who checked him.

That experience – among others – stressed to Kiel that "*hindi sapat ang* support *sa* intersex people (support for intersex people isn't enough)," he said, adding that even hospitals don't know enough about intersex variations, and "*siguro mas kailangan na malaman nila na may ganitong cases* (perhaps they need to know more that such cases exist)." ○

Enlighten everyone that we exist - Dale

Dale's discovery of his intersex variation happened when – at the age of six – he became feverish. He was passed from one doctor to another, starting with a Nueva Ecija-based doctor who initially diagnosed him to have kidney stones; a well-recommended Cabanatuan City-based doctor who told Dale's parents to limit his water consumption to remedy his kidney issue; and then a City of Manila-based nephrologist who diagnosed Dale to have acute glomerulonephritis (not kidney stones).

It was the latter doctor who, during examination, saw Dale's genitals. "*May kakaiba dito sa* genitals *ko,* so *bakit daw ganun* (There was something different about my genitals, and she wondered why). So she referred us to this urologist."

This urologist, in turn, diagnosed Dale to have hypospadia, an intersex variation. In his six-year-old mind at that time, what Dale remembered was the doctor explaining to him and his parents that "with hypospadia, *ang daanan ng ihi ko hindi sa mismong tip of the penis, hindi sa* urethra. *Ang daanan ng ihi ko lower* (my urine didn't pass through my urethra, via the tip of my penis. Mine passed lower)," he recalled. "Six *ako nang malaman ko na* hypospadia *ako. Sabi ng doktor, late pa daw yun kasi dapat daw yung mga ganung* condition, one or two years old *pa lang, na-*detect *na dapat* (I was six when I knew I have hypospadia. But the doctor said that was late already, and a condition like mine should have been detected when I was one or two years old)."

Dale underwent surgery to be "corrected", though the focus of that surgery was to amend his urinary tract. And then he was referred to move to the Philippine General Hospital (PGH), where more doctors saw him. And so it was there – after various tests – where he was told that he needed another

surgery to “correct” his body. He and his parents was told, specifically, that urgent surgery had to be done “*kasi nagsisimula nang tumubo ang* uterus *ko. So yun palang nangyari sa* scrotum *ko*, it’s like a premature vagina (because my uterus was developing. Apparently, my scrotum was like a premature vagina).”

Now thinking back to the “corrective normalization procedure” that his parents were talked into doing on him, Dale said “*ang* goal *lang ng* parents *ko* that time *gumaling ako*. My parents may have decided, but I think this was made through the doctor’s convincing power. *Kaya pumapasok tayo sa* (So we start talking about) lack of awareness. They decided but I cannot blame them.”

Growing up, Dale didn’t encounter the word “intersex”. “That time, *hindi pa kami alam sa* term *na* intersex. *Ang alam lang ng mga* relatives *ko, ‘O di ba naoperahan ka kasi dalawa yung ari mo?’ Yan yung laging sinasabi sa lugar namin sa* Nueva Ecija (we didn’t know the term ‘intersex’. But my relatives used to say, ‘Didn’t you get surgery because you have two sets of genitalia? That’s what they used to say in our place in Nueva Ecija).”.

> **“The information about intersex is superficial. We should work to ensure we spread more information.”**

And since he was open about what he experienced while growing up, “*may nag-*joke *sa akin na kaklase ko nung sinabi ko sa kanya anong itsura ng ari ko dati. ‘Paano yan, nag-si-*self-pollinate *ka?’ Parang ganun* (a classmate joked about my condition when I told them about the appearance of my genitalia before surgery. ‘So you self-pollinated?’ They asked something like that).”

In 2021, Dale saw an episode featuring an intersex person in a TV show; this person also had hypospadia, which made Dale curious. This led to him reaching out to Intersex Philippines, Inc. And now, “knowing I’m intersex *naging* advocate *ako. Na kapag ma-bo-*brought up *yung* (I became an advocate after knowing I’m intersex. That every time people bring up the issue of) intersex, there’s a chance that I’ll share. We need advocates because we need to enlighten everyone that we exist. That we are normal people like you.”

In hindsight, there were times when Dale said he couldn’t help thinking if his parents made the right choice.

“What if I didn’t undergo that operation? Would things have been better for me or not? *Parang di mo masabi eh* (you can’t really tell),” Dale said.

And this is why he believes in furthering the information dissemination on intersex issues by members of the intersex community. “If I were to be asked, there’s information but not enough. *Parang napakababaw pa lang ng information natin* on intersex. *Kumbaga ito lang yung kaya. Kung sa* normal *na sakit, o hanggang lagnat lang muna kaya. Trangkaso lang muna* (The information about intersex is superficial. As if that’s all we can give out for now. If we’re discussing some illness, it’s like we’re just talking about the fever as a symptom. Just the flu). So we should work to ensure we spread more information.”

Never lose hope - Charm

Charm may have been assigned female at birth but "*bata pa ako alam ko na may kakaiba sa akin* (I was still a child but I already knew there was something different about me)." In fact, after noticing that his body differed from his peers, he wanted to get checked, but his guardian – the aunt who raised him after his parents separated – discouraged him, telling him "*huwag na lang daw kasi baka mapag-aralan o* whatever (not to do this because I may be studied or something)."

And yet none of the people around him was able to discuss with Charm what he was going through – e.g. during puberty, secondary male characteristics surfaced, so that Charm asked his mother: "'*Bakit po ganito, ganyan nangyayari sa akin* (Why is this, why is that happening to me)?' She couldn't speak; she also didn't understanding what was happening)."

And so – sans knowledge – Charm initially identified as a lesbian, even if he really saw himself as a man, particularly since "*wala ako kilala na* intersex *na katulad ko. Akala ko ako lang dati, isa lang ako* (I didn't know of other intersex people like me. I thought I was alone, that I was the only such case)."

Around 2014, Charm started researching online. "*Nalaman ko yung* (I discovered the word) hermaphrodite." This researching also led him to others in the intersex community; they linked him to Intersex Philippines, Inc. Clarity started to dawn, at last.

In 2019, Charm gained the courage to get checked. He went to an endocrinologist, who – after checking him – told him to go to the OB-GYN. "*In*explain *sa akin ng* doctor *na may part ako na may panglalaki sa taas.* At the same time, *bukod doon, may parte na pambabae sa baba* (The doctor explained to me that I have parts for male. At the same time, I have parts for female)."

“Parents should wait for their children to decide what they want. Don’t hinder them.”

But what stayed with Charm from that encounter was the look on the doctor’s face. “*Parang di ko maintindihan. Parang na*-weird*ohan ako sa* expression *niya* (I couldn’t understand the look on his face. I found it weird).”

Also surprising was this doctor’s initial refusal to issue a medical certificate to Charm. His excuse: “*Yung* document *pag may ibang nakakita, malalaman ang situwasyon mo* (If others see the document, they’d know your situation).” He only issued this – for a fee – after he was sure Charm knew about “hermaphrodites”. And in that document he provided, he wrote one word: Hermaphroditism. Along with a recommendation for Charm to see a urologist.

Charm already informed his family about this, and “*wala naman problema sa kanila* (it’s not a problem to them),” he said, even if “*pagdating sa* intersex, *hindi pa malalim ang alam nila, yung pag-intindi nila* (when it comes to intersex, the don’t have enough knowledge, they don’t understand it well yet).”

Looking back, Charm said it wasn’t exactly easy being different, particularly sans the knowledge about being intersex.

Growing up, he said he was expected to use clothes stereotypically linked with women. “*Kung hindi ka susunod*, lesbian *ka* (If you don’t follow, they brand you as a lesbian).” This led to Charm passing himself off as a woman, accepting suitors and joining beauty pageants; only to revert back to being masculine, even joining gangs, when he was with people he was comfortable with.

In sports, men did not allow him to play with them, and he was forced to play with women. But “*iba yung lakas ko sa kanila pag nabubunggo ko sila. Dumating sa* point *na ayaw ko na makipaglaro kasi hindi ko alam kung para saan ako. Kahit pangarap ko maging basketbolista* (I was stronger than them when I bumped against them. I reached a point where I just lost interest in playing since I didn’t know where I fit. Even if I really wanted to be a basketball player).”

In school, he was forced to wear women’s clothes, joined the queue for women, and used women’s facilities. “*Kasi yun ang* policy (That’s the policy),” Charm said, “and we just follow.”

The path to self-discovery is important for Charm, particularly if aided by families. So that “*yung mga magulang, hintayin yung mga bata mag*-decide *sa sarili nila na kung ano yung gusto nila. Huwag nilang hadlangan. Suportahan nila ang mga batang* intersex (parents should wait for their children to decide what they want. Don’t hinder them. Support intersex children).”

All the same, Charm said that intersex people, particularly the young, should not lose hope. “*Kung naguguluhan sila sa sarili nila ngayon*, normal *lang yan kasi naranasan ko rin yan. Kung akala nila nag-iisa sila, na wala silang katulad, na* unique *lang sila, meron po. Nandito lang kami* (If you’re confused with yourself, that’s normal, I also experienced that. If you think you’re alone, that no one else is like you, that you’re unique, there are other intersex people. And we’re just here),” he said. ○

Reach out because you’re not alone - Joey

Joey’s condition was common knowledge in the barangay in Pagsanjan where he used to live. “So while growing up, people treated me differently. *Para akong kababalaghan doon sa aming* community. *So natatak na sa utak ko na* different *ako* (It was like I was a mystery in our community. So it made an impression in my mind, that I’m different).”

He wasn’t told, though, that – born with ambiguous genitalia, and then assigned male at birth – he was named “Joey” because it’s gender neutral, and that when he came of age, he could pick what he wanted to be (a girl or a boy). He was even compared to track athlete Nancy Navalta, who people assumed was intersex. And he was similarly told that the doctor who attended him at birth recommended for him to undergo surgery, but his father refused since “*masakitin akong bata, baka daw may mangyari* (I was a sickly child and he worried something bad could happen), so postpone the surgery.”

Growing up intersex wasn’t easy. Joey experienced being taken to some hidden place by a person who was curious about his case, and “*tapos gusto niya makita katawan ko* (he wanted to see my body).” In his school in Laguna, Joey was teased, called “P, T and I – *pepe, titi, itlog* (vagina, penis, testicles). The teachers didn’t do anything. I think I didn’t get support from them because they were just as mystified.” Also in school, he had difficulty using facilities – e.g. “*Hindi ako nakakapag*-CR *ng tama sa* schools. *Hirap na hirap ako. Sa* boy *ako pero* I had to use the cubicle (I couldn’t use the toilet properly at school. It was hard for me. I used the male toilet and yet I had to use the cubicle).”

Though Joey was eventually diagnosed to be with hypospadia, he was confused while growing up. “*Nagkaroon ako ng* (I had a combination of) combination of gender dysphoria and gender identity crisis.”

In 2010, when Joey was 25, he had “stage four testicular cancer, so this was related to my being intersex.” Apparently, his testicles did not descend, and his parents were not advised properly about what could happen when this happened to a person. “So after 25 years, this progressed to cancer since the testicles did not have proper placement in my body.”

The surgery and succeeding treatments were costly, Joey recalled. “Around ₱1.5 million since I had two surgeries, and then chemotherapy for six months.” And then after the surgery, “*nawalan ako ng* source of testosterone. *Kung di ako mag-sa*-shot *ng* testosterone, *nagtutubuan mga suso ko* (I lost my source of testosterone. If I don’t take testosterone shots, my bosom appears), and feminine features

> **“This condition should not be treated as a disease, or even as a condition. God will not create something unintentionally.”**

start to surface. With testosterone shots, Nebido, I spend ₱13,000 every two months.”

In fact, Joey only knew of the term “intersex” in 2019, while taking up Law. The case of Jeff Cagandahan was discussed in one of his subjects. But even then, even when he already had the word to identify themselves with, Joey said he didn’t have the strength to come out. This was particularly since he believed he reached a point in their life where “*di ko naman need eh; di ko need i*-broadcast *ito* (I didn’t have to come out; I didn’t have to broadcast my condition anymore).”

But then he started thinking that someone may be going through what he experienced. “*Parang feeling ko maraming bata na kagaya ko. Lumalaking parang in the* dark. A*ko kasi feeling ko mag-isa ako eh. Doon na ako naglakas ng loob na mag*-out (I felt that there are kids like myself. Who grew up in the dark. Because for me, I felt I was alone. And that gave me strength to come out).”

This is also important for Joey because he believes that intersex people face various issues. In his case, for example, that feeling of being “*kulang* (lacking)”, such as when entering romantic relationships. “In the end, I became a source of narcissistic support, so I’ve had abusive relationships.” Then there’s the impact of everything he medically went through because of his intersex variation on his sexual health. “I also don’t have libido, and I think it’s related to my condition because I now lack hormones in my body.”

Beyond these personal experiences, Joey was also made aware that despite the hardships intersex Filipinos go through, “there are no agencies solely helping intersex people... except for Intersex Philippines, Inc.” And as was shown in his experience, this is bad because when there are no experts, “there are errors committed when parents solely base their decisions – such as in imposing ‘normalization surgery’ on intersex children – on the advice of doctors, even if they also lack knowledge.”

Joey wants parents of intersex children to reach out. Besides, he added, internet is readily available now. “Spend one hour in YouTube, *marami ka na matututunan about* intersex. *Hindi mo na kailangan ng mga* medical journal. *Yun lang ang gawin ng mga magulang* (you will already learn a lot. You no longer need medical journals. That’s all they need to do).”

But more importantly for Joey, “This condition should not be treated as a disease, or even as a condition. I believe that God is very wise; God will not create something unintentionally. Is it a mutation? No! That’s created intentionally to add variety. Like a flower; if all flowers are daisies or roses, that’s not nice. We need variety, we need variations. I think that’s the same with those in the spectrum of intersex. Male, female, intersex. That’s how this should be seen. Not as a disease or an illness.”

And for younger intersex people, “*huwag nilang iisipin na nag-iisa sila. Merong mga tao na naka*-experience *ng mga* possibly *pinagdadaanan nila*. Reach out *kasi sa mga ganitong situation, ang pinaka*-important *para malabanan mo yung* struggle is support group. *Yung may sasabihan sila. Isipin na merong mga tao out* there *na puwede mag*-guide and *puwede tumulong sa kanila* (don’t think you’re alone. There are others who may have experienced what you’re going through. Reach out because in this situation, to face your struggle you need a support group. One you can talk to. Think that there are others out there willing to guide and help you),” Joey ended. ○

HANDS THAT ROCK THE INTERSEX CRADLE

In the Philippines, as it would be in other contexts, the law is quite clear: When decisions are to be made regarding minors (which, based on Republic Act 9344, are those under the age of 18), the parents (or in their absence, their guardians) exercise authority over their persons.

As Article 211 of the Family Code of the Philippines quite succinctly stated: "The father and the mother shall jointly exercise parental authority over the persons of their common children. In case of disagreement, the father's decision shall prevail, unless there is a judicial order to the contrary." And so "children shall always observe respect and reverence towards their parents and are obliged to obey them as long as the children are under parental authority."

Though well-meaning, this actually has implications for intersex people, particularly as minors, when they are still not legally allowed to decide for themselves. Often acting for the "best interest" of their intersex child, or of any intersex child under their care, it is the parents/guardians who: decide – in tandem with doctors – on treatments (such as "gender normalizing" surgeries) to be administered (often to make the child fit social constructs of what's male or what's female); name intersex children; raise them according to their deemed gender identity, which is often based on the external genitalia seen at birth; and so on.

That these parents/guardians may not have the right information does not matter. Other adults – including medical professionals, educators, community leaders, and so on – are supposed to provide the needed help/support, so that decisions made are in good faith.

Alas, as intersex people's rights start to be highlighted, it is now acknowledged that current approaches may actually violate intersex people's rights, as these rob them of their autonomy to make their own decisions (even if it means waiting for them to come of age).

Often, though, parents and guardians of intersex people may just be in need of better education and support. Stories from them have been surfacing, after all, pinpointing exactly these. And the latter is what's worth highlighting – i.e. that they, too, have their stories to tell. And so "I EXISTS" tells some of them. ○

Be brave. Grow a thick face. For our children - Sela

As soon as Sela’s second child was born, she knew her daughter was different. “*Kasi sobrang itim po niya. Ang taong po sa akin was, ‘Anak ba siya ng* foreigner *na Itim?’ Sabi ko ay, ‘Hindi po. Baka mana lang sa akin kasi maitim po ako.*’ Sabi niya, ‘Mommy, *hindi talaga. Iba talaga yung anak mo’* (She was really dark. I was asked, ‘Is she the child of a Black parent?’ I said, ‘No. Maybe she just took after me because I’m dark-skinned.’ She said, ‘It’s not that, Mommy. Your child’s really different’).”

They already told Sela she has a daughter. But after the attendants bathed the child, they went back to Sela. They told her that the child was “*kakaiba* (peculiar)”, and that they found two sets of genitalia. They then placed the word “ambiguous” in the hospital records.

Tests were done on the child. After an ultrasound, Sela was informed they found testicles, so they “had to identify the child as male.” In that hospital at least, records show Sela had a son that time.

Things didn’t get easier from there. The very next day, people from that hospital’s newborn screening center went to her to inform her that seven to 14 days after the child’s birth, “*puwede na siyang mag*-crisis *ang buhay. Puwede po siyang mamatay pag wala pa rin gamot* (the child could have life-threatening crisis. The child could die without medicines).” Even then Sela said they were already a victim of lack of knowledge. They were given the bad news with a solution of finding hydrocortisone tablet or capsule (that was not readily available) to save their child, only to find out much, much later that injectable hydrocortisone (that was more readily available) would have sufficed. “*Naisip ko, pa*-eight days *na yung* baby *ko. Eh* seven to 14 days *lang puwede siyang mamatay* (I thought then, my child already lived for eight days. And she could die in seven to 14 days).”.

> “Whoever can help, ask them for help. Just to medicate our children”

The child was eventually diagnosed to have Congenital adrenal hyperplasia (CAH), so “*may* salt wasting *po. Wala silang asin sa katawan* (she had salt wasting. They don’t have salt in their body).”

Medical expenses aren’t cheap. This is not helped by the fact that – to date – only one pharmacy sells the medicines needed to keep the child alive, i.e. Apotheca in Makati City. A month’s supply of hydrocortisone costs ₱5,100, while fludrocortisone costs ₱2,100. Another medicine – sodium chloride – is at least widely available, though still costs ₱700 per bottle. “This is ongoing. Lifetime *na ang* medication *niya* (Her medication is for a lifetime).”

The child’s sex assigned at birth was also eventually changed to female, which happened when Sela transferred to the Philippine General Hospital (PGH) due to the lack of a pediatric endocrinologist in the provincial hospital where she gave birth. And there, she was told to delay the registration of live birth because “*kalimitan* ambiguous is babae (when a child has ambiguous genitalia, the child will be a girl).” And this was what was reflected after karyotyping.

Sela is able to detail challenges faced, and still currently faced.

For instance, since she still lives outside of Metro Manila, lifesaving tests are not readily available for her child. For example, “*yung* 17-0HP test, *wala po silang ganyan sa* Quezon Province *na* laboratory (17-0HP test is not available in any lab in Quezon Province).”

Secondly, medicines are not only costly, but are also limited. At the peak of Covid-19, when lockdowns were imposed, Sela recalled asking for help to go to Makati City to get supplies, but was reprimanded for “using the child for your personal benefit.” “*Hindi naman nila alam yung kalagayan namin kasi hindi naman nila naranasan* (They don’t know what we go through because they don’t experience it).”

To add to the access of medicines, the pharmacy is also allegedly not giving the law-required 32% discount if Sela and other parents like her buy supplies for three months. “One month lang ang binibigay nila na discounted. Yun daw po ay policy nila. *Tapos humihingi kami ng resibo, hindi po nila kami mabigyan. May resibo man, wala yung* price (they just give discount for a month’s supply. That’s supposedly their policy. And then when we ask for receipt, they don’t give this to us. Or if they do, they omit the price of what we bought).”

“If it’s just us, no one pays attention. If it’s just us complaining, no one heeds us.”

And thirdly, getting support from agencies is tedious. The Department of Social Welfare and Development (DSWD), for instance, gives ₱5,000 every three months. But the list of requirements is long: medical abstract, barangay indigent certificate, receipts (which is why there’s a need for that official receipt from Apotheca), laboratory request, quotation/s for medicines, and so on.

Sela said they’re still lucky because “*andami pong nagmamahal sa* baby ko. *Siguro dahil pagdating sa* baby *ko, ang taray ko* (a lot of people love my baby. Perhaps because when it comes to my baby, I am sassy).”

Now three years old, “*kaka*-start *niya lang lumakad nung* January. *Napa*-laboratory *na rin namin kung bakit maliit siya.* Normal *naman po* (she just started to walk last January. We had laboratory test done to check why she’s tiny. But everything’s normal).”

Sela is also preparing herself “*kung ano ang maging desisyon niya paglaki niya* (what she decides for herself when she grows up),” adding that the child did not undergo surgery so she can make this decision for herself.

For Sela, it helps belonging to an intersex organization because it makes their voice louder. “*Pag kami lang kasi, di kami papansinin. Pag kami lang nagsabi tungkol sa ganitong usapan, hindi kami papansinin* (If it’s just us, no one pays attention. If it’s just us complaining, no one heeds us).”

And she wants other parents of intersex children to be courageous. “Lakasan na lang ang loob. Kapal-kap*alan na rin ang mukha. Kasi kailangan talaga para sa mga anak natin. Kung sino ang puwedeng lapitan nila, lalapitan po. Kung sino ang mahihingian ng tulong, hingian ng tulong. Para sa gamot na lang ng* baby (Be brave. Grow a thick face. We need this for our children. Whoever can be approached, approach them. Whoever can help, ask them for help. Just to medicate our children).”

Don’t be ashamed to reach out - Karen

Six days after the birth of Karen’s child, people from the newborn screening department of the hospital where she was at visited her to tell her that “*kailangan nyo pong i-*confine *yung* baby *kasi sa* condition *po ni* baby is *hanggang* seven days *lang po ang* baby *nyo* (you need to confine your baby because she has a condition that will cause her demise in seven days).”

Flabbergasted, she asked why, and she was told her baby has CAH, so she had salt wasting (thus low in sodium and high in potassium). But she was also angry that she was only told after six days, when they knew the baby may not remain alive after seven days.

Karen remembered not registering the baby yet since the doctor and the nurse wo helped in the delivery of the baby were “surprised because they saw the child had male and female genitalia.” And yet she also remembered being forced to choose “between male or female” (they even went to their house). They only agreed to allow late registration when Karen said she’d have the child get more tests. But prior to karyotyping (this only happened in 2022), the child was registered as female. Karyotyping, nonetheless, showed she’s female.

In the six years that Karen raised her intersex child, she noted various intersex-related concerns that parents/guardians have to face.

For example, medical care is still lacking in non-metropolitan areas. As an example, in Laguna where they live, endocrinologists are not readily available, so they have to go to a nearby town to access experts. And then these experts order laboratory tests (e.g. karyotyping, ultrasounds, X-ray of the bones) that are only offered in more cosmopolitan areas, like Metro Manila.

Also, “*mahirap yung sa gamot* (accessing medicines is hard).” She spends around ₱15,000 every three months when buying medicines from Apotheca in Makati City; and since

"Be strong. Pray. Don't be ashamed to talk to others with intersex children."

she's a single mother, "things aren't easy."

Similarly, various agencies continue to be unaware of intersex variations, so that they – basically – do not recognize the need to provide support to intersex people. Karen was critical, for example, of the local social welfare department that was supposed to provide her the certification required by the Department of Health (DOH) and the Mayor's Office. "I had to teach them before they helped."

But there have been positive occurrences.

For example, parents of children with CAH actually started an organizationso that they can help each other deal with probably similar concerns. So now, "*meron akong mga* (I have) friends and we help each other in procuring medicines" from Hong Kong, where "we only spend ₱6,000 per three months."

Their doctor also established a "continuity clinic" closer to them, and "*sila yung mag-a-*arrange *sa* laboratory *at sila yung mag-i-*schedule *na* (they arrange the laboratory tests, and they set the schedules)."

And there are some agencies that actually help – e.g. the Newborn Screening Center in her locality was the one to tell her about ways to get support, documents to prepare for this, and so on.

A doctor already told Karen to prepare her child for surgery "*para ma-*correct *na natin yang* baby *mo to* female (correct your baby into female)." The subtle pressure scares her, not knowing how to respond to the doctor. "I need to know if *kailangan ko ba talagang ipa-*opera *yung anak ko, or hintayin ko na lang yung siya talaga mag-*choose *kung anong gusto niya* (I need to have the operation done on my child, or should I just wait for her to choose what she wants)?" Plus, "*may nalaman ako doon sa* parents *na nagpa-*opera *na ang mahal, aabot ng* ₱300,000. *Saan ako kukuha niyan* (I heard from parents who had their child operated that they spent almost ₱300,000. Where do I get that)?"

For Karen: "As a parent, *nahirapan ang sarili mo. Ano ba talaga ang dapat mong gawin para sa anak mo* (you struggle. What do you really do for your child)?"

Karen is glad to have seen other intersex people, and "okay *naman sila*, normal *naman buhay nila* (they're okay, they live normal lives)." And this gives her hope.

To parents of intersex children, "*maging* strong *lang sila. Mag-*pray. *Huwag silang mahiyang makipag-usap sa mga katulad na meron kami. Yung ibang* parents *nahihiya eh. Dati nahihiya din ako. Kaya lang di kaya na solohin ko ito. Meron naman sa* community *na parehas sa* case *ko. So huwag sila mahiya mag-*reach out *sa* community *na gaya sa amin* (be strong. Pray. Don't be ashamed to talk to others with intersex children. Some parents are embarrassed. Even I used to be ashamed. But I couldn't handle this on my own. There are others in the community like me. So they shouldn't be ashamed reaching out to communities like ours)." ○

You always think of your child's future - Nelson

Nelson's eldest child was born in 2008, and he remembered that the child did not undergo newborn screening. It was only when the child got sick that it was noticed that she had ambiguous genitalia, and that she had a condition that required for her to be confined in the hospital. "*Isang buwan na, nasa ospital kami sa Tondo, walang nangyayari. Nag*-decide *na ako na ilipat ng* Philippine Children's Medical Center (PCMC). *Doon ko pa lang nalaman na ganun na pala yung sakit niya*, CAH, *kasi yung* expert *andoon at yan yung sinabi doon* (We were in a hospital in Tondo for a month, but nothing was happening. I decided to move her to PCMC. That's where I found out what ailed her, CAH, because an expert was there and that's what was said to us)."

Nelson recalled that treatment was given to the child, but that "*hindi pinaliwanag sa amin ano yung sakit. Hindi namin naintindihan* (no one explained to us about the illness. We didn't understand it)."

The child passed away; she lived for four months.

Nelson had two other children afterwards; they're 11 and eight years old now.

Then in 2021, his wife got pregnant again. While getting an ultrasound, the doctor had a hard time assessing if the child inside her was male or female. This doctor said that when this happens, it usually means the child is female. But "*kinabahan na ako kasi parang naulit lang* (I was nervous because it's like *déjà vu*)."

Nelson's fourth child was born on July 26, 2021. "*Inabangan ko yung paglabas ng bata. Nagulat nga rin sila kakaiba yung ari niya. Ako naman bilang magulang, kasi alam ko na yung* experience, *sabi ko gagawin ko lahat para sa kanya* (I waited for the child's birth. Those in attendance were surprised because of the ambiguous genitalia. But me, as a parent, since I already experienced this, I just said I'd do everything for the child)."

Intersex-related issues started from then.

The doctor ordered that the child be identified as male. And so "*labag sa kalooban namin… gumawa kami ng* male name (against our wishes… we came up with a male name)."

And then two to five days after the child's birth, the Newborn Screening Center called them to inform them that the child has CAH, and that transferring to PGH is needed. “*Ang nakakainis sa kanila, sabihan kami ng ganun, pero hindi naman kami tinutulungan kung saan kami magpapa-*check-up (What's annoying with them is, they tell you the condition, but they don't help by linking you to who to go to).”

Nelson had to do his own research to find any pediatric endocrinologist who could help, which led him to a doctor in UST, who reached out to a doctor in Manila Doctors' Hospital, which linked him to PGH that initially refused him and the child (supposedly because all beds were occupied then), so that he had to be linked to National Children's Hospital (NCH). It was a meandering process just to ask for help, on top of being told to prepare ₱50,000 as down payment before being served. And yet the child was still not hospitalized.

Doctors did see the child then. Nelson said some seemed to understand the severity of the situation, telling him “not to bring the child home as the child could die”, though there were also those who just said “*parang* okay *naman* (the child seems okay).” This was even if “*yung anak ko habang tumatagal humihina yung pag-dede niya. Tapos pumapayat siya. Tapos umiitim na rin yung mga labi niya* (my child didn't breastfeed as much. She was losing weight. And her lips had darkened).”

While waiting for any hospital to admit the child, they went to Manila Endocrine Laboratory (MEL) for a laboratory test. There they were told that no blood can be drawn from the child anymore, and that she actually needed to be admitted already. It was the MEL that called the National Institute of Health, which called the PGH to admit the child immediately. The very doctor who initially refused Nelson's child became their doctor.

“Feeling *ko nun mamamatay na ako. May takot. Nanginginig ako. Hindi ko na alam kung* anxiety *po ba yun. Di ko na alam kung ano gagawin* (I felt like dying then. I was afraid. I was shaking. I didn't know if that was anxiety. I didn't know what to do),” Nelson said.

> “I want for her to decide. She's free to choose what she wants.”

Karyotyping was done then, and the child was identified as female. And so now Nelson is in a quandary. “Female *siya pero ang documents ay* male *kasi pinilit kami. Sa ngayon, sa* medical records *ay* female, *at sa* birth *at* baptismal certificates *ay* male (She's female but her documents state ‘male' because we were forced. So now, her medical records say ‘female', but her birth and baptismal certificates say ‘male').”

The child got better, but this started another struggle for Nelson. The medicines prescribed by the doctors (i.e. sodium chloride, hydrocortisone, at fludrocortisone) were not readily available in the Philippines. In fact, one doctor allegedly had a “middle man” who already worked overseas and where she could buy these medicines. It also took two weeks before the medicines arrived.

Eventually, Nelson was linked to the local source of these medicines. They didn't want to directly engage with him until he threatened to report them to the Department of Trade and Industry. And then when he asked for quotation of their prices (as requirement to get help from the DOH), they also initially refused until Nelson threatened to report them to both DOH and the Food and Drug Administration (FDA).

But for Nelson, even government agencies are unable to help because they do not know a lot about intersex variations. Getting the Person with Disability (PWD) ID from the DSWD was, as an example, difficult and he had to argue with “the doctor for the agency since he did not want to issue certification for a condition he didn't understand.” People at his LGU refused to give financial support because “*feeling nila hindi malala. Bago sa pandinig nila* (they feel this isn't so ba. It's new to them).” The Philippine Charity Sweepstakes Office didn't approve the request for help because “*hindi rin sila* familiar (they're not familiar with this).”

One time he had his daughter checked, a doctor (pediatric urologist) said that when she turns four years old, surgery should already be done on. “*Ang sabi sa akin, mag-ipon daw ako ng* ₱150,000 *o lagpas pa* (I was told to save ₱150,000 or even more),” Nelson recalled. But more than the money, he had issues with the surgery because “*gusto ko siya magdesisyon. Malaya siya kung ano ang gusto niya* (I want for her to decide. She's free to choose what she wants).”

But this is also why Nelson said the focus is always on protecting his child. “Because there's also discrimination,” he said, “like when neighbors find out and they say she's either lucky or a pest. *Ang iniisip ko, yung paglaki ng anak ko* (I think of my child's future). So I want to be where we're free.” ○

Let your intersex children choose what they want to be - Edmalyn

When the pediatrician saw Edmalyn's daughter right after giving birth to her, “*sabi sa akin, ‘Yung anak mo, dalawa ang ari.' Tapos sabi niya, ‘Sa* seven days, *mamamatay ang anak mo'* (she said to me, ‘Your child has two sets of genitals.' Then she said, ‘In seven days, your child will die').”

On the sixth day after the child's birth, she was taken to PGH. That was the day before Christmas, Edmalyn remembered. And there, an endocrinologist checked the results of the child's 17-OHP and sodium and potassium tests. She gave the clearance for them to go home on Christmas Day, and "I wasn't afraid anymore because *binigyan na siya ng gamot na* (she was given the medicines) hydrocortisone at fludrocortisone."

That pediatrician who attended the child's birth sort of imposed that the child be assigned female in the birth certificate. But at least after karyotyping a month after the child's birth, it was found she's female. All the same, "*nagdalawang isip din ako, kaya ang pinangalan ko sa kanya, puwede siyang pambabae puwede siyang pang-lalaki* (I had second thoughts, so I gave the child a name that's fine for females or males)."

Caring for an intersex child has challenges, admitted Edmalyn.

For one, her medications are for life. "*Sa ngayon*, prednisone *lang siya*, 20mg. Over the counter *naman siya*. But every month, ₱1,000 *din nauubos* (For now, she takes prednisone, 20mg. It's available over the counter. But every month, we spend ₱1,000)."

Some laboratory tests can also be costly. "*Yung* 17-OHP *ang mahal kasi* (17-OHP is expensive), from ₱3,000," Edmalyn said of the test that ascertains if the intersex person's hormones are balanced.

"Let their intersex children choose what they want to be. So that when they grow up, they don't blame you. 'Why did you have me operated on? This is what I want.' That's the advice I can give them. To let their children choose when the time comes."

And since they live outside of Metro Manila, where public hospitals specializing on intersex variations are available, they had to move to a private hospital in Pampanga. Meaning, they now spend out of their pockets. "*Naglipat na kami ng* Pampanga *kasi yung pagbiyahe-biyahe ay mahirap. Tapos nagkaroon pa ng* pandemic (We transferred to Pampanga because the traveling was hard. And then the pandemic also happened)."

Money was also an issue since her husband (only) works for the government, and other family members also have medical concerns, including her husband who had aneurysm. "*Kaya hirap din kami ngayon* financially (So we're also financially challenged now)."

Edmalyn's daughter is 14 years old now, the eldest of two kids. "*Nung lumalaki siya, in*explain *ko sa kanya na ganun siya. Pero wala naman kasi nakakaalam na ganun siya, na dalawa kasarian niya. Tinago talaga namin* (While growing up, I explained to her her condition. But no one knows she's like that, that she has two sets of genitalia. We hid it)."

At times family members discuss it. Some would be derisive, asking Edmalyn: "*Bakit ganyan yung anak mo* (Why is your child like that)?" "*Sabi ko, 'Hindi ko naman alam na yan yung ibibigay ng Diyos.' Kung ano man yung binigay Niya, tatanggapin ko* (I say back, 'I didn't know that that's who God will give me. But whatever God gave me, I accept)'."

And so Edmalyn wants for parents of intersex children to be strong… and be big-hearted. "*Papiliin nila yung anak nila kung ano ang gusto niya. Kasi para sa paglaki ng mga bata, hindi ka niya sisisihin na ikaw ang nagkulang. 'Bakit pinaopera mo ako? Gusto ko ganito ako.' Yun ang ma-*advice *ko sa kanila. Na sana yung anak nila ang papiliin nila pagdating ng panahon* (Let their intersex children choose what they want to be. So that when they grow up, they don't blame you. 'Why did you have me operated on? This is what I want.' That's the advice I can give them. To let their children choose when the time comes)." ○

Parents also struggle to understand - Arlene

Arlene's child was already three years old when she had him checked. "*Kasi sabi ko, kakaiba nga siya. Tapos marami na nakakita ng ari niya, sabi, 'Pa-*check-up *mo nga yan'. Pero hindi naman sinabi sa akin ng* doctor *na nagpa-anak sa akin; basta lang nakalagay doon* male (I said, he's different. And others who saw his genitalia, they said, 'Get him checked.' But the doctor who helped me give birth never did say anything; he just assigned my child as male)."

> **“So I tell him, what you want, what’s in your heart, follow that”**

In that check-up, “*basta lang tiningnan. Hindi man lang hinawakan* (he was just appraised. He wasn’t even touched).” And this time, “*ang* diagnosis *sa kanya*, ‘hermaphrodite’ (he was diagnosed as ‘hermaphrodite’).”

But Arlene’s child also has mild autism. And this condition was – in fact – what allowed her to get a PWD ID to avail of social benefits. “*Kasi ayaw nga po siya tanggapin as* intersex *ng* DSWD (The DSWD wouldn’t accept her intersex variation).”

One time, Arlene saw an episode of a TV show that dramatized an intersex person’s life. “*Nag*-comment *ako, kako pareho ng* case *ng anak ko* (I commented that it’s the same as my child’s case).” Members of the Intersex Philippines, Inc. responded to her, which led her to joining the group. “*Doon po ako nagkaroon ng* idea *na hindi pala siya nag-iisa. Kasi nasa isip ko, siya lang* (That was the time I gained the idea that he’s not alone. Because I thought at first that he’s the only one who’s like this).”

Arlene recalled thinking then: “*Ano kaya nakain ko? Kasi bago ko siya pinanganak, nagbigay sa akin ng kasoy ang asawa ko. Ayaw ko ang amoy. Kaya yung ari niya, parang yung buto ng kasoy. Kako baka pinaglihi ko sa kasoy* (What did I eat when I was pregnant with him? I remember before he was born, my husband gave me cashew. This may be why his genitalia looks like a cashew seed. Perhaps because I carved it when I was pregnant with him).”

But then, after meeting other intersex people, Arlene said that “*may ibang* intersex persons, normal *pala. Imposible naman lahat sila pinaglihi sa kasoy* (when I discovered other intersex people, I realized they’re normal. It’s improbable all their mothers craved for cashew when pregnant with them).”

Even now, Arlene admits to still not fully understand intersex variations. Her child, for example, was diagnosed to be “‘hermaphrodite’. *Nakasulat sa* medical abstract (‘hermaphrodite. It’s written in the medical abstract).” And yet she may have noted the same condition in other children, but they were diagnosed differently, including “ambiguous genitalia” and “CAH”. “*Sabi ko, bakit ganun* (I ask now, why is it like that)?”

There are times when people maltreat the child. “Members of my family’s side accept him. *Pero doon naman sa* side *ng asawa ko, tinatrato nilang malas. Masakit. Parang binu*-bully *na siya ng mga kalaro niyang pinsan niya. Tapos minsan yung kapatid ng asawa ko, tinatawag siya ng ‘buday-buto’. Kung sa Tagalog tinatawag siyang ‘babae-lalaki’. Minsan sinasabihan siya, ‘Ay hindi ka naman normal. Buday-buto ka’* (But those in my husband’s side, they treat him as unlucky. This hurts. His cousins also bully him. And my husband’s sibling call him ‘buday-buto’ or ‘vagina-penis’. In Tagalog, they call him ‘*babae-lalaki*’ or ‘woman-man’. Sometimes they tell him, ‘You’re not normal. You’re *buday buto*’).”

Arlene wants to confront them, though “I just hold my temper. God bless *na lang sa inyo* (May God bless you).”

But – now four years old – her son is starting to ask. “‘*Mama, sabi nila buday-buto ako. Abno daw ako.’ Kasi daw dalawa daw yung ari niya. ‘Mama, babae ba ako o lalaki?’ Sabi ko, ‘Ayaw mo niyan, mahal ka ni* Lord, *binigyan ka ng dalawa*’ (‘Mama, they say I’m *buday-buto*. That I’m abnormal.’ Because he has two sets of genitalia. ‘Mama, am I a girl or a boy?’ I say, ‘You should be thankful that the Lord loves you so much He gave you two’).”

The child, at least, understands, said Arlene.

As a parent of an intersex child, Arlene said she admires others like her. “*Ang tatapang nila. Nakayanan nila. Parang di nila napapansin ang mga* bully *para lang sa mga anak nila* (They’re brave. They can carry this load. They don’t even heed the bullies just to protect their kids).”

But if there’s one thing she learned over time, it’s to allow her son to eventually decide for himself. “*Kahit ano ang maging resulta ng* karyotyping, *kung ano ang gusto ng anak ko, yun ang susundin ko. Mahirap kung ako ang masusunod eh. Kaya ang sabi ko, kung ano ang gusto mo, sundin mo yung kung anong laman ng puso mo* (Whatever the result of the karyotyping may be, we’d still follow what my child wants. It’s hard if it’s what I want that will be followed. So I tell him, what you want, what’s in your heart, follow that).” ○

INTERSEX PHILIPPINES