



Editorial

Gender Diversity and Disorders of Sex Development: Time for Greater Medical Awareness in Bangladesh Distinguishing Gender Identity from Biological Variations in Sex Development

Key Message

Clear differentiation between gender diversity, gender dysphoria, and disorders of sex development (DSD) is essential for ethical and evidence-based clinical care. Greater awareness within the medical community of Bangladesh is necessary to ensure respectful and appropriate management of individuals with diverse gender identities and biological variations in sex development.

Editorial

Understanding human diversity is an essential responsibility of modern medicine. Yet confusion often persists between gender diversity, gender dysphoria, and biological conditions such as disorders of sex development (DSD), even within the medical community. For clinicians—particularly pediatric surgeons who frequently encounter conditions related to sex development—clarifying these distinctions is crucial for ensuring scientifically sound, ethical, and compassionate patient care.

Human diversity is a fundamental characteristic of nature and society. Differences among individuals exist not only in culture, language, and physical appearance but also in biological sex, gender identity, and gender expression. In recent years, the concepts of gender and gender diversity have received increasing attention in medicine and public health. However, despite growing international discourse, awareness within the medical community in Bangladesh remains

limited. Misinterpretation or conflation of these concepts may lead to confusion in clinical practice, inappropriate counseling, and inadequate care for patients and their families.

Gender refers to an individual's internal sense of identity as male, female, or another gender, as well as the social roles and expressions associated with that identity. It is important to distinguish gender from biological sex, which is determined by chromosomal, gonadal, and anatomical characteristics. Gender diversity reflects the natural spectrum of gender identities and expressions that extend beyond the traditional binary concept of male and female.

One important concept related to gender diversity is gender dysphoria. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), gender dysphoria refers to the clinically significant distress that may occur when a person's experienced gender identity does not align with the sex assigned at birth¹. Importantly, gender diversity itself is not considered a disease. Rather, the distress associated with gender dysphoria arises from the incongruence between assigned sex and experienced gender identity, often exacerbated by social stigma, discrimination, and lack of societal acceptance¹. Individuals experiencing gender dysphoria do not simply adopt a different gender identity by personal choice; their identity represents a deeply felt and persistent sense of self.

For clinicians, particularly pediatric surgeons and pediatric healthcare providers, it is essential to clearly differentiate gender diversity and gender dysphoria from Disorders of Sex Development (DSD). DSD comprises a group of congenital conditions character

Correspondence to: Dr. Md. Nazrul Islam

Associate Professor, Department of Paediatric Surgery
Bangladesh Medical University, Dhaka, Bangladesh
Email: niakash@yahoo.com

ized by atypical development of chromosomal, gonadal, or anatomical sex². These conditions may involve variations in genotypic sex, gonadal differentiation, hormonal function, or phenotypic sex characteristics, and they are present from birth². The management of DSD often requires comprehensive evaluation and multidisciplinary care involving pediatric surgeons, endocrinologists, geneticists, psychologists, and ethicists^{2, 5}.

In contrast, individuals with gender diversity typically have normal chromosomal, gonadal, and anatomical sex development. Their experience relates primarily to gender identity rather than biological sex differentiation. Therefore, while DSD represents congenital biological variation in sex development, gender dysphoria refers to the psychological distress associated with incongruence between gender identity and assigned sex¹. Confusing these two distinct entities may lead to misunderstanding, inappropriate clinical management, and inadequate counseling for patients and their families.

Within the sociocultural context of South Asia, the discussion of gender diversity inevitably includes the third gender community, commonly known as Hijra. This community has existed for centuries throughout the Indian subcontinent and occupies a distinctive cultural and social position in society⁷. In many cases, members of the Hijra community are biologically male but identify and live socially as women and are therefore often described as transgender women⁷. Despite their historical presence, Hijra individuals frequently experience social marginalization, discrimination, and significant barriers to healthcare access^{6–8}.

Bangladesh formally recognized the third gender as a legal category in 2013, representing an important step toward social inclusion. However, legal recognition alone does not necessarily translate into equitable healthcare access or adequate medical understanding. Within the medical profession, confusion still exists regarding the distinctions between gender identity, sexual orientation, and gender dysphoria. Sexual orientation—including homosexuality, bisexuality, and asexuality—relates to patterns of emotional or sexual attraction, whereas gender identity refers to an individual's internal sense of being male, female, or another gender. Understanding these differences is essential for respectful and appropriate clinical care.

The medical profession has a critical role in promoting

evidence-based knowledge, compassion, and ethical responsibility in this evolving field. International guidelines, including the World Professional Association for Transgender Health (WPATH) Standards of Care, emphasize the importance of respectful and multidisciplinary healthcare for transgender and gender-diverse individuals³. These guidelines encourage clinicians to provide accurate information, psychological support, and appropriate medical care when necessary³.

For pediatric surgeons, these issues may arise in several clinical contexts. Disorders of sex development are frequently diagnosed during infancy or childhood, requiring careful diagnostic evaluation and sensitive communication with families^{2, 5}. At the same time, clinicians must recognize that gender identity development is a separate and complex process that may evolve during childhood and adolescence¹. Awareness of these distinctions helps avoid unnecessary interventions and supports ethical, patient-centered clinical practice.

Beyond clinical considerations, it is important to recognize the broader perspective of human diversity. Differences among individuals—whether related to gender identity, biological characteristics, culture, or social roles—are an intrinsic part of human society. These differences should not be viewed solely as deviations from norms but rather as variations that contribute to the richness and complexity of human life. If all individuals possessed identical identities and characteristics, human society would lack the diversity that fosters creativity, understanding, and social development.

In Bangladesh, greater awareness and education within the medical community are urgently needed. Medical curricula and professional training programs should incorporate contemporary knowledge regarding gender diversity, gender dysphoria, and disorders of sex development. Such education will enable clinicians to differentiate biological conditions from gender identity-related experiences and to provide appropriate counseling, guidance, and care for patients and their families.

In conclusion, gender diversity, gender dysphoria, and disorders of sex development represent distinct yet important aspects of human biology and identity. For physicians in Bangladesh—particularly pediatric

surgeons who frequently encounter conditions related to sex development—understanding these distinctions is essential. Through improved education, scientific clarity, and compassionate clinical practice, the medical community can contribute to a more inclusive healthcare environment that respects the dignity and diversity of all individuals, including members of the third gender community. As clinicians and educators, it is our responsibility to promote scientific clarity, compassionate care, and greater awareness so that every individual—regardless of biological variation or gender identity—receives respectful and appropriate medical attention.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5-TR. 5th ed. Washington DC: American Psychiatric Publishing; 2022.
2. Lee PA, Houk CP, Ahmed SF, Hughes IA. Consensus statement on management of intersex disorders. *Pediatrics*. 2006;118(2):e488-500.
3. Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259.
4. World Health Organization. International classification of diseases (ICD-11). Geneva: WHO; 2019.
5. Ahmed SF, Achermann JC, Arlt W, et al. UK guidance on evaluation of suspected disorders of sex development. *ClinEndocrinol (Oxf)*. 2011;75(1):12-26.
6. Hossain A. The paradox of recognition: Hijra, third gender and sexual rights in Bangladesh. *Cult Health Sex*. 2017;19(12):1418-1431.
7. Nanda S. Neither man nor woman: The Hijras of India. 2nd ed. Belmont (CA): Wadsworth Publishing; 1999.
8. Khan SI, Hussain MI, Parveen S, Bhuiyan MI, Gourab G, Sarker GF, et al. Living on the extreme margin: Social exclusion of the transgender population (Hijra) in Bangladesh. *J Health PopulNutr*. 2009;27(4):441-451.