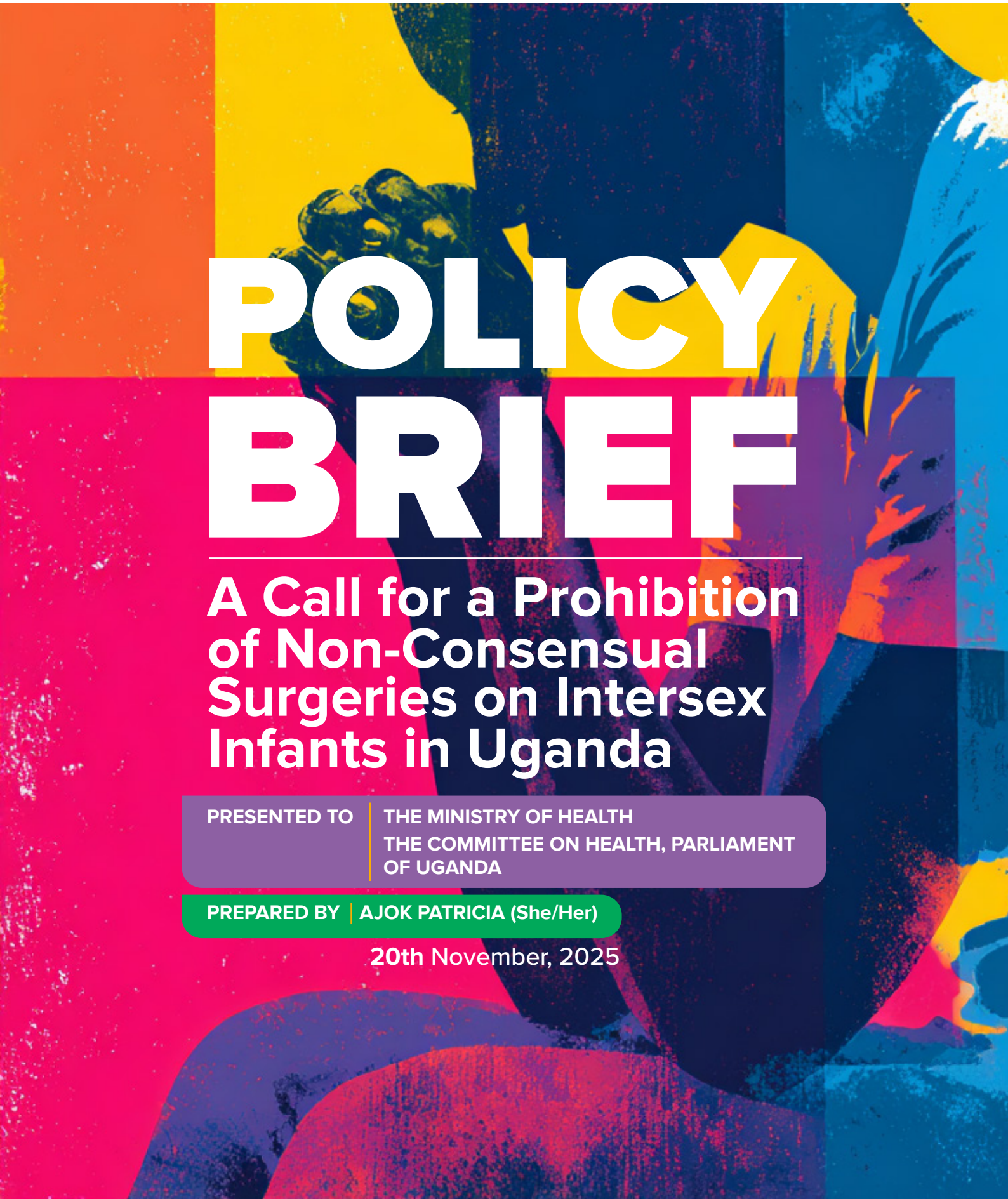


POLICY BRIEF

A Call for a Prohibition of Non-Consensual Surgeries on Intersex Infants in Uganda

PRESENTED TO | **THE MINISTRY OF HEALTH**
THE COMMITTEE ON HEALTH, PARLIAMENT OF UGANDA

PREPARED BY | **AJOK PATRICIA (She/Her)**

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EXECUTIVE SUMMARY

Unconsented, medically unnecessary and invasive surgical interventions on intersex infants (Intersex Genital Mutilation or IGM) violate fundamental human rights, including the right to bodily integrity and autonomy. These practices are pervasive in countries like Uganda, where there is a lot of prejudice against and general lack of understanding about intersex persons and their realities, and this drives both parents and health workers to perform unnecessary 'genital normalising' surgical procedures on infants merely to make them 'fit in' and conform to the typical standard of sex development. These surgeries often result in lifelong complications, including infertility/ loss of reproductive function, for the infants involved.

This brief recommends that the Government of Uganda, through the Ministry of Health and the Parliament, impose an immediate **prohibition** on all non-emergency and medically non-essential genital 'normalizing' surgeries on intersex children until they are capable of providing informed personal consent in accordance with UNHRC/Res.55,2024 and ACHPR/Res.552 (LXXIV) 2023 Furthermore, it recommends the development of mandatory national clinical guidelines to ensure ethical care and psychological support for intersex individuals and their families.

PROBLEM STATEMENT

Intersex individuals are born with sex characteristics (including genitalia, gonads, and chromosome patterns) that do not fit typical definitions for male or female bodies. According to the UN Free and Equal Campaign Factsheet, 2019, an estimated 1.7% of the world population are intersex. The 2019 Kenya population census found an estimated 1,524 intersex persons in Kenya, representing approximately 0.003% of the of the population, although there are suggestions that it could in fact be significantly higher but merely underreported. No similar studies have been conducted in Uganda, although the average figures would suggest that approximately 138,000 Ugandans present with intersex characteristics using the lower limit of world estimates of 0.3%.

In Uganda, as in many parts of the world, intersex infants are frequently subjected to irreversible surgical procedures aimed at assigning a more 'typical' gender appearance. These procedures are often performed without the child's consent, and the majority are not medically required to save the child's life or in any way improve their health. Uganda adopted the Registration of Persons Act, 2015 which allows both children and adults to change their names, and also allows the parents of 'hermaphrodites' to apply to have the details of an intersex child changed in the birth register if the child has undergone a genital 'normalizing' or gender reassignment surgery (The Impact Of The Legal And Policy Framework On The Human Rights Of Intersex Persons In Uganda, HRAPF, 2020).

The challenges that these surgeries pose are threefold:



Human Rights Violation. This practice is classified by several UN bodies as a harmful practice and a violation of bodily integrity, often resulting in permanent sterilization, loss of sensation, lifelong psychological trauma, and chronic pain. As such, the risks and danger they pose to the infants who undergo these surgeries often far outweigh any benefits in cases where the surgeries are not a certified medical necessity.



Irreversibility. Once performed, these surgeries cannot be undone, precluding the individual's future right to determine their gender identity and bodily presentation. This is particularly harmful within the Ugandan context where, once a child's gender is misrepresented through genital 'normalizing' surgeries without appropriate study of an individual's secondary sexual characteristics and general sex development (most of which can only be properly observed at the onset of puberty), it might prove legally impossible to even socially transition back to the child's right gender.



Lack of Informed Consent. Parental consent for cosmetic surgery on an infant is insufficient and does not satisfy the ethical standard of informed personal consent for non-life-threatening procedures as highlighted by a SIPD report, which showed over 22 infants operated on without consent during the study period (Report on violations to intersex Persons in Uganda, SIPD, 2015).

2. POLICY RECOMMENDATIONS (ACTION PLAN)

To uphold human rights and establish ethical medical practice, the Government of Uganda should consider implementing the following policy actions:



Legislative Moratorium on IGM

The Parliament of Uganda should consider enacting legislation imposing an immediate and comprehensive ban on all surgeries, hormonal treatments, and other medical interventions aimed at 'normalizing' the sex characteristics of intersex children below the age of 12, unless such intervention is demonstrably life-saving or medically necessary to prevent imminent physical harm, or done with the express consent of the child, following appropriate psychological evaluation and guidance by a certified child psychologist.

The Ministry of Health should issue a binding directive imposing an immediate and comprehensive ban (prohibition) on all surgeries, hormonal treatments, and other medical interventions aimed at 'normalizing' the sex characteristics of intersex children below the age of 12, unless such intervention is demonstrably life-saving or medically necessary to prevent imminent physical harm, or done with the express consent of the child, following appropriate psychological evaluation and guidance by a certified child psychologist



Establish Mandatory Clinical Protocols

The Uganda Medical Association, in collaboration with the Ministry of Health, should develop and enforce national clinical guidelines that:

Prioritize Delay: Mandate a 'Delayed Intervention' approach, ensuring that all non-emergency interventions are postponed until the intersex individual is old enough to participate meaningfully in the decision-making process.

Focus on Emergency: Ensure that any necessary intervention (e.g., addressing urgent urinary blockage) prioritizes the patient's health and functional integrity over cosmetic outcomes.

Multidisciplinary Teams: Require that initial assessment and guidance be provided by a mandatory, government-certified multidisciplinary team (MDT) including endocrinologists, geneticists, pediatricians, and independent mental health professionals.

3. CONCLUSION

The practice of performing non-consensual surgeries on intersex infants is a public health and human rights crisis. By implementing a strict moratorium and establishing ethical, delayed-intervention protocols, Uganda can align its health practices with international human rights standards, protect the bodily autonomy of its citizens, and ensure dignified, consent-based healthcare for intersex children.

Get in touch

www.alefaug.org
info@alefaug.org
+256 755 119 775
+256 770 828 484

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