

Intersex Genital Mutilations Human Rights Violations Of Children With Variations Of Reproductive Anatomy



**NGO Report
to the 6th Report of Nepal
on the Convention on the Elimination of
All Forms of Discrimination against Women (CEDAW)**

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Executive Summary

Harmful practices on intersex children in **Nepal** include **infanticide, child abandonment, forced marriage, massive bullying and abuse** and **intersex genital mutilation (IGM)**. Intersex persons are also **denied needed health care**, children are **prevented from attending school** due to massive bullying and are often **unable to obtain official papers**. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. **CRC has already recommended Nepal** to take action against harmful practices on intersex children, however the **State party fails to act**.

Nepal is in breach of its **obligations** under the Convention on the Elimination of All Forms of Discrimination against Women to **(a)** take effective legislative, administrative, judicial or other measures to **prevent harmful practices of intersex persons based on stereotypes and prejudice**, and **(b)** to ensure **access to redress**, and the right to fair and adequate **compensation** and **rehabilitation** for victims (CEDAW Arts. **1, 5(a)** and **12**, General Recommendation No. **31**).

This Committee has consistently recognised IGM to constitute a harmful practice under the Convention in Concluding Observations, referring to General Recommendation No. 31.

Also **CAT, CRC, CRPD**, the Inter-American Commission on Human Rights (**IACHR**), the UN Special Rapporteur on Torture (**SRT**), the UN High Commissioner for Human Rights (**UNHCHR**), the World Health Organisation (**WHO**), the African Commission on Human and Peoples' Rights (**ACHPR**), the Council of Europe (**COE**) and others have consistently recognised IGM practices as a breach of international law, and have so far issued **32 Concluding Observations on IGM**, typically obliging State parties to enact legislation to **(a)** end the practice and **(b)** ensure redress and compensation, plus **(c)** access to free counselling.

Intersex people are born with **variations of reproductive anatomy**, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. While intersex people may face several problems, in the “developed world” the most pressing are the ongoing **Intersex Genital Mutilations**, which present a distinct and unique issue constituting significant human rights violations.

IGM practices include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical procedures based on prejudice** that would not be considered for “normal” children, without evidence of benefit for the children concerned. **Typical forms** of medicalised IGM include “masculinising” and “feminising”, “corrective” genital surgery, sterilising procedures, imposition of hormones, forced genital exams, vaginal dilations, medical display, human experimentation and denial of needed health care, and cause **lifelong severe physical and mental pain and suffering**.

In **regions without universal access to paediatric health care**, reported **harmful practices** on intersex children, adolescents and adults also include **infanticide, abandonment, expulsion, massive bullying and abuse** preventing intersex children from attending school, and **murder**.

This **Thematic NGO Report** has been compiled by Nepali intersex advocates **Esan Regmi** and **Parsu Ram Rai** in collaboration with **StopIGM.org / Zwischengeschlecht.org**.

It contains **Suggested Recommendations (p. 15)**.

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Introduction

1. Intersex human rights in Nepal, (Non-)Reply to List of Issues

Human rights violations of intersex people in Nepal have been documented first in 2016 by the **1st National Intersex Workshop**¹ and in “*Stories of Intersex People from Nepal*”.²

And in the **2016 CRC concluding observations to Nepal**, CRC explicitly criticised **harmful practices** on intersex children in Nepal and issued multiple recommendations, addressing inter alia “*high levels of stigma and discrimination faced by intersex children*” and “*medically unnecessary surgeries and other procedures on intersex children [...] and the lack of redress and compensation in such cases*” (CRC/C/NPL/CO/3-5, paras 38, 41-42).

Nonetheless, to this day **Nepal fails to act, but instead continues to feign ignorance** of these serious human rights violations.

Tellingly, also when this Committee **raised harmful practices on intersex persons in the List of Issues (LOI) for Nepal** (CEDAW/C/NPL/Q/6, para 8(d)), **the State party simply ignored all questions on intersex in its replies to the LOI**.

IGM and other harmful practices on intersex children are known to cause severe, lifelong physical and psychological pain and suffering, and have been repeatedly **recognised by multiple UN treaty bodies**³ **including CEDAW** as constituting a harmful practice, violence and torture or ill-treatment.

This NGO Report demonstrates that the current **harmful medical and other practices on intersex persons in Nepal** – perpetrated with the acquiescence of the State party – constitutes a serious breach of Nepal’s obligations under the Convention.

2. About the Rapporteurs

This **thematic NGO report** has been prepared by local intersex human rights advocates *Esan Regmi* and *Parsu Ram Rai* in collaboration with the international intersex NGO *StopIGM.org / Zwischengeschlecht.org*:

- **Esan Regmi** and **Parsu Ram Rai** are local intersex human rights advocates and supporters associated with Blue Diamond Society (BDS) who in 2016 organised the 1st National Intersex Workshop in Nepal,⁴ and collected, translated and published testimonies in “*Stories of Intersex People from Nepal*”.⁵ Also in 2016 and together with StopIGM.org they submitted evidence of harmful practices on intersex children in Nepal

1 <http://stop.genitalmutilation.org/post/Intersex-Genital-Mutilations-in-Nepal-Pt-1>

2 <http://intersex.shadowreport.org/public/2016-Intersex-Stories-in-Nepal.pdf>

3 **CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR** (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

4 <https://medium.com/being-lgbti-in-asia/the-dawn-of-a-national-intersex-movement-the-first-national-intersex-workshop-in-nepal-621e8d7a826e>

5 <http://intersex.shadowreport.org/public/2016-Intersex-Stories-in-Nepal.pdf>

to CRC,⁶ resulting in the first Concluding Observations⁷ on intersex for Nepal, under harmful practices. In 2018, again together with StopIGM.org, they reported on intersex to this Committee for the LOI,⁸ and to the Special Rapporteur on Violence against Women.⁹

- **StopIGM.org**, founded in 2007, is an international intersex human rights NGO based in Switzerland, led by intersex persons, their partners, families and friends.¹⁰ According to its charter,¹¹ StopIGM.org works to raise awareness, to end human rights violations perpetrated on intersex people, and to support persons concerned seeking redress and justice. StopIGM.org regularly reports on human rights violations in different countries to relevant UN treaty bodies, often in collaboration with local intersex persons and organisations,¹² substantially contributing to the so far 36 Treaty body Concluding Observations recognising IGM as a serious human rights violation.¹³

3. Methodology

This thematic NGO report is an updated, abridged and localised version of the **2016 thematic CEDAW NGO Report for France**¹⁴ and it is in part based on the **2018 submission to the Special Rapporteur on Violence against Women for Nepal**,¹⁵ by the same rapporteurs.

6 <http://intersex.shadowreport.org/post/2016/05/15/2016-CRC-Nepal-Intersex-NGO-Report-Stories>

7 CRC/C/NPL/CO/3-5, paras 38, 41-42

8 <http://intersex.shadowreport.org/post/2018/03/20/2018-CEDAW-Nepal-LOI-Intersex-NGO-Reports>

9 <http://intersex.shadowreport.org/public/2018-SR-Violence-Women-Nepal-NGO-Intersex-IGM.pdf>

10 English pages: <http://stop.genitalmutilation.org/>

11 <http://Zwischengeschlecht.org/post/Statuten>

12 <http://intersex.shadowreport.org>

13 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

14 <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

15 <http://intersex.shadowreport.org/public/2018-SR-Violence-Women-Nepal-NGO-Intersex-IGM.pdf>

A. Background: Intersex, IGM, Harmful Stereotypes and Prejudice

1. IGM: Involuntary, unnecessary and harmful practices, based on stereotypes and prejudice

In “**developed countries**” with universal access to paediatric health care **1 to 2 in 1000 newborns** are at risk of being submitted to medical **IGM practices**, i.e. non-consensual, unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments that **would not be considered for “normal” children**, practiced without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs, and often **directly financed by the state** via the public health system.¹⁶

In **regions without universal access to paediatric health care**, there are reports of **infanticide**¹⁷ of intersex children, of **abandonment**,¹⁸ of **expulsion**,¹⁹ of **massive bullying** preventing the persons concerned from attending school (recognised by CRC as amounting to a harmful practice),²⁰ and of **murder**.²¹

Governing State bodies, public and private healthcare providers, national and international medical bodies and individual doctors have traditionally been **framing and “treating”** healthy intersex children as **suffering from a form of disability in the medical definition**, and in need to be **“cured” surgically**, often **with openly racist, eugenic and supremacist implications**.^{22 23 24 25}

16 For references and general information, see 2016 CEDAW NGO Report France, p. 45–51,

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

17 For example in South Africa, see 2016 CRC South Africa NGO Report, p. 12,

<http://intersex.shadowreport.org/public/2016-CRC-ZA-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

For South Africa, see also <https://mg.co.za/article/2018-01-24-00-intersex-babies-killed-at-birth-because-theyre-bad-omens>

For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda> ; for Uganda, see also 2015 CRC Briefing, slide

46, http://intersex.shadowreport.org/public/Zwischengeschlecht_2015-CRC-Briefing_Intersex-IGM_web.pdf

For Kenya, see also <http://www.bbc.com/news/world-africa-39780214>

18 For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

For example in China, see 2015 Hong Kong, China NGO Report, p. 15,

<http://intersex.shadowreport.org/public/2015-CAT-Hong-Kong-China-NGO-BBKCI-Intersex.pdf>

19 For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

20 For example in Nepal (CRC/C/NPL/CO/3-5, paras 41–42), based on local testimonies, see

<http://stop.genitalmutilation.org/post/Denial-of-Needed-Health-Care-Intersex-in-Nepal-Pt-3>

21 For example in Kenya, see <https://76crimes.com/2015/12/23/intersex-in-kenya-held-captive-beaten-hacked-dead/>

22 2014 CRC NGO Report, p. 52, 69, 84, http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

23 In the WHO “World Atlas of Birth Defects (2nd Edition)”, many intersex diagnoses are listed, including “*indeterminate sex*” and “*hypospadias*”:

Both in “developed” and “developing” countries, **harmful stereotypes and prejudice** framing intersex as “**inferior**”, “**deformed**”, “**disordered**”, “**degenerated**” or a “**bad omen**” remain widespread, and to this day inform the current harmful **western medical practice**, as well as other practices including **infanticide** and **child abandonment**.

Typical forms of medical IGM include “feminising” or “masculinising”, “corrective” genital surgery, sterilising procedures, imposition of hormones (including prenatal “therapy”), forced genital exams, vaginal dilations, medical display, human experimentation, selective (late term) abortions and denial of needed health care.

Medical IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,²⁶ including loss or impairment of sexual sensation, poorer sexual function, painful scarring, painful intercourse, incontinence, problems with passing urine (e.g. due to urethral stenosis after surgery), increased sexual anxieties, problems with desire, less sexual activity, dissatisfaction with functional and aesthetic results, lifelong trauma and mental suffering, elevated rates of self-harming behaviour and suicidal tendencies comparable to those among women who have experienced physical or (child) sexual abuse, impairment or loss of reproductive capabilities, lifelong dependency on daily doses of artificial hormones.

UN Treaty bodies and other human rights experts have consistently recognised IGM practices as a serious breach of international law.²⁷ **UN Treaty bodies have so far issued 36 Concluding Observations condemning IGM practices.**²⁸

2. Intersex = variations of reproductive anatomy

Intersex persons, in the vernacular also known as hermaphrodites, or medically as persons with “*Disorders*” or “*Differences of Sex Development (DSD)*”,²⁹ are people born with **variations of reproductive anatomy**, or “atypical” reproductive organs, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. Many intersex forms are usually detected at **birth** or earlier during **prenatal testing**, others may only become apparent at **puberty** or **later in life**.

While intersex people may face several problems, in the “developed world” the most pressing are the ongoing **Intersex Genital Mutilations**, which present a distinct and unique issue constituting significant human rights violations, with **1 to 2 in 1000 newborns** at risk of being submitted to non-consensual “genital correction surgery”.

*For more information and references, see 2016 CEDAW France NGO Report, p. 39-41.*³⁰

<http://web.archive.org/web/20160305152127/http://prenatal.tv/lecturas/world%20atlas%20of%20birth%20defects.pdf>

24 “The Racist Roots of Intersex Genital Mutilations” <http://stop.genitalmutilation.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM>

25 For 500 years of “scientific” prejudice in a nutshell, see 2016 CEDAW France NGO Report, p. 7, <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

26 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, *ibid.*, p. 38–47

27 CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

28 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

29 The currently still official medical terminology “**Disorders of Sex Development**” is strongly refused by **persons concerned**. See 2014 CRC NGO Report, p. 12 “Terminology”.

30 <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

3. Harmful Stereotypes (2): Intersex is NOT THE SAME as Transgender or LGBT

Unfortunately, there are also other, often interrelated **harmful misconceptions and stereotypes about intersex** still prevailing in public, notably if intersex is counterfactually described as being the same as or a subset of LGBT or SOGI, e.g. if intersex is misrepresented as a sexual orientation (like gay or lesbian), and/or as a gender identity, as a subset of transgender, as the same as transsexuality, or as a form of sexual orientation.

The underlying reasons for such harmful misrepresentations include **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**^{31 32} for their own agenda, and State parties **trying to deflect** from criticism of involuntary intersex treatments.

Intersex persons and their organisations have spoken out clearly against instrumentalising or misrepresenting intersex issues,³³ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT or SOGI community, and thus need to be **adequately addressed in a separate section as specific intersex issues**.

Also **human rights experts** are increasingly warning of the **harmful conflation** of intersex and LGBT.³⁴

Regrettably, **these harmful misrepresentations seem to be on the rise also at the UN**, for example in recent **UN press releases** and **Summary records** misrepresenting IGM as “*sex alignment surgeries*” (i.e. voluntary procedures on transsexual or transgender persons), IGM survivors as “*transsexual children*”, and intersex NGOs as “*a group of lesbians, gays, bisexuals, transgender and intersex victims of discrimination*”,³⁵ and again IGM survivors as “*transgender children*”,³⁶ “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”³⁷ and as “*sex assignment surgery*” while referring to “*access to gender reassignment-related treatments*”.³⁸

Particularly **State parties** are constantly **misrepresenting intersex and IGM as sexual orientation or gender identity issues** in an attempt to **deflect from criticism** of the serious human rights violations resulting from IGM practices, instead referring to e.g. “*gender reassignment surgery*” (i.e. voluntary procedures on transsexual or transgender persons) and “*gender assignment surgery for children*”,³⁹ “*a special provision on sexual orientation and*

31 CRC67 Denmark, <http://stop.genitalmutilation.org/post/CRC67-Intersex-children-used-as-cannon-fodder-LGBT-Denmark>

32 CEDAW66 Ukraine, <http://stop.genitalmutilation.org/post/Ukraine-Instrumentalising-Intersex-and-IGM-for-LGBT-and-Gender-Politics>

33 For references, see 2016 CEDAW France NGO Report, p. 45. <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

34 For example ACHPR Commissioner Lawrence Murugu Mute (Kenya), see

<http://stop.genitalmutilation.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

35 CAT60 Argentina, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CATArgentina-UNCAT60>

36 CRC77 Spain, <http://stop.genitalmutilation.org/post/UN-Press-Release-mentions-genital-mutilation-of-intersex-children>

37 CRC76 Denmark, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CRC-Denmark-UNCRC67>

38 CAT/C/DNK/QPR/8, para 32

39 CRC73 New Zealand, <http://stop.genitalmutilation.org/post/NZ-to-be-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

gender identity”, “civil registry” and “sexual reassignment surgery”⁴⁰, transgender guidelines⁴¹ or “Gender Identity”^{42 43} when asked about IGM by e.g. Treaty bodies.

What’s more, **LGBT organisations** (including “LGBTI” organisations without actual intersex representation or advocacy) are using the ubiquitous misrepresentation of intersex = LGBT to **misappropriate intersex funding**, thus **depriving actual intersex organisations** (which mostly have no significant funding, if any) of much needed **resources**⁴⁴ and public **representation**.⁴⁵

4. Harmful Stereotypes (3): Misrepresenting Genital Mutilation as “Health Care”

An interrelated, alarming new trend is the **increasing misrepresentation of IGM as “health-care issue”** instead of a serious human rights violation, and the **promotion of “self-regulation” of IGM by the current perpetrators**^{46 47 48} – instead of effective measures to finally end the practice (as repeatedly stipulated also by this Committee).

Even worse, **Health ministries** construe UN Treaty body Concluding observations falling short of explicitly recommending legislation to criminalise or adequately sanction IGM as an **excuse for “self-regulation” promoting state-sponsored IGM practices to continue with impunity**.⁴⁹

40 CCPR120 Switzerland, <http://stop.genitalmutilation.org/post/Pinkwashing-of-Intersex-Genital-Mutilations-at-the-UN-CCPR120>

41 CAT56 Austria, <http://stop.genitalmutilation.org/post/Geneva-UN-Committee-against-Torture-questions-Austria-over-Intersex-Genital-Mutilations>

42 CAT60 Argentina, <http://stop.genitalmutilation.org/post/CAT60-Argentina-to-be-Questioned-on-Intersex-Genital-Mutilation-by-UN-Committee-against-Torture>

43 CRPD18 UK, <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

44 For example in Scotland (UK), LGBT organisations have so far collected at least **£ 135,000.–** public intersex funding, while actual intersex organisations received ZERO public funding, see 2017 CRPD UK NGO Report, p. 14, <http://intersex.shadowreport.org/public/2017-CRPD-UK-NGO-Coalition-Intersex-IGM.pdf>

Typically, during the interactive dialogue with CRPD, the UK delegation nonetheless tried to sell this glaring misappropriation as “supporting intersex people”, but fortunately got called out on this by the Committee, see transcript (Session 2, 10:53h + 11:47h), <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

45 See e.g. “Instrumentalizing intersex: ‘The fact that LGBTs in particular embrace intersex is due to an excess of projection’ - Georg Klauda (2002)”, <http://stop.genitalmutilation.org/post/Instrumentalizing-Intersex-Georg-Klauda-2002>

46 For example Amnesty (2017), see <http://stop.genitalmutilation.org/post/Amnesty-Report-fails-Intersex-Children-and-IGM-Survivors>

47 For example FRA (2015), see Presentation OHCHR Expert Meeting (2015), slide 8,

http://stop.genitalmutilation.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

48 For example CEDAW Italy (2017), see <http://stop.genitalmutilation.org/post/Major-Setback-for-Intersex-Human-Rights-at-the-UN>

49 See for example Ministry of Health Chile (2016), <http://stop.genitalmutilation.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

B. Intersex in Nepal: Harmful practices prevail, Gov fails to act

1. Overview: Lack of protection for intersex persons, Gov ignores violations

Intersex people belong to the most marginalised communities in Nepal. They're marginalised also within the LGBTI community.⁵⁰ In the public and in government bodies the **near total lack of awareness** of intersex as a natural variation persists, leading to **severe stigma and discrimination**. Intersex people are **generally misrepresented as transgender** [chhakka, hijara]. The societal **ignorance** and **stereotypes** are compounded by **religious prejudice** framing intersex as a result of karmic debt caused by sins in a previous life, and as a **bad omen**.

CRC and CEDAW already addressed harmful practices on intersex children in Nepal:

In **2016**, in addition to addressing **specific harmful practices on intersex children** (see below 3. b)+d)), **CRC** reiterated regarding harmful practices **in general** (CRC/C/NPL/CO/3-5, para 38):

“38. In the light of joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices, the Committee reiterates its previous recommendations (see CRC/C/15/Add.261, para. 68) and urges the State party to take all necessary measures to eradicate all traditional practices harmful to the physical and psychological well-being of children, by strengthening awareness-raising programmes and adopting and implementing legislation explicitly prohibiting such practices. It further recommends that, in so doing, the State party prioritize girls, particularly girls with disabilities, girls living in rural areas and Dalit girls.”

This Committee also raised intersex in the **List of Issues (LOI)** for Nepal under **“Stereotypes and harmful practices”** (CEDAW/C/NPL/Q/6, para 8(d)):

“Please also provide information on: [...] (d) measures taken to address the forced genital mutilation of and discrimination against intersex persons, including reported cases of abuse, infanticide and forced marriage.”

However, in its reply to the LOI, the Nepali government simply ignored all questions on intersex.

Already during the **2016 CRC review of Nepal**, when CRC raised **harmful practices** on intersex children during the interactive dialogue, the **State party first ignored the question**, and when the CRC Co-Rapporteur repeated her question about harmful practices on intersex children, the State party **then replied on 3rd gender passports instead**.⁵¹

Even worse, despite the clear recommendations in the subsequent **2016 CRC Concluding observations for Nepal**,⁵² to this day the **government fails to act**.

50 At a panel discussion during the 1st National Intersex Workshop, “Basudev Bajgain of the National Human Rights Commission of Nepal spoke about how the intersex community [...] are facing discrimination even within the LGBTI community. [...]”, see <http://stop.genitalmutilation.org/post/Intersex-Genital-Mutilations-in-Nepal-Pt-1>

51 CRC72 Nepal, see transcript <http://stop.genitalmutilation.org/post/Geneva-Nepal-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

52 CRC/C/NPL/CO/3-5, paras 38, 41-42

Meanwhile, the **serious human rights violations against intersex people in Nepal continue**, causing lifelong severe pain and suffering.

However, **on the side of protections**, to this day in **Nepal** there are

- **no legal or other protections** in place to ensure the rights of intersex children NOT to be submitted to **harmful practices**, including non-consensual, medically unnecessary, irreversible surgery and other harmful treatments a.k.a. **medical IGM practices**, as well as **infanticide** and **abandonment** of intersex children, **forced marriage** of intersex adolescents, and **massive bullying and abuse** of intersex children and adults
- **no measures** in place to ensure **data collection and monitoring** of IGM practices
- **no legal or other measures** in place to ensure the **accountability** of perpetrators
- **no legal or other measures** in place to ensure **access to redress and justice** for adult IGM survivors

To this day, the **Nepali government refuses to “take effective legislative, administrative, judicial or other measures”** to protect intersex children, but instead allows medical IGM and other harmful practices on intersex children to continue with impunity and against better knowledge,

The **1st National Intersex Workshop**⁵³ and the previous intersex submissions to **CRC**⁵⁴ and **CEDAW**⁵⁵ documented the following **violations against intersex people** in Nepal (in order of the relevant articles of the Convention):

2. Barriers to Obtaining Official Documents (CEDAW Arts. 1 + 2)

Intersex adolescents are often **unable to obtain or change official documents** according to their gender identity based on sexual orientation.⁵⁶

“[D]iscrimination” of intersex persons was also included in this Committee’s **LOI for Nepal** under harmful practices,⁵⁷ however the **State party ignored the question** in its reply to the LOI.

Already the **2016 CRC Concluding observations** explicitly criticised

*(b) Challenges faced by intersex children in accessing identity documents that correspond with the sex/gender identity of their choosing;*⁵⁸

and **recommended** that Nepal

*(b) Ensure that intersex children have access to identity documents that correspond with the sex/gender identity of their choosing;*⁵⁹

However, to this day the **government fails to act**.

53 <http://stop.genitalmutilation.org/post/Intersex-Genital-Mutilations-in-Nepal-Pt-1>

54 <http://intersex.shadowreport.org/post/2016/05/15/2016-CRC-Nepal-Intersex-NGO-Report-Stories>

55 <http://intersex.shadowreport.org/post/2018/03/20/2018-CEDAW-Nepal-LOI-Intersex-NGO-Reports>

56 Research by Esan Regmi and Parsu Ram Rai, based on interviews with persons concerned, and documented in “Stories of Intersex People from Nepal” and submissions to CRC and CEDAW.

57 CEDAW/C/NPL/Q/6, para 8(d)

58 CRC/C/NPL/CO/3-5, paras 41(b)

59 CRC/C/NPL/CO/3-5, paras 42(b)

3. Harmful Practices and Violence (CEDAW Art. 5)

a) Infanticide and Child Abandonment

There are reports of infanticide and abandonment of intersex children in rural regions, however, documentation is lacking.⁶⁰

“*[I]nfanticide*” of intersex children was raised in this Committee’s **LOI for Nepal** under harmful practices,⁶¹ however the **State party ignored the question** in its reply to the LOI.

b) Intersex Genital Mutilation in Children’s Clinics

Intersex genital mutilation remains a **growing practice** in Nepal, with all common forms including partial clitoris amputation and imposition of hormones practiced at public and private hospitals, for example at

- Kanti Government Children’s Hospital (Kathmandu),
- Bir Hospital (Kathmandu, National Academy of Medical Sciences),
- Om hospital (Kathmandu),
- Dhulikhel hospital (Dhulikhel, Kathmandu University teaching hospital),
- BP Smriti Hospital (Basundhara) and
- BP Korala Institute of Health Sciences (Dharan).⁶²

Intersex children are also **sent to India** for IGM,⁶³ highlighting the need for protection from extraterritorial violations.⁶⁴

“*[F]orced genital mutilation of intersex persons*” was raised in this Committee’s **LOI for Nepal** under harmful practices,⁶⁵ however the **State party ignored the question** in its reply to the LOI.

Already the **2016 CRC Concluding observations** explicitly criticised

*(c) Cases of medically unnecessary surgeries and other procedures on intersex children before they are able to provide their informed consent, which often entail irreversible consequences and can cause severe physical and psychological suffering, and the lack of redress and compensation in such cases.*⁶⁶

and **recommended** that Nepal

(c) Ensure that no child is subjected to unnecessary medical or surgical treatment; guarantee bodily integrity, autonomy and self-determination to the children concerned; and provide families with intersex children with adequate counselling and support;

(d) Undertake investigations of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide

60 Research by Esan Regmi and Parsu Ram Rai

61 CEDAW/C/NPL/Q/6, para 8(d)

62 Research by Esan Regmi and Parsu Ram Rai, based on interviews with persons concerned, their parents and in hospitals. For evidence from medical publications, see <http://stop.genitalmutilation.org/post/Intersex-Genital-Mutilations-in-Nepali-Hospitals-Pt-2>

63 *ibid.*

64 Extraterritorial violations involving IGM criticised by CEDAW, see CEDAW/C/LIE/CO/5, paras 35+36(c)

65 CEDAW/C/NPL/Q/6, para 8(d)

66 CRC/C/NPL/CO/3-5, paras 41(c)

redress to the victims of such treatment, including reparation and/or adequate compensation;

*(e) Educate and train medical and psychological professionals on the range of sexual, and related biological and physical, diversity and on the consequences of unnecessary surgical and other medical interventions for intersex children.*⁶⁷

However, to this day the **government fails to act.**

c) Forced Marriage

There are reports of **expulsion of adolescents from their families** and of **forced marriage** to avoid conspicuousness, often in combination with pressure to being submitted to IGM too.⁶⁸

This Committee's **LOI for Nepal** raised "*forced marriage*" of intersex persons under harmful practices.⁶⁹

However, the **State party ignored the question** in its reply to the LOI, and to this day the **government fails to act.**

d) Stigmatisation, Massive Bullying and Abuse

There are reports of **massive bullying** preventing intersex children from attending school,⁷⁰ and generally of severe **ostracism, stigmatisation, discrimination and abuse.**⁷¹

"[A]buse" of intersex persons was also included in the 2018 **CEDAW LOI for Nepal** under harmful practices,⁷² however the **State party ignored the question** in its reply to the LOI.

Already the **2016 CRC Concluding observations** explicitly criticised

*(a) Lack of awareness of issues related to intersex children in Nepal and the high levels of stigma and discrimination faced by intersex children;*⁷³

and **recommended** that Nepal

*(a) Conduct awareness-raising campaigns to combat stigmatization of and discrimination against intersex children;*⁷⁴

However, to this day the **government fails to act.**

4. Lack of Access to Needed Health Care (CEDAW Art. 12)

For intersex children from less affluent families, **lack of access to needed health care** can be a serious problem, often **compounding** bullying, ostracism, stigmatisation, discrimination and abuse.⁷⁵ However, to this day the **government fails to act.**

67 CRC/C/NPL/CO/3-5, paras 42(c)-(e)

68 Research by Esan Regmi and Parsu Ram Rai, based on interviews with persons concerned.

69 CEDAW/C/NPL/Q/6, para 8(d)

70 <http://stop.genitalmutilation.org/post/Stigma-and-Bullying-Intersex-in-Nepal-Pt-4>

71 Research by Esan Regmi and Parsu Ram Rai, based on interviews with persons concerned, and documented in "Stories of Intersex People from Nepal" and submissions to CRC and CEDAW.

72 CEDAW/C/NPL/Q/6, para 8(d)

73 CRC/C/NPL/CO/3-5, paras 41(a)

74 CRC/C/NPL/CO/3-5, paras 42(a)

75 Research by Esan Regmi and Parsu Ram Rai, documented in "Stories of Intersex People from Nepal.

See also <http://stop.genitalmutilation.org/post/Denial-of-Needed-Health-Care-Intersex-in-Nepal-Pt-3>

C. Suggested Recommendations

The Rapporteurs respectfully suggest that, with respect to the treatment of intersex persons in Nepal, the Committee includes the following measures in their recommendations to the Nepali Government (in line with this Committee's and CRC's previous recommendations on IGM practices).

Harmful practices: Intersex people

The Committee remains seriously concerned about reports of infanticide and abandonment of intersex children, about cases of medically unnecessary and irreversible surgery and other treatment of intersex children and adults without their informed consent, which can cause severe suffering, and the lack of redress and compensation in such cases, and about reports of intersex persons being denied needed health care, and cases of children prevented from attending school and unable to obtain official papers.

In the light of its joint general comment No. 31 (2014) and No. 18 of the Committee on the Rights of the Child on harmful practices, the Committee recommends that the State party:

- (a) Combat infanticide and abandonment of intersex children;**
- (b) Ensure that no-one is subjected to unnecessary medical or surgical treatment during infancy or childhood, adopt legislation with a view to guarantee bodily integrity, autonomy and self-determination to persons concerned, and provide families with intersex children with adequate counselling and support;**
- (b) Undertake investigation of incidents of surgical and other medical treatment of intersex persons without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation;**
- (c) Systematically collect disaggregated data on harmful practices in the State party and make information on the ways to combat these practices widely available;**
- (d) Educate and train medical professionals on the harmful impact of unnecessary surgical or other medical interventions for intersex children, and ensure that the views of intersex persons are fully considered by the interdisciplinary working groups established to review these procedures.**
- (e) Ensure that all intersex children have access to legal documents including birth certificates.**

Intersex Genital Mutilations Human Rights Violations Of Children With Variations Of Reproductive Anatomy



**NGO Report
to the 6th Report of Nepal
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