

Genitoplasty in Indian infants: medicine's achievements and misses, bioethics and culture

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Abstract

The objective of the present article is to discuss the bioethical aspects of recent genitoplasty practices in female babies in India, taking into consideration psychological, physiological, social, cultural and historical issues that influence such practice. The methodology was based on reviews of articles published in the databases of Scielo and Pubmed websites and on the reading of books which could validate our reasoning. In the discussion, historical and mythological aspects that have built the current position of the woman in the Indian society were addressed, by gathering culture concepts and social subjects related to the theme. Among arguments against the performance of genitoplasty, harms to the girl's health were highlighted, and mainly the ethical questioning of parents and doctors attitude. Through the analysis of all these factors, it was concluded that the result is harmful to the infant and some measures for the extinction of the procedure were suggested.

Key words: Sex reassignment surgery. Societies. Gender identity. Women. Indian medicine. Culture. Bioethics.

Resumo

Genitoplastia em bebês indianas: encontros e desencontros da medicina, bioética e cultura

O presente artigo visa analisar os aspectos bioéticos relacionados às recentes práticas de genitoplastia em bebês do sexo feminino na Índia, levando em conta os principais aspectos que influenciam essa prática sob os pontos de vista psicológico, fisiológico, sociocultural e histórico. O método baseou-se na revisão bibliográfica de artigos publicados em base de dados como Scielo e Pubmed e na leitura de livros-texto referentes ao tema. Na discussão, foram analisados aspectos históricos e mitológicos que contribuíram para a construção da posição atual da mulher indiana na sociedade, reunindo conceitos de cultura e aspectos sociais associados ao tema. Entre os argumentos contrários à realização de genitoplastia se destacam os prejuízos à saúde da menina e, sobretudo, o questionamento ético da atitude de pais e médicos. Mediante a análise de todos esses fatores, concluiu-se que o resultado dessa prática é nocivo à bebê e foram sugeridas medidas para a extinção do procedimento.

Palavras-chave: Cirurgia de readequação sexual. Sociedades. Identidade de gênero. Mulheres. Medicina indiana. Cultura. Bioética.

Resumen

Genitoplastia en bebés de la India: acuerdos y desacuerdos de la medicina, la bioética y la cultura

Este artículo tiene como objetivo principal el análisis de los aspectos bioéticos relacionados a las recientes prácticas de Genitoplastia realizadas en bebés del sexo femenino en la India, teniendo en cuenta los principales aspectos que influyen dicha práctica desde un punto de vista psicológico, fisiológico, sociocultural e histórico. El método utilizado se ha basado en el estudio bibliográfico de artículos científicos sacados de páginas web, tal como Scielo y Pubmed, y en la lectura de libros de texto referentes al tema. En la discusión, se analizaron aspectos históricos y mitológicos que contribuyeron a la construcción de la posición de la mujer india en la sociedad, reuniendo conceptos acerca de la cultura y aspectos sociales relacionados al tema en cuestión. Entre los argumentos en contra de la realización de la Genitoplastia se destacan los daños causados a la salud de la niña y, sobre todo, el cuestionamiento ético de la actitud de los padres y de los médicos. Tras analizarse todos los factores concernientes, se llega a la conclusión de que el resultado de esta práctica es nocivo al bebé y fueron sugeridas algunas medidas para la extinción del procedimiento.

Palabras-clave: Cirugía de reasignación de sexo. Sociedades. Identidad de género. Mujeres. Medicina India. Cultura. Bioética.

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Genitoplasty, or sex reassignment surgery is a surgical procedure performed on the genital organs, reproductive organs in men and women who wish to obtain the sex (gender) which does not correspond to the anatomical sex of theirs ¹. A sundry of techniques are put in place for the realization of the procedure and the indications are alluded to the symptoms and to the infirmities, pursuant to each case.

The feminizing genitoplasty, which is more commonplace, is the case for girls with ambiguous genitalia, due to congenital hyperplasia of the adrenals, among other causes, and their outcomes are not always satisfactory.^{2,3} A study undertaken by the College of Medical Sciences of the State University of Campinas (Unicamp) pointed up several cases of urinary infection, clitoral atrophy, excess of labia majora and persistence of urogenital sinus ². For the masculinizing genitoplasty, the technique developed by Browne is often utilized, which is studied in researches with a large group of patients having disorders of sexual development (DDS - a Brazilian acronym), who are treated in a single reference hospital. The majority of the patients with DDS who undergo masculinizing genitoplasty through this technique has shown they are satisfied with the surgical outcomes. Nonetheless, many present their gripes about penile size, sexual activity and urination ⁴. It is important to point out comments on sexual unsuitability after the surgical correction of the genitals during infancy, which stress the relevance of the psychological and social aspects entailed in the early attribution of the gender ⁵⁻⁷.

The development of genitoplasty has been having a bearing on the behavioral standards, especially on those countries where, for cultural reasons, there is high regard for the masculine gender in detriment of the feminine one. As it is the case in India, whose patrilineal structure of kinship grants men with the social rights which are denied to women (such as inheritance) yet compelling families to the need for a dowry in order to have their daughters married. In these adverse circumstances to the feminine gender, families end up with the preference for male sons. Thus, Indian women who previously would undergo abortion upon finding out they were expecting a daughter, began to see the sex reassignment surgery of the infant as an alternative.⁸ Intervention is performed in order to meet the parents will, meaning they will have a conceptus of the masculine gender ⁹. It is noticeable how this procedures has been set out for some decades in cases of ambiguous genitalia ²; doctors from Indore, in India, are used to claiming that it is a case of hermaphroditism

in children so as to bear out the realization of the surgery ¹⁰.

Beyond clinical indication for the cases of hermaphroditism, there is no medical regulation on surgery in India, a reason for which its realization has been more and more often. For one who lives in a society with western standards, it is hard to concede that misogyny, cultural attitude of animosity to women merely for them being women, may achieve such dimensions. It is the essence of a procedure and of a sexist ideology, besides being a bracing for women's oppression in societies repressed by males ¹¹. The lack of freedom and opportunities in society, aimed at the Indian women, the fact that it is costly for one to raise a daughter, besides the Hindu belief that only the male son brings salvation, contribute to the issue that parents prefer the birth of a boy, hoping for prosperity for the family ¹².

Short history of current Indian society

In order to contextualize the historical process and the cultural factors which still impact current Indian society, some topics are presented as follows, concerning the main religion and its influence in the social structure and in kinship relations.

In India, Hinduism is a dominant belief and its philosophy surrounds every aspect of daily life. Its origin is supposedly linked with the arrival of the people of Aria (originally from the oriental region of the Persian Empire) to the subcontinent, approximately in 1500 B.C. – when they brought over to central Asia their own gods. The people of Aria and their descendents held a verbal form of holy literature, the *Vedas* (knowledge). Nowadays four Vedas are known: *Rigveda*, *Yajurveda*, *Samaveda* and *Atarvaveda*, each one with four sections: *Samhita*, *Brahmanas*, *Aranyakas* and *Upanishades* ¹¹. Despite the handsome amount of deities, the Hinduism philosophy is essentially monotheistic. All the gods are aspects of the supreme spirit of Brahma ^{9, 12}. The division of the Indian population in a hierarchy of castes is rooted in the Hindu doctrine of transmigration of souls. In current life, it is not possible to stay aloof from the caste one has been born and the latter is the by-product of how one had been in the previous life. Religion and the stiff social order connect to the concept of virtue. Being born a woman is considered, by such axiom, as the aftermath of the bad deeds done in past existence. Thus, there is the definition of a fate (*karma*) which justifies the inferior position in which women find themselves

in society¹². The Hindu legend says that when the Devine craftsman created the first woman, he realized that the making of the first man had cost him matter; therefore, he formed the first woman with the remaining of it¹³.

The laws of Manu (Canonical code of Hinduism, assembled in centuries II or III AC) set out that women must venerate her husband as a god¹². This code did proffer an opinion against women through remembrance phrases of the primitive Christian theology: *Source of dishonor are all women; it is therefore suitable to avoid women*¹³. In spite of returning to traditional culture, the discrimination grounded in the castes was rejected by the Indian Constitution, as of January 26, 1950¹⁴, in accordance with the democratic principles which founded the nation. The boundaries of castes should have vanished; nonetheless, they still remain, mainly in the rural zone of the country. The castes system in India is a major social division in the Hindu society, although it also has been observed among followers of other religions⁹.

Bluntly, a caste may be defined as a hereditary group, in which the individual's condition goes on from father to son. The group is endogamous, that is, each constituent may only marry to people from his/her own group. At the top of the hierarchy of the castes, there are the Brahmins (priest and scholars), who have been born originally from God's head, Brahma, and who comprise 15% of the Indian society. The kshatriyas (warriors) were born from the arms of Brahma and carry out tasks of political and military kinds; the vaiśyas (traders) were born from the lower limbs of Brahma; the śhūdras (servants: farmers, craftsmen and workers) were made up from the feet of Brahma. There are, still, two classes apart from the castes; the dalits, untouchable, who are those that violated the system of castes or whose ancestors had done so, and for this reason, they carry out impure works, such as sewage cleaning, garbage collections and the handling of dead people. The jatīs do not take part in any specific caste and have the issue of gaining respect from superior castes, by adopting habits that had been nurtured by the Brahmins. As a rule, they hold liberal professions inherited from their forefathers and they are not re-signified by the Hindu tradition¹⁵.

After their Independence, in 1947, the Indian government prohibited the practice of *sati* (a ritual in which the widows were burned together with husbands) and allowed that they could marry another time. Theoretically, women have leveled off with men in just about all the sectors of social life,

in positions and opportunities. The law of the Factories, as of 1948, gave a stimulus to the creation of daycare centers; the Law of Succession, as of 1956, assured to women the right to inherit properties; in 1971, abortion was passed into law¹². Sadly, the minority of these laws has effectively been applied and all this legislation has not yielded social changes. The remaining of prejudice which surrounds women becomes crystal clear, starting from the assessments of the high rates of feminine illiteracy^{15,16}.

According to the Hindu religious and cultural principles, it is up to the oldest man to light up the mortuary pyre of his dead father. It is humiliating for a man to not have male sons and have to count on close relatives in order to fulfill this duty. Hence, male sons are most desired for they honor the father's name as he dies and for making it possible for the family to enrich with the profits originated from the wedding of the male sons¹². It is wise to warn that this description may not be taken as an unconditional truth, since India is not a cultural, nor religiously monolithic society. The model of behavior described, related to the traditional differences among the castes, plays its influence in a non-uniform fashion in the different regions of the country. This assumes the existence of different arrangements and structures of kinship, depending on the place of residence, the different types of line of transmission of inheritance and on the importance of the family inheritance of the spouses¹⁵.

In India, it is observed behavioral differences at the demographic and socio-economic plans. In the northern region, women do not have access to inheritance nor pass on ownership rights and the age of marriage is particularly precocious. Marriage is dominated by the search for alliances among groups, in forums in which women do not have the authority to take part or to influence in the deliberation. A woman originally from another group constitutes a risk for the family which receives her, in which there is the need to "re-socialize her" in order for her to partake the husband's family and to support their interests. The young women's chastity before marriage is the family's honor and so as to ensure this, people get hold of the "*pardah*" practice – seclusion of the young women for the purpose of "protection". This way, gender segregation is a rule, inclusively of the productive activities in which women will occasionally take part^{15,17}.

In some circumstances and according to the religion, when an Indian youngster gets married, she stays practically isolated in the house and the new family, being subject to the powers of her hus-

band and relatives. She needs to ask for permission to go to the doctor and visit her mother, and, she does not have the right to proffer an opinion on how many children she will have. She only has a little more authority when she becomes a mother and, even though, she owes submission to her mother-in-law.^{12, 15, 17.}

The matrimonial system which prevails in the South of India is widely distinct, with forms of preferential marriage, between crossed cousins. Men cooperate both with his family of origin and with the family of alliance. Women, at times, may transfer ownership rights to their descendents and marry to ones within close families. There is relative equality of *status* between the Family group of origin and the group which they begin to integrate by way of marriage. There is less distancing among genders in the knowledge networks and work networks. In the South, women get married later, they have a little less numerous descendent, a better level of academic education and higher rates of activity. Infant mortality is likewise lower in these regions of India^{15, 17.}

Objective

The goal of this work is to discuss the Indian cultural issue and the current customs, under the eyes of bioethics, employing focus on the procedure of gender-changing in newborn girls in India. The process entails circumstances pertaining to the parents' decision, absence of autonomy on the part of the children, the reproductive function, sexuality and psycho-social health of the child, in addition to doctors' attitude in performing the surgeries and the Indian society itself, which places women in a position of inferiority.

Materials and method

The article at hand has been idealized starting from the report "Indian doctors operate sex-change in girl babies"^{10.} The data utilized for the analysis developed from this theme has been obtained from the Scielo and Pubmed databases, taking into consideration as key-words "gender identity"; "India"; "Society" and "women". In order to underpin the theoretical development and the reflection on the matter, textbooks have also been utilized, books on Indian society, specifically focused on the historical and socio-cultural aspects of the ethnic groups of that country^{11-13, 18-22.}

Discussion

In localities whose manifested preference is for male sons, the use of new medical T technologies has been promoting feminine feticide. Ultrasound scanning has made it possible to determine the baby's sex during gestation, allowing for its interruption in the undesired cases. Stories about births and data collected by census in Asia, above all in China and India, reveal an exceptionally high proportion of births of boys, as well as boys under five years of age. This verification suggests the occurrence of selective feticides and infanticides of sex in the two most populous countries in the world. In this sense, it is feasible to think that the gender discrimination begins, in these places, even before a child's birth^{9.}

The report which originated this article deals with the horrifying denunciation brought up by the Indian newspaper *Hindustan Times*. It is estimated that around 200 and 300 Indian girls, at up to five years of age, would have underwent genitoplasty in the city of Indore, with about a million and 737 thousand inhabitants, in the state of Madhya Pradesh, at 807 km to the South of Nova Deli, the country's capital. The price of the surgery is approximately 3,200 dollars. This value, besides surgery, confers the right to hormonal treatment which complements the procedure and allows for the transformation of the girl into a boy. According to the report, parents of other religions of India would be searching for clinics at Indore to perform the procedure^{10.} It is worth noticing that in this work, the surgical techniques adopted by the medical surgeons in India had not been assessed, or the issues related to infections and materials used for the procedure.

Through an official statement from the National Commission for Protection of Child Rights in India, it is possible to read that *the phenomenon of gender discrimination and the precarious survival of girls, mainly in fetal state, is a very severe problem and that it requires urgent intervention*^{23.} International organizations in defense of women are pressing the Indian government to assess what is being called "social madness"; however, there are not any news of movements targeted at inhibiting such events^{16, 24, 27.}

Authors like Bose, a demographer, and the economist Sem^{23,} cited by Lawn, Simon and Zupan, have called the attention to the "missing" women in India for more than a decade. Feminine fetus abortions have increased by means of the new medical technologies and families often press pregnant women to abort, when the fetus has the feminine sex. Tests that determine the gender are illegal in In-

dia, but the center for *in vitro* fertilization frequently are able to make the diagnostics and the abortion by a doctor is easily achieved^{8, 17, 23}.

The preference for boys in India, still today, brings about cases of poor families that leave babies of the feminine sex to die, which would not happen if the babies were boys. In face of this preference, it is noticeable the rise of sexual reassignment surgery in girls, still as babies, as a solution to a situation considered "disgraceful"^{10, 15}. This cultural standard is verified by the comparative numbers of the 2001 and 2011 census, which tell an old and cruel story: the systematic elimination of girls^{24, 28}. According to data projections from the 2011 census and other national statistics, 700 thousand girls are not born because of abortions performed as soon as the fetal sex is discovered. The proportionality between the two genders at the age range of 0 to 6 years of age has been decreasing year by year, that is, there is disparity of genders in India along with acute decreasing of birth of baby girls^{10, 23, 28}.

These episodes threaten the perpetuation of the species, attempting against human dignity, at its basilar principle of respect to people and injure all and any democratic constitution of the rule of law. It is all about sexist hegemonic power, with masculine gender dominance, leaving women in a position of vulnerability and failure of protection. In terms of sexing, it is important to take heed of the association of this practice with eugenics, conceptualized as a genetic improvement of the races. This topic is rather controversial, as seen in the rise of the Nazi ideology, whose basis had been underpinned in the racial purity which ended up in the Holocaust. Considering femicide as a eugenic policy conjures the atrocious aspect of genetic engineering and, in this sense, it is relevant to warn that, in the past, the eugenic movement wound up promulgating in several countries, laws which would determine compulsory sterilization of bearers of severe hereditary diseases.

This question may be evaluated and thought on under the eyes of some bioethical principles pointed out by Beauchamp and Childress²⁹ and known as principles-prone bioethics - "principlism". "Principles-prone" bioethics is a set of basic postulates which, even without an absolute character, it assists in the ordering of bioethical debates³¹. Besides these, the concept of human dignity also gain focus, as an analytical element, whose conceptual basis is defined in the Kantian categorical imperative²² which takes into account that every human being must be, in principle, an end in itself. The person's dignity would be the goal for which the

other principles should target. That is, the intrinsic value of every human being makes him/her one who deserves respect and consideration³⁰.

Getting back to Beauchamp and Childress²⁹, the principle of non-maleficence would be the obligation of not causing any damages; while beneficence seeks to promote well-being, employs precautions and remove damage. These principles are confirmed as the professionals in question must have *the drive or the active endeavor to promote happiness and well-being for those who surround us*²⁹. It is questioned which benefit there is in the procedure performed in Indore? For whom? It seems to us a full inversion of values with the laying down of customs in detriment of well-being of human beings and their time to come.

All these questionings have as background the great technological and scientific development, specifically in the fields of biology and health, taken upon since the second half of the past century, bringing about many benefits, inclusively treatments and cures of diseases, bringing hope to the betterment of life quality. Nevertheless, these advancements bring along an implicit series of incoherence elements, for the technological subject, an outcome of all this development, takes on owning powers to change the foundations of life, to create and destroy itself³¹. This reflection goes forward in the direction of understanding that every technology has as its principle to benefit human beings and not enthrall him in a social suffering production web - and every techno-scientific development should serve the community and not economic interests.

In Indore's case, the bioethics principles were denied and dismissed. Genitoplasty in babies does not offer benefits to the patient as to her physical and psychic health and has a definitely equivocal indication. The priority is driven to the family and to society, renouncing the right to human beings dignity. In this context, it is very relevant to point up that India is a signee of the Ottawa Declaration, on the rights for child health care, adopted by the 50th General Assembly of The World Medical Association (AMM) in October 1998, and that the facts so denounced, similarly infringe the *Universal Declaration of Human Rights* and the *Convention on Children Rights*, adopted and proclaimed by the United Nations General Assembly, respectively, in December, 1948 and November, 1989.

It is worth pointing out that health professionals involved in this surgical practice have put their interests above ethical questions. They have acted contrary to the fundamental principles of bioeth-

ics, which should guide their activities, not taking into account their social citizenship roles³². Thus, there is disrespect to medical ethics, since the practices and requirements based on Science are not being taken heed of, which are necessary for the diagnostics, therapeutics and setting up the prognosis of patients – so much evident in the medical profession. In order to do so, a doctor is to coherently distinguish and act with bioethical reasoning upon a prudent posture in face of each case, always seeking the best for the patient. *Phronesis*, conceptualized as practical and circumspect wisdom, orients actions by the principle of search for what is good and by the denial of what is bad. Exercising judgment on moral matters is a task which goes beyond the role of a health professional. Clinical judgment is, firstly, an exercise of *phronesis*, that is, the ethically correct way of performing the profession while aiming for the best to the patient³². This virtue, proposed by Aristotle, permeates the importance of respect to dignity, to the values of each patient.

Starting from the Indore city doctors' justification, stating that they only operate on hermaphrodite newborns, the existence of a numeric aberration is evident, being relative to the statistical data, namely: true hermaphroditism is *an intersex condition which is extremely rare*³³. Accordingly, although the data related to the number of surgeries are imprecise, the likeliness of the occurrence of 300 babies which are bearers of the disease in a city with one million inhabitants is very low. This way, it is possible to question the posture of the professionals who performed this procedure, and indeed, infer that the surgery of sex reassignment took place by means of the family's request but not due to pathological aspects. Within this pattern, it is worth pointing up that the commercial Independence devised the autonomy of thoughts, shaping the societal group in a space-temporal structure which discriminates social life between couples.

It is necessary to emphasize, yet another controversial point which is the indication of genitoplasty itself for babies with hermaphroditism. It might be indicated when the disease is characterized by the presence of ambiguous genitalia and when the lack of correction could hinder his/her self-image, especially during the pubescent stage. However, there is no justification for genitoplasty in healthy babies, since these individuals may deep a full life without this complex surgical intervention, for not only is the procedure itself too risky, but still there is significant aggravation after the surgery, with se-

rious secondary problems⁴ due to the necessary therapeutics in order to keep the chosen sex.

The indication of genitoplasty is intended for specific cases and according to protocols well defined by associations of specializations⁴. The surgical treatment, besides irreversible, must be preceded by some specific behaviors⁴. The first phase which precedes surgery consists of the patient's psychological assessment accompanied by several pieces of information about the procedure and its consequences. This allows for deconstructing future unreal expectations. Laboratorial exams of hormonal doses are also performed in this phase. In a second stage, patients must undergo the "real life test", being subject to a hormonal therapy based on androgenic hormones, such as testosterone and living in the same way as the opposite sex during the minimum period of two years. The effects of this treatment consist in amenorrhea, increase of libido, clitoris, muscle matter, increase of hair thickness of the face and bodily parts, besides aggressiveness. This period is indispensable and it is a requirement for the performance of the procedure, because it makes it possible for the patients to change their opinions – which takes place in some cases. Parents' education, as well as their interactions with the children has a bearing on the formation of the gender/sex⁶ identity.

In the study case in this article, there is no time for the indicated phases to be undertaken, even less the possibility of the patient's choice, that is, the full unconditional absence of autonomy. As babies, they do not wield reasoning so as to allow for the performance of the surgery, and, much less, self-opinion to consent to the tests – the decision comes fully from the parents and according to their suitability

In accordance to the literature, the procedure performed is irreversible and needs a confirmation period from the patient's will, through the administration of masculine hormones in high doses, for a long period. Still, this surgery creates inequality within the biological/psychological/physiological situation of the individual being and his/her sexual organ, conjuring a potential for the individual to develop disorders in the future.

Taking into consideration the importance that the genitalia go along with the biological, physiological and genetic determinants, intrinsic to any person, in order that this person develops with a healthier gender/sex identity, the forced choice of the gender goes against this physiological order, interfering with the future sexual performance, such as in the case of infertility. The North American In-

tersexual Society and some other groups consider the surgical procedures of ambiguous genitalia re-assignment in babies an exclusively esthetic alteration⁷, that is, probably without use. What, then, would they say about the alterations as reported, on healthy babies?

Despite the resistance to the transformations deeply supported in structural standards and in the millenary social organization, the feminist movement in India, originally from the West, beginning from 1970, has been gaining success nowadays – even though it is still limited to the urban middle class, fostering social reforms and implementing changes in the scope of inclusiveness of Indian women in society – and is able to modify slowly and gradually, but indeed significantly, the Hindu culture related to the male son. Professions regarded as prominent, such as journalism and advertisement have been tamed by women. Popular movies began to characterize women as smart and some Indian women already consider themselves independent, they attain interesting jobs and a more agreeable relationship with their husband. It is paramount to emphasize that important deities of Hinduism are women, becoming elements of great moral power¹².

Another controversial aspect is alluded to the appreciations concerning the culture. For Tylor¹⁸, culture is an acquired condition which means the *expression of totality of social life of men*. Boas¹⁹ considers that culture determines the social organization and that human groups are characterized by *plasticity, instability and interbreeding*. Finally, according to Durkheim²⁰, civilization is a set of social phenomena which *have, necessarily a cultural dimension, for they are also symbolic phenomena*. In accordance with the authors, culture is also the mechanism of cohesion and unity of a society. The author's conclusion is that the culture of peoples may be considered as a long run construction and it may vary according to historical, social, political and geographical determinants. As we observe Indore's case on this premise, some concepts may clear out the tension between maintaining and changing cultural traits.

In these circumstances, it is not possible to demand the sudden change in Hindu cultural standards, related to the role of women, since it would jeopardize all Indian society's organization. This defies the transformation of collectivity, taking heed of the existence of a standoff between biological sciences and social sciences pertaining to this. Upon prioritizing the cultural perspective and the maintenance of symbolic and organizational structures of

a society, it is possible to be sentencing individuals to a condition of suffering, such as the babies in this article, the women who suffer infibulation (genital mutilation) in Africa or in cases of infanticide among Brazilian indigenes. It is worth remembering that under the aegis of the not interfering in cultures, often, millenary ones, some atrocities still persist in contemporary world. How far must society keep this type of omission?

That goes contrary to the attempt of altering the cultural standards, even for the well-being of the individuals affected, likely contributing the social disaggregation in that population. As human beings live and organize themselves in societies and the latter are comprised of culture, this type of situation, in which culture itself prescribes social rules that negatively affect some of its individuals, commonly the vulnerable ones, creates impasse still not sufficiently worked out in the academic front.

It is wise to warn that since the beginning of human civilizations, traditions were brought along to the societal groups in the name of God. Likewise, how is it admitted that, in the name of millenary cultural traditions, regimes of exclusion are maintained? Thus, the performance of genitoplasty in babies does not lose its noxious feature, since it is all about an invasive procedure which will definitely hinder the child's health in its physiological, psychological and social aspects.

At last, it is known that India constitutes a democratic State of law, whose ultimate principle is dignity of human people. This principle has gained its classical formulation by Kant: *In the kingdom of objectives, all have a price of a dignity. When something has a price, it may be replaced by something equivalent; on the other hand, the thing that above all prices and for this reason does not admits any equivalence constitutes a dignity*²².

The situation in the city of Indore, in India, is a declaration of disrespect to human dignity, even more aggravating as it pertains to children's vulnerability. The concept of vulnerability has come to widen the conceptual foundations of bioethics. In Resolution 196/96 of the National Council of Health, it is set out as *a state of people or groups that, for any reasons or motives, have their abilities of auto self-determination reduced, above all concerning the free and clarified consent*, end recommends, in item III.1, that the observance of the ethical principles in research implies *protection to the vulnerable groups (...) the research should always treat them I in their dignity, respect them in their autonomy and protect them in their vulnerability*³⁵.

It may be complemented, still, this concept with the characterization that the vulnerable individual (...) *has a fragile citizenship which ignores the relevance of the right to physical integrity as a condition to access the social, economic, political and labor rights* ³⁶.

Life and individuality may not acquire, under any circumstances, commercial value. Children are not merchandized, so that, for economic reasons or for social prestige, they would have their sex altered in order to meet the needs of their parents, undergoing religious or social forces. A vida e a individualidade não podem adquirir, em nenhuma circunstância, valor comercial. The choice for sex re-assignment should be taken by the subject/citizen, as he/she reaches full legal age and autonomy for self-sufficiency. Family strength would stay restricted to the decisions concerning children's health, and the later, for the fact that they represent one of the end points of society, need to be safeguarded.

Final considerations

It is believed that the proposed discussion in the goal of the work has been achieved in the historical, ethnic and religious perspectives of India. The clarification needed for understanding the reported episodes have been cleared out starting from the research and discussion with strong cultural context of the country, winding up with some approaches deemed as pertinent. This debate becomes relevant on the basis of the attempt to figure out the motivations that generate the behavior presented in face of this new technical possibility of contemporary medicine, while intending to denounce the abuses done against human dignity on vulnerable individuals, like the children.

Under the point of view of bioethics, it is known that this practice jeopardizes both health

professionals' health involved and the right for self-determination on the part of the patients. When performing the surgery of sex re-assignment on babies, doctors disrespect the fundamental precepts of bioethics, causing harms and developing irreversible damage to these children. Therefore, this conduct is unacceptable, because it vulgarizes the procedure and leaves behind the indispensable care to the patients. Concerning the parents, it is feasible to notice that they are strongly pressed for a cultural model which weakens the feminine figure. It is left only, to question how far a family has the right to change the sex of their own daughter. In this, we may stress that, in what all the power is conferred, a power originated from wide technological and scientific development; nothing must separate the individual from the principles that steer human beings' dignity.

After this appraisal, it is possible to infer on the fragility of the State as a disciplinary and overseeing body of the on-going norms and guidelines in the country and also, agreed upon by means of consignments with other countries. The cultural order manifested through the times is imperative on the laws and on human dignity, on the brink of irrationality. It is believed that the international organizations must manifest to the Indian government the outrage of the current world about the facts here described and denounced, charging for changes of position in the intent to protect the children against the abuses pointed up in this article.

Certainly there is much to be dealt with in relation to the issue, while it is not possible to fully address it in this text. However, some actions may be recommended for the purpose of reducing or extinguishing similar procedures, just as a compulsory notification of cases of hermaphroditism (true ones or not) and adequate supervision. This way, there might be some kind of control so that the cases which actually require surgery, preventing hygienic babies to have their natural development restricted.

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Authors' participation in the article

The authors designed and idealized the topic of the work and worded the article in a joint-effort work during the discipline Medical Ethics and Bioethics at the Bahian School of Medicine and Public Health (Ebmsp), having professor Nedy Neves as the advisor.

