

## Guest Editorial

# An Appeal for Supporting Individuals with Disorders of Sex Development in Low Middle Income Country Pakistan

**Versha Rani Rai**, *Assistant Professor Pediatric medicine and Fellow Pediatric Endocrinology. National Institute of Child Health Karachi Pakistan*

**Correspondence:** versharai.sg@gmail.com

**D**isorders of Sex Development (DSD) is discordance between gonadal, chromosomal and phenotypic sex. In low middle income countries like Pakistan, people with conditions of DSD face many problems due to stigmatization, low education level, less and misleading information and above all lack of access to medical facilities expert in dealing these issues. Rate of DSD is very high in our country due to consanguineous marriages as most of DSDs are autosomal recessive in origin. We have highlighted importance of support that these individuals need in form of social acceptance, access to medical need and psychological support.<sup>1,2</sup>

Disorders of sexual development (DSD) comprises various groups of congenital conditions that lead to atypical internal and external genital structures. Causative factors include genetic variation, developmental programming, and hormones. The estimated frequency of genital ambiguity is reported to be in the range of 1:2000-1:4500. Most common cause include congenital adrenal hyperplasia, 5 alpha reductase deficiency, Partial androgen insensitivity syndrome, Turner mosaic and gonadal dysgenesis.

People with DSD often deals with many issues in our society like discrimination, insecurity and non acceptance. Major cause of these issues are societal

misconceptions, false beliefs and lack of right information. It is very important to change this scenerio and develop a healthy environment for these individuals by educating communities, increasing awareness programs, improving healthcare facilities and multidisciplinary team.<sup>3</sup> Access to Qualified healthcare professional including Pediatric endocrinologists, surgeons, psychologists, geneticists, specialist nurses, radiologists, and gynecologists, is needed for peoples with DSD condition. To achieve this goal there are many barriers in Pakistan fragile health care system like limited professionals, lack of standardized protocols, and financial constraints. The psychological impact of DSD is very bad and its important to deal it in right manner to avoid gender identity. People with DSD are prone to experience emotional distress, anxiety, depression, issues of body image and gender identity. Solution to address it is by adopting culturally sensitive psychological support services in order to empower them to lead good lives.<sup>4</sup>

Raising awareness about this condition in form of print and electronic media will eliminate misconceptions and will lead to early health care service seeking behaviour in society.

Supporting individuals with DSD in Pakistan need collaborative efforts from society, healthcare providers, government and DSD support organizations. Lets make environment where people with DSD feel safe, secured, educated, productive and indifferent.<sup>4,5</sup>



### Production and Hosting by KEMU

[https://doi.org/10.21649/akemu.v29iSpecial Issue 3 \(Jul, Sep\).5586](https://doi.org/10.21649/akemu.v29iSpecial Issue 3 (Jul, Sep).5586)  
2079-7192/© 2023 The Author(s). Published by Annals of KEMU on behalf of King Edward Medical University Lahore, Pakistan.  
This is an open access article under the CC BY4.0 license <http://creativecommons.org/licenses/by/4.0/>

## References

1. Lampalzer U, Briken P, Schweizer K. Psychosocial care and support in the field of intersex/diverse sex development (dsd): counselling experiences, localisation and needed improvements. *International Journal of Impotence Research*. 2021 Mar;33(2):228-42. <https://doi.org/10.1038/s41443-021-00422>
2. Bennecke E, Köhler B, Röhle R, Thyen U, Gehrman K, Lee P, Nordenström A, Cohen-Kettenis P, Bouvattier C, Wiesemann C. Disorders or differences of sex development? Views of affected individuals on DSD terminology. *The Journal of Sex Research*. 2021 May 4;58(4):522-31. <https://doi.org/10.1080/00224499.2019.1703130>
3. Rutter MM, Muscarella M, Green J, Indig G, von Klan A, Kennedy K, Weidler EM, Barrett M, Sandberg DE. Creation of an Electronic Resource Repository for Differences of Sex Development (DSD): Collaboration Between Advocates and Clinicians in the DSD-Translational Research Network. *Sexual Development*. 2022 Dec 28;16(4):227-35. <https://doi.org/10.1159/000524629>
4. Lundberg T, Dønåsen I, Hegarty P, Roen K. Moving intersex/DSD rights and care forward: lay understandings of common dilemmas. *Journal of Social and Political Psychology*. 2019 May 14;7(1):354-77. <https://doi.org/10.5964/jspp.v7i1.1012>
5. Babu R, Shah U. Gender identity disorder (GID) in adolescents and adults with differences of sex development (DSD): A systematic review and meta-analysis. *Journal of pediatric urology*. 2021 Feb 1;17(1):39-47.