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## After Correcting His Condition from Intersexual, is There an Educational Needs? A Case Study

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### Abstract

*The phenomenon of gender reassignment among youth has spread globally, including cases of gender correction for intersexual individuals. Given the importance of gender correction as a form of treatment and the risks associated with gender reassignment, this study aimed to review the key educational needs of a case involving gender correction from intersexual to male, where medical procedures were conducted to correct the individual's gender. The study utilized a descriptive methodology, specifically the case study approach. Personal in-depth interviews were used as a tool to collect data from the gender correction case under investigation. The study concluded that the most significant educational needs included acceptance of adversity, contentment, and enhancing feelings of psychological security and peace of mind and undergoing procedures to lengthen and modify the penis. The study recommended the importance of sexual education for children from an early age.*

**Keywords:** Correcting, Educational Needs, Intersexual, Sexual Education, Transsexualism.

### Introduction

The phenomenon of transsexualism has increased globally among individuals, referring to the transformation of males into females or vice versa. The idea originated from the principles of freedom and rights, where every individual has the right to choose their gender based on their inclinations and orientations. This concept has been marketed to adolescents in schools through organized methodologies. This idea has gained acceptance among some adolescents in many countries around the world. Recently, it has begun to spread in Arab countries, which are known for their conservative and religious nature, albeit with a degree of secrecy and privacy. However, the phenomenon is accompanied by risks and ethical and religious violations.

The transformation process involves changing a person's gender from male to female or from female to male through hormonal treatments or surgical interventions aimed at developing or removing reproductive organs (Saleh, 2003). A person may be biologically normal in terms of masculinity or femininity but feels dissatisfied with their assigned gender and wishes to change it to the opposite gender, which they believe reflects their inner feelings and inclinations. This transformation contradicts divine religions. The process of gender transformation differs from gender correction, which applies to intersex individuals, where their gender is corrected to the predominant one, as in cases of intersexuality (Intersexual), which religious scholars have deemed a form of medical treatment or therapy. Gender correction is permissible in Islamic law

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and has been approved by the Islamic Fiqh Council in its eleventh session, stating that it does not fall under the prohibition of "changing God's creation." According to the Islamic Fiqh Council, if an individual possesses both male and female reproductive characteristics, their condition should be assessed based on the predominant traits. If masculinity predominates, medical treatment to remove any ambiguity regarding femininity is permissible, and vice versa, whether through surgery or hormone therapy. This is considered a medical condition, and the treatment aims at healing, not altering God's creation, as is the case with gender transformation (Islamic Fiqh Council, 2004).

The apparent sexual anatomy of the reproductive organs may not match the genetic sex of the gonads. For example, a person may genetically be male, but their reproductive organs suggest they are female, or vice versa. In such cases, doctors may intervene to transform the individual externally into the opposite gender through surgery. However, the surgeon does not actually change gender but restores the individual to their natural state (Al-Bar, 1983).

Muslim jurists have shown interest in the issue of intersexuality, as their jurisprudential works are filled with discussions on this topic and its legal rulings. It represents a mental challenge that requires further attention and research to develop conceptual frameworks for addressing it. Scholars of Islamic law have emphasized that "an intersex individual before puberty possesses reproductive organs of both genders, but after puberty, one set of organs becomes more dominant, either masculinity or femininity. If signs indicating femininity, such as menstruation, appear, the individual is ruled to be female, and male reproductive organs are removed through safe medical treatment. Conversely, if signs of masculinity, such as beard growth, appear, the individual is ruled to be male and treated accordingly. Before puberty, the intersex individual remains in a suspended state until their condition is determined after puberty—whether male or female" (Ibn Baz, 1999, pp. 435–436). Modern medical advancements now allow for the early detection and handling of such cases, relying on various medical examinations.

From a legal perspective, Egyptian law does not address gender correction procedures, their relationships, or transactions, except in Article 46 of Law No. 77 of 1943 on inheritance. The reason lies in the fact that when a newborn is registered, their gender is recorded as either male or female. Egyptian law is incapable of regulating intersex cases, leading to disruptions in the individual's relationships and interactions with others, especially if it is later discovered that their true gender differs from what is officially recorded (Ali, 2009).

Although true intersex conditions are rare, pseudo-intersex cases are not extremely uncommon, occurring at a rate of one in every 25,000 births. Determining the gender of a newborn or adult in ambiguous cases requires a chromosomal map to accurately identify the genetic sex, along with histological examination of the gonads, assessment of external and internal reproductive organs, confirmation of secondary sexual characteristics at puberty, and a general physical examination (Al-Bar, 2005).

Thus, the matter depends on medical examination, and based on the results, gender correction is performed for intersex individuals whose gender is unclear, whether male or female. It is unacceptable, both humanely and religiously, for a group of people to remain without a defined gender in this era of significant scientific advancement and remarkable progress in the medical field. Medical capabilities and equipment now enable the correction of intersex conditions, integrating them into one of the two human genders (Abu Shadi, 2017).

Gender correction for intersex individuals is a necessary procedure with several justifications.

The most important include eliminating confusion, anxiety, and stress caused by gender ambiguity, enabling the individual to fulfill the roles of their true gender, and facilitating healthy social interactions with family, friends, colleagues, and society. Gender correction is also considered a form of medical treatment and neglecting it may be sinful. Correcting the gender of intersex individuals is related to determining the religious rulings associated with their true gender, as these rulings differ between males and females. Examples include inheritance, marriage, congregational prayer in mosques, Friday prayers, family expenses, the prohibition of mixing, and clothing. This underscores the religious necessity of identifying and determining the true gender of intersex individuals to enable them to fulfil the religious obligations corresponding to their true gender. The determining factor in identifying an intersex individual's gender is the location of the urethral opening, which can sometimes lead to diagnostic errors. For instance, an individual may genetically and chromosomally be male, but if the urethra is located below the penis and the scrotum is split, resembling a female vulva, parents may mistakenly assume the child is female and in reality, he is male and can be restored to their natural state through surgery (Al-Bar, 2005). The matter ultimately depends on precise medical examination of sexual hormones and chromosomes.

### **Study Problem and Questions**

Intersexuality is a physiological condition characterized by the presence of both male and female reproductive organs in the same individual. Such cases require careful medical examination to determine which gender the individual is closer to, followed by surgical intervention to transition them to that gender after psychological preparation and assessment of their educational needs. This makes intersexuality a complex issue requiring multidisciplinary attention from religious, medical, psychological, and social perspectives, including the educational dimension.

Doctors may decide, based on medical tests, analyses, and imaging, that an intersex individual is male. Consequently, medical procedures are undertaken to correct their condition to male, enabling them to fulfill their roles and responsibilities. This was the case in the current study, where the individual was corrected from intersex to male, having lived part of their life as both male and female. Therefore, they require various educational needs: physical, psychological, social, and economic, to adapt to their new roles and responsibilities.

Identifying the educational needs of individuals who have undergone gender correction is crucial, according to the current study. This includes understanding the religious rulings related to their new gender and planning appropriate educational programs. Institutions such as the family, school, university, media, and mosque can contribute to addressing and fulfilling these needs. Identifying and meeting these needs helps them integrate into society, facilitates societal acceptance, and enables them to actively participate in economic development. Failure to recognize the educational needs of these gender-corrected individuals may lead to numerous health, social, ethical, and psychological problems, turning them into a negative force that undermines societal progress.

The educational needs of intersex individuals who transitioned to male after gender correction can be defined as deficiencies or lacks experienced due to their transition to a different gender. These deficiencies cause tension, motivating them to take action to achieve satisfaction, comfort, and alignment with their new gender.

One of the most prominent classifications of human needs is Maslow's hierarchy of needs, which organizes needs into five levels based on their importance: physiological needs, safety, love and

belonging, self-esteem, and self-actualization (Fisher & Crawford, 2020). Each level depends on the fulfillment of the preceding one; individuals cannot feel love and esteem until they first obtain food, water, shelter, and sleep (Yildiz, 2021).

The current study focuses on several educational needs of individuals who have undergone gender correction: physical, psychological, economic, social, self-actualization, self-esteem, and cognitive needs. Studying the educational needs of individuals who have undergone gender correction is an important topic, as it guides their behavior, ensures their social role, maintains their health, and aids in selecting appropriate educational programs. This is particularly relevant given the noticeable increase in cases of gender ambiguity (intersexuality) requiring gender correction. According to statements by the head of the Gender Determination and Correction Center at King Abdulaziz University Hospital in Jeddah, approximately 2,000 gender correction surgeries have been performed in Saudi Arabia over 38 years (Sabq, 2023).

*The study addresses two main questions:*

1. What is the concept of gender correction for intersex individuals?
2. What are the key educational needs of the gender-corrected individual in this study?

The study aims to clarify the concept of gender correction for intersex individuals and identify the key educational needs of the gender-corrected individual in this study.

The study derives its importance from addressing the topic of gender correction for intersex individuals through a real-life case study, a subject rarely explored in existing literature.

### *Key Terms*

- **Gender Correction for Intersex Individuals:** Medical intervention aimed at confirming and stabilizing the true gender of an intersex individual, aligning the five elements of gender identity—chromosomes, hormone-secreting glands, body shape, reproductive organs, and psychological makeup—to eliminate conflicts between them without altering or converting the gender. This process is limited to cases requiring medical intervention to achieve a normal human condition, i.e., belonging to one of the two genders. It is considered a medical and therapeutic necessity permitted by Islamic law and accepted by society (Mahfouz et al., 2020, p. 28).
- **Gender Transsexualism:** The transformation of a male into a female or a female into a male through medical intervention. It is also referred to as gender change, involving the conversion of an individual's gender through hormonal treatments or surgical interventions aimed at developing or removing reproductive organs (Munjid, 2019, p. 97).

### **Literature Review**

Several studies have addressed related topics, such as gender identity disorders, including works by (Mukhaymar, 2003), (Al-Bashar, 2007), (Korte et al., 2008), (Abdul-Khalik, 2012), (Al-Bashar & Al-Yousef, 2013), (Hamed, 2014), (Al-Hajj & Al-Rashid, 2015), (Al-Sayyid, 2015), (Al-Rabie, 2015), (Al-Harbi, 2017), (Al-Dajani & Al-Obaidi, 2020), (Kaytan, 2020), (Mahfouz et al., 2020), (Khattab, 2021), and (Amer et al., 2021). Other studies have examined gender transformation from medical, jurisprudential, and legal perspectives, such as works by (Ali, 2009), (Abbas, 2011), (Najim, 2015), (American Psychological Association, 2015), (Abu Shadi, 2016), (Khattab, 2016), (Abdul-Salam, 2020), (Ibn Hasmadi, 2020), (Nasr, 2018), (Ibn Hasmadi & Shamsuddin, 2018), (Munjid, 2019), (Al-Rashid, 2019), and (Al-Anzi, 2020). Additionally,

some studies have focused on intersex surgeries and corrections, such as works by (Saleh, 2003), (Al-Sairaira, 2011), (Ibn Hamla, 2016), (Fayed, 2016), (Abu Shadi, 2017), (Al-Mujallam, 2017), and (Al-Dabbagh & Al-Hyali, 2021).

While previous studies have addressed gender identity disorders, gender transformation, and gender correction from medical, jurisprudential, or legal perspectives, no studies have explored the educational needs of intersex individuals who have undergone gender correction. This distinguishes the current study and fills a research gap in the field of intersex correction studies.

## **Methodology**

The study employs the case study method (Case Study), a descriptive approach. Data was collected using in-depth interviews to explore the key educational needs of gender-corrected individual in this study. Open-ended questions were conducted through the interview.

## **Results**

### *Educational Needs of the Gender-Corrected Case:*

The in-depth personal interview was used in this study to obtain accurate information while ensuring complete confidentiality. The interview time was divided into three phases: the first phase for preparation and rapport-building to clarify the purpose of the interview and the research objectives, the second phase for posing questions and receiving answers, and the final phase for summarizing key points of the interview, expressing gratitude, and concluding. Before conducting the personal interview, the researchers reviewed previous studies on gender correction cases and related terminology to gain a deeper understanding of the case, formulate interview questions, and determine how to document responses.

The researchers conducted an interview with an individual who had undergone gender correction from intersex to male, referred to as "S" in this study. This case was selected for several reasons:

- **S** belongs to a family with three cases of gender correction, making him more knowledgeable about such cases than others.
- **S** underwent gender correction 11 years ago, and by the time of the interview, he had sufficient experience to provide a clear picture of his condition and needs.
- **S** has been married for six years, adding a broader dimension to the current research and expanding the scope of information that can be obtained, including needs that should be provided for gender-corrected cases after marriage.
- **S** completed various educational stages (elementary, middle, high school, and university) and has professional life experiences, ensuring that the information obtained during the interview is comprehensive, deep, and clear.
- **S** graduated from the Faculty of Science, which gave him the opportunity to understand his condition scientifically and articulate it more precisely than others.
- **S** possesses excellent ethics. He was chosen after an eight-month search, ensuring that he would not hesitate to assist the researchers, answer questions accurately, and provide all relevant information which indeed happened, strengthening the research results.

### *Duration of the Interview:*

The interview lasted six hours, conducted over three days, with each session lasting two hours.

Each session was divided into three parts, with each part lasting 30 minutes and a 15-minute break between parts to prevent boredom or discomfort. Refreshments were served during the sessions over the three days.

### **Purpose of the Interview:**

The aims of the interview:

- Gather primary data related to the case, including age, educational level, marital status, occupation, etc.
- Understand the case's history and circumstances from maturity to the present.
- Identify various personal needs (physical, psychological, economic, social, self-actualization, self-esteem, and cognitive needs).

### **Stages of the Interview:**

1. Writing open-ended interview questions to allow free responses, with the flexibility to add follow-up questions for deeper insights.
2. Contacting **S** to schedule the interview time and location.
3. Meeting **S** at the agreed location and building rapport before starting the interview. The meeting took place at a public club, as requested by **S**, in a friendly atmosphere with refreshments. **S** suggested bringing his mother to the interview to provide additional information about his early childhood.
4. Obtaining verbal and written consent from **S** to conduct the interview and record it, emphasizing his freedom to withdraw at any time. The researchers assured **S** that all data collected would remain confidential and used solely for academic purposes.
5. Recording the entire interview with **S**'s and his mother's permission, which enriched the research significantly.
6. Engaging in conversation with **S**, starting with easy questions and progressing to more in-depth ones, paying attention to details. At the end of the interview, gratitude was expressed, and **S** was asked if he had additional information to share.
7. Transcribing the recorded interview content while maintaining confidentiality, preparing it for review by **S** for accuracy or modifications.
8. Analyzing the interview content to utilize it in achieving the research objectives.

### *Overview of Interview Results:*

Below is a summary of the interview content.

#### *1. Primary Data Related to the Case:*

The current study interviewed a gender-corrected case (**S**), who transitioned from intersex to male. **S** is 36 years old, born in June 1988, the eldest of five siblings, married for six years, holds a bachelor's degree in science, and works as an elementary school teacher. Two of his siblings are also intersex and underwent gender correction to become males. The next sibling in birth order is a naturally male brother, followed by a naturally female sister who is married. The father is a farm laborer, and the mother is a homemaker. The parents are cousins and married at a young

## 2. *History and Circumstances of S:*

Based on the interview results, **S**'s development and circumstances can be summarized in four main stages:

(1) Pregnancy and post-birth to End of Third Year of Middle School (Age 15): No unusual signs were observed during the mother's pregnancy, and no medical issues were detected. After birth, **S** appeared to be a normal female based on external genitalia. The mother was unaware of the presence of a hidden penis that could become erect when stimulated. The visible external genitalia resembled female anatomy but with some deformities that went unnoticed. The mother attributed these deformities to the close familial relationship between her and her husband (they are cousins). As a result, the family treated **S** as a female, and he lived as a female at home, outside, and at school until the age of 15.

(2) Adolescence Until Just Before Gender Correction (Ages 15–23): Concerns arose when **S** reached age 15 and did not exhibit typical female puberty signs, such as menstruation or breast development. This prompted the parents to consult a doctor, who suggested that **S** might be male and require gender correction. The family strongly rejected the doctor's advice, insisting on treating **S** as female and hiding the doctor's diagnosis. The family experienced significant anxiety and fear of societal judgment, especially in their conservative rural community. They cancelled any action due to shame and concern for their reputation. This situation persisted until **S** turned 23 in 2011.

(3) Acting for Gender Correction (After Age 23): In 2011, at age 23, **S** consulted a specialist. After conducting physical examinations and DNA/hormone tests, it was confirmed that **S** was male, lacking female reproductive organs (ovaries and uterus). **S** obtained official approvals for gender correction, including a detailed medical report submitted to the Medical Syndicate in Cairo. He began adjusting his behaviors and appearance to align with male norms, such as clothing, hairstyle, and speech.

The surgical procedure involved extracting the penis and testicles from beneath layers of skin. Four months later, the left testicle was successfully extracted. **S** adhered to prescribed medications to ensure the success of the gender correction process. Notably, **S** was fully male except for the external appearance of his genitalia, which initially misled his mother into believing he was female.

(4) Post-Gender Correction: After the gender reassignment in 2011 and the transition to male, he faced another issue related to the penis, as it was short, measuring no more than three centimeters, which might be due to two reasons: First, the layers of skin buried it, preventing it from growing fully. The second, the blatant abuse practiced by the doctor who circumcised him as a child, believing he was a girl, where she removed a large part of it; this later led the individual to undergo a penile lengthening surgery several years later, a procedure that did not contribute to increasing the length by more than one centimeter, bringing it to four centimeters in 2017, and he got married the following year, 2018.

The penis was erect naturally, but the amount of semen was low, especially after the elongation procedure. The case (**S**) could not conceive after marriage due to the low amount of semen, which led (**S**) to resort to having children through in vitro fertilization in the hope of conceiving. Unfortunately, the procedure failed.

The most prominent issues faced by the case (S) after the gender reassignment surgery:

- The necessary procedures for corrective surgeries include the approvals from the Medical Syndicate, the hospital where the surgery will be performed, scheduling an appointment for the surgery, and others.
- Civil status procedures, such as obtaining a national ID card, and the subsequent need to change his name on the educational certificates he has obtained.
- The expenses required for this type of operation are significant.
- Routine procedures and long-term appointments are necessary if the patient wishes to benefit from government hospitals.
- The community's weak acceptance of the situation after the correction.
- The difficulty in marriage stems from people's lack of acceptance of gender reassignment cases.
- The challenge of undergoing fertility treatments stems from the significant financial expenses associated with these procedures.
- The psychological pressures that the individual experiences before, during, and after gender reassignment.
- Exploiting such a situation as media material incorrectly at times.
- The transition to a male life was challenging, and the individual spent a significant amount of time (23 years) living as a female.

*The educational needs of case (S) after gender correction.*

(1) Physical needs: These are the apparent needs that are related to his physical makeup, and the most important of these needs are performing operations to lengthen and modify the penis. Improving the erection process to achieve more compatibility in marital relationships. The necessary medical care to increase the production of sperm to improve reproductive capacity. Providing medical services after correction (medications, hormones, etc.). Providing preventive services and follow-up after the correction operation. Identifying the diseases that he may be exposed to and ways to prevent them. Identifying foods that increase male hormones and improve his sexual condition. Health education is related to the physical aspect. Identifying the sports exercises that can improve his physical characteristics to match his gender after correction. Identifying how to take care of the body after becoming a man. He encourages his participation in gyms and sports activities that enhance his body image in a gender-appropriate manner.

(2) Psychological needs: These are the internal needs related to his psychological makeup, and the most important of these needs is training to be patient and accept the ordeal he went through before, during, and after the transition. Supporting his psychological tendencies towards the gender he transitioned to after correction is also crucial. A precise diagnosis of his psychological aspects after correction through accurate psychological tests. Psychological acceptance of the new situation. Providing appropriate counseling services that achieve social security for him to confront bullying. This approach fosters a sense of psychological security, reassurance, happiness, and satisfaction. It involves giving people the chance to express their emotions. He is striving to attain acceptance from others. Preparing to accept the psychological changes that



may occur to him over time. Psychological support to get rid of psychological problems that he may be exposed to, such as anxiety, tension, and introversion. He needs love and tenderness from those around him. Individuals require self-esteem and respect. Psychological support is crucial for fostering independence and making sound decisions. Psychological support is crucial for enhancing one's ability to achieve. Psychological support is crucial for achieving compatibility with others and forming friendships. It is important to accept the personal characteristics of men. It is important to seek psychological counseling after marriage.

(3) Self-actualization needs: The most important of these needs is achieving a distinguished job position that meets his future aspirations. He is seeking experiences that will enable him to improve his situation. He is working toward achieving self-independence and the freedom to make his own decisions. He is receiving job support that will enable him to excel among his peers. He is seeking an opportunity to practice leadership in charitable work within community institutions, away from his birth village.

(4) Self-esteem needs: The most important of these needs is achieving a sense of his status as a man within the family and society, having his opinions and suggestions listened to, and benefiting from them. Attracting community institutions to benefit from his personal abilities and potential. Joining volunteer work teams in the community. Obtaining certificates of appreciation from supporting entities. Achieving success and excellence in sports and cultural competitions. Participating in decision-making within the family and community institutions he is involved in. He is gaining respect from society for his ideas, opinions, and role. He is actively participating in community teams that aim to present ideas for discussion and dialogue on both local and global issues. His confidence in his ability to marry and have children is growing, and he is overcoming feelings of inadequacy.

(5) Economic needs: The most important of these needs are related to the economic aspects, which have become one of his new mandatory and basic responsibilities related to gender, after being optional according to societal norms. He expressed this by saying, "I want to be able to work appropriately to meet the requirements of life. I have serious concerns about not being able to secure a personal income for myself and my family in the future. I believe that good financial income is linked to achieving a good social status. I lack the financial capabilities that support my status after the transition. I need psychological and social support to do men's work. I want to work in a profession that matches my personal capabilities and through which I can achieve the appropriate financial return to spend on the family." It is noted that these economic needs are related to the social role of males, which differs from the social role of females in society, which adds more psychological, social, and personal challenges to it.

(6) Social needs: The most important needs are to form healthy social relationships with family members and colleagues of both sexes. Social support to form more new friendships with members of the gender he has changed to. Learning how to choose friends from the gender he has changed to. He needs more parental care and guidance to gain experience in social life. He requires assistance in assuming social roles that align with the gender he has transitioned to. Enhancing social participation with others in their various social occasions without embarrassment, particularly when praying in the mosque, is crucial. He needs to familiarize himself with the behavioral norms of the gender he has transitioned to, including its rights and responsibilities. He needs to strengthen his sense of belonging to the social role he has assumed. Enhancing the practice of socially acceptable behavioral patterns for the new gender he has joined is a priority. He is also enhancing the social support system to safeguard against potential

ridicule from others. He is committed to providing appropriate social care. Others, particularly his family, have shown him social appreciation. He seeks social integration to overcome feelings of loneliness. Speed up the regulatory and administrative procedures related to gender correction in community institutions. Provide social support to address any potential social issues he may encounter. Due to the many and complex social needs, he often expressed during the personal interview his desire to move to another city where no one knows him: "I want to travel to another city far from the village where I was born to start a new life there." "I want to travel to another Arab or foreign country." "I have no desire to deal with the people of my village, nor to confront them."

(7) Cognitive needs: Among the most important of these needs is the enhancement of the desire to acquire new experiences and skills from others. Providing reliable and sufficient information about the health aspects (physical, psychological, and social) of gender correction cases is also crucial. It is crucial to stay updated with scientific and social advancements that enhance the quality of life. Meeting the desire to study topics and cases of gender correction, their characteristics, and diverse needs. Participating in the preparation and implementation of awareness programs for gender correction cases. Participating in scientific research within research teams that address gender correction cases. Overcoming educational difficulties that may hinder the completion of postgraduate studies at the university, the most important of which is the acceptance of faculty members and students. Learning the jurisprudential rulings of Islamic Sharia related to gender correction and scholars' opinions on them. Correcting the language style in speech and conversation regarding gender.

## **Conclusion:**

Considering the results obtained from personal interviews, the current study concluded that the most important physical needs were related to undergoing procedures for penile elongation and correction. The most significant educational needs included training in patience, accepting adversity, achieving psychological security and peace of mind, and attaining a distinguished professional position that fulfills future aspirations. Additionally, the study emphasized the importance of feeling recognized as a man within the family and society, having opinions and suggestions heard and valued. Among the most critical general needs identified were the ability to secure appropriate employment to meet life's demands and ensure personal income for the family, forming healthy social relationships with family members and colleagues of both genders, and having access to reliable and comprehensive information regarding health aspects (physical, psychological, and social) for cases of gender correction.

The study also revealed an increase in the phenomenon of sexual ambiguity (hermaphroditism) in society, evidenced by the presence of three such cases within a single family. However, the researchers focused on one case only, which was the eldest among the three. A significant distinction was made between the terms "gender transition" and "gender correction." The former refers to the desire of a fully developed male or female to transition into the opposite sex, while the latter, "gender correction," refers to restoring an individual to their original state and aligning them with their true gender based on precise medical reports and examinations conducted by specialized doctors. Islamic law permits gender correction for hermaphrodites, considering it a medical condition requiring treatment due to the personal and societal benefits derived from such corrections. Conversely, Islam prohibits gender transition from a fully developed gender to another, deeming it a form of altering God's creation, warranting punishment for the perpetrator. There is a lack of clear and specific laws regulating gender correction procedures in Egypt,

resulting in individuals undergoing complex administrative processes. There is also insufficient attention from some Egyptian families towards early medical examinations of their children to confirm their correct gender, particularly concerning their reproductive organs. Cases of gender correction face numerous personal and educational challenges, necessitating further studies using ethnographic methods to achieve accurate results.

### **Recommendations:**

The study recommends raising awareness among families about the importance of regular early check-ups with specialized doctors, particularly concerning reproductive organs, to provide early treatment for any abnormalities detected. It also emphasizes the need to educate families and community institutions about accepting gender correction cases, affirming that sexual ambiguity is a medical condition requiring treatment. The necessity of media campaigns to raise awareness about sexual ambiguity, its causes, dangers to individuals and society, and treatment methods is highlighted. The establishment of a clear and defined legal system for gender correction procedures, governing regulations, and procedural pathways is urged. Simplification of administrative procedures for gender correction cases before, during, and after the process is recommended. Collaboration among societal institutions (family, mosque, media, school, university, charitable sector) is essential to address the educational and psychological needs of gender correction cases and enhance their adaptation. Early sexual education for children is encouraged. The inclusion of legal provisions in Egyptian law addressing hermaphrodite cases and gender correction procedures is advised. Conducting further studies on gender correction cases by specialists in religious, psychological, social, and medical sciences is recommended.

The study recommended increasing awareness among families and community institutions about accepting gender correction cases, emphasizing that sexual ambiguity is a medical condition requiring treatment. It also suggested incorporating legal provisions in Egyptian law to address hermaphrodite cases and gender correction procedures. The importance of precise medical examinations in cases of consanguineous marriages was underscored.

### **Limitations:**

The study reviewed the most important educational needs from physical, psychological, economic, social, self-actualization, self-esteem, and cognitive perspectives.

The study was conducted on only one case, which had been mistakenly classified as female, but he was a male.

### **Declarations**

**Author Contributions.** Conceptualization & methodology, validation, investigation & formal analysis, resources, data curation, writing—original draft preparation, H.S., writing—review and editing, visualization, M.H. All authors have read and agreed to the published version of the manuscript.

**Conflicts of Interest.** The authors declare no conflict of interest.

**Ethical Approval.** Mansoura University, Faculty of Education approved the study and allowed the researchers to begin the research. The participant was then required to sign an informed consent form.

**Informed consent:** Patient signed informed consent regarding publishing his data.

**Data Availability Statement.** The data supporting the findings of this study are available on request from the corresponding author. The data is not publicly available because they contain information that could compromise the privacy of study participants.

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