
RESEARCH ARTICLE

De Novo Evaluation of Gender Dysphoria Misconceptions and Islamic Religious Perplexity: Is there any Chance of Reconciliation?

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ABSTRACT

Gender dysphoria [GD] or a sex and gender discord that leads to enormous psychological suffering in some variants of transgender people is a highly complex and debatable subject. Muslim culture, religious and ethical values pose more challenges to the acceptance of GD than the Western system. The purpose of this narrative review is to present and discuss GD misconceptions and contrasting Islamic views with a fresh perspective and a rational approach in light of current advancements in this field. Since there are no directives in the Holy Quran and Hadith on matters of GD, Muslims have been polarized regarding GD. The so-called "liberal scholars" corroborate the scientific fact and view GD patients as a medical condition, which necessitates contemporary therapeutic interventions. Conversely, the so-called "conservative approaches" regard GD a delusional thinking probably arising from a mental illness, or a spiritual immorality, which necessitates psychotherapy or zealous religious guidance. Due to the religious tensions, generalized unawareness, and scarcity of the quality multifaceted research, there is widespread misconceptions and hostility toward transgender people in Islamic culture. The critical appraisal of the Islamic debate on GD proves that despite its ambiguity and intricacies, GD remains a stark reality and merits resolution. Though conflicted on GD, Islamic jurists concur that Islamic laws founded on core principles of love, and respect for all dictate rational reasoning, and enlightened approach on obscure matters. Young Muslims can help reconcile GD conflict in Islamic societies by initiating intra-faith dialogues and engaging their religious scholars in clinical and patient-centered research to broaden their perspective. Collaborative efforts can prompt conservative Islamic scholars to re-negotiate their antagonistic stance on GD or SRT. Islamic leaders can also influence local governments and policy makers to develop policies to improve the welfare of long-ignored transgender people that deserve attention, empathy, and treatment on moral and religious grounds.

KEYWORDS

Gender dysphoria, Islam, Muslims, Religious controversy, Muslim countries

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1. Introduction

Gender dysphoria (GD) is an exceptionally complicated and challenging medical condition. Typically, a GD patient is extremely disturbed about her/his given sex which defies their gender appearance (American Psychiatric Association, 2016). Patients suffering from GD are colloquially or most popularly termed "transgender". Despite being identified and diagnosed in the mid-twentieth century, GD and its standard evidence-based treatments that entail gender affirming treatments or sex reassignment therapies (SRT) are still universally controversial and are riddled with opposing views and theories, particularly in religious domain all over the world (Coleman, 2012; Hembree, 2011; Ishak & Haneef, 2014; Levine, 2018).

It is no exaggeration to say that the religious debates on GD have been far more polarizing than any other discipline and has served to complicate the matter way beyond the comprehension of a layperson. Liberal religious scholars of the Abrahamic faiths – Judaism, Christianity, and Islam corroborate the scientific data which call for a therapeutic resolution of the misalignment of gender and sex through SRT by affirming the anguish, helplessness, and travails of the GD person (Alipour,2017; Ishak & Haneef,2014; Kariminia 2010). Conversely, conservative believers regard GD as a behavioral act of defiance to God by confused or deranged minded people (Roy, 2020; Wirth, 2015). Unfortunately, the conservative approach has profoundly tarnished the perception of GD patients in many religious societies.

Due to the religious schism, scarcity of scientific research, and generalized unawareness, there is a profound misunderstanding of transgender issues in a vast majority of Muslim countries (Jami, 2005). Transgender behavior is mightily discouraged, ridiculed or subjected to threatening slurs or violence in most Muslim countries. Such stigmatization has had forced transgender people to live as outcasts and impoverished lives without family or legal support system (Akhtar & Bilour, 2020; Gibson et al., 2016; Saeed & Farooq, 2018; Shah et al., 2018). Only Turkey, Iran, and Egypt legally recognize GD as a medical condition and offer SRT as medical treatment (Mazen, 2017; Turan et al., 2015). While Indonesia and Pakistan have recently accepted trans identity with official mandate; there is no clarity on the allowance for SRT (The transgender person; Valashany & Janghorbani, 2018). The rest of the world's Muslim countries are either negligent or critical of GD patients and their right for SRT. In our previous article, we addressed in detail, the reality of sex and gender incongruence, various categories of GD patients, their global status and current treatment options, as well as social and medical controversies on GD from a Muslim perspective (Taslim et al., 2021). This article presents and clarifies some prevalent myths about GD and transgender people in Muslim societies, followed by a discussion of contrasting Islamic religious views on GD and its medical treatment. Finally, the article evaluates the controversial religious points that Muslim young people seek, with a fresh perspective and a logical discussion. We hope that this article will persuade the younger generation of Muslims to find a pragmatic resolution to GD by reconciling the controversies, promoting interactive research and fanning out public awareness on this social matter. The term "young people" is used throughout this essay to refer to people who are 18-35 years of age.

2. Methods

A non-systematic literature review was conducted through scientific databases including, PubMed, Web of science, Google Scholar and Scopus, to search English language articles featuring Christian, Jewish, or Muslim perspectives on GD or SRT. All selected articles were retrieved by two independent reviewers and were published between the periods of 1960 to 2020.

3. Gender Dysphoria (GD) and Misconceptions in Islamic societies

The influence of religion in shaping a culture or society's perception, attitude, or reaction to a matter, pertaining to human needs in religious societies cannot be overemphasized. Like many other societies, Muslim societies strictly implement gender binary system, where males are supposed to be men and females to be women (Wong, 2012). Islamic codes of life are derived from the divinely text of the Holy Quran and Hadith or sayings of the Prophet Muhammed [peace be upon Him], which perfectly cater for most social, personal, communal or spiritual needs of humans (Fard & Babookhani, 2019). When both Islamic sources are silent on a matter or adopt a neutral stance, Muslims resort to their religious scholars for guidance. GD issue represents a unique and challenging issue in Islamic tradition for multiple reasons:

1. Islamic jurisprudence, that is, the Quran and the Hadith have not elaborated on the transgender issues or its treatment;
2. There are various interpretations from Muslim scholars on transgender matters^a;
3. There is a lack of quality research in Muslim countries except for Turkey and Iran.
4. There is no legal transgender support system in Muslim countries except for Iran.

All of these above factors have contributed to a generalized unawareness and widespread misconceptions of transgenderism in many Muslim nations. Table 1 presents myths, which are widely prevalent regarding transgender people in Muslim culture, and thus, merit debunking.

Table 1: Prevalent myths on transgender people, GD and SRT and in Muslim culture versus reality.

Myth #1. Reality	Transgender people are mentally ill or psychiatric patients Mistaken. Transgender people are <i>not</i> considered psychiatric patients any more according to the scientific research of the last sixty to eighty years. Medical experts believe that transgender is an inherent condition and is not in a person’s control (Bancroft & Marks, 1968; Green & Money, 1969; Wright et al., 2018)
Myth #2. Reality	Transgender folks are the same as intersex Invalid. Intersex people had developmental defects in their genital organs, which could manifest as ambiguous or immaturely developed genitalia (Witchel, 2018). While transgender people are males or females (carrying normal genitalia), with mismatched gender expression. Consequently, intersex have disorder of sexual development (DSD) while transgender folks have disorder of gender identity. However, some intersex can be transgender as well if they are assigned a wrong sex at birth (Mouriquand et al., 2016).
Myth #3. Reality	Transgender people are the same as homosexual persons. Incorrect. Transgender people and homosexuals are distinct phenomenon. Homosexuals are attracted to a person of their own sex. Mostly, homosexuals are cis-gender (those with no sex and gender dispute in mind; they are the general people) and have no DSD or gender identity. Typically, a trans woman [born a biological male] is sexually attracted to men but this should not be construed as homosexuality. Data show that the majority of transgender folks are heterosexuals because their sexuality is driven by their gender expression and not the natal sex (Fein et al., 2018; Nieder et al., 2011). Figure 1 artistically explains the difference between a homosexual and a transgender.
Myth #4. Reality	Transgender people can never be treated. Wrong. Ample scientific data support that transgender folks can be reasonably managed with SRT which can allow a person to live according to their gender feelings and blend in the society like a regular man or woman being (Coleman et al., 2012; Gridley et al., 2016; Joseph et al., 2017; Shumer et al., 2016).
Myth #5. Reality	Transgender people can be and should be treated with counseling and psychiatric medications. Erroneous. Psychotherapy has been ineffective to reverse GD. Behavioral therapies can deteriorate a trans person’s mental well-being and can subject them to depression and anxiety. WPATH guidelines warns against all kinds of reversion therapies through spiritual or psychological means after receiving reports of suicidal death as a result of such therapies (Bancroft & Marks, 1968; Green & Money, 1969; Wright et al., 2018).
Myth #6. Reality	Transgender treatment is strictly prohibited by Islam. Fabrication. Islamic scholars are divided as proponents and opponents of the SRT for GD management based on the varying interpretations of the holy Quran. Islamic scholars in Iran and Egypt have sanctioned SRT as a human right of transgender people those who long to be normal (See detail under section "Views of Muslim scholars on GD")

Myth #7.	Transgender people are sinners and must be avoided.
Reality	Untrue. Transgender-guilt is an experience or phenomenon that comes over transgender folks because they feel their bodies are different.” Does that alone constitute a sin? All human beings are created in <i>imago Dei</i> , in the image and likeness of God; therefore, a transgender person cannot be a sinner (Canales, 2018). Matter of fact, the way societies treat their most vulnerable and marginalized members makes them the victims and not necessarily sinners.

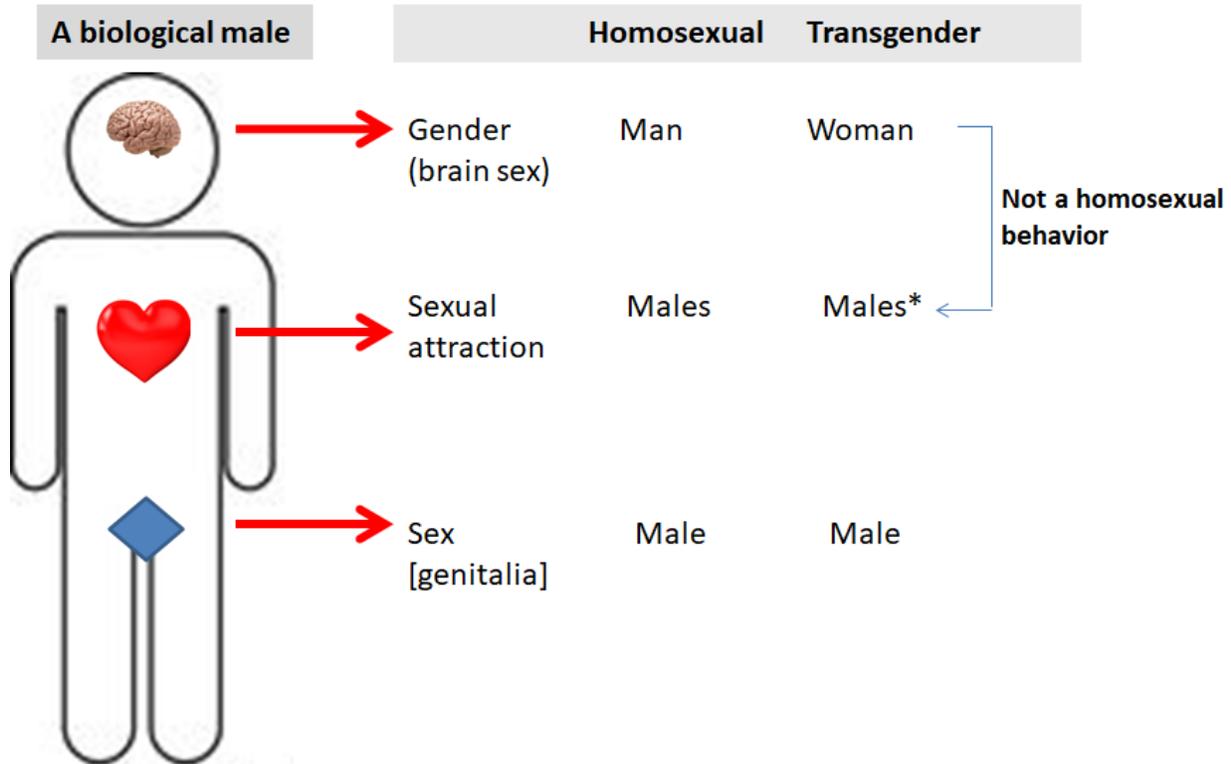


Figure 1. A graphic display of an example to differentiate between a homosexual and a transgender person. If a biological male is homosexual, he will perceive himself as a man (gender is man) but will be attracted to a male. However, if a biological male is transgender, he thinks himself as a woman [gender is transgender woman] and is attracted to males which is a normal heterosexual behavior. However, if a trans woman is attracted to another woman that is described as a homosexual behavior (that is rare in reality). The same above scenario can be applied for a trans man [a biological female] who is mostly attracted to women.

4. Views of Muslim Scholars on GD

Religious authorities of the Scripture (the Abrahamic religions) – the Judaism, Christianity and Islam are identically split as conservatives/traditional (opponents) and liberals/progressive (proponents) on their verdict of GD and SRT based on their theological beliefs, interpretation of doctrines and judicial application of those principles on transgender affairs (Alipour,2017; Ishak & Haneef, 2014). Conservatives denounce and oppose the transgender theory and it’s SRT; while the liberals advocate for transgender rights and affirm SRT as a valid therapeutic plan to relieve GD (Kariminia, 2010; Roy, 2020; Wirth, 2015). The root cause of the dispute is the question whether humans should be recognized by their anatomy (gender/body) or psychology [mind/soul]. For conservatives, the body is prioritized. For liberals, the mind, and soul are primary. Below is a GD-driven debate in Muslim traditions. Lists of conservative and liberal references from Jewish/Christian sources are presented below in Table 2 for interested readers. Evidently, these sources feature mixed and inconclusive messages on the trans issue.

Table 2. Biblical quotations used by conservatives and liberals for and against transgender people.

Conservative/Traditional References	Liberal/Progressive References
<ul style="list-style-type: none"> • <i>No one whose testicles are crushed or whose male member is cut off shall not enter the assembly of the LORD. (Bible: Deuteronomy 23: 1–2).</i> • <i>A woman shall not wear a man’s apparel, nor shall a man put on a woman’s garment; for whoever does such things is abhorrent to the LORD God (Bible: Deuteronomy 22: 5).</i> 	<ul style="list-style-type: none"> • <i>For thus say the LORD: “To the eunuchs he who keep my Sabbaths, who choose the things that please me and hold fast my covenant, I will give, in my house and within my walls, a monument and a name better than sons and daughters; I give them an everlasting name that shall not be cut off (Bible: Isaiah 56: 4–5).</i> • <i>For there are eunuchs who had been so from birth, and there are eunuchs who had been made eunuchs by others, and there are eunuchs who had made themselves eunuchs for the sake of the kingdom of heaven. Let anyone accept this who can (Bible: Mathew 19: 12).</i> • <i>Do not judge by appearances, but judge with right judgment (Bible: John 7:24).</i>

4.1 Conservative/Traditional Views

Traditional Muslim scholars have maintained a denunciation tone against the SRT since inception (Ishak & Haneef, 2014; Roy, 2020; Wirth, 2015). From their perspective, God has destined humans to be male or female and any deviation goes against God’s creative nature (Bible, 1989: Genesis 1: 27–28; Quran: 42:49-50). Traditionalists maintain that excising out someone’s healthy tissues and replacing them with artificial ones is a desecration of God’s creation. Another cogent conservative argument is that superficially modifying someone’s physical appearance does not transform one’s “XX” and “XY” chromosomes; therefore, a person’s sex inherently remains the same as one was born (Ishak & Haneef, 2014; Kalbasi & Deleer, 2016; Widdows, 2002). Only acceptable surgeries are life-saving or restorative surgeries such as for intersex (Zainuddin & Mahdy, 2017). Conventional views on transgender people are strengthened by the following references from the Quran or Hadith.

- And I [Satan] will mislead them, and I will arouse in them [sinful] desires, and I will command them so they will slit the ears of cattle, and I will command them so they will change the creation of Allah. And whoever takes Satan as an ally instead of Allah has certainly sustained a clear loss. (Quran: 4:119).
- To Allah belongs the dominion of the heavens and the earth; He creates what he wills. He gives to whom He wills female [children], and He gives to whom He wills males. Or grants them a mix of males and females, and causes whomever He pleases to be barren. He is All- Knowing, All-Powerful (Quran: 42:49-50).
- Prophet Muhammad [pbuh] was also quoted as saying, “God cursed the males who appear like women and the females who appear like men” (Karim, 1994, Vol. 1, p. 613).
- Besides, the Prophet has declared that “Harm shall neither be inflicted nor reciprocated” (Ibn Majah, Vol. 2, p. 60).

Fundamentally, the above represents the conventional wisdom of traditional Muslim understanding on altering God’s creation for humans.

4.2 Liberal/Progressive Views

Progressive Muslim scholars demonstrate remarkable tolerance and acceptance of transgender people as a sexual minority and call for their medical treatment (Alipour 2017, Kariminia 2010, Khomeini 1964; Zaharin & Pallotta-Chiarolli, 2020). The former

Iranian supreme leader - the late Grand ayatollah Imam Khomeini had issued a comprehensive and historic Islamic decree/edict or fatwa on GD in 1970s and allowed SRT as a basic treatment of transgender people (Khomeini, 1964). Imam Khomeini rebutted the above conservative views on the following grounds:

- Treating an innately behavioral disordered state of a person or his distress is not akin to tampering with God’s creation but is a medical necessity to alleviate a person’s suffering and it is important to restore a patients’ natural appearance in line with this soul [gender] (Kariminia, 2010).
- The Prophet Muhammad’s [pbuh] condemnation of cross-dressing was for imposters and not for the natural transgender persons per se. The Prophet was furious and issued this denouncement when a male impersonating a transgender woman gained access to women’s private quarters (Ibn hajer, 1985; Sarcheshmehpour et al., 2018).
- If transgender people are not allowed to rectify their bodies they will fulfill their carnal desires by way of homosexuality, [which is absolutely forbidden in Islam] (Kariminia, 2010).
- The Prophet Mohammad [pbuh] stated “God has not created ailments except that He has anticipated by His will a cure for it”. (Ibn majah). And, the scientifically proven cure for GD is SRT.

This was the very first fatwa on religious grounds from any religious scholars of the Abrahamic faith. Figure 2 shows the systematic approach Imam Khomeini followed within the Islamic theoretical and juridical framework to deliver his historic decree (Zaharin & Pallotta-Chiarolli, 2020). Presently, many other prominent Iranian ayatollahs or marajah such as Al-Sinaei, and the currently ruling Seyyed Ali Khamenei etc. fully support this fatwa as a valid provision for GD treatment while Al-sistani allows conditionally permission for SRT on a case-by-case basis (Kalbasi & Deleer 2016).

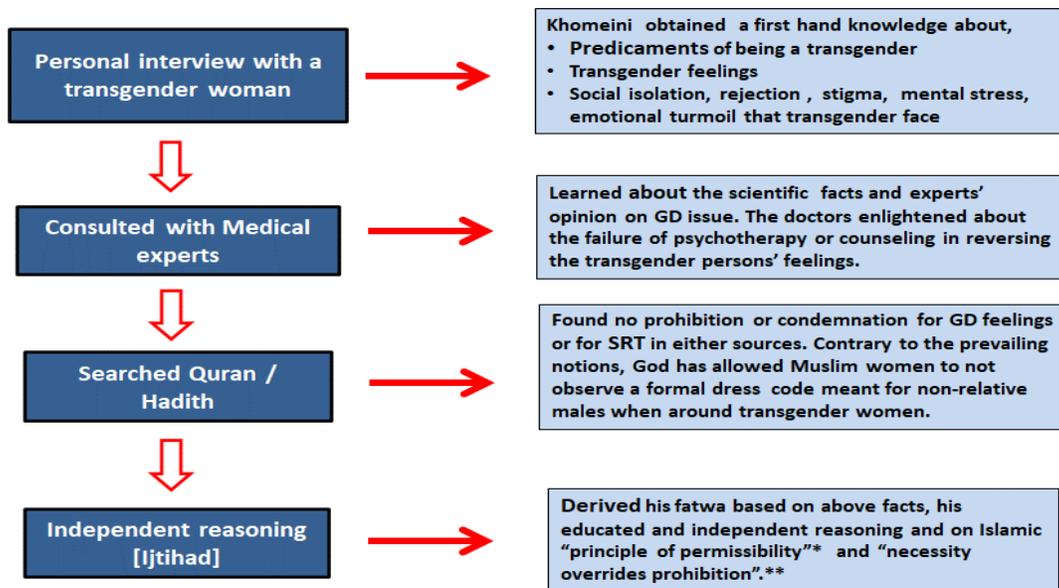


Figure 2. Imam Khomeini’s methodical pathway to issuing his historic fatwa supporting the transgender right of treatment. Tantawi and Al-Azhar objectively evaluated Khomeini’s approach and consented to its authenticity, by standards of Islamic laws. They however, adopted the Sunni method of Ijtihad that is, their opinion (*ra’y*) and analogy (*qiyas*). (Alipour, 2017). *"Principle of permissibility" in Shia jurisprudence implies that that if an action cannot be clearly regarded as being forbidden or permissible in Islam, it is permitted and lawful (Alipour, 2017). ** The Islamic principles are amenable to circumstances like a swine-flesh is allowed to be eaten when a person is desperate from hunger, eating is permitted during the fasting month for travelers or sick persons. (2: 173; 2: 185)

Although Imam Khomeini’s redeeming fatwa initially sparked the spate of criticism from conservative Islamic jurists, this fatwa prevailed in Iran where it started a boom of SRT (Kalbasi & Deleer 2016). Currently, Iran ranks second in the world to performing

SRT on national and international clients (Bardford, 2008). Iranian transgender people have had been entitled to full government support for the sex transition until the country's financial affairs were deteriorated by the international economic sanctions (Bardford, 2008, Saeidzadeh, 2016). Imam Khomeini had also written a comprehensive book featuring the social rights and legal responsibilities of the newly converted women/men in light of Islamic jurisprudence (Khomeini 1964). The English translation of his book is underway in an Islamic seminary in Qum, Iran.

Egyptian and Sunni Muslim scholars Mufti Al-Tantawi and Sheikh Al-Azhar have also corroborated with Khomeini's fatwa, after much research and deliberation. Hence, SRT was sanctioned in Egypt in 2007 (Ataman, 2011, Ishak & Haneef, 2014, Mazen, 2017). Undoubtedly, Khomeini's fatwa has served as a catalysts and religious permit for moderate transgender Muslims across the globes who intend to undergo SRT. Below are excerpts from Imam Khomeini and Mufti Tantawi's fatwa:

In the Name of God. Sex-reassignment surgery is not prohibited in shari'a law (to treat GD) if reliable medical doctors recommend it. Inshallah you will be safe and hopefully the people whom you had mentioned might take care of your situation. (Khomeini's fatwa cited in Alipour, 2017)

To sum up: It is permissible to perform the operation in order to reveal what was hidden of male or female organs. Indeed, it is obligatory to do so on the grounds that it must be considered a treatment, when a trustworthy doctor advises it. It is, however, not permissible to do it at the mere wish to change sex from woman to man, or vice versa. (Tantawi's fatwa cited in Alipour, 2017.)

Taken together, it is evident that progressive Islamic scholars approach to SRT is spiritually-inspired and is a contextual derivation of the Scripture backed by evidences from contemporary science as distinct from that of the conservatives' which closely focused on the literalist approach or fundamentalist method prioritized by natal sex.

5. Discussion and Rational Assessment

Considering the above religious discussion and all medical and ethical controversies on GD that have been discussed in a previous article, there is no easy way to understand the dynamics of GD (Taslim et al., 2021). However, there is little doubt that transgender people worldwide face hatred, discrimination, repulsion, and violence due to their out of the norm gender behavior. Rationally, the atypical human behavior or the misaligned physical appearance should be rectified to restore their human dignity and social respect. However, the dispute is on what constitutes the right treatment for GD? As shown in Figure 3, the majority of stakeholders agree that the scientific evidence-based SRT are the valid treatment options for GD patient except for conservative branch who vehemently oppose (Ishak & Haneef, 2014; Kalbasi & Deleer, 2016). The diagram will help transgender people discern for themselves the support they have in the medical, scientific, and religious communities.

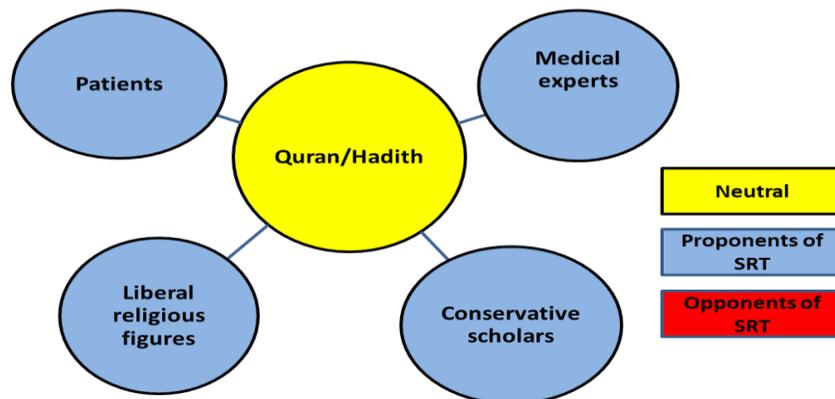


Figure 3. A depiction of varied positions on SRT

For conservatives, GD is a product of delusional thinking, moral deprivation, impaired reasoning, spiritual corruption, and defiance to God (Roy, 2020; Wirth 2015). Therefore, conservatives maintain that GD should be reformed by administering conversion therapy, religious counseling, nurturing spirituality, gender appropriate training, or psychotherapy. Conversely, scientific data

maintains that none of the above modalities, as well as psychiatric medicines have ever proven successful in the last hundred years (Bancroft & Marks, 1968; Green & Money, 1969; Wright et al., 2018). This clearly calls for more research and investigation for those who disregard the SRT. Below, is a logical appraisal of the major arguments against GD or SRT.

5.1 GD is an Unreal Condition and a Forbidden Behavior in Islam

Due to its unknown origin, many conservative and bioethicists express skepticism over GD (Ishak and Haneef, 2014; Levine, 2018; Roy, 2020; Wirth, 2015). Nevertheless, the Holy Quran testifies the existential presence of “effeminate men” and quotes them while commanding Muslim women to observe modesty and wear a formal headdress or veil in the presence of unrelated men. Interestingly, Muslim women are exempted to observe such a dress code when around effeminate men or men with no desire for women (Quran: 24:31). Unlike many other social-sexual acts such as, adultery, fornication, masturbation, and homosexuality, which are repeatedly defined and explained at numerous instance in Quran, the transgender behavior is not denounced at all in Quran (Quran: 7: 80-84; 24:2-9; 24:23; 5: 38-39). Similarly, the Hadith on the condemnation of a cross-dresser is absolutely misquoted. Many Islamic scholars wrote that the Prophet’s wrath was directed at a male who disguised himself as a transgender woman and committed a repulsive and explicit unethical act and entered the female quarters (Kugle, 2010; Sarcheshmehpour et al., 2018). This Hadith has been mentioned in many authentic and famously available Islamic books^b such as Ibn Majah, Al-Bukhari, Al-Tirmidhi, Ibn Hanbal, and Abu Dawud. On another account, the Prophet was recorded to have saved the life of a transgender person when others wanted to kill him as quoted in Sunan Abu-Dawud, Book 41, Number 4910. Hence, it cannot be claimed that the God despises a transgender person due to their gender selection.

Transgender feelings are real, if transgender feelings were unreal, then GD patients would not endure humiliation, mistreatment, face stigma, and prejudice for their entire lives. GD is a real psychological condition and a medical problem. GD is emotional and physical; it deserves serious attention and treatment. Moral and religious leaders should be acting with empathy and compassion by starting to treat transgender people with openness and affirmation (Canales, 2018).

5.2 Human Beings Cannot Alter the God’s Handiwork

Muslim (and Christian) conservatives maintain the argument that God created humans with special bodily attributes as part of God’s plan to empower all peoples to carry out specifically designated roles and responsibilities. According to them, tampering with God’s handiwork of the human body or natal sex, and revising or editing God’s designed plans for humans, is tantamount to desecrating God’s universal order (Ishak and Haneef, 2014; Levine, 2018; Roy, 2020; Wirth, 2015). This type of myopic ideology implies that the scientific community should not treat inborn or congenital diseases and let the persons suffer the rest of their lives. Consequently, the loving God would never want anyone to suffer, rather God expects humans to utilize knowledge, reason, logic, and wisdom, and the best resources to find cure for all illnesses whether be it cancer, GD or something else.

The Quranic verse “...I will command them so they will slit the ears of cattle, and I will command them so they will change the creation of Allah..... (Quran: 4:11) - the quote conservatives present to bolster their claims to prohibit SRT, has no bearing on the transgender issues. First, it was revealed to condemn the pre-Islamic religious rituals and practices of pagan, wherein they will mutilate their animals to mark and reserve them for their deities. Second, the truth is that humans’ lives are dynamic, in this world, and built on principles of change. Countless times we alter the God’s creation on a regular basis; cut down trees to make furniture, harvest wheat to bake bread, and dig up the earth to produce oil. Naturally, some humans are different, unique, and do not always fit the precise criteria of norm. These people need therapy not admonishment or rejection from those who have no idea about the pain, struggle, and heartache that transgender people face daily.

5.3 Removing the Health Organs is Immoral and Sinful

According to critics of SRT, tearing out healthy male, female organs is unwise and unacceptable and must be forbidden. This conventional position on “mutilating the healthy body” deems colossally appropriate and one should not be offered this option of SRT to help someone escape their mundane troubles, achieve their vain desires, or follow their fleeting passion. Prohibition against SRT sounds a genuine ruling for a non-GD patient. Hence, both permissive fatwa of Imam Khomeini and Sheikh Tantawi for SRT clearly state that the permissibility of SRT is reserved exclusively for those medically diagnosed with GD. Moreover, expert physicians must recommend SRT. Adversely, though, GD means persistent, aggravating feelings and a psycho-sexual torture where a person has to choose between keeping a healthy uterus or testes, and healthy brain.

5.4 Harm Should not be Inflicted on a Person

Conservative Muslim scholars have criticized the legitimacy of SRT and labeled them as unnecessary surgeries or act of self-mutilation. Interestingly, all Islamic jurists unanimously approve SRT for intersex: people born with ambiguous genitalia, hormones, or chromosomes (Zainuddin & Mahdy, 2017). Traditionalists argue “not altering God’s creation” is not applicable in the case of intersex birth because intersex people will remain confused and stressed about their identity. Ironically, the intent of SRT for GD

person is the same, to match the physiology with the psychological, and to alleviate the stress of a human being. The only difference is that the intersex problem is visible and transgender people's invisible. Since the entire Islamic creed is built on the existence of an invisible God, it might be ignorance to only believe in things seen or proven as distinct from unseen.

In Islamic philosophy, humans are a body-soul complex; with body being the mortal and soul being the eternal entity (Razak & Haneef, 2017). While the body has its sanctity, real human values lie with the souls. Since physiological [body] needs are different from psychological needs of souls, conservative viewpoints to give precedence to body's anatomy [sex] over inner or psychological feelings [gender identity] seem groundless.

Data shows that there are numerous categories of transgender people and not all variants suffer from GD and yearn for SRT (Richards et al., 2016). With medical experts and some religious scholars advocating for SRT, a logical conclusion should be to let a transgender person decide for themselves. Again, the only person that can describe their inner turmoil, distress, and helpless desire to be normal is the transgender person themselves. No one should force another person to undergo SRT, nor should we deny someone the SRT who desire to be normal within their skins.

5.5 Sex Can Never be Changed because Chromosomes Remain the Same

For those who argue the genotypic superiority over phenotypic characteristics and claim that transgender people can never have a real sex-change because their chromosome XX OR XY cannot be switched. This criticism is valid against SRT; however, we ask ourselves if chromosomes are the only markers to define humans, or identify human diseases? Humans share 99% chromosomal homology with chimpanzees, 90% with cats, and 99.9% with one and other humans. Still human characteristics, personality traits, and behavior are drastically different from other species or from other fellow humans (Auton et al., 2015; Gibbons et al., 2004).

Some human diseases such as, Down's, Turner's Syndromes, Autism, and cancer can be identified genetically but this is not true for all diseases. People are born blind, deaf, or with heart defect and yet their chromosomes are normal. Some variants of intersex carry XX or XY chromosomes, but still their genitalia are deformed (Lee et al., 2006). Despite the availability of cytogenetic testing, endocrinology profile, and ultrasound findings, the sex assignment even for intersex is still challenging for physicians. Experts in the field consider the gender identity of the child a crucial determinant in assigning sex to intersex individuals. Experts also recommend delaying the procedure until 18-month of age when the psychosexual behavior (gender) of a child is more evident (Shimada & Tohda, 2004; Stambough et al., 2019). Unmistakably, chromosomes do not have the answer to all human problems. Perhaps future science will discover some other definitive markers for sex and gender.

The Quran does not elaborate whether karyotype or psychosexual behavior defines a human personhood. The Quran does emphasize, "Verily the most honored of you in the sight of Allah is (the one who is) the most righteous of you (Quran: 49: 13). Certainly, God is not concerned with issues of gender or sexuality. God's priorities are clearly being virtuous and upright. Consequently, no one should judge another person for her/his decision for SRT, only a transgender person knows their heart and can accurately follow her/his own conscience.

5.6 Transgender People Can Never Procreate after SRT

It is true that transgender people are deprived of fertility after sex change surgeries. Transgender people cannot bear offspring with new bodies (Bizic et al., 2018). Nevertheless, the science does offer the route of cryopreservation of the oocytes, sperms or gonadal tissues (Wierckx et al., 2012). Moreover, with recent successes in regenerative medicine, we should be anticipating that an autologous uterus or testes etc. can be lab-grown and transplanted to trans people post-SRT (Becherucci et al., 2018; Iannaccone et al., 2018). Furthermore, child adoption can always be a viable option for transgender people and is highly meritorious in Islamic doctrine. It should be noted that multitude of cis-gender men and women also suffer infertility and remain childless due to some other biological complications. Similarly, there are millions of orphan children who lose their parents. Human lives are rarely perfect; and are created perfectly, imperfect.

5.7 Allowance for SRT Equates Contravention of Islamic Boundaries

Conservatives, be it social, political, or religious, have always argued that giving precedence of the gender expression or identity over natal sex will allow manipulation of this rule to undermine the sanctity of Islamic and moral values. Under the pretext of being a transgender person, anybody can mingle with other men and women, transgress the boundaries of their privacy, and hoodwink the law and society for personal gains.

There is no denying the fact that the misrepresentation of gender expression can raise some concerns in religious societies. These concerns should be seriously addressed and stringent legal laws, policies and measures should be in place to minimize any violation of the privacy of all humans.

In defense of religious permission for SRT, first, it is aforementioned that the religious edict of Imam Khomeini lucidly specifies that the permission for SRT is for GD patients only implying that this act is forbidden in Islam otherwise. The religious repercussion for the misuse of this fatwa is amply clear to believers. Second, we discussed in a previous article that the GD and SRT entail rigorous and extensive process (Taslim et al., 2021). SRT is too consuming emotionally, it takes an exhaustive amount of time, and immense financial hardship for most people to be enticing for non-GD patients. Third, the fear of deception should not deprive the GD patients their right to be the correct gender that they feel they were meant to be since birth.

6. Reflection and Future Directions

Although, the accurate prevalence of transgender people in the Muslim world is largely unknown, due to underreporting and lack of epidemiological studies. Thus far, only Iran Malaysia, and Pakistan have shared their highly conservative transgender population data (Akhtar, 2016; Goodman et al., 2019; Winter et al., 2016). By extrapolating the worldwide transgender population data [0.4-1.3%], the number of transgender people in the Muslim countries could be extrapolated to be in millions (Winter et al., 2016). For such a palpable transgender population, there is massive unawareness on GD in a vast majority of Muslim countries even among health care professionals. The major contributing factors are lack of active research, multi-level complexities of GD, minimal to no involvement of policy makers, and religious authorities in transgender affairs.

Religious doctrines in Muslim countries and guidance from religious leaders are crucial determinant in shaping a society's behavior and perception in Islamic societies. The cooperation, participation, and profound understanding of the adversities of GD by religious leaders is monumental. We propose that future studies would be wise to invite Islamic law experts, psychologists, bioethicists and medical professionals to join forces to initiate research projects exploring the etiology, epidemiology, management, and prevention of GD issue. Islamic laws prohibiting SRT must be revised to find a justifiable cure for GD bearing in mind the welfare, consent, and the ultimate happiness of GD patients.

Future work should engage Islamic leaders in GD patient care. Exposing religious leaders to the real-life experiences of GD patients in order to witness the psychological pain and sufferings of GD patients at firsthand can broaden their ministry perspective on this condition, which can make Muslim societies amenable to transgender people.

A living example is Khomeini's fatwa that undergirds the entire Iranian and Egyptian legal systems to favor the transgender community and restore their human rights. It is narrated that Imam Khomeini personally met with the transgender woman, thoroughly listened to her account of her predicament, consulted medical experts, and then issued a fatwa, thereafter. It would be wise if other Muslim scholars follow suit Imam Khomeini's example to glean deeper insight into transgender situation.

Collaborative cross-disciplinary research projects and medical care will enhance understanding on the reality of GD problem. Furthermore, intra-faith dialogues can pave the path to end discord among religious scholars of various denominations and SRT can be granted. Moreover, Islamic religious leaders can educate and disabuse the general public of existing myths about GD patient from Islamic perspective which can eradicate social injustices to transgender people. In addition, religious leaders have an influential voice in amending the legal systems of Islamic countries. There is no doubt that religious figures can make Islamic societies tolerable for transgender people, which will only empower human flourishing around the globe.

7. Limitations of the Study

This study is confined to discussing and presenting GD debate within Islamic jurisprudence only whereas GD is a universal and acutely controversial subject in major religions like Judaism and Christianity. Religious ambiguity on GD is the major hurdle in public acceptance of GD reality. However, progressive scholars in both Judaism and Christianity are paving the way for spreading tolerance on GD by citing excellent examples and quotes from scriptures that excite love of humanity (Canale, 2018; Slomowitz, 2019). Their seminal literary work has not been mentioned in this article

8. Conclusion

Despite their general consensus on Islam's founding principles of respect, tolerance, empathy, justice, and kindness for all humans, the Islamic jurists have been split on the GD issue. The holy Islamic sources of religious guidance have neither prohibited transgender behavior nor denounced its medical treatment. Hence, liberal Shia and Sunni Muslim scholars in Iran and Egypt have legitimized SRT by adopting a progressive approach of logical and reason [ijtihad] in Islamic jurisprudence combined with

advanced scientific knowledge. Turkey and Indonesia have also allowed SRT under civil law. Unfortunately, the conservative scholars in other Muslim countries have unsympathetically denounced or utterly ignored GD, but have refrained from suggesting a pragmatic alternative treatment for GD.

Due to the religious schism, and low research output in transgender field, a vast majority of Muslims are oblivious to GD. Consequently, transgender population in Muslim countries is either suffering internally or living lives of rejection, poverty, and marginalization. These desperate humans certainly need attention, empathy and support. The religious prohibition on SRT is a major hurdle in the process to normalize the lives of GD patients and their acceptance in Islamic societies. Muslim religious leaders play an important role in shaping people's perception and moral values. The young religious experts should be invited to intra-faith dialogue to collaborate with medical and scientific communities to engage in clinical care of GD patients to broaden their perspectives. The golden Islamic principles that command love, empathy and compassion for all favor flexibility, progressive thinking and negotiation on an obscure matter to bring peace and normality in a human's life.

Moreover, Islamic religious leaders can also help end stigma to transgender people by urging the general population to respect transgender folks, honor their dignity, and support their rights of equal treatment. To a layperson, the mixed religious message implies that GD is indeed one of the mysteries of God. It is a so-called sin or no sin, maybe it depends, as the very popular Hadith in Islam reads, "the consequence of your actions is determined by your intentions." Hopefully, Muslim young people, along with their religious leaders, and scientists can bring peace to the sufferings of long-ignore GD patients and transgender people by attempting to resolve the religious division and by promoting awareness on this important topic.

^a It is important to note that there are two major denominations of Muslims: (a) Sunni Muslims, which are the majority and represent 85% of all Muslims and (b) Shia Muslims, which represent a minority of 10-15% of Muslims. The rest of the other minor branches of Muslims are derived from either one of these major branches. Although there is a consensus on the fundamental principles of Islam, the interpretation of religious sources sometimes varies dramatically within and between two denominations on matters of importance.

^b There are other traditional Muslim authors and scholars who write on this topic: Majah, Al-Bukhari, Al-Tirmidhi, Ibn Hanbal, and Abu Dawud. There Hadith books are readily and popularly available in Muslim countries.

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