

## Sex, Gender and Sexuality 101, revised Nov 8, 2014

### I. SEX

The sex of an individual is assigned based on externally visible body parts (penis, scrotum, vulva), anatomy (uterus, ovaries, prostate, etc.), tissues (testicular, ovarian, breast) and/or chromosomes (X and Y in combinations such as XX-female, XY-male, etc.)

Besides male and female, there are many intermediate configurations, collectively termed intersex. Intersex conditions may sometimes be identified at birth based on ambiguous genitals. In other cases, they are identified through karyotyping (analysis of chromosomes) to reveal XXY [Klinefelter syndrome], XO [Turner syndrome] and other conditions. Apart from these there are other conditions such as Androgen Insensitivity Syndrome where cells of an XY foetus do not respond, or respond only partially, to androgens and the individual develops with female anatomy.

The proportion of people whose bodies differ from male or female body norms has been estimated to be about one in 100 individuals as per a review of several studies<sup>1</sup>. Biological sex may thus be viewed as a continuum with Male and Female at two extremes, and intersex anywhere in between.

Even though we think of sex as biologically determined, there is arbitrariness in the way the medical fraternity views anatomy. In the case of individuals born with ambiguous genitalia, traditionally the pediatric surgeon makes a judgement call – if the penis is determined to be cosmetically too short, the child is raised as a girl, sometimes with further surgery to mold labia out of scrotal skin, reduce the micropenis to a clitoris, etc.

### II. GENDER

Gender refers to socio-cultural attributes and behaviors typically associated with one's sex assigned at birth. Gender-associated expectations are often imposed on individuals without their consent. Both children and adults are encouraged or coerced to perform in ways consistent with the gender expected of them.

### III. GENDER IDENTITY

The gender identity is a person's internal sense of being a man, a woman, neither of these, both, and so on. It may or may not be aligned with the sex assigned at birth. Two terms to note here are:

The terms *cisgender* refers to those whose sex and gender-identity are aligned.

The term *transgender* refers to people whose sex and gender-identity are non-aligned. They may be binary, identifying as men or women, or they may embrace a gender-queer or other non-binary identity. For yet others, gender identity may be fluid, or even absent.

### IV. GENDER EXPRESSION

The ways in which a person manifests masculinity, femininity, both, or neither, through appearance, behaviour, dress, speech patterns, and more—that is, masculine, feminine, androgynous, agender, etc. The cultural expectation is that one's biological sex, gender

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<sup>1</sup> Blackless, et al. 2000. 'How Sexually Dimorphic are We?: Review and Synthesis'. *American Journal of Human Biology* 12:151–66

identity, and gender expression will align in stereotypical ways: that someone who is male will identify as a boy/man and have a masculine gender expression, for example.

## V. SEXUAL ORIENTATION<sup>2</sup>

Sexual orientation describes the pattern of a person's **sexual attractions** based on their own gender and in reference to the gender of the people they are attracted to.

Terms such as *heterosexuality* (exclusive attraction to the other gender) and *homosexuality* (exclusive attraction to the same gender) are concepts denoting extremes of a continuum of attractions. Other orientations include

- *Bisexuality*: attraction to more than one gender
- *Pansexual*: attraction to people regardless of their gender
- *Asexual*: Not sexually attracted to anyone and/or no desire to act on attraction to anyone. Asexual people sometimes do experience romantic attraction and not sexual attraction.
- *Questioning*: A term used by someone who is unsure of or exploring their sexual orientation.

Sexual orientation is generally not responsive to attempts to change it. Attempts by psychiatrists to change sexual orientation of clients, usually of young people at the behest of their parents, are futile and have been determined by the medical community to be both **unscientific** and **unethical**<sup>3</sup>.

## VI. SEXUAL IDENTITY

Sexual identity is how one **identifies**. Sexual identity may or may not be aligned with sexual orientation. Terms such as gay and lesbian (identity terms corresponding to homosexual orientation) or **straight** (identity term corresponding to heterosexual orientation), have gained currency in recent years. However many people do not identify with these terms. Further, in a society that despises non-normative sexualities, it is quite common for people to identify as something other than what their sexual orientation would indicate. Thus, people who are homosexual or bisexual in terms of orientation may identify as straight to hide the same-gender component of their orientation.

## VII. SEXUAL BEHAVIOUR

Sexual behaviour refers to the actual sexual acts performed by the individual. These may or may not be aligned with sexual orientation or identity, may vary over time, may be situational, subject to social pressures, etc. Thus, for example:

- *A heterosexually oriented person* may be abstinent for religious or other reasons
- *A homosexually oriented person* may engage sexually with a spouse of the other gender, having been forced into marriage
- A person may be *bisexually oriented* and engage sexually with just the one individual with whom he/she is in relationship with.

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<sup>2</sup> For more information on these and other concepts relating to sexual orientation and gender identity, see [www.orinam.net](http://www.orinam.net)

<sup>3</sup> See <http://orinam.net/indian-journal-of-psychiatry-takes-a-stand-on-homosexuality/>