Title: An Ubuntu-based Account of the Moral Obligation to Provide Gender-Affirming Medical Treatment to Transgender Adolescents, aged 12-17, in South Africa

Name: Kelsay Grace Bellingan

Student Number: 2130366

Submitted to the Faculty of Health Sciences, University of Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree Master of Science in Medicine in Bioethics and Health Law

Supervisor Name: Kevin Behrens

Qualifications: BA, Hons BTh, MA, D Litt et Phil, PG Dip

Position: Director, Steve Biko Centre for Bioethics

Plagiarism Declaration

I _Kelsay Grace Bellingan_____

(Student number: ____2130366_____)

am a student registered for: Master of Science in Medicine in Bioethics and Health Law in the year__2023-2024___

I hereby declare the following:

- **I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.**
- **I confirm that the work submitted for assessment for the above course is my own unaided work except where I have explicitly indicated otherwise.**
- **I have followed the required conventions in referencing the thoughts and ideas of others.**
- **I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.**

Signature: __KGB_____

Date: _____18/10/2024_____

TABLE OF CONTENTS:

CHAPTER 1- Introduction

1.1 Background

The context of this study falls into the realm of health care for sexual minorities. Specifically, the provision of gender-affirming care in the transgender community. Furthermore, this study will focus on the South African, 12-17 transgender age group. This study will evaluate the ethical dilemmas surrounding the provision of gender-affirming care to adolescents, aged 12-17, in an Ubuntu inspired South African context.

The word "transgender" is defined by the SAHCS (in full) "a term that describes a person who does not identify (wholly or partially) with their sex assigned at birth" (SAHCS, 2021, p17). The majority of Transgenderism is caused by a condition called Gender dysphoria, defined by the SAHCS as follows: "The psychological and/or physical distress caused by the incongruence between sex assigned at birth and gender identity. Not all TGD (transgender and gender diverse) persons experience gender dysphoria, but it can be debilitating for some. Although gender dysphoria is a medical diagnostic classification in the DSM-5, TGD persons' experiences of it are diverse and may affect their lives in various ways" (SAHCS, 2021, p16). I acknowledge that some activists may find offense to this terminology and prefer the term gender incongruence. This is due to the fact that, not all transgender cases present with severe distress. However, all cases present with dissociation or incongruence to their birth physical sex (Claahsen - van der Grinten *et al.*, 2021, p1350). This study will include all transgender adolescent persons, regardless of whether their gender incongruence presents as gender dysphoria. For the purpose of terminology, I will refer to all transgender

persons as having gender incongruence, including those with gender dysphoria and without gender dysphoria. However, I do recognize the significant difference between the two. Gender incongruence is classified by the DSM-5 as a psychological condition that requires treatment, the treatment is gender affirmation (SAHCS, 2021, p17) (*Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. 5th edn, 2013, pp451-495). Medical gender affirmation is a stepwise process consisting of both reversible, partially reversible, and irreversible procedures. The treatment exists under the three domains of puberty blockers, hormonal therapy, and gender-affirming surgeries (SAHCS, 2021, p18). This study will focus on the provision of all gender affirmation, as a whole, to transgender adolescents aged 12-17.

For the purpose of this study, only adolescent cases, aged 12-17 years, will be analysed. According to Toska, et al., adolescence "is a period of transition from childhood to adulthood, accompanied by profound biological, physical, psychosocial, cognitive and emotional changes" (Toska *et al.*, 2019, pp 81). The adolescent changes, such as the development of secondary sex characteristics and puberty, increase the severity of gender dysphoria in transgender adolescents, exposing them to many other risks such as mental illness, suicide, and more (SANAC, 2021, n.p.). Therefore, adolescents are the most in need of gender-affirming treatment. However, they are also the least treated (Wilson *et al.*, 2014, p449). I am of the view that this issue is the result of the continuous ethical debate surrounding the morality of the provision of gender-affirming care to adolescents.

This topic is especially prevalent in South Africa where gender queerness is often considered to be un-African and thus further ostracized (Sibisi and Van Der Walt, 2021, p71). This thinking is rooted in the stereotype that the African moral theory, known as Ubuntu, is committed to the heterosexual binary (Metz, 2007, p333). Ubuntu is considered a type of African humanism and communism, where great emphasis is placed on the saying "a person is a person through other persons," which is from the Nguni proverb "umuntu ngumuntu ngabantu." This quote is often used to explain the concept of ubuntu, an African philosophy of human relations (Gade, 2011, p313).

Historically Ubuntu has been associated with heterosexuality and specific gender roles (Epprecht, 2008, p67). Metz wrote "the most obvious way in which ubuntu is committed to the heterosexual binary is that it entails that homosexual sex is wrong, since it does not produce children and so does not respect or exhibit one's humanness" (Metz, 2007, p333). Therefore, it is often thought that Ubuntu cannot support the provision of gender-affirming treatment, as it is heteronormative and committed to the gender binary. This elevates the ethical debate of the provision of gender-affirming care to adolescents, to an ethical dilemma, where the African culture and Ubuntu appear to be inherently culturally regressive and against this provision, thus leading to discrimination and injustice towards those that identify as LGBTIQA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Asexual, plus any other identities or expressions that do not appear in the abbreviation) (Ajei, 2022, p179). The injustice expands from failure to recognise and respect transgenderism in an African context, to failure to provide these persons with critical healthcare such as gender-

affirming care (Spencer, Meer and Müller, 2017, p2). These injustices are what make this topic controversial and prevalent as well as create the necessity for it to be discussed. If these assumptions about Ubuntu were true, there would be little hope that Ubuntu could provide a basis for affirming the treatment of transgender adolescents. For this reason, I set out to challenge these assumptions in this research.

1.3Research Question

The question I address in this dissertation is: Does Ubuntu support the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years?

1.4 Rationale for the Study

In today's society, the percentage of transgender teens in the 12–17-year age group is drastically increasing. Adolescents are already at high risk for mental illness (Farley, 2020, pp 48-51). For transgender adolescents, the risk is nearly doubled. In fact, 45-50% of this growing minority will attempt suicide. This is a direct result of limited access to or delayed gender-affirming care (South African National Aids Council, 2021, n.p.). In South Africa's public sector, the waiting time for gender-affirming surgery (the final step of gender-affirming health care) is just over 2 decades (20-25 years), for adolescents and adults (South African National Aids Council, 2021, n.p.). This excessively long waiting list is due to three core reasons. Firstly, failure to recognize it as a medical treatment (Callahan, 2012, p73). Secondly, the recognition of it solely as an aesthetic or cosmetic procedure Thirdly, a limited number of medical practitioners will administer gender-affirming care. This is a result of the historically ingrained thinking that it is un-African and inherently wrong (Epprecht, 2008). There is an increasing number of transgender adolescents. Moreover, there is an estimated

total of 179 327 transgender persons in South Africa (Tshuma *et al.*, 2021, p12). Thus, there is an increasing danger to life. However, there is apprehension about providing treatment, which would resolve the danger to life. The apprehension is due to the three core reasons described above. This apprehension causes a failure to provide necessary healthcare to an extremely vulnerable minority.

Africa and Ubuntu have been stereotyped as heteronormative and committed to the gender binary. This stereotype further enforces the stigma and apprehension against providing gender-affirming care. Thus, increasing the already present gap between the treatment needed and the treatment given, especially in adolescent cases. This makes the research topic extremely relevant and a topic that needs to be researched and discussed.

For this reason, fellow academics could use the research essay to resolve gender-affirming care ethical dilemmas, resulting in a socially positive outcome. This dissertation will also contribute to the critical reappraisal of the heteronormative, gender binary Ubuntu and African stereotype. Furthermore, this dissertation could be used academically, to guide and regulate a possible Ubuntu-based process used when navigating adolescent transgender cases. This process would centre around the allowance and promotion of gender-affirming care for adolescents in South Africa. Furthermore, this research may provide an opportunity to bridge the aforementioned treatment gap, as well as, promote the best interest and flourishing of the community and individual.

1.5 Thesis Statement

I will argue that the cornerstone of Ubuntu is to recognize the humanity in others and promote flourishing. This involves recognizing and affirming persons in their essence. Thus,

I argue that Ubuntu does support the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years.

1.6 Research Aim

My aim is to defend my thesis that the cornerstone of Ubuntu is to recognize the humanity in others and promote flourishing. This involves recognizing and affirming a person in their essence. Thus, I contend that Ubuntu supports the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years.

1.7 Research Objectives

In order to achieve my aim of defending my thesis, I will seek to fulfil these objectives which are essentially the main premises I will use in support of my thesis:

1. To defend the empirical claim that gender-affirming care is a necessary treatment option for gender incongruent adolescents to affirm their identity and promote their flourishing (Chapter 2). In this premise I will also confront and rebut arguments made regarding the necessity of gender affirming care for gender incongruent adolescents specifically.
2. To set aside the claims that (i) Ubuntu and African though are inherently heteronormative and committed to the gender binary and (ii) that Ubuntu views procreation as a duty of all persons in the community (Chapter 3).
3. To defend an account of Ubuntu that recognizes the humanity and the core of who a person is and advocates for human flourishing (Chapter 4).
4. To apply this account of Ubuntu to defend the position that there is a moral obligation to affirm transgender adolescents' identities and promote gender-affirming care for them (Chapter 5).

5. To acknowledge and rebut possible objections to my argument (Chapter 6).

1.8 Research Design

This project will be a normative bioethical project. This will involve the defence of my thesis statement. My thesis statement will be defended by the use of normative ethics. “Normative ethics is the branch of philosophical or theological inquiry that sets out to give answers to the following questions: What ought to be done? What ought not to be done? What kinds of persons ought we strive to become? Normative ethics sets out to answer these questions in a systematic, critical fashion, and to justify the answers that are offered” (Sugarman and Sulmasy, 2010, pp 3-4). The overall design of my thesis will be constructed of various chapters. Each chapter will be explained and defended using normative ethics and research. Each chapter will contribute to an overall conclusion that will defend my thesis statement.

1.9 Research Methods

This research study will be purely normative. “This primarily involves the interpretation and critical analysis of the most important texts, postings, and relevant government legislation to answer the research question. The analysis of the relevant texts will include the definition and clarification of concepts, the identification and criticisms of assumptions, the analysis and evaluation of theoretical frameworks, and the articulation of the most reasonable interpretation of significant concepts found in the sources of literature retrieved from but not be limited to, research articles, books, computer accessible databases government legislation and other academic search engines for gathering your research data” (Steve Biko Centre for Bioethics, 2022, p5).

CHAPTER 2 – Gender-Affirming Care is a Necessary Treatment Option for Gender Incongruent Persons to Affirm their Identity and Promote their Flourishing.

Gender identity is a multifaceted aspect of human experience, profoundly influencing an individual's sense of self and well-being. Within contemporary discourse, the recognition and provision of gender-affirming care has emerged as crucial elements in supporting individuals experiencing gender incongruence. This chapter seeks to delve into the imperative nature of gender-affirming care as a fundamental and necessary treatment approach for those navigating gender incongruence. The purpose of this chapter is to defend my first premise that gender-affirming care is a necessary and reconstructive treatment option to a physiological and psychological condition. In order for this argument to get off the ground, I must establish that the argument presented is not a misrepresented version (strawman). This involves displaying that there exists a significant body of literature challenging the necessity of gender-affirming care. In this chapter I will provide (i) an overview of the literature which contests that gender-affirming care is necessary. Having established this, I will then lead into my first premise: (ii) gender-affirming care is a necessary and reconstructive treatment option to a physiological and psychological condition. I will defend this premise by (a) referencing arguments made in the literature which supports and advocates for my premise, that gender-affirming care is necessary. Utilizing this literature, I will argue that (b) gender-affirming care is necessary for all gender incongruent persons; (c) that gender-affirming care is necessary because gender incongruence is a physiological and psychological condition; and (d) that gender-affirming care in reconstructive.

In order for me to address this topic I need to show that the provision of gender-affirming care to transgender adolescents is indeed contested and is viewed as precocious and an unnecessary form of treatment for transgender adolescents. To achieve this, I turn now to give a brief account of the literature, which purportedly shows this contention of the necessity of gender-affirming care to transgender adolescents.

(i)Claims Against the Necessity of Gender-affirming Care.

This section will examine the pivotal literature that challenges the necessity of gender-affirming care, presenting diverse viewpoints and critical analyses on its relevance within the spectrum of gender-focused healthcare. This literature is needed to show that gender-affirming care is contested. The comprehensive review of literature will not only lend credibility to this project but also establish the cornerstone for my forthcoming affirmative arguments in this chapter, asserting the necessity of gender-affirming care. In the past century, the discourse on the requirement for gender-affirming care has surged, propelled by a myriad of novel ethical standpoints and scientific evidence articulated by bioethicists, medical professionals, and philosophers. At this juncture, I pivot to present a concise overview of the primary arguments that challenge the imperative of gender-affirming care.

According to Heyes and Latham, gender-affirming care, especially in adolescents, should be regarded strictly as an elective cosmetic procedure (Heyes and Latham, 2018, p181). This is because the treatment is not physically treating a condition but rather altering the appearance of

persons to make them more confident and comfortable. Barone et al, defines elective cosmetic procedures as exactly this. They contend that "cosmetic surgery also includes surgical procedures requested by patients to improve their appearance. In this regard, cosmetic surgery differs from reconstructive surgery, which deals with the treatment of morphological alterations that can be related to pathological conditions; in the specific nature of their respective areas, cosmetic surgery and reconstructive surgery both belong to plastic surgery" (Barone, Cogliandro and Persichetti, 2017, p90). Furthermore, many medical practitioners and bioethicists share the view of philosopher Daniel Callahan. Callahan defines health as a solely physical thing. Callahan writes and warns against the medicalization of the human condition (Callahan, 2012, p73). According to his view, to recognise gender-affirming medical treatment and surgery as a treatment to gender incongruence would be medicalising a psychological condition.

Gender incongruence is classified as a psychological condition (*Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. 5th edn, 2013, pp 451-459). Based on this classification, a claim often expressed in the literature is that physical gender-affirming medical treatment cannot be recognised as a treatment for a psychological or psychosocial condition. Moreover, it is asserted that a medical solution to a non-medical condition is illogical and a waste of resources (Hume, 2011, p43). This view argues that psychotherapy should be the sole treatment for gender incongruence as it is defined as a psychological condition. Callahan and Hume posit that the appropriate approach for adolescents is to provide supportive and affirmative psychotherapy, which can help them explore their gender identity without resorting to possible irreversible medical interventions. Therapy can offer emotional support, coping strategies, and guidance to

navigate the complex feelings associated with gender incongruence (Oorthuys *et al.*, 2022, p11).

Another argument that contests the provision of gender-affirming care to adolescents is the belief that gender incongruence is a phase that will be outgrown. According to a study by Ristori and Steensma (Ristori and Steensma, 2016, p15) evidence from 10 follow-up studies from childhood to adolescence indicates that for about eighty percent of children who meet the criteria for gender -affirming care, the gender incongruence recedes with puberty. They found that many of these adolescents will ultimately identify as non-heterosexual, as opposed to transgender requiring gender-affirming treatment (Alanko *et al.*, 2010, p85) (Singh, Bradley and Zucker, 2021, p18). In the article "Gender Dysphoria in Adolescence: Current perspectives" by Kaltiala-Heino et al, studies are cited that suggest a substantial portion of children who experience gender incongruence in childhood will not continue to identify as transgender in adolescence or adulthood. The authors posit that gender incongruence is indeed a phase that individuals eventually outgrow. The article states "evidence from the 10 available prospective follow-up studies from childhood to adolescence … indicates that for ~80% of children who meet the criteria for GDC (gender dysphoria in childhood), the GD (gender dysphoria) recedes with puberty. Instead, many of these adolescents will identify as non-heterosexual." They therefore conclude that, in the presence of high rates of desistance gender-affirming care should not be provided until adulthood when the possibility of desistance is lower (Kaltiala-Heino *et al.*, 2018, p33). Thus, provision of gender-affirming care to adolescents is contested on the basis of desistance. [5]

[5] Gender affirming medical treatment is fully defined on pages 27-29.

Following on from the point of desistance, concerns have been expressed about the possibility of harm if the gender incongruence does indeed desist. Controversy regarding the use of drugs to delay puberty touches on fundamental ethical concepts in paediatrics: the best interests of the minor, autonomy and the role of social context (Vrouenraets *et al.*, 2015, p368). According to multiple sources administering gender-affirming treatments, such as hormone therapy or gender-affirming surgeries, to adolescents carries inherent risks and irreversible consequences (Korte *et al.*, 2008, pp 838-839) (Viner, 2005, n.p.) (Costa, Carmichael and Colizzi, 2016, pp 458-461). The consequences are both physical and psychological. Gender-affirming care, such as hormone therapy or gender-affirming surgeries, have long-lasting physical effects on the body. Administering these treatments to adolescents carries the risk of irreversible changes that may not align with an individual's long-term gender identity. For example, hormone therapy can result in the development of secondary sexual characteristics, such as breast growth or facial hair, which may later be undesired if an adolescent's gender identity evolves (Salas-Humara *et al.* , 2019, p33). These treatments can have long-term potentially harmful effects, which could be avoided if gender incongruence is a phase (Shumer and Spack, 2015, p12). Secondly there are psychological effects. According to Turban et al, adolescents are still in the process of developing their self-identity and may not have a fully formed understanding of their gender. Administering gender-affirming treatments before an individual has had the opportunity to explore their identity fully could lead to psychological distress if their feelings change over time (Turban *et al.*, 2022, pp 2-3). They may experience regret or dissatisfaction with the treatments, potentially leading to further gender incongruence and mental health issues (Bustos *et al.*, 2021,

pp 1-7). Therefore, provision of gender-affirming care to adolescents is also contested on the basis of possibility of harm to anatomically normal structures, as well as the harm to the adolescent's mental health in the instance of regret.

Provision of gender-affirming care to adolescents is further contested on the basis of a purported lack of capacity and maturity to consent. There is relevant literature on the decision-making capacity of adolescents, specifically, their ability or lack of ability to fully understand and make the decision to undergo gender-affirming care. Some suggest that adolescents' cognitive and emotional development may not fully equip them to make informed decisions about gender-affirming care (Olson *et al.*, 2015, pp 374-375). Adolescents' prefrontal cortex, responsible for impulse control, decision-making, and emotional regulation, is not fully developed until their mid-20s, which may limit their capacity to fully understand the long-term consequences of gender-affirming care decisions (Casey, Getz and Galvan, 2008, pp 62-67). Adolescents may not possess the capacity for fully informed consent, especially regarding irreversible medical interventions. They may not fully understand the long-term implications of the treatments, and their decision-making capacity may be influenced by peer pressure, societal expectations, or other factors (Grootens-Wiegers et al., 2017, pp 1-3). Delaying these treatments until adulthood allows individuals to make more informed, autonomous decisions about their bodies and identities.

Lastly, the scarcity of long-term data and effects of gender-affirming care on adolescents, is a factor that causes many medical practitioners to avoid provision of gender-affirming care to

adolescents. The long-term effects of gender-affirming treatments administered during adolescence are not well-documented. This is due to the fact that, the field of transgender healthcare is relatively new (Shumer and Spack, 2015, pp 12-13). Concerns about potential health risks, such as cardiovascular issues or fertility-related complications, have been raised. Advocates of a cautious approach claim that it is prudent to wait until more data becomes available to ensure the safety of these interventions (Vrouenraets *et al.*, 2015, pp 370-373). It is clear that a wide range of the literature on providing gender-affirming care to transgender adolescents regards it as imprudent or even ethically impermissible.

In the remainder of this chapter, I will set out to posit that this is not always the case in all transgender adolescents. I will do this by showing (ii) gender-affirming care is a necessary and reconstructive treatment option to a physiological and psychological condition. I will defend this premise by (a) referencing arguments made in the literature which supports and advocates for my premise, that gender-affirming care is necessary. Utilizing this literature, I will argue submit that (b) gender-affirming care is necessary for all gender incongruent persons; this will lead my claim into why it is necessary, because (c) that gender-affirming care is necessary because gender incongruence is a physiological and psychological condition; and which in turn leads me to the claim that not only is it necessary but (d) that gender-affirming care in reconstructive.

(ii)A Defence of The Premise that Gender-Affirming Care is a Necessary and Reconstructive Treatment Option to a Physiological and Psychological Condition.

Utilizing the brief review of relevant literature above, I am now able to set up an argument that defends my thesis. Ultimately, I will claim that the cornerstone of Ubuntu is to recognize the humanity in others and promote flourishing. This involves recognizing and affirming persons in their essence. Thus, I contend that Ubuntu does support the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years. However, the first step in doing so is arguing for the medical necessity of gender-affirming care for all persons. In order to do this, gender incongruence has to be acknowledged and shown as a medical and psychological condition that requires gender-affirming care. This leads me to the first premise of my argument, namely that gender-affirming care is a necessary treatment option for gender incongruent persons to affirm their identity and promote their flourishing.

A holistic review of the literature on gender-affirming care, the necessity of it and the physiology of it, is required. I will address the required aspects of the literature throughout this chapter and incorporate them into my defence. As pointed out before, gender-affirming care in adolescents is contested on the basis of Daniel Callahan's argument of medicalising a psychological illness (Callahan, 2012, p73). However, I dispute this opposition that gender incongruence is not solely psychological. I claim that gender incongruence is physiologically linked to embryonic development. Much dialogue and research show that gender-affirming care for adolescents in particular is necessary. Some link the necessity of gender-affirming care to epigenetics and embryology as causes of gender incongruence (Pepper, 2015, pp 746-747) (Killermann, 2013) (Hines, 2011, pp 176-180) (Nugent *et al.*, 2015, pp 695-697) (Boucher and Chinnah, 2020, pp 89 -95). In this chapter I will break down each hypothesis of the cause of gender incongruence and

claim that gender incongruence and gender-affirming care are both psychological and physiological in nature. On that basis, I will argue that it is necessary and reconstructive.

(a)Arguments made in the literature in support of gender affirming care.

Over the course of nearly a century of research, significant connections have been discovered between gender incongruence and various biological, social, and psychological factors. These findings have prompted researchers to put forth intriguing hypotheses about the origins of gender incongruence. One hypothesis suggests that non-typical exposure to hormones in the womb may contribute to the development of gender incongruence. According to this theory, an excess of testosterone in females or a deficiency of testosterone in males could impact brain development in an atypical manner, predisposing individuals to experience gender incongruence (Schneider, Pickel and Stalla, 2006, p268). I will dissect this hypothesis later on in this chapter.

Another hypothesis proposes that the family system may play a role in inducing gender incongruence. From this perspective, it is believed that gender incongruence arises as a response by a child to unconsciously resolve parental conflicts, thereby restoring balance within the family system (Endendijk, Groeneveld and Mesman, 2018, pp 878-888) (Dierckxsens and Baron, 2023, pp 8-13). At the heart of this hypothesis lies the idea that children are highly perceptive beings who can notice tensions, conflicts, or imbalances within their family environment. When children perceive these conflicts, they might develop coping mechanisms or strategies to navigate this challenging terrain. Gender identity, in this context, can be seen as a potential means through which a child attempts to restore harmony within the family system. For instance,

a child might adopt a gender identity that aligns more closely with what they perceive as the "preferred" gender within the family. By doing so, they may unconsciously believe that conforming to these gender norms will mitigate familial discord. This could manifest as an attempt to gain parental approval or as a way to lessen the strain on familial relationships (Coates, Friedman and Wolfe, 1991, pp 481-490). I contend that, in the context of Africa, the causative factors contributing to gender incongruence can indeed be exacerbated by deeply ingrained gender roles and norms within African culture and society. This issue will be thoroughly explored in chapter three. However, it is essential to provide a glimpse of the impact of these cultural norms on children and adolescents struggling with their gender identity. Specifically, how these cultural gender norms can be viewed as a causative or contributing factor to the prevalence of gender incongruence in adolescents.

African cultures often hold traditional beliefs about gender roles that assign specific responsibilities and expectations to individuals based on their gender. In many societies, males are seen as the primary providers for the family unit, responsible for safeguarding and ensuring the family's economic stability (Olonade *et al.*, 2021, p4). Consequently, having a male firstborn is often celebrated as a significant event, as it is seen as a step towards securing the family's and its communities well-being and future (Baloyi and Manala, 2019, pp 1-5). On the contrary, females are frequently expected to embrace caregiving roles within the family, prioritizing the nurturing and support of children and their spouses (Asuquo and Akpan-Idiok, 2021, p4). This societal perspective places a burden on females to be provided for, reinforcing their dependency on male family members. I speculate that, for a firstborn female, these cultural expectations can

create a conflict between their innate gender identity and the roles assigned to them. In an attempt to meet societal expectations and appease their parents, they might feel compelled to conform to stereotypical male behaviours. This may manifest as adopting male-like characteristics, mannerisms, interests, or even clothing choices to demonstrate their capability to provide for the family unit. Furthermore, this internal struggle highlights the profound impact of cultural norms on individuals' self-perception and identity development. It underscores the need for a comprehensive exploration of how African cultural norms intersect with gender identity formation, leading to potential gender incongruence. Chapter three will delve deeper into these complexities, shedding light on the challenges faced by individuals navigating the intersection of cultural expectations and personal gender identity. While familial dynamics may play a role in some cases, it is just one of many factors to consider when seeking to understand the development of gender incongruence.

Some theorists, such as Jacobs et al, also suggest that gender incongruence could be linked to certain clinical conditions. For instance, it has been proposed that individuals with autism spectrum disorder (ASD), who often exhibit traits such as obsessiveness and rigidity, may develop a fixation on gender issues due to their difficulty in tolerating ambiguity (Jacobs *et al.*, 2014, p277). Jacobs et al's theory suggests a possible connection between some cases of gender incongruence and autism spectrum disorder (ASD). ASD is characterized by a range of symptoms, including difficulties in social interaction, repetitive behaviours, and a preference for routines (Hodges, Fealko and Soares, 2020, pS55). Jacobs and colleagues propose that individuals with ASD may be more prone to fixate on gender issues due to their inherent traits of

obsessiveness and rigidity. From this perspective, it is suggested that some individuals with ASD might have difficulty tolerating ambiguity, which is a key aspect of understanding and exploring one's gender identity. Gender identity can be a complex and nuanced concept, and individuals with ASD, who tend to seek clear structures and patterns, may struggle with the fluidity and ambiguity often associated with gender identity. As a result, they may develop a fixation on gender-related issues. It is essential to emphasize that this theory does not imply that all individuals with ASD will experience gender incongruence or that gender incongruence is exclusively linked to ASD. Instead, it highlights the potential influence of cognitive and behavioural traits associated with ASD on the development of gender identity.

Furthermore, there are those, such as Zucker et al, who argue that multiple factors must converge for gender incongruence to develop, and each case may have a unique configuration (Zucker *et al.*, 2012, p369, pp 374-382). Zucker et al's perspective takes a more comprehensive view, suggesting that gender incongruence is a complex phenomenon influenced by multiple factors. This perspective acknowledges that there may not be a one-size-fits-all explanation for the development of gender incongruence. According to Zucker and colleagues, gender incongruence likely results from the convergence of various factors, including biological, psychological, and social influences. These factors may interact differently in each individual's case, leading to a unique configuration of gender incongruence. Some of the factors that Zucker et al consider include genetic predispositions, hormonal influences during prenatal development, early childhood experiences, socialization, and cultural factors. The multifactorial perspective recognizes the diversity of experiences and pathways that can lead to gender incongruence and

underscores the need for individualized assessment and support. Both Jacobs et al and Zucker et al, provide evidence which directly opposes the argument that gender incongruence is solely a developed psychological condition. Their evidence supports the argument that gender incongruence is a multifactorial inherent condition. Therefore, gender incongruence should be acknowledged and addressed as such. This evidence coincides with my argument that the provision of gender-affirming care is extremely necessary in adolescents, in order to fully acknowledge and address their gender incongruence. However, I assume I will need more scientific evidence in order to convey my point adequately. I turn now to giving a more in-depth account of the prenatal hormone exposure thesis.

Over the last 20 years there has been a massive influx of literature investigating and defending the hypothesis that non-typical exposure to hormones in the womb may contribute to the development of gender incongruence. Much scientific evidence has been produced indicating that the development of physical sex and psychological sex occurs at distinct stages of foetal development. Physical sex develops in the first trimester of pregnancy, whereas psychological sex. develops in the second trimester of pregnancy (Pepper, 2015, pp 746-747) (Wizemann and Pardue, 2001, pp 48-51) (*This Video Dispels Every 'Nature VS Nurture' Myth You've Ever Heard*, 2011, n.p.) (Pepper and Kramer, 2015, n.p.) (Abrams, 2017, pp 162-170). This discrepancy between development occurrence allows environmental influences such as endocrine disruptors, to cause an incongruence between physical and psychological sex. Bradshaw and Ellison state that physical sex is established by genetics (nature), whereas epigenetics or the environment (nurture) will affect the psychological sex (Bradshaw and Ellison,

2009, p241). Michael Pepper's article "Gender and Sexual Diversity – Changing Paradigms in an Ever-changing World" gives a brief understanding of the scientific epidemiology of gender incongruence (Pepper, 2015, pp 746-747). Pepper submits that the presence or absence of the SRY gene in the embryo will determine the physical sex. Presence of the SRY results in a physical male and absence of it results in a physical female. However, the absence or presence of the SRY gene does not solely control the feminization or masculinization of the brain (Pepper, 2015, pp 746-747,). I acknowledge that this may not be the case for some intersex persons. Therefore, in the case of intersex persons this is not applicable and are not part of the focus of this dissertation.

The article "Brain Feminization Requires Active Repression of Masculinization via DNA Methylation" by Nugent et al, provides a further in depth explanation of this process (Nugent *et al.*, 2015, pp 690-697). The process of sexual differentiation in the brain begins in the second half of pregnancy. During this period, testosterone plays a crucial role in masculinizing the foetal brain, while the absence of testosterone leads to a female brain development. Endocrine disruptors are substances that can interfere with hormonal activity. They have been found to increase the activity of DNA methyltransferase enzymes (Vieira *et al.*, 2021, pp 1-5). This increase in activity can influence the release of testosterone, resulting in the development of a physically normal female with a masculinized brain. On the other hand, when the suppression of DNA methylation occurs due to endocrine disruptors, it can lead to a feminized brain. Consequently, in such cases, a physically normal male individual may have a feminized brain due to the active repression of DNA methylation.

Hines and Ristori et al, make the linkage between the scientific epidemiology and the psychological evidence of gender incongruence (Hines, 2011, pp 170-180) (Ristori *et al.*, 2020, pp 1-6). In their respective articles they conclude that, the feminization or masculinisation of the brain is linked to gender identity. Essentially the two brains are physically the same. However, a brain overexposed to testosterone will be masculinised and will view itself as a male. Regardless of the physical genitalia present or societal gender norm enforcement. Whereas a brain underexposed to testosterone will be feminized and will view itself as a female. Regardless of physical genitalia present or societal gender norms enforcement. A masculinized brain will feel no true connection or association with its female genitalia and the female gender label (Ristori *et al.*, 2020, pp 1-6). Not only this they will participate in the male sex-typed childhood activities. These characteristics will become more prevalent as they grow older (Hines, 2011, pp 170-180). A feminized brain will feel no true connection or association with its male genitalia and the male gender label (Ristori *et al.*, 2020, pp 1-6). Not only this they will participate in the female sex-typed childhood activities, but these characteristics will also become more prevalent as they grow older (Hines, 2011, pp 170-182). Therefore, the genitalia present at birth may not represent the feminization or masculinization of the brain, which has occurred. The incongruence between the feminized brain and male physical sex, or vice versa, is the root cause of gender incongruence.

Dr Alexis Laungani takes this link a step further and argues that as a result of the epigenetics and embryological causes of gender incongruence, gender-affirming care is necessary and merely a reconstructive treatment of a birth defect (Laungani and Brassard, 2017, p1). According to Laungani, despite appearing physically "normal," the transgender patient could be considered as having a birth defect. Transgender persons were born with a body envelope that does not correspond to their true gender. Although I am using a birth defect as an analogy for the purposes of this dissertation, I am not implying that gender incongruence is a birth defect. Gender incongruence and the discrepancy between physical sex and psychological sex is something with which they were born with, much like a cleft palate. It is not a choice. Therefore, I conclude that gender-affirming treatment is reconstructive and necessary. Furthermore, it cannot be grouped under the term of elective cosmetic surgeries. However, according to Heyes and Latham, most gender-affirming care procedures, especially in adolescents, are viewed strictly as elective cosmetic procedures (Heyes and Latham, 2018, p181). This is because the treatment is not physically treating a condition but rather altering the appearance of persons to make them more confident and comfortable, which is what elective cosmetic procedures are (Barone, Cogliandro and Persichetti, 2017, p90). Thus, the assumption that gender-affirming care is elective and cosmetic, may be reasonable in at least some cases. However, I do not think this assumption is applicable to every case in question. In my arguments to follow I will argue in defence of the claim that while the science is still quite uncertain, plausible, and convincing arguments can be implemented which will show that the evidence is strongly pointing in a direction that supports my thesis and conclusion.

Considering the above, I can now expand on my first argument for the claim that the provision of gender-affirming care to transgender adolescents is necessary. In order to defend this premise, I will firstly discuss and show that (b)gender-affirming care is necessary. Followed by, showing that (c)gender incongruence is both a medical and a psychological condition. Thus, it requires the availability of both medical and psychological treatment. This treatment is necessary for the condition of gender incongruence to be resolved. The treatment of each case will be individualistic and the extent of treatment each individual person will need is varied. However, this variability should not take away from the availability of the provision of the care in the first place. Lastly, I will debate that (d)the gender-affirming treatment is not only necessary but also reconstructive. I turn now to begin my argumentation for the necessity of gender-affirming care.

(b)Gender-Affirming Care for All Persons is Necessary

The DSM-5 recognises gender incongruence as a psychological condition which requires a multifaceted approach to the treatment of gender incongruence in teens (De Vries, Kathard and Müller, 2020, pp 2-7). Such treatments can include diverse types, each of which falls into different biological, psychological, and social domains. In order to truly grasp the necessity of gender-affirming care as a treatment to gender incongruence, it is crucial to wholistically understand the treatment method process of gender incongruence. Thus, I will give a brief outline of the gender-affirming care process or regimen I will be referring to throughout this dissertation. I will then resume with my argument as stated above.

The treatment process is stepwise in manner. I use the term gender-affirming care as the broad umbrella term which encompasses the psychological, social, legal, and medical affirmation process. The DSM-5 and the South African Gender Affirming Healthcare Guidelines (SAGAHG), advise psychological treatment as step one, which is psychological therapy or counselling. Followed by social treatment as step two, which is social affirmation and legal affirmation. Finally, gender-affirming medical treatment as step three, which is puberty blockers, hormonal treatment and/or gender affirming surgery (South African HIV Clinicians Society, 2021, pp 49-50) (American Psychiatric Association, 2013, pp 451-495). Psychotherapy is used to allow transgender persons to explore their gender identity and truly understand the full extent of their condition. This, as well as learning relevant coping mechanisms, required for the transition process (Durwood, McLaughlin and Olson, 2017, p2). Social affirmation may include an individual adopting pronouns, names, and various aspects of gender expression that match their gender identity. Social affirmation may also include the involvement of a person's support structure. This would involve the "coming out" process. According to Durwood et al, acceptance from a person's loved ones increases the likelihood the transition will succeed and most benefit the transgender person's physical and mental health (Durwood, McLaughlin and Olson, 2017, pp 5-7). Legal affirmation involves changing persons' gender, on relevant government identification forms, to express their true gender identity (Ayden *et al.*, 2020, p196). Finally, there are the gender-affirming medical treatments which include: puberty blockers, hormonal treatment, and gender-affirming surgeries (Hembree *et al.*, 2017, pp 3869-3872).

Puberty blockers are administered prior to puberty, in order to delay onset of secondary sex characteristics. Secondary sex characteristics have been seen to worsen the gender incongruence or gender dysphoria as the body physically develops sexual characteristics with which the person does not identify with. Thus, elevating the incongruence or dysphoria of the person to their own body (Mason *et al.*, 2023, pp 54-56). Puberty blockers are medical step one. However dependent on the urgency may be initiated along with social or legal affirmation. If puberty has already commenced or following the administration of puberty blockers, medical treatment step two, hormonal therapy can be initiated. This is the administration of masculinizing/feminizing hormones. In male-to-female gender transition 17ß-estradiol or 17ß-estradiol valerate is administered, via the oral or transdermal route. In female-to-male gender transition testosterone is administered as a transdermal gel or intramuscular depot (Meyer, Boczek and Bojunga, 2020, p725). This therapy will result in the emergence of the desired sexes' secondary sex characteristics. The third and final step, only to be initiated after hormonal treatment is gender-affirming surgery. Gender-affirming surgery involves the possible removal of physical sex genitalia and reconstruction of identified sexes' genitalia. As well as breast augmentation/removal and facial feminisation/masculinization (SAHCS, 2021, p59).

To holistically treat gender incongruence and provide adequate gender-affirming care, all aspects listed above must be confronted and discussed in each case. Yes, some transgender adolescents may not require all aspects of the treatment. A portion of transgender adolescents may be satisfied with only psychological, social, and legal affirmation. However, a portion of transgender adolescents may require medical treatment in addition to this. Much like how the

domains of treatment are case based the types of medical treatment are too. A few transgender adolescents may be satisfied with puberty blockers. However, others may only be fully treated once gender-affirming surgery has occurred. For this research, I will be focusing on the gender incongruent treatment group as a whole, irrespective of what step they are in of the medical treatment. Assuming I have thoroughly explained the gender-affirmation process and shown the necessity of it. I can now resume the argumentation for the provision of gender-affirming treatment to transgender adolescents. Firstly, I will (c) proffer and show that gender incongruence is a medical and psychological condition. Thus, it requires both medical and psychological treatment. This treatment is necessary for the condition of gender incongruence to be resolved. Secondly, I will submit that (d) gender affirming treatment is not only necessary but also reconstructive.

(c)Gender Incongruence is a Physiological and Psychological Condition.

Despite the fact that, this treatment process is recognized by the DSM-5 as well as the SAGAHG, as stated above, many medical practitioners and ethicists share the view and argument of philosopher Daniel Callahan. As described in the previous subchapters, this view posits that the allowing of gender-affirming care as treatment will medicalise a psychological condition. Callahan defines health as a solely physical phenomenon. Callahan writes and warns against the “medicalization of the human condition” (Callahan, 2012, p73). He also classifies gender incongruence as a psychological condition. Thus, some may claim that gender-affirming care in the form of medical treatment cannot be recognised as a treatment to a psychological or psychosocial condition. To recognise gender-affirming care, in the form of medical treatment, as

a treatment would be medicalising a psychological condition, according to Callahan. It can be argued that having a medical solution to a non-medical condition is illogical and a waste of resources. This view argues that psychotherapy should be the sole treatment of gender incongruence as a psychological condition (Hume, 2011, pp 43-44).

However, I argue against this opposition. Firstly, I argue that gender incongruence cannot solely be viewed as a psychological condition based on the fact that The World Health Organisation (WHO) reviewed its classification in the ICD (International Classification of Diseases) as of 2022. Originally gender incongruence was classified under the "Mental and Behavioural Disorders" chapter of the ICD-10. However, with the increase in knowledge surrounding gender incongruence and its etymology and effects it has since been changed in the ICD-11. In the ICD-11, gender incongruence is now classified under the "conditions related to sexual health" chapter. The World Health Organization states that "this reflects current knowledge that trans-related and gender diverse identities are not conditions of mental ill-health, and that classifying them as such can cause enormous stigma" (The World Health Organisation, 2022, n.p.). Therefore, this shows that gender incongruence cannot only be lumped under the broad term of psychological conditions, rather that it is a condition that incorporates all three of the biological, psychological, and social domains of medical health. Therefore, it requires a multifaceted approach to treatment. This approach expands beyond the provision of psychotherapy only and toward the provision of a psychological, social, and biological provision of treatment, all of which are included in the provision of gender-affirming care.

Secondly, I argue that gender incongruence is not solely psychological, due to its cause often being physiological. Gender incongruence is physiologically linked to embryonic development (Killermann, 2013). It has been shown that the development of physical sex and psychological sex occurs at distinct stages of foetal development. Physical sex develops in the first trimester of pregnancy. Whereas psychological sex develops in the second trimester of pregnancy (Pepper, 2015, pp 746-747). This discrepancy between development occurrences allows environmental influences such as endocrine disruptors, to cause an incongruence between physical and psychological sex.

As discussed throughout this chapter, physical sex is established by genetics. Whereas epigenetics or the environment will affect the psychological sex (Bradshaw and Ellison, 2009, p241). The presence or absence of the SRY gene in the embryo will typically determine the physical sex. Presence of the SRY results in male physical sex characteristics and absence of it results in female physical sex characteristics. However, the absence or presence of the SRY gene does not solely control the feminization or masculinization of the brain (Pepper, 2015, pp 746-747). I argue that, at the stage of physical sex differentiation the foetal brain is sexually dimorphic. The sexual differentiation of the brain only starts in the second half of pregnancy. This is when the foetal brain shifts from sexually dimorphic to feminized or masculinized. Testosterone masculinises the foetal brain, whereas absence of testosterone results in a female brain. This process involves the organization of neural circuits and structures that are associated with male-typical behaviours and traits. On the other hand, female foetuses are exposed to lower levels of testosterone, allowing for the development of brain structures associated with female-

typical characteristics. Endocrine disruptors increase/decrease DNA methyltransferase enzymes activity, which increases/decreases DNA methylation. DNA methylation is an epigenetic process that involves the addition of methyl groups to DNA molecules, which can influence gene expression and subsequent development (Moore, Le and Fan, 2013, p23). An increase of DNA methylation in genetic females causes testosterone to be released. Thus, a physically normal female is formed with a masculinized brain. When DNA methylation is suppressed, as a result of endocrine disruptors, in genetic males the brain becomes feminized. Thus, when endocrine disruptors cause the active repression of DNA methylation, a physically normal male with a feminized brain results (Nugent *et al.*, 2015, pp 690-697) (Dodd *et al.*, 2019, pp 65-67). The feminization or masculinisation of the brain is linked to gender identity. Essentially the two brains are physically the same. However, a brain overexposed to testosterone will be masculinised and will view itself as a male. Despite having female genitalia and society enforcing it is a female. This occurs vice versa. A masculinized brain will feel no true connection or association with the female gender or the female gender label (Ristori *et al.*, 2020, pp 1-6). Not only this, but they will also participate in the male sex-typed childhood activities. These characteristics will become more prevalent as they grow older (Hines, 2011, pp 177-179).

Therefore, the genitalia present at birth may not represent the feminization or masculinization of the brain that has occurred in embryo (Döhler, 1991, pp 1-2). The incongruence between the feminized brain and male physical sex, or vice versa, is the most plausible cause of gender incongruence (Boucher and Chinnah, 2020, pp 92-95). Therefore, it has been argued that gender identity and presence of gender incongruence is not solely a psychological condition, even

though the symptoms appear to be psychological. The etymology of gender incongruence is physiological and embryological. Thus, making gender incongruence both an inherent physical and psychological condition, which may require both physical and psychological treatments. Therefore, the argument of medicalizing a psychological condition becomes irrelevant. Furthermore, that physical gender-affirming care such as, puberty blockers, hormonal treatment, and gender-affirming surgeries are supported to be necessary. This leads into the second part of premise one. I have argued and supported that gender-affirming care is necessary due to the fact that gender incongruence is a physiological and psychological condition. Next, I will explore that not only is it necessary, but (d) it is also reconstructive.

(d)Gender-Affirming Care is Reconstructive.

Gender-affirming care is often solely viewed as a cosmetic or aesthetic procedure. Thus, the requirement of gender-affirming care as a treatment of gender incongruence is debated. However, I will argue that gender-affirming care is reconstructive rather than cosmetic. It is commonly accepted to consider a surgical treatment for a congenital defect as reconstructive surgery and thus necessary. An example of this is the palatoplasty reconstructive surgery needed to correct a cleft palate. Most cases of cleft palate are not immediately life-threatening. However delayed surgeries or lack of surgery pose a risk of life-threatening complications in the future. Therefore, palatoplasty is viewed as a necessary reconstructive surgical treatment for a birth defect (Shaye, Liu and Tollefson, 2015, pp 367-368). Whereas elective surgeries are considered cosmetic and imputable to the patient. Elective cosmetic care/procedures/surgeries are defined, by the Royal College of Surgeons of England, as care/procedures/surgeries “where a person

chooses to have an operation, or invasive medical procedure, to change their physical appearance for cosmetic rather than medical reasons" (Royal College of Surgeons of England, 2022, n.p.). Gender-affirming care is viewed as elective as it is the patient's choice to have the surgery. There is not a physiological need for it, as it involves altering anatomically normal structures. Furthermore, gender-affirming care is viewed as cosmetic as it is altering a person's physical appearance for aesthetic or outer appearance reasons.

However, I claim that gender-affirming care should be viewed as a necessary reconstructive treatment to gender incongruence. The dichotomy of whether gender-affirming care is cosmetic or reconstructive is not a black-and-white issue (Nejadsarvari, Ebrahimi and Hashem-Zade, 2016, pp 208-210). As I have argued above, gender incongruence is a psychological and physiological condition, with embryonic causes. Thus, despite appearing physically "normal," the transgender patient could be considered as having a birth defect. Transgender persons were born with a body envelope that does not correspond to their true gender (Laungani and Brassard, 2017, p1). Gender incongruence and the difference between physical sex and psychological sex is something with which they were born with, much like a cleft palate. It is not a choice. Therefore, I submit that gender-affirming care cannot be grouped under the term of elective cosmetic procedures. I acknowledge that not all medical conditions require necessary medical treatment. Therefor for the purposes of this dissertation I am only referring to medical conditions of the kind and require necessary medical treatment in order to promote the patient's quality of life and health.

This raises the question of why alter the body when the brain is the cause. Surgically attempting to enforce physical gender on an adolescent would be viewed as paternalistic, outdated, and unethical. Without divulging the specific debates and ethics of this topic, as it extends past the scope of this project, the simple answer to this question is the brain is not fully understood. There is no safe and tested procedure to surgically manipulate a person's gender identity. However, there are safe tested procedures to alter a person's physical gender, to coincide with their gender identity. Thus, until another safe treatment procedure surfaces, we will have to treat with what we know (Kiyar *et al.*, 2020, pp 87-89). Furthermore, if gender incongruence is viewed as a birth defect, gender-affirming care cannot be deemed cosmetic. Gender-affirming care is simply the mechanism to correct the birth defect of incongruent physical gender. Thus, it is a necessary reconstructive treatment for a congenital defect. As a result of these arguments the elective cosmetic objection is shown to be invalid. Therefore, it cannot be used to oppose the use and provision of gender-affirming care as a treatment for gender incongruence.

In conclusion, I concur with these findings. I proffer that gender incongruence is a psychological and physiological condition that requires treatment. Due to the fact that gender incongruence is a physiological and psychological condition, it therefore requires both psychological and physiological treatment. This multifaceted treatment is gender-affirming care. Gender-affirming care encompasses the psychological treatment components through psychotherapy. As well as the physical components through hormonal or surgical interventions, including puberty blockers, hormone administration and gender-affirming surgeries. Therefore, I have demonstrated that gender incongruence is indeed a physiological and psychological condition. Thus, it requires

both psychological and physiological intervention and treatment, both of which are found through the provision of gender-affirming care. Therefore, the provision of gender-affirming treatment is necessary and reconstructive. Furthermore, it is necessary and reconstructive in adolescents specifically. I will expand on why it is necessary to provide it to adolescents specifically, in chapters four and five. However, it is necessary to address the issue of the provision of gender-affirming care, to all persons, being stereotyped and viewed as "un-African" first.

Assuming I have been successful in my argument thus far, I have demonstrated that gender incongruence etymology is linked scientifically to embryology. Thus, gender incongruence is a physical and psychological medical condition. Furthermore, gender-affirming care is medically necessary treatment and it is not cosmetic nor is it elective. This leads me to question, if gender-affirming care is medically necessary and reconstructive, why is it considered to be un-African? To tie the scientific (chapter two) and ethical (chapter three) aspects of this project together I use a quote from Desmond Tutu. Desmond Tutu was a prominent South African Anglican bishop and social rights activist, who played a pivotal role in the formation of the Ubuntu African ethic. Tutu is quoted in Germond and De Gruchys' book "Aliens in the Household of God: Homosexuality and Christian Faith in South Africa." Tutu wrote "We struggled against apartheid because we were being blamed and made to suffer for something we could do nothing about. It is the same for homosexuality. The orientation is given, not a matter of choice. It would be crazy for someone to choose to be gay, given the homophobia that is present" (Germond and De Gruchy, 1997, p16). This quote fortifies my argument that gender identity and sexuality are

inherent. It also links the issue of sexuality and gender identity with one of the founding fathers of Ubuntu. This leads me to question, if gender-affirming care is medically necessary and reconstructive, why is it considered to be un-African? This question leads me to my second premise: (i) Ubuntu is not inherently heteronormative and is not committed to the gender binary, and (ii) Ubuntu does not view sexual procreation as a duty.

CHAPTER 3 - Using Ubuntu to Defend the Provision of Gender-Affirming Medical Treatment to Transgender Person.[6]

A holistic and historical understanding of the concepts of Ubuntu is required to be in a position to use Ubuntu as the basis for defending gender-affirming medical treatment for transgender persons. At this juncture, I would like to reinforce that in this chapter will be defending a general claim about Ubuntu supporting gender-affirming care to all transgender persons generally. I will address the defence of Ubuntu supporting gender-affirming care for transgender adolescents in chapter five. In this chapter, I will (i) firstly give an in-depth overview of the literature and history surrounding Ubuntu and its application to gender-affirming care. Secondly, I will defend my second premise that; (ii) Ubuntu is not inherently heteronormative and is not committed to the gender binary. Thirdly I will defend my third premise that (iii) Ubuntu does not view sexual procreation as a duty of all persons in the community. I will base this claim around the following

[6] In selecting a more simplified interpretation of Ubuntu, I have chosen to focus on its core principle—the affirmation of humanity. This interpretation, I contend, does not inherently oppose homosexuality or queerness. However, as discussed in Chapter 3 (pp. 48–62), African thought has traditionally been heteronormative, often conjectured to reject queerness. Since Ubuntu is rooted in African thought, it has become associated with heteronormativity. Yet, my analysis in Chapter 3 reveals that the fundamental values of Ubuntu—empathy, community, and respect for human dignity—do not explicitly support heteronormative ideals. Thus, the perceived alignment of Ubuntu with heteronormativity arises not from its intrinsic principles, but from its historical and philosophical grounding in African thought, which, as I have argued, tends to reflect heteronormative worldviews. My interpretation shows that Ubuntu's true essence can transcend these traditional boundaries, offering a more inclusive ethical framework.

points (a) procreation should not be a duty in today's environmental climate, (b) procreation should not be a duty in today's social and economic climate, (c) insistence of procreation does not result in the best quality of life of flourishing of persons, (d) a procreation duty will restrict the autonomy of woman, and finally (e) What is the cause of the procreation insistence Ubuntu stereotype. To comprehensively address these aspects, attaining a profound comprehension of Ubuntu, its contextual relevance in African history, and its potential application to gender-affirming care becomes imperative. Therefore, I transition to explore an extensive overview of the literature encompassing the essence Ubuntu, its historical significance within African culture, and its perspectives on the provision of gender-affirming care.

(i)Ubuntu and Its Historical Application to Gender-Affirming Care.

Over the years there have been multiple interpretations of Ubuntu. These interpretations have been carefully documented by Christian Gade (Gade, 2011). Originally Ubuntu was thought to be a personal moral quality but has since been described more as a philosophy or a way of life ethic (Gade, 2012). In his 2011 and 2012 papers, Gade delves into the written discourses of Ubuntu, a concept deeply rooted in African societies. Gade explores Ubuntu's social and ethical dimensions, aiming to understand its philosophical and practical implications. He emphasizes Ubuntu's role in fostering community building and enhancing human relations. Gade examines how Ubuntu's principles of interconnectedness, empathy, and respect shape various aspects of African life, including governance, education, and conflict resolution. By analysing the written discourses surrounding Ubuntu, Gade offers insights into the values, beliefs, and practices that underpin this cultural concept, shedding light on its significance within African societies and its

potential for broader global understanding.

Ubuntu is now often referred to as a type of African humaneness that prizes interdependence and community (Ewuoso and Hall, 2019, pp 97-99). Furthermore, it is a philosophical concept that emphasizes interconnectedness and communal harmonious relationships (Ngcoya, 2009, pp 1-7). In the context of healthcare, Ubuntu highlights the importance of providing care that is respectful, compassionate, and culturally sensitive. Ubuntu encourages healthcare providers to prioritize patient-centred care, considering the holistic well-being of individuals and communities (Muhammad-Lawal *et al.*, 2023, pp 63-65). It promotes the recognition of human dignity, fostering compassionate and equitable treatment for all patients. Ubuntu calls for collaborative decision-making, involving patients, families, and communities in ethical deliberations. Furthermore, it emphasizes the importance of community support systems, encouraging healthcare systems to address social determinants of health and promote inclusive and accessible healthcare services (Jecker, Atuire Nuffield and Kenworthy, 2022, pp 260-264). Ultimately, Ubuntu provides a valuable ethical framework for healthcare professionals to navigate complex moral dilemmas while prioritizing the collective well-being of individuals and communities. However, there is great debate surrounding Ubuntu's support of the provision of gender-affirming care. Metz, Schutte and Ramose posit significant arguments which support the concept that Ubuntu is procreation insistent. I will dissect and explain their viewpoints in this subchapter. If this were the case and Ubuntu is procreation insistent, it would be unable to support the provision of gender-affirming care to transgender persons. Furthermore, it is often said that Ubuntu is heterosexual and committed to the gender binary. If this were true, Ubuntu

cannot support the provision of gender-affirming care.

As I described in the Introduction, to justify arguing the assumptions that Ubuntu is intrinsically heteronormative and committed to the gender binary, I need to provide evidence that the literature makes these assumptions in the first place. I have shown, in chapter two, that the necessity of the provision of gender-affirming care to adolescents, specifically, is contested. I will now give an overview of the literature that briefly describes how Ubuntu/African thought is often presented as hetero-normative, gender binarist and procreation insistent.

There are arguments that Ubuntu is heterosexual and committed to the gender binary, and therefore cannot support the provision of gender-affirming treatment. Thaddeus Metz is a South African philosopher who has written extensively on African ethics and Ubuntu philosophy. In his work, Metz argues that African moral theory emphasizes the importance of community and the common good, and that marriage and reproduction are seen as duties that contribute to the well-being of the community (Metz, 2007, p23, pp 327-28). He contends that African societies view procreation as essential to the continuity of the community and that heterosexual relationships are the only ones capable of producing offspring. In his book "A Relational Moral Theory: African Ethics In and Beyond The Continent", Metz states "it is typically *pro tanto* immoral: … to fail to marry and rear children, as opposed to creating a family" (Metz, 2022, p53).

Metz, in his argument on African moral theory, highlights the significance of community and the common good. In many African societies, the moral framework revolves around the well-being of the community rather than individualistic ideals. The individual's actions are expected to align with the communal values and contribute to the overall welfare of the group (Metz, 2022, pp 90-104). One aspect Metz explores is the role of marriage and reproduction within this moral framework. In many African cultures, marriage is not solely viewed as a personal choice but as a duty to the community (Baloyi, 2022, pp 2-8). By entering into marriage and bearing children, individuals fulfil their obligation to sustain and perpetuate the community. Marriage and reproduction are seen as essential for the survival and continuity of the group, as they ensure the growth of the community and provide future generations who will carry forward its customs, traditions, and values. From the perspective of African moral theory, the well-being of the community is intertwined with the successful execution of these duties (Metz, 2007, pp 328-340). The concept of Ubuntu, which emphasizes interconnectedness and communal harmony, underlies this perspective. Individuals are expected to prioritize the interests of the community over their own desires, recognizing that their actions have far-reaching consequences that impact the collective (Metz, 2022, pp 90-104).

Ramose coincides with Metz's argument. Mogobe Ramose is a South African philosopher who has also written on African ethics and Ubuntu philosophy. In his work, Ramose emphasizes the importance of community and argues that African culture is built on a foundation of heterosexuality. He contends that same-sex relationships are incompatible with African culture and that homosexuality is a Western import that is at odds with traditional African values

(Ramose, 2003, pp 732-754). However, it must be noted that Ramose's work does not specifically address the concepts of homosexuality, heterosexuality and a duty to marriage and reproduction. Much of these statements are based on conjecture and assumptions of ethicists based on his written work. To gain a more nuanced understanding of the historical context and various perspectives on homosexuality and Ubuntu, it would be valuable to engage with a wider range of scholarly works and sources from African philosophy, queer studies, and African cultural studies.

Augustine Schutte is a South African Ethicist who focuses on the development of the African ethic of Ubuntu. He makes similar claims as Metz, stated above, does. Schutte argues that Ubuntu is driven by human flourishing. However, human flourishing can only be achieved by being engulfed into a community. He states: "The morality of Ubuntu is intrinsically related to human happiness and fulfilment. It is something derived from our nature as human persons, not something merely conventional or simple obedience to the arbitrary norms of society. Our deepest moral obligation is to become more fully human. This means entering more and more deeply into community with others. So, although the goal is personal, selfishness is excluded" (Schutte, 2001, p30). Furthermore, he contends that, the development of a community and as a result the promotion of human flourishing is dependent on growing the population of the community. This can only be achieved by procreation. Procreation can only occur between a heterosexual couple. Therefore, Schutte argues that procreation is a duty to promote the flourishing of humans in a community, a duty that can only be achieved by heterosexual means. Schutte argues that ubuntu is based on the idea of communion and that it implies a duty to

procreate (Schutte, 2009, pp 85-99). According to the book “Ubuntu: An Ethic for a New South Africa” by Augustine Schutte, Ubuntu views procreation as a duty because it is the way of sharing life with others and fulfilling one’s destiny. He writes: "To be human is to belong to the whole community, and to do so in the full measure of our possibilities. To do this involves participating in the common good, which includes bringing new human beings into existence" (Schutte, 2001, p3).

Therefore, with the arguments of Metz, Ramose and Schutte, it establishes that Ubuntu is often presented as hetero-normative, gender binarist and procreation insistent. As a result of this presentation Ubuntu is seen to be unable to support Transgenderism. Therefore, Ubuntu is unable to support the provision of gender-affirming care to transgender persons. It is important to note that the opinions of these scholars are not necessarily representative of all bioethicists, scientists, or African scholars. The relationship between adolescent gender incongruence, gender-affirming care, African culture, and Ubuntu philosophy is a complex and contested topic that requires further exploration and dialogue.

In contrast to Metz, Schutte and Ramose’s arguments that present Ubuntu as a heteronormative, and committed to the gender binary, as discussed above; is Kwasi Wiredu. Wiredu was a prominent Ghanaian philosopher and one of the leading figures in African philosophy. He is widely recognized for his significant contributions to the development of philosophical discourse in Africa and his efforts to decolonize African thought. In his article "Toward Decolonizing African Philosophy and Religion,” Kwasi Wiredu addresses the need to decolonize African philosophy and religion. He critiques the dominance of Western philosophical and religious

frameworks in African thought and advocates for the reclamation of African intellectual autonomy (Wiredu, 1998, pp 17-28).

Wiredu argues that African philosophy and religion have been significantly influenced by Western paradigms due to historical factors such as colonization. He highlights the importance of recognizing and challenging these influences to develop a more authentic and contextually grounded African philosophical and religious discourse. Central to Wiredu's argument is the call for critical engagement with African philosophical and religious traditions. He emphasizes the necessity of questioning, re-evaluating, and contextualizing these traditions within contemporary African contexts. Wiredu suggests that this critical approach is essential for the revitalization and relevance of African philosophy and religion. Furthermore, Wiredu promotes pluralism and diversity in African thought. He argues against essentializing African philosophy or treating it as a homogeneous entity. Instead, he encourages a recognition of the diverse intellectual traditions within Africa and the importance of engaging with multiple perspectives. Wiredu advocates for the construction of African philosophical and religious frameworks based on African cultural resources. He encourages Africans to draw upon their own traditions, values, and experiences to develop meaningful and contextually appropriate philosophical and religious systems (Wiredu, 2004, pp 200-207) (Wiredu, 1998, pp 17-28)

Overall, Wiredu's article "Toward Decolonizing African Philosophy and Religion" highlights the need to decolonize African philosophy and religion by critically engaging with Western influences, recognizing diversity within African thought, and promoting the construction of

authentically African philosophical and religious frameworks. By doing so, Wiredu aims to foster intellectual autonomy, cultural self-determination, and the development of a more contextually relevant and vibrant African philosophical and religious discourse (Wiredu, 1998, pp 17-28).

In line with Kwasi Wiredu's desire for decolonisation, some theorists disagree with the notion that Ubuntu is inherently heterosexual and committed to the gender binary. Marc Epprecht's "Heterosexual Africa?" challenges the popular notion that homosexuality is un-African, arguing that inherent heterosexuality is a colonial construct that ignores the diverse and fluid sexualities found throughout the continent. Epprecht also critiques Western LGBTQ+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual, and any other identities not mentioned) activism for imposing a binary understanding of sexuality on African cultures and calls for a more nuanced and culturally sensitive approach (Epprecht, 2008).

According to Epprecht, historically, African societies have been shaped by a variety of cultural, religious, and social norms. Many of these norms were patriarchal in nature, placing emphasis on traditional gender roles, marriage, and procreation. These norms often revolved around the idea of preserving lineage and ensuring the continuity of the community. Consequently, concepts like Ubuntu were often interpreted within these gendered frameworks. Furthermore, colonialism had a profound impact on African societies. During the colonial era, Western and Eastern ideas and values were imposed upon African cultures, often resulting in the erasure or marginalization of Indigenous beliefs and practices. The influence of colonial powers, coupled with the spread of

Christianity and Islam, reinforced heteronormative ideals and the gender binary. As a result, certain interpretations of Ubuntu became intertwined with these heteronormative and binary perspectives. This led to the exclusion or invisibilities of diverse sexual orientations and gender identities within some discussions of Ubuntu. It is important to acknowledge, however, that African societies have always been diverse, encompassing a wide range of sexual and gender identities, which may not align with the Western notions that were imposed during colonialism.

Epprecht's book explores the complexities of sexual diversity and queerness within Indigenous African cultures. The central argument of the book is that pre-colonial African societies exhibited a range of sexual practices and expressions that did not conform to the heteronormative assumptions often imposed by Western perspectives. Epprecht challenges the prevailing notion that homosexuality and other non-heteronormative identities and practices are foreign to African cultures. He draws upon extensive historical research, anthropological evidence, and oral traditions to shed light on diverse sexual practices and understandings of gender and sexuality in pre-colonial Africa. He highlights examples of same-sex desire, gender nonconformity, and alternative sexual practices that existed within Indigenous African cultures prior to European colonization. Epprecht argues that these historical and cultural examples contradict the notion that non-heterosexual orientations and practices are purely Western imports.

One example Epprecht discusses is the existence of same-sex relationships among male warriors in various African societies. He refers to accounts of relationships between warriors in Zulu, Swazi, and other cultures, where same-sex desire and intimacy were acknowledged and accepted

within the context of warrior brotherhood. Another example is the phenomenon of female husbandry or "woman-woman marriage" found in certain African societies, such as the Nandi of Kenya and the Igbo of Nigeria. These practices involved women taking on the roles of husbands, marrying other women, and assuming the responsibilities associated with male gender roles, including reproduction. Epprecht also highlights instances of gender nonconformity and alternative sexual expressions. For instance, he discusses the hijra-like figures, known as "mudu dhalaimi," among the Hausa people in Nigeria, who were assigned male at birth but took on female gender roles and engaged in same-sex relationships.

Epprecht also explores how colonization and the imposition of Western moral and legal frameworks have influenced and shaped contemporary attitudes towards sexuality in Africa. The book examines the impact of missionary teachings, colonial laws, and post-colonial politics on the marginalization and stigmatization of non-heteronormative identities and practices. By challenging the idea of a universally heterosexual Africa, Epprecht's book aims to counter stereotypes and promote a more nuanced understanding of the diverse historical and contemporary expressions of sexuality within African cultures. It encourages a critical examination of the impact of colonialism and the need to respect and validate the existence of diverse sexual orientations and gender identities within African societies.

Other scholars such as Martin Odei Ajei (Ajei, 2022, pp 179-184), Thabo Msibi (Msibi, 2011, pp 68-72), Bernard Matolino (Matolino, 2017, pp 67-76), and Sabelo Ndlovu-Gatsheni (Ndlovu-Gatsheni, 2013, pp 75-98), share the view that the focus on heterosexuality in African culture is a

result of colonialism. Furthermore, traditional African societies were more fluid in their understanding of gender and sexuality. These scholars share the view that the idea that - heterosexuality is an essential aspect of African culture - is an erroneous stereotype that ignores the diversity of experiences and perspectives within the continent.

In this brief overview of the literature, I have pointed out that one stereotypical understanding of Ubuntu would perceive it as heteronormative and committed to the gender binary. This traditional understanding of Ubuntu, as expounded by Metz, Schutte, and Ramose, is fundamentally at odds with the endorsement of gender-affirming care. I needed to demonstrate that such views do hold some currency, to go on to refute them. I have gone on to engage with pertinent scholarly works that support my contention that the essence of Ubuntu, as delineated by Wiredu, Epprecht, Ajei, Msimbi, Matolino, and Ndlovu-Gatsheni, does not inherently espouse heteronormativity nor rigid adherence to the gender binary. Therefore, I am now able to continue with my argument starting with my second premise in defence of my claim: (ii) Ubuntu is not inherently heteronormative and is not committed to the gender binary. Once I have made my case, I will go on to defend the third premise that (ii) Ubuntu does not necessarily view procreation as a duty of all persons in the community.

(ii)Ubuntu Is Not Inherently Heteronormative and Is Not Committed to The Gender Binary.

Historically Ubuntu, the African communalism ethic, has been described or stereotyped as heteronormative and committed to the gender binary. In order to respond to this statement, I will

break it up. I will first address the argument that Ubuntu is not inherently heteronormative. I will posit that Ubuntu is inclusive. I acknowledge there is a deep historical rooting in Ubuntu. However, living by Ubuntu does not mean a return to historical, patriarchal, heteronormative African ways (Epprecht, 2008). Secondly, I will contend that the notion of "historical, patriarchal, heteronormative African ways" resulted from Western Christian and Eastern Islamic influence during colonisation (Tamale, 2014, pp 170-177). Thus, Africa is not inherently heteronormative and committed to the gender binary. Therefore, the true African way of Ubuntu cannot be coupled with heteronormality and gender binarism thinking.

When something is described as "heteronormative and committed to the gender binary, "it refers to a set of beliefs, practices, and societal norms that assume and reinforce a binary understanding of gender and uphold heterosexuality as the norm or standard" (Pollitt *et al.*, 2021, pp 522-526). "Heteronormativity" is the belief that heterosexuality is the only normal and natural sexual orientation, and that relationships and societal structures should be organized around this assumption (Serano, 2007). It assumes that gender is binary, meaning there are only two distinct and opposite genders: male and female. Heteronormativity often places expectations on individuals based on their assigned sex at birth, assuming that males will be attracted to females, and vice versa (Herz and Johansson, 2015, pp 1018-1019). The male binary gender role in African culture can be grouped into three main categories. The first is Provider and Protector. Men were often expected to be the primary providers for their families and communities, responsible for hunting, farming, and other economic activities. They were also tasked with protecting their families and communities from external threats. The second is Leadership and

Decision Making. Men were typically given leadership roles within the community and household. They had greater influence in decision-making processes, including matters related to governance, community affairs, and family matters. The third is patriarchal authority: Men often held positions of authority within the family, with the eldest male assuming a leadership role. They were expected to maintain discipline and enforce norms within the family unit (Wallace, 2007, pp 16-20). The female binary gender role can also be grouped into three main categories. The first is childbearing and childrearing. Women were often expected to marry, bear children, and take care of the household. Child rearing, nurturing, and maintaining family relationships were considered important roles for women. The second is domestic and productive work. Women were responsible for domestic tasks such as cooking, cleaning, and caring for the household. Additionally, they engaged in productive activities such as farming, weaving, and craftwork to contribute to the family's economic well-being. The third is community and social roles. Women played vital roles in maintaining social cohesion and community relationships. They participated in communal activities, such as collective farming, community celebrations, and religious ceremonies (Agbaje, 2019, pp 1-20) (Littlefield, 2004, pp 93-95).

These strict binary gender roles can be seen in multiple cultures throughout the African continent. For example, these roles can be seen in the Ashanti culture from Ghana, Zulu culture from South Africa, Igbo culture from Nigeria and Maasai culture from Kenya and Tanzania. In Ashanti culture, men traditionally held leadership positions and were responsible for hunting, farming, and political decision-making. Women played significant roles in agricultural activities, commerce, and maintaining the household. Matrilineal lineage and inheritance were also

important gender binary aspects of Ashanti society (Clark, 1999, pp 717-718). In Zulu culture, men were historically responsible for defending the community, cattle herding, and participating in warfare. Women primarily focused on domestic tasks, including cooking, childcare, and gathering food. However, women also held esteemed positions as healers and played important roles in lineage and ancestral worship (Derwent and la Harpe, 1998). In Igbo culture, men traditionally held positions of authority within the family and community. They were responsible for providing for the family and making important decisions. Women played critical roles in farming, trade, and childrearing. Igbo society also had examples of women's associations that provided social support and held economic power (Nduka and Ozioma, 2019, pp 275-284). In Maasai culture, men were traditionally responsible for herding livestock, protecting the community, and engaging in warrior activities. Women were responsible for constructing and maintaining the family's homes, as well as milk production and childcare. Maasai society had age -sets for men, which denoted different stages of life and societal responsibilities (Hodgson, 1999, pp 121-133). Most cultures globally adhere to established gender role divisions, although recent societal shifts have challenged these norms in select communities. While these divisions do not inherently commit and advocate for a strict gender binary, they have evolved into cultural standards, setting expectations for conformity. Deviation from these norms often results in societal labelling, viewing individuals as contravening their cultural heritage. I argue that, although these roles do not explicitly endorse a gender binary, they perpetuate and contribute to stigmatization, deeming non-conforming identities as unnatural, incorrect, and incompatible with traditional cultural values, particularly in African societies.

It is clear to see that physical gender and role in the community went hand in hand in the historical African context. Where there is a broad theme of similar gender cultural roles in all of the cultures. Females' main responsibility is carer and homemaker. Whereas the male's main responsibility was provider and protector. However, with the historical aspect of colonisation and the fact that these gender roles are also strongly supported in the Western and Eastern cultures and religions, can we assume that these are or were the only true African cultural norms, or were these ideologies imported to Africa with colonization? If we use post-colonisation culture as a starting point of African culture, then I would have to concede that my thesis would be difficult to defend. Generally, the post-colonisation African culture is inherently heteronormative and committed to the gender binary. However, I assert that colonisation permanently altered the conceptualisation of gender and sexuality in African culture and Ubuntu. I argue that the heteronormativity of Africa and Ubuntu is not inherent to Africa and Ubuntu. It was adopted, or rather aggressively enforced, over many years until it was perceived to be the only truly "African" way. Furthermore, I argue that pre-colonisation or untouched by western or eastern influences African culture and beliefs were vastly different from what we see today.

Anne Fausto-Sterling, an American Sexologist, has written extensively on gender and its social and cultural construct. In her book "Sexing the Body: Gender Politics and the Construction of Sexuality", she argues that "sexuality is a somatic fact created by cultural effect" (Fausto-Sterling, 2000, p21). I concur with this statement, and I expand on it. I am of the view that sexuality and gender norms are the construct of culture. Furthermore, as a result of colonisation, and Western and Eastern influence the inherent African cultures were lost. African cultures were

demonized and replaced by Western or Eastern cultures. Over the years of colonisers' rule the African continent and its native people were institutionalized and indoctrinated to believe that the adopted culture was their own culture. The ramifications of this cultural indoctrination lasted well after colonization. These ramifications of demonizing non-heteronormative ways are still present in today's society (Hammond-Tooke, 1974). This, I believe, is the root cause of why African and Ubuntu are viewed as heteronormative and committed to the gender binary.

In what follows I will argue for the following, that Western and Eastern culture influenced and erased African culture in four ways. Firstly, by (a)imposition of Western and Eastern gender norms. Secondly, by (b)suppression of indigenous gender and sexual diversity. Thirdly, by (c)criminalization and demonization of non-heteronormative behaviour. Lastly, by (d)disruption of indigenous institutions. These in combination with each other and enforced over hundreds of years caused the eradication of true African culture. A culture that was the essence of Ubuntu, sexually diverse and not committed to the gender binary.

(a)Imposition of Western and Eastern Gender Norms

During the period of colonization, Western and Eastern powers exerted significant influence over African societies and sought to reshape them according to their own cultural, political, and economic interests. One aspect of this influence was the imposition of Western and Eastern gender norms and expectations onto African communities. I claim that Western and Eastern culture influenced and erased African culture, by imposition of Western and Eastern gender norms. European colonizers brought with them their own patriarchal and heteronormative

ideologies, which prioritize male dominance and heterosexual relationships as the norm (Arvin, Tuck and Morrill, 2013, pp 14-17). To enforce these norms, various means were employed, including legislation, religious institutions, and educational systems. European colonizers introduced laws and legal frameworks that reflected their own understanding of gender and sexuality. These laws often reinforced the idea of male superiority and heterosexual relationships as the only acceptable form of intimacy. They criminalized or marginalized non-heteronormative behaviours and relationships, suppressing Indigenous practices that recognized and accommodated diverse gender identities and sexual orientations. Religious institutions also played a significant role in imposing Western gender norms. Missionaries from Europe and other regions arrived in Africa with the aim of spreading their religious beliefs and practices. These missionaries often saw indigenous African practices related to gender and sexuality as incompatible with their own religious doctrines (van Klinken, 2017, pp 218-222) They actively worked to eradicate or demonize practices that did not conform to Western norms. This included erasing traditional rituals and ceremonies that acknowledged non-binary or non-heteronormative expressions of gender and sexuality.

Furthermore, I am of the view that the educational systems established by colonial powers played a part in imposing Western gender norms on African societies. The curriculum and teaching materials imported from Europe often reinforced patriarchal values and the gender binary. They emphasized Western gender roles and expectations while disregarding or erasing pre-existing indigenous gender roles and practices. African children were taught the Western notion of gender, which perpetuated the belief in male dominance and the subordination of

women and excluded or devalued alternative gender expressions. Examples of specific Western gender norms enforced during colonization include the primacy of male authority and leadership in both public and private spheres, the marginalization and disempowerment of women, the expectation of women's submission and obedience to men, and the stigmatization and criminalization of non-heteronormative relationships and behaviours (Dhatt *et al.*, 2017, pp 5-7). These norms reflected the patriarchal and heteronormative values prevalent in Europe at the time. As a result of the imposition of Western and Eastern gender norms, African societies experienced significant changes. Pre-existing indigenous gender roles and practices that acknowledged and accommodated a wider range of gender identities and sexual orientations were often disregarded, suppressed, or erased. The cultural and social fabric of African communities, which had historically recognized and respected diverse gender expressions, was reshaped to conform to the European ideals of gender and sexuality. This process suppressed, marginalized, and stigmatized non-heteronormative identities and relationships and reinforced a strict gender binary that excluded other possibilities. I turn now to elaborate on how colonisation caused the suppression of indigenous gender and sexual diversity.

(b)Suppression of Indigenous Gender and Sexual Diversity.

Prior to colonization, many African cultures recognized and accommodated a wider range of gender identities and sexual orientations. This leads me to my second claim. I claim that Western and Eastern cultures influenced and erased African culture by suppressing indigenous gender and sexual diversity. These societies often had specific terms and roles for individuals who embodied both male and female characteristics. For instance, in various African cultures, individuals

known as Two-Spirit or other region-specific terms were acknowledged and held esteemed roles within their communities. Epprecht describes various “two-spirit” terms given to gender-fluid persons (Epprecht, 2008). It should be noted that none of these terms are in any way derogatory, rather, they are terms of respect in their relevant cultures. In Southern Africa, some communities use the term "Skesana" in Sesotho or "Mudzimu[7]" in Shona to describe individuals who exhibit both masculine and feminine qualities or engage in relationships with people of the same biological sex (Msibi and Rudwick, 2015, pp 60-62). In the Hausa culture of Nigeria and other West African societies, individuals who embody both male and female qualities are known as "Dan Daudu" or "Yan Daudu” (Salamone, 2005, pp 75-80) The Swahili-speaking coastal communities of East Africa have terms such as "Shoga" in Kenya and "Mashoga" in Tanzania to describe individuals who identify as same-sex attracted or have non-binary gender expressions (Amory, 1998, pp 70-78). These “two-spirit” individuals often performed specific functions in rituals and ceremonies and were believed to possess unique spiritual and healing powers. Their presence was seen as contributing to the balance and harmony of the community. Similarly, in certain East African cultures, hijras were recognized as a distinct gender category. Hijras were individuals assigned male at birth who adopted feminine gender roles. They often engaged in specific occupations such as singing and dancing and were considered integral to certain cultural and religious practices (Zabus and Das, 2021, p812).

[7] I acknowledge that the term “Mudzimu” in Shona refers to an ancestral spirit. However, it also refers to a being who embodies both male and female attributes. Essential a being whom has no gender or does not conform to the conventional gender associations. Although it should be noted that this term does not mean “Gay”.

However, with the arrival of European and Eastern colonizers, the influence of Western and Eastern cultures brought significant changes to African societies. These colonizers often viewed the Indigenous practices of recognizing and accepting diverse gender identities and sexual orientations as deviant or incompatible with their own cultural and religious beliefs. As a result, the existing gender and sexual diversity that had been part of African societies for centuries came under scrutiny, suppression, and stigmatization. Indigenous understandings of non-binary and non-heteronormative expressions of gender and sexuality were marginalized, eroded, and, in some cases, entirely erased from public discourse and cultural practices. Colonial powers implemented laws and social systems that reinforced the binary understanding of gender and propagated heteronormative ideals. These laws criminalized or marginalized non-heteronormative behaviours and relationships, effectively suppressing indigenous expressions of gender and sexual diversity. European and Eastern religious institutions, such as Christianity and Islam, further reinforced these ideologies and actively worked to eradicate or demonize Indigenous practices that did not conform to their own doctrines. One example of the suppression of indigenous gender and sexual diversity can be seen in the criminalization of same -sex sexual acts by colonial powers. This links with my third claim. I will argue that Western and Eastern cultures influenced and erased African culture by criminalization and demonization of non-heteronormative behaviour (Ndjio, 2012, pp 610-618).

(c)Criminalization and demonization of Non-heteronormative Behaviour.

These laws, rooted in European moral and religious values, were introduced, and enforced to assert control over African societies and to impose Western ideals of gender and sexuality. Same

-sex relationships and behaviours were deemed immoral or criminal, leading to the marginalization and stigmatization of LGBTQ+ individuals. Colonial powers introduced laws that criminalized same-sex sexual acts in African societies, often referring to them as "sodomy" or "unnatural offences" (Gupta, 2008, p16) .

I contend that, these laws were rooted in the moral and religious values prevalent in Europe at the time and were implemented as a means to enforce heteronormative ideals and maintain control over African populations. The criminalization of same-sex relationships and behaviours served multiple purposes for the colonial powers. Firstly, it allowed them to assert dominance and control over African societies by imposing their own notions of morality and sexuality. By criminalizing same-sex acts, the colonizers sought to suppress any behaviour that deviated from their prescribed heterosexual norms. These laws not only marginalized and stigmatized LGBTQ+ individuals but also perpetuated the idea that non-heteronormative behaviour was immoral or criminal. The criminalization of same-sex acts created a hostile environment for individuals who did not conform to the heteronormative standards imposed by the colonizers. It is important to note that the impact of these laws varied across different African regions and cultures. Some societies had pre-existing indigenous understandings and acceptance of diverse gender identities and sexual orientations. However, the colonial laws and moral codes introduced by the European powers sought to eradicate or suppress these pre-existing practices and beliefs. After gaining independence, many African countries retained the colonial-era laws criminalizing same-sex sexual acts. These laws continue to be used to discriminate against and persecute individuals based on their sexual orientation or gender identity.

LGBTQ+ individuals in these countries face legal and social challenges, including the risk of arrest, imprisonment, and societal discrimination (Jugroop and Esterhuizen, 2016, pp 1-17). Examples of specific laws criminalizing non-heteronormative behaviour can be found in various colonial-era legal codes. For instance, the penal codes introduced by British colonial powers in countries like Nigeria, Kenya, and Uganda contained provisions that criminalized same-sex sexual acts. These laws were enforced and continue to have a significant impact on the lives of LGBTQ+ individuals in these countries. Worldwide, sixty-eight countries criminalize homosexuality as of 2022. Most of them are located in the Middle East, Africa, and Asia (Human Dignity Trust, 2022, n.p.). Just under half of these countries are situated in Africa. Of these 68 countries, 32 of them are African (Reality Check Team, 2023, n.p.). Specific countries like Uganda and Kenya have recently updated their laws to be more severe. Uganda has gone so far to make it illegal to even identify as homosexual. The death penalty exists for violating the law against aggravating homosexuality. As well as life imprisonment for participating in gay sex (Al Jazeera News, 2023, n.p.). The imposed laws, which criminalise same-sex relationships, are an example of the disruption of the indigenous governance system. The indigenous manner of regulating or policing African communities was disregarded and replaced by Western or Eastern laws. This leads me to my final claim. I will argue that Western and Eastern culture influenced and erased African culture by the disruption of indigenous institutions.

(d)Disruption of Indigenous Institutions.

Colonialism brought significant disruptions to traditional African social structures, including governance systems, educational institutions, and religious practices. These disruptions had profound implications for the recognition and accommodation of diverse gender roles and sexual orientations in African cultures (Igboin, 2011, pp 101-103). One of the ways in which indigenous institutions were disrupted was through the imposition of Western and Eastern systems that reinforced heteronormative and gender-binary frameworks. Western and Eastern colonizers introduced new systems of governance, education, and religion that often undermined or replaced indigenous institutions. These new systems were often based on patriarchal structures and rigid gender norms that marginalized non-binary and non-heteronormative identities and practices. For example, pre-colonization traditional African governance systems often had gender-inclusive roles and structures that recognized the contributions and leadership of individuals regardless of their gender identity. In the seventh century Queen Nzingha Mbande of modern-day Angola was reported to be queer. According to Ruth-Ethel Tawe "She certainly transgressed gender binaries, answering only to "King," leading troops into battle, and wearing both men's and women's clothing. Her female husbandry illustrates the "queering" of gender roles in Africa, traditionally less closely identified with biological sex" (Tawe, 2020, n.p.). Another example is King Mwanga the second of modern-day Uganda. Despite his controversial story he was openly gay or bisexual, whilst fighting to free his country from the British colonizers' influence during his reign (Tawe, 2020, n.p.).

Not only were there queer people in monarchy power, but other governance roles had queer associations. These gender-inclusive governance roles were often intertwined with the spiritual

aspect of the culture. Spirituality was very important to African cultures and communities. It played a role in almost all aspects of the community, including governance. In precolonial times, various African cultures recognized and accommodated gender and sexual diversity. For instance, among the Langi people of northern Uganda, there were effeminate males known as “mudoko dako”, who were treated as women and could marry men (Elnaiem, 2021, n.p.). Similarly, the Mwami prophets of the Ila people in Zambia were men who adopted feminine attire, engaged in traditional women's work, and had intimate relationships with women without engaging in sexual intercourse. In the Lugbara community, transgender individuals played a significant role in communicating with the spirit world. Their unique qualities and dualistic existence made them ideal messengers between the human and spiritual realms. Transgender women mediums were referred to as okule ("like women"), while transgender men mediums were known as agule ("like men"). In Angola, the chibados were male diviners who channelled feminine spirits by adopting the mannerisms of women (Roxburgh, 2022, n.p.). These examples share a common characteristic in that gender-fluid persons held spiritual roles within their respective societies. They possessed a dualistic gender identity, which endowed them with distinct power to connect with the spiritual realm. It is evident that in precolonial African societies, there was a strong correlation between transgender identity and being spiritually influential and respected. However, colonial powers established administrative structures that were based on Western ideas of male-dominated governance, eroding the pre-existing gender-inclusive practices and spirituality.

In summary, the introduction of Western education systems played a role in undermining Indigenous knowledge systems and cultural practices. Western education often propagated Western ideals of gender and sexuality, emphasizing heteronormative norms, and marginalizing or erasing pre-colonial understandings of gender diversity. Religious practices also experienced significant changes during colonization (Lugones, 2008, pp 12-16). The introduction of Christianity and Islam by European and Eastern missionaries brought new religious doctrines that often reinforced heteronormative and gender-binary frameworks. Indigenous religious beliefs and practices that recognized and accommodated diverse gender identities and sexual orientations were often stigmatised, demonised, or suppressed. These disruptions had long-lasting effects on African societies and contributed to the suppression and erasure of pre-colonial traditions and understandings of gender and sexuality. They created an environment that rejected or marginalized non-binary and non-heteronormative expressions of gender and sexuality, perpetuating the notion that these identities and practices were deviant or incompatible with African culture and as a result Ubuntu.

Therefore, I have argued that African culture and Ubuntu have been incorrectly stereotyped as being heteronormative. This impression that African culture and Ubuntu are heteronormative is the direct result of hundreds of years of Western and Eastern indoctrination. As a result of colonisation, the inclusive nature of African culture and Ubuntu have been lost. Thus, I disregard the concept of, heteronormative Ubuntu, as erroneous. Anthropological and cultural evidence shows that it is not queerness or transsexuality that is “un-African,” it is rather the laws in place to criminalise it that are truly “un-African.” African culture and Ubuntu were - in most cultures,

but not all - inclusive and accepting of various gender and sexuality interpretations. Furthermore, inclusive gender roles were celebrated and thought to be high in power. It was the Western and Eastern influence that made African culture and Ubuntu heteronormative and committed to the gender binary. However, I proffer that these are cheaply made copied versions of true African culture and Ubuntu. I argue that the true nature of African culture and Ubuntu should be taken from pre-colonisation Africa. An African ethic untouched by Eastern and Western influences shows the true inclusive nature of Ubuntu.

In conclusion, assuming I have argued my points thoroughly, I have shown that Africa and Ubuntu, historically, are not heteronormative. Nor is it committed to the gender binary. I have supported that colonisation permanently altered the conceptualisation of gender and sexuality in African culture and Ubuntu. I have shown that the heteronormativity of Africa and Ubuntu is not actually inherent to Africa and Ubuntu. It was adopted, or rather aggressively enforced, over many years until it was perceived to be the only truly "African" way. Furthermore, I have established that pre-colonisation or untouched by Western or Eastern influences African culture and beliefs were vastly different from what we see today. Assuming I have succeeded in arguing and proving these points, it leads me to question, what are the factors of Ubuntu, outside of the historical aspects, that contribute to the stigmatisation that Ubuntu is inherently heteronormative? I believe that this stigmatisation is a result of the conception that there is a duty to procreate according to Ubuntu. Having addressed the historical manners in which this ethical stereotype came about. I ought to address the ethical manners which have branded Ubuntu and Africa as heteronormative and committed to the gender binary. This leads me to my third premise: Ubuntu

does not view procreation as a duty of all persons in the community. This refers to the duty of procreation which is interpreted by Schutte and Metz as a fundamental obligation of members of a community, according to Ubuntu.

(iii)Ubuntu Does Not Necessarily View Procreation as a Duty of All Persons in The Community.

As mentioned before Schutte, Metz and Ramose are of the view that Ubuntu views procreation as a duty and is therefore intrinsically heterosexual. This is the cause of the ethical stereotype of "heterosexuality and commitment to the gender binary" that accompanies Africa and Ubuntu. However, I argue that despite Ubuntu's reliance on community and communal relationships, it does not view procreation as a duty of all persons in the community. Schutte quotes the proverb "umuntu ngumuntu ngabantu", when saying: "The traditional African idea of the extended family as something that includes far more than parents and children, is perhaps the most common and most powerful protection of the value of ubuntu" (Schutte, 1995, p157). In a deeper and intimate way, he said: "Breathing together they have one breath, one spirit, one heart. A community is a unity of a uniquely personal kind" (Schutte, 2001, p27). Despite Schutte's argument that procreation is a duty of Ubuntu, I opine that these quotes can be used to defend the notion that procreation is, in fact, not a duty of Ubuntu. The quotes expand on the sense of community. I argue that the example set in these quotes establish that the concept of community and family expands past the parent and child unit. The concepts extend to all persons present in time, a global community. If this were the case, every single person in the world is called to promote not only their own but also other people's flourishing. Which will, in turn, promote their

own flourishing. I argue that there are options other than sexual procreation which will not only increase the communal prosperity and fortify its future but also promote the flourishing of the communities most vulnerable minorities. This will in turn further increase the flourishing of the community as a whole. Firstly, I will claim that (a)procreation is not a duty in today's environmental climate. Secondly, I will debate that (b)procreation should not be promoted in today's social and economic climate. Thirdly, I will posit that (c)insistence on procreation does not result in the best quality of life or flourishing for the direct persons involved. Fourthly, a (d)procreation duty will restrict the autonomy of women. All of this will demonstrate that a modern account of Ubuntu does not view procreation as a duty. Lastly, I will briefly review why (e)Ubuntu has been stereotyped as procreation insistent and how the provision of gender-affirming care does not diminish the possibility of procreation.

(a)Procreation Should Not Be a Duty in Today's Environmental Climate.

Historically reproduction was a necessity to ensure communities survived (de Roubaix, 2021, pp 57-59). However, this is not applicable today. In today's overpopulated society, decreasing the birth rate is considered to ensure the survival of flourishing communities (Molefe, 2023, pp 30-32). In the modern world, overpopulation and unsustainable consumption of resources are pressing concerns. Ubuntu teaches us to care for the well-being of our community and future generations (van Norren, 2022, p2793). I argue that by reducing birth rates, communities can help alleviate the strain on natural resources, reduce carbon emissions, and promote a more sustainable way of life. This aligns with Ubuntu's principle of responsible stewardship of the environment. This can be elaborated by the concept of "Ukama." "Ukama" is an extension of

Ubuntu and relays the interconnectedness of communal persons not only in the current time period, but in interconnection to the future generations too. Terblanche-Greef articulates the concept of Ukama and relates it to the ethical theory of Ubuntu in the article "Ubuntu and Environmental Ethics: What West Can Learn from Africa When Faced with Climate Change." She writes: "Ubuntu (humanness) is the tangible form of Ukama (relatedness) The relationship between humans and nature plays an integral role in a person becoming a person as the principle that all relationships must be based on respect, dignity, collaboration, identity and solidarity creates the foundation for Ubuntu environmental ethics" (Terblanché-Greeff, 2019, pp 98-99). The alleviation of strain on the environment is what will enable the global communities ensured survival. Whereas the insistence of procreation in today's society is what will actually do the opposite. I contend that, the insistence of procreation will worsen the toll on the environment and increase global warming thus neglecting the community's survival and flourishing needs. Ogoni activist Ken Saro-Wiwa issued a statement shortly before he was executed by the Nigerian government in 1995. Amodu quotes Ken Saro-Wiwa in the article "Critical Notes on Environmental Justice and Sustainable Development" saying, "The environment is man's first right. Without a safe environment, man cannot exist to claim other rights, be they political, social, or economic" (Amodu, 2018, p21). Moreover, Kenyan Maathai, the 2004 winner of the Nobel Peace Prize, has also written, "If we destroy it, we will undermine our own ways of life and ultimately kill ourselves. This is why the environment needs to be at the centre of domestic and international policy and practice. If it is not, we don't stand a chance of alleviating poverty in any significant way" (Maathai, 2009, p249)

If procreation were a duty of all peoples in the global community, the quality of life and in turn the flourishing of persons will be diminished, as a result of the degradation of the environment (Chu and Karr, 2017, pp 285-289). Ubuntu places a strong emphasis on the quality of life for all community members. I argue that, when birth rates are excessively high, resources and opportunities may become scarce, leading to diminished quality of life for individuals and families. In the context of Ubuntu philosophy, which emphasizes interconnectedness, compassion, and the collective well-being of communities and individuals, advocating for a decrease in birth rates can be seen as a morally and ethically sound approach to address environmental sustainability and ensure the flourishing of communities and persons. This argument is grounded in the understanding that the well-being of individuals and communities is intrinsically linked to the health of the environment they inhabit. I will show this point by firstly arguing that the promotion of flourishing and interconnectedness extends to the community's environment, not only the community's members.

Ubuntu philosophy recognizes the profound interconnectedness of all living beings and their environment. It emphasizes our shared responsibility for the well-being of the Earth (Le Grange, 2012a, pp 332-335) (Le Grange, 2012b, pp 61-66). I contend, that by reducing birth rates, we acknowledge the strain that an increasing global population places on our planet's finite resources and ecosystems.. The global population is projected to reach 9.7 billion by 2050 (United Nations Population Division, 2019, n.p.). This population growth exerts significant pressure on resources, contributing to environmental degradation. Unsustainable population growth leads to increased resource consumption, deforestation, habitat loss, and climate change.

These environmental challenges directly impact communities, particularly vulnerable populations who rely heavily on natural resources for their livelihoods (Abbass *et al.*, 2022, p 42552). Studies by the IPCC (Intergovernmental Panel on Climate Change) show that communities in developing regions are disproportionately affected by climate change and environmental degradation, leading to food insecurity, displacement, and social unrest (Olsson *et al.*, 2019, pp 347-348). Ubuntu's philosophy places a premium on the well-being and flourishing of individuals and communities. A decrease in birth rates can contribute to better living standards, improved access to resources, and enhanced opportunities for education and personal development (Pettinger, 2021, n.p.). These better living standards increase the immediate flourishing of persons in a community. The effect of decreasing the global birth rate on the environmental climate is equivalent to the effect on the social and economic climate. Which leads me to my next point: procreation should not be promoted in today's social and economic climate.

(b)Procreation Should Not Be a Duty in Today's Social and Economic Climate.

Lower birth rates are correlated with higher standards of living, improved healthcare, and better educational opportunities (Pradhan, 2015, n.p.) . By reducing birth rates to more sustainable levels, communities can better ensure that each person has access to education, healthcare, and economic opportunities, fostering an environment where everyone can flourish (Mabele, Krauss and Kiwango, 2022, pp 96-100). Therefore, I contend that Ubuntu does not frame procreation as an absolute duty, but rather as a responsibility that individuals should consider within the broader context of their community. I argue that Ubuntu does not rigidly prescribe it as a mandatory duty

for every individual. Instead, it encourages considering procreation within the broader framework of community well-being. It recognizes the significance of family and community continuation, acknowledging that procreation contributes to the perpetuation of the community and its values. However, this perspective does not imply an absolute compulsion for every individual to bear children. Yes, it is community who members have a responsibility to promote the community's population, however, in modern circumstances that does not always mean a guaranteed flourishing of all individuals in the community or the community's socioeconomic and environmental climate. I argue that Ubuntu's approach to procreation emphasizes thoughtful consideration within the context of the community's needs. It recognizes that while procreation contributes to the continuity of familial and communal interconnectedness, individuals have varying roles and contributions to the community beyond biological reproduction. Therefore, the philosophy suggests that decisions regarding procreation should be made in harmony with one's own values and circumstances, considering the collective welfare of the community alongside individual choices.

This perspective allows for a more nuanced and compassionate approach to procreation. Ubuntu values the health and well-being of individuals. High birth rates can lead to issues related to maternal and child health, including higher rates of maternal mortality and inadequate healthcare for children (Mabaso, Ndaba and Mkhize-Kwitshana, 2014, p183). By reducing birth rates and ensuring access to quality healthcare, communities can promote the well-being of all their members. I argue that this can be achieved by normalizing alternative parenthood mechanisms or ensuring persons do not feel pressured by other community members to procreate. This can be

achieved by dismissing the assumption that Ubuntu views procreation as a duty to the community's well being.

Furthermore, I argue that by strategically decreasing the birth rate of communities to a sustainable degree, there is a remarkable potential for fostering a culture of inclusion and celebration of each person's intrinsic worth. In a smaller, more manageable population, communities can more effectively channel resources and attention towards every individual's well-being, ensuring that no vulnerable minorities are "left behind" in the collective journey towards flourishing. In such an environment, the principles of Ubuntu are not only upheld but also amplified. Ubuntu emphasizes interconnectedness and recognizes the inherent dignity of every person. By intentionally limiting population growth, communities can place a stronger focus on nurturing the potential and unique contributions of each member. This approach has a profound social aspect that aligns with Ubuntu's ethos. In a smaller, more closely-knit population, there is a greater opportunity for genuine relationships, mutual support, and meaningful connections. People can engage more deeply with one another, fostering empathy, understanding, and a shared commitment to the well-being of the entire community. Moreover, by decreasing the global birth rate and consequently the global population, societies can alleviate some of the burdens of resource scarcity and environmental degradation, as described above, which often disproportionately affect vulnerable communities. This, in turn, contributes to the promotion of social justice, as the reduced pressure on resources allows for fairer distribution and increased access to necessities like clean water, food, and education.

In essence, the deliberate effort to lower birth rates not only aligns with the environmental and ecological aspects of Ubuntu but also enhances its social dimensions. It creates an environment where individuals are not merely acknowledged but celebrated for their uniqueness, where inclusion is not an aspiration but a lived reality, and where the collective commitment to interconnectedness fosters a more compassionate and sustainable world for all. This leads me to my next argumentative stance. Insistence of procreation does not result in the best quality of life or flourishing for the direct persons involved. Moreover, reappraisal of the procreation insistent Ubuntu, will promote the fundamentals of Ubuntu described above.

(c) Insistence of Procreation Does Not Result in The Best Quality of Life or Flourishing of Persons.

I argue that, in Ubuntu, the decision to have children should be seen as a moral one that should be made with careful consideration of the potential impact on both the individual and the community. This approach acknowledges that not everyone may be suited for or interested in parenthood, and that there are valid reasons for choosing not to procreate. It also recognizes that some individuals may face obstacles to procreation, such as medical conditions or personal circumstances, which make it impossible or unwise for them to have children. Insisting on procreation in these cases would be in direct contradiction to Ubuntu's principles of compassion and understanding. Moreover, Ubuntu encourages the well-being of all members of the community. This means that procreation should not be pursued blindly as a duty, but rather as a decision that considers the potential impact on the quality of life for both the parents, the individual and the future generations. Forcing procreation without considering the well-being of

the child or the capacity of the parents to provide a nurturing environment would be contrary to Ubuntu's commitment to the welfare of all.

I contend that Ubuntu encourages community-led solutions that take local contexts and needs into account. For example, initiatives to educate and empower communities about family planning and sustainable practices align with Ubuntu principles, ensuring collective involvement and consent. Community-based family planning programs have been successful in various regions, leading to lower birth rates and improved access to healthcare (Cleland *et al.*, 2006, pp 1812-1813). Ubuntu emphasizes ethical values, including compassion, empathy, and justice. By advocating for a decrease in birth rates, we demonstrate a commitment to current community members flourishing. As well as a commitment to future generations and a desire to leave a habitable and prosperous world for them. Focusing on the commitment to current community members flourishing, I can make the link between a procreation insistent Ubuntu and the impingement on the autonomy of women. This leads me to my next argumentative stance.

(d)A Procreation Duty Will Restrict the Autonomy of Women.

One of the central tenets of Ubuntu is the recognition of the inherent worth and dignity of every individual (Tutu, 2000). This principle inherently calls into question the idea that procreation is an insistent duty, as it implies that each person has the autonomy to make decisions about their own life, including whether or not to have children (Cavaliere, 2020, pp 131-134). If the arguments against Ubuntu supporting the provision of gender-affirming care is due to the duty of procreation, then, Ubuntu would be claiming that all persons ought to have a biological child in

order to uphold the Ubuntu values. Furthermore, failure to procreate for any reason, due to a medical condition or gender-affirming care, goes against the Ubuntu Duties. However, I argue that enforcing a procreation duty upon individuals contradicts the Ubuntu belief in respecting personal autonomy and the freedom to make choices that align with one's own values and circumstances. This perspective is supported by international human rights frameworks, including the Universal Declaration of Human Rights, which recognizes the right to family planning as a fundamental human right (United Nations General Assembly, 1948, n.p.).

Ubuntu promotes equality and the dignity of all individuals. High birth rates can often be associated with limited opportunities for women, particularly in societies where women's roles are primarily confined to motherhood (Cleland *et al.*, 2006, p1813). Empirical evidence shows that lower birth rates are often correlated with improved gender equality, as they enable women to pursue education, careers, and other aspirations. In the article "Family Planning – The Unfinished Agenda" Cleland writes "Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability" (Cleland *et al.*, 2006, p1810). Moreover, as birth rates decrease, more women have the opportunity to participate in the labour force, contribute to economic growth, and exercise their autonomy in decision-making, aligning with Ubuntu principles. Empowering individuals, especially women, with the means to control their reproductive choices; As opposed to enforcing a procreation duty, is consistent with the Ubuntu philosophy of respecting each

person's autonomy and dignity. In conclusion, the Ubuntu philosophy aligns with the idea that procreation should be a matter of personal choice rather than a duty imposed upon individuals. The promotion of lower birth rates, especially through family planning and gender equality initiatives, not only respects individual autonomy but also contributes to the well-being and flourishing of communities, aligning with the principles of Ubuntu.

In summary, an Ubuntu-based argument for advocating a decrease in birth rates aligns with the philosophy's core principles of interconnectedness, community well-being, and ethical responsibility. By addressing the environmental challenges associated with population growth, we can promote the flourishing of communities and individuals while upholding the values of Ubuntu. This approach calls for collaborative efforts, community engagement, and sustainable practices to create a harmonious and prosperous future for all. A manner of decreasing the birth rate is enforcing that not all members of the community are required to procreate. Furthermore, Ubuntu places a strong emphasis on community and interconnectedness. This perspective acknowledges that procreation can have significant consequences for the community as a whole, including the well-being of future generations. I have recognised that a procreation insistent Ubuntu would not result in the flourishing of its community and their environment, therefore, a procreation insistent Ubuntu does not uphold the ethical values of Ubuntu in today’s modern world. Assuming I have demonstrated my argument thoroughly, I ought to comment on why Ubuntu has been stereotyped as procreation insistent.

(e)What Is the Cause of a Procreation Insistent Ubuntu Stereotype?

I argue that the Ubuntu duty of reproduction was interpreted by ethicists influenced by Westernized and Eastern customs. Thus, this is not necessarily the true African Ubuntu way. Ubuntu promotes community but this does not entail that every member has a duty to birth a child (Tschaepe, 2013, pp 48-55). Individuals can promote the community in other ways. In today's socio-economic and global warming crisis, adoption promotes the survival of the community more. As well as promoting the flourishing of vulnerable minorities whose flourishing would have been neglected otherwise. In addition to this, Gender-affirming care does not sterilize adolescents. Surgical intervention can occur without sterilization (Murphy, 2012, pp 311-313). The dilemma of a procreation insistent Ubuntu – in the context of the provision of gender-affirming care – is intertwined with the issue of sterilisation as a result of gender-affirming care. I will delve deeper into the topic of sterilization in chapter six, while briefly addressing certain nuances related to fertility. These insights aim to reinforce my argument that Ubuntu does not necessarily emphasize the procreation of every community member. Unconventional procreation options such as freezing of gametes prevent sterilization and allow for procreation post-treatment (Cheng *et al.*, 2019, pp 212-215). With the progression of knowledge and science unconventional nuances need to be appreciated, without this communities will not flourish and thus not survive. Therefore, I believe that the stereotype of a procreation insistent Ubuntu ought to be reappraised.

I argue that there is no moral principle or ethical duty for persons to reproduce and have biological children, as discussed above. Nuances such as individuality must be appreciated and considered. Not every single transgender person wants to have a child. Those that do wish to

have a child may not want a biological child (Chen *et al.*, 2018, pp 66-68). Adoption is just as much available to transgender persons as it is to cisgender persons who cannot conceive. In addition to this, adoption methods may be preferred over biological methods by some individuals. A Study was done by Cheng et all, which aimed to assess the reproductive desires of transgender or non-conforming adolescents. The study involved 156 transgender and gender nonconforming (TGNC) adolescents, with an average age of 16.1 years. The majority (83.3%) were assigned female at birth, and 58.3% were youth of colour. The findings revealed that 70.5% of TGNC adolescents expressed interest in adoption, while 35.9% expressed interest in biological parenthood. Notably, a higher percentage of gender-nonconforming youth (43.8%) expressed interest in biological fertility compared to transgender youth (25.8%) (Cheng *et al.*, 2019, p210). Thus, individuality should be considered and promoted. This ties in with the argument of Autonomy. [8]Ubuntu places great emphasis on the autonomy of all persons in the community. Therefore, by enforcing procreation as a duty of all persons in the community, the concept of autonomy is directly impeded on. If persons are forced to procreate, because it is a duty according to Ubuntu, when they actively do not wish to biologically procreate their own autonomy is lost. This leads me to question; how can procreation be a duty of Ubuntu if it

[8]In his interpretation of ubuntu, Metz suggests that individual dignity is tied to a person's capacity for community and solidarity, implying that autonomy is not purely individualistic but relational (Metz, 2011, pg 545-548). He argues that autonomy, in this context, involves balancing personal freedom with the responsibilities toward others in one's community, aligning with the broader African ethic of interconnectedness. Thus, while Metz doesn't offer a strict definition, he presents autonomy as part of a more relational moral framework, where individual freedom is compatible with communal values. Thaddeus Metz does not offer a clear, specific definition of "individuality" in his article, but he discusses the concept in the context of ubuntu. Metz contrasts the Western emphasis on individuality with the African communal worldview inherent in ubuntu. He argues that ubuntu, while grounded in communal values, does not negate the importance of individuality. Instead, he posits that human dignity arises from a balance between community and individual freedom. Individuality, in this sense, is acknowledged but is understood relationally—where personal identity and moral worth are tied to one's relationships with others, rather than existing in isolation (Metz, 2011, pg 545-548). In this way, Metz suggests that individuality in the ubuntu framework exists alongside communal solidarity, and human rights can be framed in terms that respect both individual autonomy and communal responsibilities

directly impedes on Ubuntu's principles of environmental stewardship, celebration of flourishing and respect for autonomy, individuality, and dignity? The answer I have come to is it cannot. Therefore, procreation cannot be a duty of Ubuntu.

Moreover, the principle of Ubuntu holds applicability on a universal scale, transcending cultural and geographical boundaries (van Breda, 2019, pp 340). Therefore, any assertion of a duty to procreate would necessitate its extension to all individuals within the global community. This obligation encompasses individuals of diverse sexual orientations, including cisgender and asexual individuals, rather than exclusively focusing on the transgender community, an aspect often overlooked. It is imperative to acknowledge the existence of numerous cisgender individuals who, due to physical limitations, are incapable of biological procreation. Applying the duty to procreate uniformly across such cases would render these infertile cisgendered persons as ethically questionable within the framework of a procreation insistent Ubuntu. These persons would be viewed as ethically questionable as they would be perceived as failing to fulfil a fundamental obligation by virtue of their innate circumstances. This parallels the scenario of transgender individuals. Transgender persons, like infertile cisgendered persons, possess inherent physical characteristics as a result of genetics or their development, as shown in chapter two. Both of these groups may also face challenges in achieving stereotypical biological procreation. Thus, failing to fulfil a procreative duty in society, they would be deemed as somewhat morally wrong. Essentially these groups are being discriminated against for the way they were born and something that they have no control over. If parallels can be drawn between these two groups why are infertile cisgendered persons pitied and empathised with; whilst transgender persons are

shunned?

In conclusion, the Metz and Schutte view of a heterosexual and procreation insistent Ubuntu becomes erroneous. This is due to, as I have argued, the fact that gender-affirming care does not completely sterilize adolescents. Fertility preservation can occur with gender-affirming care. Procreation can occur via alternative methods which do not involve the heterosexual physical relationship. Furthermore, these alternative methods ensure and promote procreation of the community, whilst protecting the autonomy and dignity of all persons in the community. Moreover, these methods ensure the survival of the community by increasing the population at a sustainable rate, as opposed to increasing the population at an exponential rate. Gender-affirming care avoids increasing the population at a rapid rate and placing strain on the social economic or environmental climate. Finally, these alternative methods ensure the community's survival as well as promote the flourishing of its most vulnerable minorities.

Ubuntu offers a compelling argument against the insistence on procreation as a duty. Instead, it advocates for a more nuanced and compassionate approach that respects individual autonomy and considers the well-being of the community. While procreation can certainly be a meaningful and positive choice within the framework of Ubuntu, it should never be imposed as an absolute obligation. This perspective aligns with the core principles of Ubuntu, which emphasize interconnectedness, compassion, and the inherent worth of every individual. By adopting this approach, we can better uphold the values of Ubuntu while addressing the complex ethical questions surrounding procreation and the provision of gender-affirming care. Given the

demonstration that Ubuntu is not inherently heteronormative or committed to the gender binary, and that there exists no obligatory duty of procreation within the framework of Ubuntu philosophy in today's context, assuming I have been successful in my argumentation. I have established what Ubuntu is not, the subsequent task is to present what Ubuntu truly embodies. This brings to light my third argument. I contend that Ubuntu is inclusive. I will go about arguing this point by proving common respect and celebration of a person's humanity is the core of Ubuntu (Ngcoya, 2009, pp 1-7). Thus, exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries, cannot be associated with true Ubuntu, as they disrespect a person's humanity and identity.

CHAPTER 4 - An Account of Ubuntu That Recognises the Humanity and The Core of Who a Person Is and Advocates for Human Flourishing.

Ubuntu, a powerful philosophy originating from African culture, embodies the essence of celebrating humanity. It emphasizes the interconnectedness and shared value among individuals, encouraging the recognition of intrinsic worth, embracing diversity, cultivating empathy and compassion, and fostering collaboration and cooperation (Buqa, 2016, p88). In this chapter I will ultimately aim to show that Ubuntu recognizes these values, the humanity, and the core of who a person is and advocates for human flourishing. I will achieve this by breaking down this argument. Firstly, I will opine that (i)Ubuntu emphasises the importance of communal interconnectedness and Ukama. Ubuntu also places the flourishing of individuals as paramount. As a result of the importance of interconnectedness, Ubuntu recognises when one individual flourishes the entire community does so too. Secondly, I will outline (ii)important values of Ubuntu, which I contend are the manners in which to achieve the maximum communal flourishing. The first value is that (a)Ubuntu recognises intrinsic worth, dignity, and the core of persons above all else. The second value is that (b)Ubuntu cultivates empathy and compassion. The third value is that (c)Ubuntu fosters collaboration and cooperation. Lastly, I will argue that, in Ubuntu-inspired communities, a person's essence, empathy and compassion, cooperation and collaboration, and diversity thrive, creating a space that celebrates the diversity and flourishing of all persons. As a result of this, (iii)Ubuntu rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu rejects these concepts on the basis that they disrespect a minority's humanity and identity. I will argue that through these values Ubuntu aims to achieve the maximum flourishing of the community. This account of

Ubuntu can then be applied to the topic of the provision of gender-affirming care to transgender adolescents in the next chapter. I turn now to discuss the centrality and importance of flourishing in Ubuntu, understanding the interconnected nature of individuals and communal prosperity.

(i)The Centrality of Flourishing in Ubuntu: Understanding the Interconnected Nature of Individuals and Communal Prosperity.

In the philosophy of Ubuntu, the paramount significance of interconnectedness and Ukama (kinship) is underscored by the overarching view that flourishing is not an isolated pursuit but a collective endeavour (Le Grange, 2012b, pp 61-65). Within this framework, the flourishing of an individual is intricately linked to the prosperity of the entire community. Ubuntu posits that when one person thrives, the entire community reaps the benefits, thus reinforcing the interconnected nature of human existence and the communal fabric (Banda, 2020, pp 208-211). The perspective of flourishing in Ubuntu aligns with the notion that individual well-being is intertwined with the well-being of the collective. This perspective finds support in the scholarly discourse on the importance of social connections and their impact on overall community health and prosperity. In the study “Dynamic Spread of Happiness in a Large Social Network: Longitudinal Analysis Over 20 Years in the Framingham Heart Study” by Fowler and Christakis, it is emphasized that individual flourishing is not only contingent on personal endeavours but is deeply influenced by the flourishing of those within one's social network (Fowler and Christakis, 2008, pp 6-7). Through the lens of Ubuntu, this interconnectedness underscores the shared responsibility of the community to foster an environment that nurtures the growth and development of its members and their happiness and well-being. Furthermore, the concept of flourishing within Ubuntu is

rooted in the belief that the realization of one's potential is not at the expense of others but rather contributes to the collective enrichment of the community. As espoused by Mbiti and articulated in Tarus and Lowery's article "African Theologies of Identity and Community: The Contributions of John Mbiti, Jesse Mugambi, Vincent Mulago, and Kwame Bediako", the practice of Ukama emphasizes the communal bond that fosters a culture of mutual care and support, underlining the idea that the prosperity of each member contributes to the overall prosperity of the community (Tarus and Lowery, 2017, pp 310-313). In English, "Ukama" translates to "kinship" or "relationship" in the context of the philosophy of Ubuntu. It embodies the idea of interconnectedness and shared identity within a community, emphasizing the bonds of kinship and mutual responsibility that extend beyond immediate family relationships to encompass a broader sense of communal belonging and support. In the Shona language, the term Ukama embodies a holistic idea of interconnectedness, representing a deep sense of being related to the entire cosmos (Le Grange, 2012b, pp 61-63). Murove asserts that the essence of Ubuntu, or humanness, embodies the tangible manifestation of Ukama, denoting a profound sense of interconnectedness and relatedness. He states "Human interrelationship within society is a microcosm of the relationality within the universe" (Murove, 2009) (Le Grange and Mika, 2018, p 316). In this context, the flourishing of individuals is seen as integral to the collective advancement of the community, reflecting the foundational tenets of Ubuntu that emphasize the interdependence and shared destiny of its members.

The emphasis on flourishing as a communal aspiration within Ubuntu is further echoed in the discourse on community development and resilience. Putnam's work on social capital highlights

the role of trust and social networks in promoting collective action and societal progress, underscoring the idea that a thriving community is built on the foundation of strong interpersonal connections and collaborative efforts (Putnam, Leonardi and Nonetti, 1994, pp 163-186). Within the framework of Ubuntu, the promotion of flourishing is inherently tied to the cultivation of a supportive and interconnected community that recognizes the intrinsic value of each individual and actively works towards their collective growth and prosperity.

In essence, the philosophy of Ubuntu places the utmost importance on the interconnectedness of human existence and the promotion of communal flourishing, as described above. I assert that by recognizing the inherent link between individual and communal well-being, Ubuntu encourages a collective commitment to nurturing an environment where the flourishing of one contributes to the flourishing of all. Through the lens of interconnectedness and Ukama, Ubuntu fosters a sense of shared responsibility and mutual support, promoting a holistic approach to human flourishing that transcends individual pursuits and encompasses the thriving of the entire community. Assuming I have presented a robust enough argument displaying Ubuntu's dedication to the prosperity of its individuals and the resulting communal flourishing through the concepts of interconnectedness and Ukama, it is imperative to delve into the core values emphasized by Ubuntu which can achieve this interconnected flourishing. I posit that the implementation of these values is integral to facilitating the highest degree of individual well-being and, consequently, the advancement of the community as a whole. I turn now to address the first value that I assert will contribute to universal flourishing: The recognition of intrinsic worth, dignity, and the core of persons.

(ii)Important Values of Ubuntu.

(a)Ubuntu Recognises Intrinsic Worth, Dignity and The Core of Persons Above All Else.

Ubuntu places great emphasis on recognizing the intrinsic worth of every individual, affirming that each person possesses inherent dignity and value simply by virtue of being human (Jecker, 2024, p 8). This recognition goes beyond external factors such as wealth, status, or achievements, which are often used to measure an individual's worth in other societal frameworks. Ubuntu acknowledges that true worthiness is not contingent upon these external markers, but rather it is an inherent aspect of human existence (Mnyandu, 2018, pp 388-393). Anofuechi, compiled a dissertation comparing various interpretations of Ubuntu. It included various points of view including Gyekye K, Klaasen J, Mbiti J, Metz T, Schutte A, and Tutu D. Although each interpretation varies slightly a common tenant can be seen throughout. In Anofuechi's work it is seen that, in an Ubuntu-inspired society, the celebration of human flourishing is central. Individuals are viewed as valuable members of the community, irrespective of their background, circumstances, or societal labels. Ubuntu fosters an environment where individuals feel seen, heard, and appreciated for their unique qualities, experiences, and contributions to the collective human experience. The celebration of human flourishing under Ubuntu encourages the development and fulfilment of each individual's potential. It recognizes that every person possesses a set of inherent talents, skills, and strengths that can contribute to the betterment of the community (Anofuechi, 2022, pp 28-61).

I argue that Ubuntu seeks to provide opportunities and support systems that allow individuals to explore and nurture their identities, enabling them to lead fulfilling and meaningful lives. This exploration is inclusive of all aspects of the persons, such as sexuality, identity, and character. Moreover, I argue that Ubuntu upholds the principle of human dignity, affirming that all individuals possess an inherent right to be treated with respect, fairness, and equality. It rejects any form of discrimination or marginalization that would undermine an individual's dignity or diminish their worth. This discrimination includes, but is not subject to, transphobia, homophobia, sexism, and racism. I argue that Ubuntu seeks to create a society where no person is devalued or made to feel lesser because of their gender, race, sexuality, disability, or any other characteristic. This would enforce Ubuntu's notion of "I am Because we are." If a singular person were devalued or made to feel lesser because of their gender identity or sexuality, it would mean the devaluing of all members of the community. According to Ubuntu's logic, I am me because we are, insinuates that if the community's harmonious and flourishing state is impaired by a member's devaluement, I am directly affected and cannot "be me" because my community or one of its member's inherent dignity and intrinsic worth is not being respected. As a result of a community member's dignity and intrinsic worth being disrespected, they cannot flourish. Thus I, as a member of the community, will also fail to flourish.

Instead, I argue that Ubuntu recognizes and celebrates the inherent dignity of every individual, fostering an environment where human rights are upheld and protected. The celebration of human flourishing and dignity within Ubuntu serves as a powerful force for inclusivity. It acknowledges that every individual has a unique perspective and contributes in their own way to

the collective human experience. By embracing this diversity, Ubuntu enriches the social fabric of the community and allows for the nurturing of a vibrant and inclusive society. Under Ubuntu, individuals are not confined to predefined roles or limited by societal expectations (Ujomudike, 2016, pp 2870-2877). Predefined roles and social expectations such as those imposed by biological gender. As discussed in chapter three the biological gender places immense pressure on persons to fulfil a certain role in society. The role of protector and provider from men and the role of homemaker from women. I argue that Ubuntu transcends all predefined roles and social expectations, as they may impede on the flourishing of a person's intrinsic worth. Persons who are forced into societal predefined roles and social expectations that do not align with their identity, are also forced to hide their intrinsic worth and essence. The hiding of intrinsic worth hinders the flourishing of the person. As an alternative, Ubuntu transcends the predefined roles and social expectations, it disregards them completely. Enabling persons to define their own role in society based on their own sexual identity, their intrinsic worth and potential are acknowledged and celebrated. This celebration of intrinsic worth encourages individuals to embrace their identities, pursue their passions, and engage with the world authentically. It creates an environment where individuals are empowered to reach their full potential, fostering a sense of fulfilment, self-worth, and personal growth.

Furthermore, Ubuntu recognizes that the celebration and flourishing of human intrinsic worth, essence and dignity is not limited to individuals alone but extends to the collective well-being of the community. It acknowledges that the flourishing of one person is intimately connected to the flourishing of others (Oguamanam, 2005, pp 71-75). My interpretation of Ubuntu encourages

mutual support, empathy, compassion, and cooperation among community members, recognizing that by uplifting and supporting one another, the entire community benefits. This Ubuntu recognizes the intrinsic worth and this forms the foundation for the celebration of human flourishing and dignity. It rejects the external markers of worthiness and affirms that every individual possesses inherent value by virtue of being human. By embracing this principle, Ubuntu fosters an inclusive society where individuals are seen, heard, and celebrated for their unique qualities and contributions. Furthermore, the celebration and flourishing of this intrinsic worth, essence, and dignity promotes personal growth, empowerment, and the collective well-being of the community, creating a harmonious empathetic and inclusive environment for all. This leads me to my second value, which I assert, will contribute to universal flourishing: The cultivation of empathy and compassion. I am of the view that Ubuntu cultivates empathy and compassion. Through this cultivation, communal flourishing becomes exponential.

(b)Ubuntu Cultivates Empathy and Compassion.

This account of Ubuntu places a strong emphasis on the cultivation of empathy and compassion in human interactions. It encourages individuals to transcend superficial judgments and engage with others on a deeper level, seeking to understand and share in their joys, sorrows, and struggles. Ubuntu recognizes that by nurturing empathy, individuals develop a genuine concern for the well-being of others, fostering a sense of interconnectedness and shared responsibility (Nolte and Downing, 2019, pp 15-16). Empathy, at its core, is the ability to understand and share the feelings of another person. Helen Ries writes “Empathy plays a critical interpersonal and societal role, enabling sharing of experiences, needs, and desires between individuals and

providing an emotional bridge that promotes prosocial behaviour…[empathy] enables us to perceive the emotions of others, resonate with them emotionally and cognitively, to take in the perspective of others, and to distinguish between our own and others' emotions." (Riess, 2017, p74). I argue that Ubuntu recognizes the importance of, metaphorically, stepping into the shoes of others, acknowledging their experiences, and validating their emotions. By cultivating empathy, individuals move beyond their own perspectives and biases, fostering a deeper understanding of the diverse range of human experiences. Furthermore, I argue that Ubuntu inspires individuals to listen attentively, with an open heart and mind, to the stories and voices of others. Compassion, closely intertwined with empathy, involves the genuine care and concern for the well-being of others. In order for a person to be truly empathetic they ought to invoke compassionate care unto another person - if not all persons. Post et al writes "Compassionate care is an intensification of the affective dimension of empathy in the context of significant suffering, coupled with effective interventions to alleviate that suffering" (Post *et al.*, 2014, p873). I assert that, Ubuntu encourages individuals to act upon their empathetic understanding (stepping into another's shoes, metaphorically), to acknowledge and understand their significant emotions or suffering – no matter the magnitude of that suffering. This active empathy allows all persons of a community to invoke compassionate care unto each other. Compassionate care can be achieved in many ways such as extending kindness, support, and understanding to all members of the community, irrespective of their differences. Essentially, I contend that Ubuntu calls for a constant state of unconscious empathetic awareness of all members of the community. This unconscious empathetic awareness of others' emotions enables all members of the community to see, understand and acknowledge any form of suffering. The acknowledgement of suffering, in turn, ignites the initiation of compassionate care amongst community members.

Compassion is the driving force behind actions that promote justice, fairness, and equality.

In an Ubuntu-inspired society, empathy and compassion can become transformative forces for inclusivity. They break down barriers and preconceived notions, enabling individuals to connect authentically and forge meaningful connections with others. By actively engaging in empathetic and compassionate behaviours, individuals demonstrate their commitment to recognizing the shared humanity that unites us all. Cultivating empathy and compassion lays the groundwork for building bridges across diverse communities. It enables individuals to transcend differences in culture, language, beliefs, and experiences, fostering understanding and acceptance. Ubuntu inspires individuals to approach interactions with an attitude of curiosity and a genuine desire to learn from one another (Ngubane and Makua, 2021, p6). Through this process, stereotypes and prejudices are challenged and replaced with empathy and compassion, leading to the creation of a more inclusive society. Stereotypes and prejudices against those who identify as something different, fall away and recognition and appreciation of a person's intrinsic value and dignity come to light (Meiring, 2016, pp 101-102). Ubuntu recognizes that empathy and compassion are not passive acts but require intentional effort and practice (Nzimakwe, 2014, p34). I contend that, Ubuntu's nature encourages individuals to actively seek opportunities to be empathetic and engage with others, to listen deeply, and to validate their experiences. By doing so, individuals develop a broader perspective and become more attuned to the needs and concerns of others. This empathetic engagement forms the basis for compassionate care. Compassion encompasses the effective meaningful dialogue, cooperation, and collaboration within the community. This can be seen as a means to decrease suffering and promote the flourishing of all of its members'

intrinsic worth, dignity, and essence, which is paramount, as mentioned in the previous subchapters. This aligns seamlessly with my third value that Ubuntu fosters collaboration and cooperation, as a means to promote the flourishing of a person's essence.

(c)Ubuntu Fosters Collaboration and Cooperation.

The cultivation of empathy and compassion also fosters a sense of interconnectedness and shared responsibility. Ubuntu recognizes that the well-being of one person is intimately connected to the well-being of others (Ewuoso and Hall, 2019, p99). By acknowledging this interconnectedness, individuals are motivated to act in ways that promote the common good (Seroto, 2016, pp 43-45). I argue that Ubuntu encourages a collective approach to problem-solving and decision-making, where all voices are valued and considered, this can be seen as solidarity towards the Ubuntu community.

Seroto quotes Franciszek Kampka's definition of solidarity, in Seroto's article "Relating to Others Through Ubuntu Values" as "The attitude of mutual empathy among members of a community, becoming aware of their deep similarities and interdependence, and deepening them by experiencing the need of others just as we experience our own needs" (Seroto, 2016, p46). I contend that Ubuntu encourages solidarity, through collaboration and cooperation, as fundamental principles for a harmonious society. It recognizes that by working together, individuals can achieve more collectively than they could on their own. Collaboration and cooperation are key to addressing complex challenges, achieving common goals, and creating a sense of shared responsibility within the community. In an Ubuntu-inspired community,

competition is replaced by a spirit of collaboration (Akabor and Phasha, 2022, p14). Individuals recognize the value of supporting and uplifting one another, realizing that collective success benefits everyone. I argue that this can only be achieved by supporting and uplifting each member of the communities' inherent identities, irrespective of what sexual orientation, or race etc, those identities are. As discussed above, unless a person is true to their inherent self they will not flourish. In addition to this, if a person is not supported by their community in being true to their inherent self, the relationships between the person and the community will not flourish. This will affect the overall harmony of the community and cause the community to not flourish. Thus, by fostering collaboration, Ubuntu creates an environment where individuals actively contribute their unique identities, strengths, and skills for the betterment of the community as a whole.

Collaboration breaks down barriers and facilitates the exchange of ideas, knowledge, and resources. Barriers that are seen as transphobia, homophobia, sexism, and racism. According to Ubuntu, individuals are encouraged to work together, pooling their diverse perspectives and experiences to find innovative solutions to societal problems (Poovan, 2005, pp 39-43). This collaborative approach leads to shared successes and collective growth, ensuring that no one is left behind in the collaborative promotion of flourishing. Ubuntu recognizes that the well-being and progress of the community are interconnected with the well-being and progress of its individual members. By fostering collaboration and cooperation, Ubuntu promotes a culture where individuals support and uplift one another, leading to shared successes and collective growth. This collective and collaborative approach ensures that all aspects of an individual in the

community are celebrated. It recognises that the influence and progress a person can give to a community is directly proportional to their feeling of acceptance in the community. By supporting and acknowledging every single community member's inherent identity, through empathy, compassion, collaboration, and cooperation, each member feels seen and supported. Thus, their yield of influence and attribution to the community greatly increases, and maximum communal flourishing can be achieved.

In other words, in this account of Ubuntu, it celebrates the whole spectrum of diversities of its community members. This brings me to my fourth and final value, Ubuntu celebrates the diversity of all persons, and as a result of this and all previous arguments, Ubuntu rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu rejects these concepts on the basis that they disrespect a minority's humanity and identity. However, I will elaborate on the rejection of exclusivity concepts more in the last subchapter. Ubuntu acknowledges and celebrates the inherent diversity that exists among individuals. It recognizes that differences in culture, language, abilities, and backgrounds contribute to the vibrant mosaic of human existence. By embracing diversity, Ubuntu challenges the notion of a single "norm" or standard against which all individuals are measured. Instead, it appreciates the varied ways in which people navigate the world, promoting an environment of inclusivity where uniqueness is not only tolerated but actively embraced.

(d)Ubuntu Celebrates Diversity of All Persons.

Ubuntu's celebration of diversity and its promotion of essence celebration through empathy, compassion, collaboration, and cooperation are interwoven principles that create an inclusive and harmonious society (Buqa, 2015, pp 3-6). By embracing diversity, Ubuntu challenges the notion of a single "norm" and fosters an environment of inclusivity where individuals are celebrated for their uniqueness. Ubuntu recognizes that each person brings a unique set of qualities, perspectives, and experiences that add depth and complexity to the collective human experience (van Breda, 2019, pp 443-444). It values diversity as a source of strength and enrichment, allowing for a broader range of ideas, innovations, and solutions to societal challenges (Seroto, 2016, p48). I argue that Ubuntu challenges the notion of a single "norm" rather than enforces it. Ubuntu rejects the idea that there is a universal standard by which all individuals should be judged. It acknowledges that human existence is multifaceted and that different cultures, languages, and abilities shape people's identities and contributions (Mankowitz, 2018, pp124-129). By challenging the notion of a single "norm", Ubuntu promotes inclusivity and creates space for the celebration and acceptance of diverse perspectives and experiences.

Diversity celebrates every element of what it means to be human. Each individual’s differences which contribute to diversity is what it means to be human (Johnson, 2011). As humans, we are able to be individualistic from each other. As humans we also possess dignity. Both of these characteristics go hand in hand, in what it means to be human. Humanity would not be what it is without dignity and diversity (Metz, 2014, pp 310-318). However, I argue that to maintain and respect human dignity we ought to celebrate human diversity. The failure to celebrate human diversity would result in the oppression of diversity. Thus, the oppression of some individual’s

identity and dignity. This would in turn result in the failure of flourishing for individuals whose diversities are not celebrated. Thus, by embracing an empathetic, compassionate, collaborative, and cooperative approach all identities and dignities are celebrated. Through the celebration of all identities and dignities all communal persons are valued and enabled to flourish. This, in turn, leads to exponential communal flourishing, which is paramount – as emphasized in previous subchapters. Therefore, Ubuntu ought to stand against any ideology that disrespects the humanity and identity of individuals, particularly those belonging to marginalized communities - ideologies such as: heteronormativity, patriarchy, sexism, and gender binaries. This leads me to my final claim. I will argue that in Ubuntu-inspired communities, a person's essence, empathy and compassion, cooperation and collaboration, and diversity thrive, creating a space that celebrates the flourishing of all persons. Therefore, I now turn to link the four values described above in the final subchapter. As a result of the combination of these three values a conclusion can be made that: Ubuntu rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu rejects these concepts on the basis that they disrespect a minority's humanity and identity.

(iii)Ubuntu Rejects Exclusionary Concepts.

I claim that Ubuntu, as a philosophy, firmly rejects exclusionary concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. This account of Ubuntu recognizes that these concepts undermine the principles of inclusivity, respect, and the celebration of humanity that lie at its core. These concepts prevent the promotion of flourishing, which is paramount, by failing to (a) recognise the intrinsic worth, dignity, and essence of a person, (b)

cultivate empathy and compassion, (c) foster collaboration and cooperation and (d) celebrate diversity. I believe that Ubuntu stands against any ideology that disrespects the humanity and identity of individuals, particularly those belonging to marginalized communities - ideologies such as: heteronormativity, patriarchy, sexism, and gender binaries. By rejecting these exclusivity concepts, Ubuntu strives to create a society where all individuals are valued and embraced for who they are. A society where diversity is celebrated. Thus, in turn causes the flourishing of each individual and, as a result, the flourishing of a whole community and humanity.

Heteronormativity is the belief that heterosexuality is the only normative or legitimate sexual orientation, disregarding the validity of other sexual orientations (Pollitt *et al.*, 2021, pp 522-526). I proffer that Ubuntu challenges this notion by embracing the full spectrum of sexual orientations and recognizing that every individual's sexual identity is valid and deserving of respect. Ubuntu celebrates the diversity of sexual orientations, creating an environment where individuals are free to express their authentic selves without fear of judgment or discrimination. Patriarchy is a social system that perpetuates male dominance and reinforces gender inequalities (Jewkes *et al.*, 2015, p113). I argue that Ubuntu rejects patriarchy as it contradicts the principle of equal respect and value for all individuals, regardless of their gender. Moreover, I argue that the enforcement of the patriarchal norm in society is imported to Africa from colonisation, therefore, it is not the inherent African way of Ubuntu, as argued in chapter three. Ubuntu recognizes the importance of dismantling patriarchal structures and promoting gender equality, ensuring that everyone has equal opportunities, rights, and representation (Gouws and Zyl,

2015). By rejecting patriarchy, Ubuntu paves the way for a society that empowers individuals of all genders, ethnicities, races, and cultures, whilst celebrating their contributions. Sexism is the discrimination, prejudice, or stereotyping based on a person's sex or gender (Rees-Turyn *et al.*, 2008, p2) (Łyś, Studzińska and Bargiel-Matusiewicz, 2021, pp 237-238). I argue that Ubuntu stands against sexism, affirming that every individual, regardless of their gender, deserves equal respect, opportunities, and rights. Ubuntu recognizes the importance of dismantling gender biases and challenging societal expectations that limit individuals based on their gender (du Plessis, 2019, pp 54-56). By rejecting sexism, Ubuntu promotes gender equality, allowing all individuals to thrive and contribute to society based on their abilities and passions, as opposed to their biological sex. Binaries refer to rigid categorizations that divide people into mutually exclusive and often hierarchically and hegemonic-defined groups, such as male/female, black/white, or gay/straight (Bradford *et al.*, 2019, pp 155-156). I argue that Ubuntu rejects binaries as they oversimplify the complexity of human identity and limit individuals' self-expression. This account of Ubuntu embraces the fluidity and diversity of identities, recognizing that people exist along spectrums rather than rigid categories. By rejecting binaries, Ubuntu creates space for individuals to authentically express their identities and celebrates the uniqueness of each person. I posit that Ubuntu ought to do this in order to uphold its values of recognising intrinsic worth, dignity, and the core of persons above all else; cultivating empathy and compassion; fostering collaboration and cooperation.

Therefore, I posit that Ubuntu firmly rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu recognizes that these concepts undermine the

principles of celebration of a person's essence, cultivation of empathy and compassion, fostering of cooperation and collaboration, and celebration of diversity. Ubuntu rejects these concepts on the basis that they disrespect a minority's humanity and identity. As well as disregard concepts of inclusivity, respect, and the celebration of humanity. By rejecting these exclusivity concepts, Ubuntu creates a society that embraces the full spectrum of human identities and experiences, valuing each individual for who they are. Ubuntu's rejection of exclusivity concepts reflects its commitment to fostering an inclusive, equal, and compassionate society where every person's humanity and identity are respected and celebrated.

In conclusion, I have shown that Ubuntu is inclusive and cannot be committed to the exclusive gender binary. I argued that common respect and the celebration of a person's humanity is the core of Ubuntu. Moreover, it is needed to cause the maximum interconnected communal flourishing, which is paramount. Ubuntu promotes interconnected communal flourishing through, recognition of intrinsic worth, dignity, and the core of persons above all else; cultivation of empathy and compassion; fostering of collaboration and cooperation; and celebration of diversity of all persons. As a result of this, Ubuntu rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu rejects these concepts on the basis that they disrespect a minority's humanity and identity. Thus, this account of ubuntu should, in theory, support the provision of gender-affirming care to transgender adolescents. This is what I will cover in the next chapter. I will take this account of Ubuntu and apply it to the situation of provision of gender-affirming care to transgender adolescents, aged 12-17 years old in South Africa.

CHAPTER 5 - Ubuntu Defends the Moral Obligation to Affirm Transgender Adolescents' Identities and Promote Gender-Affirming Care Provision.

I have shown, in chapter two, that gender-affirming treatment is necessary to all persons – adolescents and adults alike. In chapter three I have supported the claim that Ubuntu is not heteronormative, nor is it committed to the gender binary and that it does not entail an obligatory duty of procreation for all persons in the community. In chapter four, I have shown that Ubuntu recognizes the humanity and the core of who a person is and advocates for human flourishing. Assuming I have established these points adequately, I am now able to take all these points and apply them to my thesis specifically. I will submit that applying my account of Ubuntu, one that is not heteronormative or committed to the gender binary and one that does not view procreation as a duty; that is inclusive and focused on the promotion of human flourishing would require us to support the provision of gender-affirming treatment to transgender adolescents aged 12-17, specifically.

I claim that the application of this account of Ubuntu to the context of providing gender-affirming care to transgender adolescents aged 12-17 in South Africa entails a moral obligation to support these individuals. I will now give an account of this inclusive Ubuntu perspective on this moral obligation. My argument posits that by advocating for the provision of gender-affirming care, Ubuntu can foster the flourishing of these young individuals, thus contributing to the flourishing of the entire community. In this comprehensive exploration, I will delve into the inclusive Ubuntu perspective on this moral obligation, emphasizing two key points: Ubuntu celebrates the essence of a person, and in transgender adolescents, their gender identity and

essence are intimately intertwined. Firstly, I will contend that (i) Ubuntu celebrates the essence of a person. Secondly, in transgender adolescents their (ii) gender identity and their essence are intertwined. Thirdly I will dissect the (iii) impact of gender-affirming care on wellbeing; I will reason that provision of gender-affirming care results in the best outcome and flourishing of adolescents. Lastly, I will incorporate these arguments and apply them to the Ubuntu philosophy. I will show that (iv) the provision of gender-affirming care to adolescents aged 12-17 aligns with the principles of Ubuntu. The provision of gender-affirming care promotes the principles of (a)interconnectedness, (b)inclusivity and celebration of diversity, (c)respect for autonomy, dignity, and authenticity and (d)promotion of equality. Having mapped out this chapter, I turn now to my first claim: Ubuntu celebrates the flourishing of the essence of a person.

(i)Ubuntu Celebrates the Flourishing of the Essence of a Person.

As described in chapter four, my account of Ubuntu aims to promote the flourishing of a person's essence as paramount. The manners, as described in chapter four, to promote the flourishing of a person, and as a result the community is: (i) recognise the intrinsic worth, dignity, and essence of a person, (ii) cultivate empathy and compassion, (iii) foster collaboration and cooperation and (iv) celebrate diversity. When this account of Ubuntu is applied to the topic of gender-affirming care, an argument can be made that Ubuntu would indeed support the provision of gender-affirming care to gender incongruent adolescents as the provision of gender-affirming care would celebrate the flourishing of the essence of a person. I will explain this argument and conclusion in this subchapter.

I argue that, if gender-affirming care is denied, which is Ubuntu's stereotyped answer, a person in the community is denied the access to physically become their true inherent self, which they were inherently born to be – as explained in chapter two. Thus, their intrinsic worth and inherent dignity are disrespected and devalued. They are unable to achieve the truest and maximum version of themselves. Therefore, hindering their flourishing and, as a result of the communal interconnectedness, the communities' flourishing. When unconscious empathetic awareness of all members of the community is encouraged, compassionate care can be invoked. Thus, each member of the community is able to grasp what the person affected is going through. The community can acknowledge and empathise with their suffering, which leads to effective interventions to decrease that suffering. I contend that these effective interventions are the provision of gender-affirming care. Through the acknowledgement of communal interconnectedness, each person in the community can see, understand, and feel what the gender incongruent adolescent is enduring. Moreover, the community member can see understand and feel how the transgender adolescents' suffering affects their own and their communities' flourishing. Through the community's solidarity toward each other, a collective collaborative and cooperative approach is encouraged. Thus, each member is urged to assist in finding a solution to best help and promote this person's flourishing and as a result the flourishing of the community and themselves. A solution, which I contend, is the provision of gender-affirming care. Finally, as a result of the provision of gender-affirming care the transgender adolescent's essence and identity is affirmed. This diversifies the community's ever-growing diversity. The community's diversity is something that is celebrated and enforces the notion of inclusivity. Furthermore, it enforces the rejection of exclusivity concepts, which disrespect the dignity and

essence of communal minorities. The provision of gender-affirming care to transgender adolescents sends a statement to all communal members that their essence and dignity are important, valid and something which ought to be celebrated. This message causes a ripple effect in the community's natures and a communal safe place is established, where exclusivity is not tolerated but acceptance and promotion are celebrated. This results in an overall flourishing community on all fronts.

Therefore, Ubuntu places a strong emphasis on cultivating a collaborative and cooperative approach to empathy and compassion as essential qualities for fostering inclusivity, diversity and building intricate relationships among diverse individuals. By going beyond superficial judgments and engaging with others on a deeper level, individuals develop a genuine understanding and care for the well-being of others. Through empathy and compassion, individuals can acknowledge and understand another person's internal struggles. Through collaboration and cooperation, Ubuntu inspires individuals to actively extend kindness, support, and understanding to all members of the community. The cultivation of empathy and compassion is transformative, promoting meaningful connections, dialogue, and shared responsibility, which calls for active collaboration and cooperation of all community individuals to assist in finding the solution to best assist the transgender person's inherent identity. As a result of this, the recognition of a person's intrinsic worth, dignity, and essence, leads to their flourishing. This ultimately leads to the creation of a more inclusive, flourishing, and harmonious society. Thus, Ubuntu's emphasis on the cultivation of empathy and compassion in human interactions is a key factor in the collaborative and cooperative inclusivity of Ubuntu. By these key factors, Ubuntu

prioritises acceptance of differences and embraces them as aspects that further the diversity and flourishing of the persons and the community's intrinsic worth, dignity, and essence.

Therefore, when this account of Ubuntu is applied to the topic of gender-affirming care, an argument can be made that Ubuntu would indeed support the provision of gender-affirming care to gender incongruent adolescents. However, this entire argument hinges on the fact that gender identity is intertwined with the essence of a person. If gender identity is a product of societal labels as opposed to an inherent aspect of a person's nature, my entire argument would fall apart. If gender identity is not intertwined with a person's essence, failure to affirm their gender identity would not impede on their own or their communities' flourishing. Therefore, there would be no moral obligation to provide gender-affirming care to gender incongruent adolescents. Thus, I ought to show that gender identity is indeed intertwined with the essence of a person. I turn now to address this claim that gender identity is intertwined with the essence of a person.

(ii)Gender Identity Is Intertwined with The Essence of a Person.

When we engage in a deeper exploration of the essence of a person, it becomes abundantly clear that gender identity is an inseparable and intricate aspect of one's essence. Gender identity, in its essence, refers to an individual's profoundly held and innate sense of their own gender, and it permeates every facet of their being (Roselli, 2018, p1). As established in Chapter Two, gender identity and sexual orientation are independent of physical sex and they have detrimental impacts on a person's quality of life (Bockting *et al.*, 2016, p188). I argue that gender identity is far from

being a mere external label or superficial category, it constitutes a fundamental component of one's self-identity, deeply ingrained in the very core of their existence, their essence. Gender identity manifests in multifaceted ways throughout an individual's life. It manifests in superficial means such as the way a person dresses, which is a superficial extension of expressing their gender identity and thus their essence. It also manifests in deeper means such as a person's attraction to others and how they view themselves (Raskin, 2021, n.p.). Gender identity not only shapes how individuals perceive themselves but also profoundly influences how they navigate and engage with the world around them. From the earliest moments of self-awareness, individuals begin to form a sense of their gender identity, which informs their self-concept and the lens through which they interpret their experiences and interactions. The influence of gender identity extends well beyond the realm of personal identity; it has a profound impact on one's emotional, psychological, and social well-being. The alignment between one's self-perceived gender and the gender assigned at birth is often an important determinant of mental health, self-esteem, and overall life satisfaction (Smith *et al.*, 2018, pp 117-118). Therefore, acknowledging and celebrating one's gender identity takes on an indispensable role in fostering authentic self-expression and self-acceptance. Furthermore, the acknowledgment and celebration of one's gender identity by oneself and their community members promote the flourishing of their human essence.

For many individuals, their gender identity occupies a central and non-negotiable place within their essence. It is not a matter of choice or whim; rather, it is an inherent and immutable aspect of who they are. As I have shown in Chapter Two, the feminization or masculinization of the

brain is physiological in cause, which leads to both psychological and physiological outcomes. The failure to promote gender-affirming care provision to transgender adolescents is to promote the denial or delay of gender-affirming care provision. To deny, delay or negate an individual's gender identity is to dismiss a very real physiological and psychological condition. Furthermore, I argue that to deny, delay or negate an individual's gender identity is to overlook a fundamental part of their essence. It is akin to dismissing an essential thread in the intricate tapestry of their unique being.

In the context of Ubuntu philosophy, which places profound emphasis on the celebration of human essence and the interconnectedness of individuals within a community, the imperative to recognize and celebrate gender identity becomes all the more evident, as established in the previous subchapter. I argue that, to disregard or marginalize an individual's gender identity within this framework would be a significant oversight, as it contradicts the very essence of Ubuntu itself—the interconnectedness and interdependence of all people. As I have established in chapter four, my account of Ubuntu promotes the flourishing of persons and their interconnected community as paramount. This is the essence of this account of Ubuntu – the promotion of flourishing. In the previous subchapter, I applied this account of Ubuntu to the provision of gender-affirming care as a means to affirm a transgender person's gender identity. I contend that, failure to provide gender-affirming care is to disregard or marginalize an individual's gender identity. This would be a significant oversight as it would directly hinder the flourishing of the transgender person and their community – as explained in the previous subchapter. The prevention of the flourishing of any member of the community directly goes

against the essence of my account of Ubuntu – the promotion of flourishing is paramount. Furthermore, I contend that authentic self-expression and self-acceptance, which are contingent on the recognition and celebration of one's gender identity, are essential for an individual's overall well-being and ability to contribute positively to the community. In this sense, embracing and validating gender diversity aligns harmoniously with Ubuntu's core values of compassion, collaboration, interconnectedness, empathy, and communal well-being. Embracing, validating, and celebrating a person's gender identity uplifts their essence and as a result uplifts the harmony and flourishing of the entire community.

The level of celebration and validation each transgender person needs to receive is individualistic. Some may be comfortable and flourish by merely adjusting their pronouns. Whilst others will require gender-affirming treatment in the form of surgery, to feel truly validated and able to flourish. Therefore, by advocating for the moral obligation to provide gender-affirming care to transgender adolescents, the entire spectrum of incongruent gender identities is addressed. The adolescents are free to feel validated and celebrated to the extent that they desire. Thus, I argue that the provision of gender-affirming care, is the only manner in which transgender adolescents' gender identities can truly be validated and celebrated. This validation and celebration of their gender identities extend to validation and celebration of their human essence, as gender identity and human essence are intertwined.

At this juncture, it is imperative to address the objection arising from the specific argument. If gender identity is deeply embedded in an individual's core, the question arises as to whether all

forms of nonconforming gender identities or self-identifications warrant acceptance and affirmation. This objection gains traction when considering individuals identifying as a different race or even as an animal, among other examples. While acknowledging my limited knowledge of the scientific or psychological underpinnings of these alternative forms of identification, which lie beyond the purview of my research, I refrain from asserting that such identities cannot be intrinsic to an individual's essence. Nevertheless, I have yet to encounter substantial evidence validating their intertwinement. In contrast, gender identity has been demonstrated to constitute an integral facet of an individual's essence, as explicated in previous chapters. Moreover, the scientific evidence of embryological and physiological causes of gender identity incongruence – as explained in chapter two – is clear. The gender identity of a gender incongruent person is an aspect with which they were born. An aspect that makes them a unique and diverse member of their community. The biological cause is clear and is not caused by societal influence or – in the case of inherent gender incongruence – manifestations of other mental health conditions. To further fortify my argument, it would be advantageous to demonstrate that individuals affirmed in their self-identified gender identity tend to experience enhanced well-being, productivity, and overall flourishing compared to their pre-affirmation state.

In the study “Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care” by Tordoff et al, a correlation between improvement of mental health and overall well-being and the provision of gender-affirming care is made (Tordoff *et al.*, 2022, pp 6-7). The research demonstrated that undergoing gender-affirming medical treatments correlated with a reduced likelihood of experiencing depression and suicidal tendencies within 12 months.

These findings contribute to the existing body of evidence indicating that gender-affirming treatments may contribute to enhanced overall well-being among transgender and nonbinary youths in the short term. This finding is crucial, considering the mental health discrepancies observed in this demographic, particularly the elevated occurrences of self-harm and suicide. In the results section of page six of this study Tordoff wrote:

> "A large proportion of youths reported depressive and anxious symptoms at baseline. Specifically, 59 individuals (56.7%) had baseline PHQ-9 scores of 10 or more, suggesting moderate to severe depression; there were 22 participants (21.2%) scoring in the moderate range, 11 participants (10.6%) in the moderately severe range, and 26 participants (25.0%) in the severe range. Similarly, half of the participants had a GAD-7 score suggestive of moderate to severe anxiety at baseline (52) individuals [50.0%]), including 20 participants (19.2%) scored in the moderate range, and 32 participants (30.8%) scored in the severe range. There were 45 youths (43.3%) who reported self-harm or suicidal thoughts in the prior 2 weeks. At baseline, 65 youths (62.5%) were receiving ongoing mental health therapy, 36 youths (34.6%) reported tension with their caregivers about their gender identity or expression, and 34 youths (32.7%) reported any substance use in the prior year."

Moreover, in the discussion section on page seven, Tordoff wrote:

> "In this prospective clinical cohort study of TNB youths, we observed high rates of moderate to severe depression and anxiety, as well as suicidal

> thoughts. Receipt of gender-affirming interventions, specifically PBs or GAHs, was associated with 60% lower odds of moderate to severe depressive symptoms and 73% lower odds of self-harm or suicidal thoughts during the first year of multidisciplinary gender care. Among youths who did not initiate PBs or GAHs, we observed that depressive symptoms and suicidality were 2-fold to 3-fold higher than baseline levels at 3 and 6 months of follow-up, respectively. Our study results suggest that risks of depression and suicidality may be mitigated with receipt of gender-affirming medications in the context of a multidisciplinary care clinic over the relatively short time frame of 1 year".

This empirical evidence underscores a notable association between the facilitation of gender-affirming care and the amelioration of mental health and overall well-being. Essentially, individuals whose gender identities are acknowledged and validated are more inclined to experience an enhanced state of flourishing within their societal context. As such, it is arguable that a substantial correlation exists between the actualization of an individual's essence and the acknowledgment of their gender identity, thereby underscoring the intrinsic interconnection between their gender identity and fundamental being.

In conclusion, gender identity is not a peripheral aspect of one's identity; it is woven deeply into the fabric of a person's essence. Recognizing and celebrating gender identity as an integral part of human essence is not only a moral imperative but also a fundamental principle within Ubuntu philosophy. It underscores the importance of acknowledging and valuing every individual for

who they are, fostering inclusivity, and ensuring that the celebration of human essence is complete and truly representative of the rich tapestry of humanity. Through this recognition, we move closer to a society that reflects the essence of Ubuntu—the interconnectedness flourishing, compassion, and respect for all individuals, regardless of their gender identity. Not only does the provision of gender-affirming care validate and celebrate the transgender adolescent's gender identity and their human essence, but it also drastically affects their well-being. I turn now to address the effect the provision of gender-affirming care can have on a transgender adolescent's well-being.

(iii) Impact of Gender Affirming Care on Well Being

I claim that validation of one's gender identity is not merely a matter of semantics; it has a profound impact on the well-being and flourishing of transgender adolescents. When transgender adolescents receive support and care that aligns with their gender identity, they experience a sense of validation and acceptance (Olson *et al.*, 2016, pp 5-7). This validation is essential for their flourishing because it mitigates the emotional distress and isolation that often accompany gender incongruence. Instead of feeling marginalized or rejected, transgender adolescents can feel a deep sense of belonging within their community. This sense of belonging fosters positive mental health outcomes, emotional well-being, and an overall sense of fulfilment. it demolishes the exclusivity barricades which would prevent the gender incongruent persons from forming intricate relationships with their community members, all of which are central to my account of Ubuntu's principles of communal well-being. Ubuntu places a strong emphasis on the emotional and mental well-being of community members (Edwards *et al.*, 2004, pp 17-22)

I contend that when transgender adolescents receive gender-affirming care that aligns with their gender identity, it provides them with the tools and resources necessary to address their emotional distress and promote mental well-being. This care can include counselling to help them navigate the challenges of adolescence and their gender identity, as well as medical interventions when appropriate. When their emotional and mental well-being is prioritized and supported, transgender adolescents are more likely to flourish emotionally, which, in turn, contributes positively to their overall well-being. Moreover, this alignment extends beyond the individual level to benefit the entire community. When transgender adolescents are supported in their journey, they become more resilient and engaged members of society, contributing positively to the well-being of the entire community.

In order to demonstrate this, I will need to first reason that gender-affirming care is necessary in transgender adolescents aged 12-17. I have shown, in chapter two, that gender-affirming care is a necessary treatment in general. However, I will now posit that providing gender-affirming treatment to adolescents aged 12-17 is necessary. I will first contend that the provision of gender-affirming treatment is the only way to ensure the best outcome for the adolescent. Secondly, I will contend that ensuring the best outcome for the child promotes their flourishing. Thus, as a result, the community's flourishing is promoted. Finally, I will contend that the promotion of flourishing is the cornerstone of Ubuntu, thus this account of Ubuntu defends the position that there is a moral obligation to affirm transgender adolescents' identities and promote gender-

affirming care for them.

I claim that the provision of gender-affirming care to adolescents promotes the principles of benefice and non-maleficent. In addition to this I contend that by promoting these two principles specifically, the best outcome for the adolescent is ensured. I further claim that a person/ adolescent can only achieve maximum flourishing when the best outcome for them is actively promoted and achieved. In order to debate and establish these points I will form an argument in the following structure. Firstly, I will demonstrate that gender-affirming care promotes non-maleficence. Secondly, I will contend that gender-affirming care promotes beneficence. Lastly, I will explore the notion that through the promotion of non-maleficence and beneficence the adolescent's best outcome is promoted and flourishing is ensured. Therefore, gender-affirming care is necessary, not only to treat a physiological and psychological condition, but also to ensure the best outcome for the adolescent. I will need to show gender-affirming care provision promotes flourishing, to verify that gender-affirming care is supported by Ubuntu in the next subchapter.

I claim that the principle of non-maleficence is only enforced and promoted by the provision of gender-affirming care. Non-maleficence "Requires that a procedure does not harm the patient involved or others in society" (Lynch and Gourdeau, 1990, p13). It is the principle of intentionally not inflicting harm. In order to fully address this argument, I ought to acknowledge that this is a significant argument against the provision of gender-affirming care. Gender-affirming care is viewed by some as harmful and unethical as gender-affirming care is changing

or damaging anatomically normal structure (Blake, 2022, n.p.). Gender-affirming care is seen to put the patient at unnecessary risk of surgical complications, such as, regret, infection, bleeding, clotting, sterilization and many more (Tomson, 2018, p26). To these theorists' gender-affirming care is viewed as causing harm. Therefore, cannot possibly promote the flourishing of persons and communities. However, I am of the view that this view is not applicable when failure to act or delayed act results in more harm, both to the transgender adolescent and their community.

Delayed treatment or refusal of provision of gender-affirming care, to adolescents specifically, causes severe mental distress, illness, and possible suicide (Lemma and Savulescu, 2021, p67). Adolescents are already at high risk for mental illness as discussed in the introduction's rationale for the study. However, in transgender adolescents, the risk is nearly doubled. In South Africa nearly half will attempt suicide (South African National Aids Council, 2021, n,p,). Studies across Europe and North America reveal that transgender adolescents are at higher risk of comorbid mental health issues. These comorbidities such as anxiety, depression, and suicidal tendencies; along with gender incongruence contribute to psychological suffering (De Graaf *et al.*, 2018, p910). I acknowledge that these studies are not focused on my African context target, however, there is a paucity of studies with a focus on the African context. There is evidence to show that these psychological illnesses and distresses are resolved when treatment of gender incongruence is initiated or completed (Tordoff *et al.*, 2022, p7) (Dhejne *et al.*, 2016, 52-54). Apart from the research conducted by Tordoff as outlined in the preceding subsection, Chen undertook a similar empirical investigation et al. In their study titled "Psychosocial Functioning in Transgender Youth after 2 Years of Hormones," the following conclusions were drawn: "During the study

period, appearance congruence, positive affect, and life satisfaction increased, and depression and anxiety symptoms decreased. Increases in appearance congruence were associated with concurrent increases in positive affect and life satisfaction and decreases in depression and anxiety symptoms" (Chen *et al.*, 2023, p240). Therefore, by actively refusing or delaying gender-affirming care, the medical practitioner or parents are inflicting more harm and suffering to the transgender adolescent.

Furthermore, transgender adolescents are also exposed to other traumas when denied or refused the required treatment. Traumas such as abuse, poverty, homelessness, violence, and sexual exploitation (Kimberly *et al.*, 2018, pp 2-3). Due to the stigma transgender adolescents are faced with, they are forced to endure abuse and shunning from friends, family, and strangers. This in combination with the transgender adolescent's conflicted identity and sense of being alone; causes detrimental effects. Transgender adolescents become "homeless at alarming rates, together making up 20% to 40% of the >1.6 million homeless youth in the United States today" (Kimberly *et al.*, 2018, p2). Homelessness leads to an extensive list of other risks such as violence and sexual exploitation. All of which, transgender adolescents are further at risk for than cisgender peers. This additional risk is again due to the stigma associated with them.

I argue that in most cases but not necessarily all cases, if a transgender adolescent is able to receive gender-affirming care, at an early age, it will decrease these traumas, in the majority of cases. After the initiation of gender-affirming care, it becomes increasingly difficult to tell when a person is transgender. Whereas prior to initiation the incongruence, between physical and

psychological sex, is fairly obvious, especially in the puberty and post-puberty age group of 12-17 years old. I argue that by allowing the provision of gender-affirming care, during adolescence, the adolescent can avoid the negative stigma. Thus, directly placing them at less of a risk. Yes, it will not change people's opinions. However, it allows the adolescent to decide who knows of their gender incongruence, and as a result, who gets an opinion. This directly improves their flourishing as they can begin to feel comfortable in their own skin. As well as feel supported by those surrounding them. This will allow adolescents to reach their maximum level of flourishing. Therefore, by actively refusing or delaying gender-affirming care, society and medical practitioners are inflicting more harm unto already vulnerable transgender adolescents. As well as, indirectly worsening the stigma associated with transgenderism, increasing the homeless population, and promoting abuse and violence.

Furthermore, delayed, dismissed or refused gender-affirming care increases the risk of unprofessional botched treatment and care (De Vries, Kathard and Müller, 2020, pp 4-5). It is no secret that adolescents are strong-willed, recalcitrant, and persistent. Transgender adolescents are not different. I argue that simply refusing or delaying what they deeply want and need; will not deter them from seeking it by other means. Much like the legal prohibition of abortions will result in unprofessional botched abortions. The same logic applies to this topic. Just because the "safe" route is blocked does not mean that their desire and need for treatment is diminished. Hormonal treatment can be sought and bought through the Internet. As well as unprofessional medical practitioners advertising under-the-table gender-affirming care (Byne *et al.*, 2012, pp 769-770). Both pose a severe danger to desperate transgender teens who are seeking help and

guidance. Dangers of unprofessional treatment include: transmission of HIV or Hepatitis C, infection, bleeding, poor results, regret and even death (Kimberly *et al.*, 2018, p3).

Therefore, the outcomes of refused or delayed gender-affirming care are far more detrimental to the patient and society, than the provision of gender-affirming care. This can be further shown and defended by using Mills' "harm principle." If gender-affirming care were seen as harmful, the surgeries would only be harming the transgender person. Whereas failure to provide gender-affirming care, increases and promotes homelessness, abuse, and the illegal medical trade. All of which affect the transgender adolescent and their community. According to the harm principle, actions that only harm the perpetrator (transgender adolescent) do not warrant interference, but actions that harm other persons including the perpetrator do warrant interference (Dhai and McQuoid-Mason, 2020, pp 3-20) . Therefore, allowance of gender-affirming care, which only in theory physically harms the transgender adolescent's biological body, does not warrant interference. As it is only harming the transgender adolescent. Whereas failure to provide gender -affirming care does warrant interference. It requires interference as it impedes the adolescent's and communal flourishing by increasing and promoting homelessness, abuse, and the illegal medical trade. All of which take a significant toll on the community's social environment, economic environment, and interconnectedness. Furthermore, if gender incongruence is viewed as a psychological and physiological condition with embryonic cause, as I have established in Chapter Two, the anatomy that is altered during gender-affirming care is not actually damaging "anatomically normal" structures. I argue that gender-affirming care is correcting a birth defect of gender incongruence, as discussed in chapter two. Therefore, the anatomy that is altered was

never “normal,” but rather was a defect.

In summary, the provision of gender-affirming care promotes the principle of non-maleficence, as the lack of provision causes more harm to the adolescent and their community. As well as the fact that the provision of gender-affirming care does not cause harm that warrants intervention, according to the harm principle. This argument correlates with beneficence. Which is another factor that affects the flourishing of a person or community.

Beneficence is defined as “an act of charity, mercy, and kindness with a strong connotation of doing good to others including moral obligation. All professionals have the foundational moral imperative of doing right” (Kinsinger, 2009, p44). Thus, in order for gender-affirming treatment to meet the beneficent requirements, it has to promote the good and the best interests of the child. The principle of beneficence can only be maintained when the best interest of the child is maintained and promoted. The most good or best interest of the child should always be paramount in South African law and universally (*Children’s Act [No. 38 of 2005]*, 2006, p34).

Wholistically the adolescent’s mental physical and social quality of life will improve with the provision of gender-affirming care (Lindqvist *et al.*, 2017, pp 225-226). Delayed gender-affirming care, as discussed, poses risks such as increased rates of suicide, mental illness, ineffective treatments, abuse, homelessness, and other adverse outcomes, significantly impairing the quality of life for both the adolescent and the community, while also endangering the

adolescent's life. Studies have shown that transgender women generally have a lower quality of life compared to the general population. Which is solved or improved by the provision of gender-affirming care. Thus, the provision of gender-affirming care leads to an improvement in general well-being (Lindqvist *et al.*, 2017, pp 225-226). Thus, the allowance of gender-affirming care promotes the best quality of life for transgender adolescents. I argue that normalising the provision of gender-affirming care promotes the best interest of the child and the best quality of life. Therefore, the provision of gender-affirming care promotes the flourishing of the adolescents and their community based on promoting the principles of non-maleficence and beneficence.

Therefore, I have demonstrated that gender-affirming care is a necessary treatment in adolescents for an embryonically linked condition, which manifests as both psychological and physiological. Provision of gender-affirming care results in the best quality of life and the least harm to the adolescent and their community. Furthermore, that gender-affirming care promotes the flourishing of adolescents and the community, by promoting the principles of non-maleficence and beneficence. Assuming that I have shown this point thoroughly, the next point to address is how exactly the provision of gender-affirming care is a moral obligation according to Ubuntu.

I claim that, understanding the essence of transgender adolescents involves recognizing the unique challenges they face during a critical period of self-discovery and identity formation. Denying access to gender-affirming care can exacerbate their emotional distress, anxiety, and depression, as explained above. Therefore, diminishing their flourishing and quality of life. From

an Ubuntu perspective, acknowledging their struggles and providing this care is a tangible expression of collaboration, empathy, and a commitment to the well-being of all community members. This alignment with Ubuntu's principles contributes to the emotional and mental flourishing of transgender adolescents and reinforces the interconnectedness and collective well-being of the community as a whole. However, a further elaboration of how the provision of gender-affirming care to transgender adolescents aligns with the Ubuntu principles – is needed. I now turn to address this alignment of Ubuntu principles and the provision of gender-affirming care in the next subchapter.

(iv) Gender Affirming Care Aligns with The Principles of Ubuntu: Interconnectedness, Inclusivity and Celebration of Diversity, Respect for Autonomy, Dignity and Authenticity and Promotion of Equality.

Ubuntu philosophy, as discussed in previous chapters, is rooted in African thought and culture and embodies a profound understanding of the interconnectedness and interdependence of all individuals within a community. As I have argued already, it celebrates diversity, promotes inclusivity, and places great emphasis on respect for autonomy, dignity, and authenticity. Furthermore, Ubuntu philosophy strives for the promotion of equality among all members of the community. In this context, I argue that the provision of gender-affirming care emerges as a moral obligation within Ubuntu philosophy. Gender-affirming care, which includes medical, psychological, and social support for individuals seeking to align their gender identity with their lived experiences, not only aligns with Ubuntu principles but also plays a vital role in fostering the flourishing of communal persons. This subchapter explores how the provision of gender-

affirming care, as a result of its promotion of beneficence and non-maleficence, harmonizes with the core principles of Ubuntu: (a)interconnectedness, (b)inclusivity and celebration of diversity, (c)respect for autonomy, dignity, authenticity, and (d)the promotion of equality. I will address each principle individually.

(a)Interconnectedness: Recognizing the Inherent Bond.

At the heart of Ubuntu philosophy lies the recognition of interconnectedness among all individuals within a community (van Breda, 2019, pp 441-443). Archbishop Desmond Tutu eloquently encapsulated this principle when he stated, "A person is a person through other persons. you can't be human in isolation; you are human only in relationships" (Tutu, 2000, p31) This notion highlights that our humanity is inextricably tied to the well-being and humanity of those around us. Gender-affirming care exemplifies the principle of interconnectedness within Ubuntu. By providing comprehensive support to individuals seeking to align their gender identity with their lived experiences, it acknowledges that the well-being and flourishing of one individual contributes to the well-being of the entire community. This recognition goes beyond the individualistic approach to healthcare and underscores the communal aspect of health. It acknowledges that when one member of the community is supported in their journey toward authenticity and well-being, the entire community benefits from a richer and more harmonious interconnectedness.

As discussed in previous chapters, Ubuntu's historic core principle of interconnectedness and communal bonds highlights the profound importance of recognizing and nurturing the essence of

each individual within the community. I maintain that, in the case of transgender adolescents, their essence encompasses their gender identity, which is integral to their sense of self and well-being – as argued above. Furthermore, I extend this argument to the well-being and flourishing of the interconnected community. I contend that by promoting an individual's flourishing – achieved by the provision of gender-affirming care – the community's flourishing is also promoted.

Gender identity is a core aspect of a person's self-concept and sense of self. For transgender adolescents, the process of understanding and expressing their gender identity can be particularly challenging, given societal norms and expectations. When there is a misalignment between one's gender identity and their assigned sex at birth, it can lead to profound discomfort, distress, and feelings of incongruence. This internal struggle can have significant negative effects on their mental and emotional well-being. Thus, this internal struggle directly impacts the adolescent's ability to flourish. I argue that when one member of the community is failing to flourish the entire community is affected. This is due to Ubuntu's emphasis on interconnectedness. The Ubuntu notion of "I am because you are" can be applied to make sense of this. I believe that if an adolescent (the "you") is facing these internal struggles and not flourishing, the community or I (the "I") am also not flourishing. The community or I am because the adolescents are. Therefore, the community and I am failing to flourish because the adolescents are failing to flourish. A community that fails to flourish is a community that is not promoting the interconnected core value of Ubuntu.

Furthermore, as touched on in Chapter Three the community I am referring to is that of the global or bigger sense of community. There is no need for direct relation or contact, the basis of the principle of interconnectedness, we are all connected irrespective of our race, gender, class, relation, or status. If one person suffers, we all suffer. In this case, failure to provide gender-affirming care causes the internal struggle and avoidable suffering of transgender adolescents. This, in turn, causes the suffering or failure of the rest of the community to flourish. Therefore, in order to promote one's own flourishing they ought to promote the flourishing of others. Therefore, in the application of the principle of interconnectedness to the provision of gender-affirming care to transgender adolescents aged 12-17 years old in South Africa, members of the community should feel obligated to provide gender-affirming care to these adolescents as a means to achieve the duty of promotion of flourishing.

In summary, I have shown that, Ubuntu recognizes that by embracing the diversity of experiences and identities, the entire community can thrive and flourish. Therefore, by providing gender-affirming care, society acknowledges the significance of their gender identity and validates their experiences. This validation is crucial for the flourishing of their essence. When transgender adolescents receive support that aligns with their gender identity, they can experience a profound sense of belonging and acceptance within the community, reinforcing Ubuntu's core principle of interconnectedness and collective well-being. This sense of belonging fosters positive mental health outcomes, emotional well-being, and an overall sense of fulfilment, all of which are central to Ubuntu's principles of communal well-being and interconnectedness. Not only this, but the provision of gender-affirming care will amplify the

Ubuntu ethics of inclusivity and celebration of diversity.

(b)Inclusivity and Celebration of Diversity: Embracing All Identities

As I have argued above, Ubuntu philosophy places a strong emphasis on inclusivity and the celebration of diversity within the community. It acknowledges that each individual brings a unique set of experiences, perspectives, and identities to the communal table (Sparks and Louw, 2023, p111). I contend that the provision of gender-affirming care aligns seamlessly with this aspect of Ubuntu by recognizing and valuing the diversity of gender identities that exist. Inclusive gender-affirming care creates a space where all individuals, regardless of their gender identity, feel valued, respected, and seen. It fosters an environment in which diverse gender identities are not only acknowledged but celebrated as a vital part of the communal tapestry. This celebration of diversity promotes a sense of belonging and acceptance, essential components of communal well-being within the Ubuntu framework. This account of Ubuntu calls for inclusivity and the celebration of diversity within the community, as a moral obligation. I claim that, by providing gender-affirming care, Ubuntu acknowledges the diversity of gender identities and expressions within its population. This recognition fosters an environment where all individuals can flourish, regardless of their gender identity. Inclusivity and diversity contribute to a more vibrant, resilient, and harmonious community, aligning with Ubuntu's vision. Furthermore, by this alignment of principles, there is a moral obligation to provide gender-affirming care to adolescents, for this principle of Ubuntu to be adequately fulfilled.

Inclusivity, in the context of this account of Ubuntu, means ensuring that all individuals, regardless of their backgrounds or characteristics, are welcomed and valued within the community. I opine that Ubuntu calls for the breaking down of barriers that might exclude or marginalize any member of the community. These barriers include heterosexuality, gender binaries, sexism, patriarchy, and racism, just to name a few. As explained in chapter four, Ubuntu condemns prejudice, stigma, and discrimination within society, denying gender-affirming care to transgender adolescents perpetuates discrimination based on gender identity, effectively excluding these individuals from the Ubuntu community. Providing gender-affirming care challenges societal norms and prejudices, fostering a more inclusive and compassionate society. Therefore, reducing the discrimination and stigmatization of gender incongruence. This reduction in discrimination promotes social cohesion, unity, and the flourishing of the community as a whole. Ubuntu's core values of empathy and inclusivity, as outlined in chapter four, align with this endeavour. I proffer that Ubuntu recognizes the intersectionality of human identities and experiences. Many transgender adolescents may belong to marginalized groups facing multiple forms of discrimination, such as racism or economic hardship (Ahmad, 2018, pp 7-13). Providing gender-affirming care acknowledges the interconnectedness of these identities and the unique challenges faced by transgender adolescents. It demonstrates a commitment to addressing these intersecting forms of discrimination, ultimately contributing to the flourishing of the entire community. This principle aligns with the idea that the well-being and flourishing of one person within the community are intimately connected to the well-being of all others (Banda, 2020, pp 205-211). Therefore, inclusivity is both a moral imperative and a practical necessity within the Ubuntu framework.

The celebration of diversity, on the other hand, goes beyond mere inclusivity. I claim that it involves actively recognizing and valuing the unique qualities, identities, and experiences that individuals bring to the community. Furthermore, I maintain that Ubuntu philosophy acknowledges that diversity is a source of strength and resilience within the community. Thus, b y embracing diverse perspectives and identities, the community becomes more vibrant and adaptable, better equipped to face the challenges that arise. I contend that the provision of gender -affirming care should be seen as an expression of Ubuntu and a mechanism in which diversity is actively recognized and celebrated. I contend that Ubuntu cannot simply be passive and stagnant in its claims to celebrate diversity. Ubuntu and members of communities should be continuously undergoing active mechanisms to make all members feel acknowledged and validated. I contend that the provision of gender-affirming care to transgender adolescents achieves this. By making it available and advocated for, the stigma surrounding gender-affirming care will be diminished. This allows transgender adolescents to feel more encouraged to receive the care that they desire, and the care that will celebrate their essence and promote their flourishing and as a result their communities flourishing too. The provision of gender-affirming care, which includes medical, psychological, and social support for individuals seeking to align their gender identity with their lived experiences, aligns seamlessly with the principles of inclusivity and the celebration of diversity within this account of Ubuntu philosophy.

Furthermore, gender-affirming care begins with a fundamental recognition of the diversity of gender identities and expressions that exist within the population. It acknowledges that individuals may identify as transgender, non-binary, genderqueer, or other identities outside the traditional binary concept of gender. This recognition fosters an environment where all individuals, regardless of their gender identity, are seen, heard, and acknowledged. In South Africa, as in many other countries, transgender adolescents face unique challenges related to their gender identity. I claim that, by providing gender-affirming care, the healthcare system acknowledges and responds to these challenges. This recognition not only validates the experiences of transgender adolescents but also sends a powerful message that their diverse identities are valued and respected within the community. Furthermore, inclusive gender-affirming care creates a safe and affirming space where transgender adolescents can access the support and services they need to navigate their gender journey. This includes access to gender-affirming hormones, mental health support, and guidance on legal and social aspects of transitioning, essentially access to the entire spectrum of gender-affirming care. By offering these services, healthcare providers signal their commitment to inclusivity and their understanding of the interconnectedness of all individuals within the Ubuntu community. They demonstrate that the well-being and flourishing of transgender adolescents contribute to the well-being of the entire community. In essence, this provision of gender-affirming care affirms the Ubuntu principle that "a person is a person through other persons". Beyond providing services, gender-affirming care celebrates the diversity of gender identities and expressions as a vital part of the communal tapestry. This celebration is not limited to a passive acknowledgment or toleration of differences but extends to actively valuing and respecting each individual's gender

identity. The celebration of diversity within gender-affirming care promotes a sense of belonging and acceptance among transgender adolescents. It affirms that they are an integral and cherished part of the community, contributing their unique perspectives and experiences to the collective Ubuntu ethos. This sense of belonging is essential for their well-being and resilience, aligning with Ubuntu's vision of a diverse, harmonious, and interconnected community.

In summary, Ubuntu philosophy envisions a vibrant and inclusive community where the principles of interconnectedness, inclusivity, and the celebration of diversity thrive. The provision of gender-affirming care to transgender adolescents aligns seamlessly with these principles, reflecting the Ubuntu understanding that the well-being of one person within the community is intimately connected to the well-being of all others. By acknowledging and valuing the diversity of gender identities, gender-affirming care creates an environment where all individuals, regardless of their gender identity, feel valued, respected, and seen. This celebration of diversity promotes a sense of belonging and acceptance, fostering communal well-being within the Ubuntu framework. In embracing gender diversity and affirming the identities of transgender adolescents, South Africa, and indeed any society that values Ubuntu philosophy, takes a significant step toward realizing the Ubuntu vision of a harmonious, inclusive, and resilient community. In doing so, it honours the interconnectedness of all communal persons and fulfils its moral obligation to promote the flourishing of all members, regardless of their gender identity. By Honouring all person’s essence and actively promoting their flourishing, the provision of gender-affirming care, also aligns with the Ubuntu principles of respect for autonomy, dignity, and authenticity. I turn now to elaborate on how the provision of gender-

affirming care aligns with these principles specifically and how the provision of gender-affirming care honours the individual.

(c)Respect for Autonomy, Dignity, and Authenticity: Honouring the Individual

Within the framework of Ubuntu philosophy, a set of guiding principles underscores the importance of respect for autonomy, dignity, and authenticity. Ubuntu recognizes that each individual possesses the autonomy to make choices about their own life, and it places great emphasis on treating all individuals with the utmost dignity and respect (Ujomudike, 2016, p 2878). Moreover, Ubuntu philosophy acknowledges the profound significance of living authentically, in alignment with one's true self and essence. All of which have been extensively covered in previous chapters. However, I narrow in on Ubuntu's emphasis on honouring the individual through the promotion of respect for autonomy, dignity and authenticity, in the context of the provision of gender-affirming care. The principle of respect for autonomy is the moral obligation to respect the autonomy of others in so far as such respect is compatible with equal respect for the autonomy of all potentially affected (Gillon, 2003, pp 310-311). Where autonomy is defined as bodily integrity or deliberate self-rule. Autonomy is a characteristic of all moral agents. The presence of autonomy allows autonomous beings to make their own deliberated decisions (Motloba, 2018, pp 418-419). According to the Ubuntu principle of respect for relational autonomy, all of these decisions must be respected at all times (Inyang and Chima, 2021, pp 1-3). In the case of transgender adolescents requesting gender-affirming care, theoretically, autonomy can only be respected when their wishes for gender-affirming care are met. The transgender adolescent has to be free to make their own decision about their body.

Therefore, the provision of gender-affirming care is the only way to promote respect for autonomy (Lemma and Savulescu, 2021, pp 67-71). However, complex ethical dilemmas such as this one are not black and white. To adequately demonstrate – the provision of gender-affirming care aligns with Ubuntu's principle of respect for autonomy, dignity, and authenticity – I will have to give a stronger argument than an "in theory" one. An argument that addresses the black, white, and grey areas of this dilemma.

In South Africa adolescents, aged 12-17, are recognised as having developing minds and along with that, developing autonomy, decisional and responsibility capacities. As a result of this they are entitled to participatory (autonomy) rights, according to the Children's Act 38 of 2005. The statute outlines the criteria as follows "A child may consent to his or her own medical treatment or to the medical treatment of his or her child if (a) the child is over the age of 12 years; and (a) the child is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the treatment" (*Children's Act [No. 38 of 2005]*, 2006, p90). However, in the case of requesting gender-affirming care which includes gender-affirming surgeries, the adolescent requires parental support (Ganya, Kling and Moodley, 2016, p 2). At this point I would like to point out that as defined in Chapter Two, gender-affirming care is inclusive of psychological, legal, social, and medical affirmation. The medical affirmation aspect is inclusive of puberty blockers, hormonal treatment, and surgery. However, in South African law there is a separation between provision of medical treatment and surgeries. According to South African law, adolescents can receive puberty blockers and hormonal treatment on their own, provided they meet the criteria in the statute listed above. However, the adolescent requires

parental support when gender-affirming surgeries come into play. Despite the law being clear there is still apprehension, on all fronts, surrounding of any form of gender-affirming care provision to adolescents. I contend that, this is due to the discomfort of medical practitioners surrounding the provision of gender-affirming care to gender incongruent adolescents. I rrespective of whether the transgender adolescent's transition is supported by their parents/legal guardians or not; there is still a debate on whether gender-affirming care is ethical or not.

I posit that, in all situations of delayed or dismissed gender-affirming care, the adolescent's autonomy is undermined. The medical practitioners or parents' beliefs and wishes are enforced onto the adolescent by refusing their wish to undergo gender-affirming care. This is known as paternalism (Finley, 2020, pp 26-39). Paternalism is when a "physician makes decisions based on what he or she discerns to be in the patient's best interests, even for those patients who could make the decisions for themselves" (Murgic *et al.*, 2015, p2). In the topic of the provision of gender-affirming care as a treatment for gender incongruence, many medical practitioners are on the fence and do not believe it is completely ethical or right, especially in adolescents. The root issue of paternalism comes into play in situations like these. Medical practitioners and guardians often use their own objective beliefs to conclude the best interest of the child. This objective belief is used as opposed to the medical facts about the case. The medical facts are always the same in the majority of cases, gender incongruence is a physical and psychological condition for which gender-affirming care is the treatment. This as well as the fact that the adolescent's quality of life and gender incongruence comorbidities/side effects will drastically improve following the provision of gender-affirming care. These aspects have been shown and argued for throughout

this dissertation.

The practice of paternalism in medical healthcare is considered unethical, as paternalistic medical practitioners lack the ability to consider the patient's needs and wants above their own. Furthermore, paternalistic medical practitioners lack regard for vital ethical concepts such as informed consent, respect for autonomy and shared decision-making (Holcomb, 2020, p3). I argue that adolescents developing autonomy and wishes cannot be dismissed to favour or respect the parents' autonomy or the medical practitioners' beliefs. A parental figure or medical practitioner without gender incongruence cannot begin to understand the severe psychological distress caused by gender incongruence. Treatment should not be withheld when a minor is at risk of undue suffering. The adolescents developing autonomy should always be prioritized (Dubin *et al.*, 2020, pp 295-298). Thus, refused, or delayed gender-affirming care is paternalistic and negligent, as it favours parental or medical practitioners' autonomy over the adolescent's developing autonomy. Therefore, the only way to truly respect a child's developing autonomy and support this principle is to allow the initiation of gender-affirming care.

Gender-affirming care, I argue, embodies, and exemplifies these foundational principles inherent in Ubuntu philosophy. It does so by meticulously respecting the autonomy of individuals in making deeply personal decisions about their gender identity and expression. Gender-affirming care acknowledges that the journey toward authenticity is uniquely individualistic, with each person's experience and self-discovery being profoundly personal. Therefore, it is imperative that individuals have the freedom and agency to make choices that genuinely reflect their true selves

and their essence as communal persons. I claim that this principle of respect for autonomy extends comprehensively to encompass medical decisions within the context of gender-affirming care. It recognizes that individuals have an intrinsic right to access healthcare services that are aligned with their gender identity and expression. Furthermore, I argue that such access is not a matter of convenience or preference but rather a fundamental aspect of respecting an individual's autonomy. Gender-affirming medical care acknowledges that the authenticity of one's identity and the alignment of one's physical self with their gender identity are vital components of their overall well-being. Moreover, gender-affirming care upholds the dignity of individuals by affirming their worth and value as they are. It recognizes that denying access to gender-affirming care can lead to significant distress and harm to an individual's mental and emotional well-being – as discussed above. Within the Ubuntu community, gender-affirming care sends a powerful message that every individual is inherently valuable, regardless of their gender identity. It affirms that dignity and respect should never be contingent on conformity to societal norms or expectations. In addition to this, I am of the view that providing gender-affirming care sends a clear signal of the Ubuntu community's commitment to affirm the inherent dignity and essence of each person. This enables all persons to be their most authentic self. Furthermore, I proffer that provision of gender-affirming care to adolescents specifically, acknowledges that the well-being and flourishing of transgender individuals contribute to the overall well-being of the Ubuntu community as a whole. By doing so, it reinforces the interconnectedness and interdependence of all communal persons—a fundamental tenet of Ubuntu philosophy. It also reinforces the promotion and celebration of the Ubuntu principles of autonomy, authenticity, and dignity – which are more fundamental tenets of Ubuntu.

In conclusion, gender-affirming care is not only consistent with this principle of Ubuntu but also exemplifies these principles in action. It respects the autonomy of individuals, affirms their inherent dignity and worth, and fosters the authenticity of their true selves. Gender-affirming care thus stands as a powerful testament to Ubuntu philosophy's enduring relevance and wisdom in promoting the well-being and flourishing of all communal persons, irrespective of their gender identity or expression. It underscores the interconnectedness of all individuals within the Ubuntu community and represents a moral obligation to affirm the essence of each person, in order for them to reflect their true authentic nature, which is intertwined with their gender identity. In addition to this provision of gender-affirming care aligns, underscores, and promotes the promotion of equality. I now turn to describe how provision of gender-affirming care promotes equality and underscores Ubuntu's commitment to justice.

(d)Promotion of Equality: Ubuntu's Commitment to Justice.

Ubuntu philosophy stands as a profound beacon of justice and equality, deeply committed to promoting a society in which all individuals have equal access to opportunities, resources, and respect (Letseka, 2015, pp 548-550). At its core, Ubuntu recognizes that a just and harmonious community is one where every member is afforded the same opportunities for personal development and fulfilment (Williams, 2018, n.p.). This commitment to equality resonates strongly with the principles of Ubuntu and extends to the provision of gender-affirming care, which plays a pivotal role in advancing these principles of equality within the Ubuntu framework.

Access to gender-affirming care, I contend, is a cornerstone of equality within Ubuntu philosophy. It serves as a vehicle for ensuring that all individuals, irrespective of their gender identity, have the same opportunity to live a fulfilling and authentic life. Denying access to such care perpetuates inequalities and discrimination, creating disparities that undermine the principles of justice and equality that Ubuntu champions. Furthermore, I am of the view that, by providing gender-affirming care, a society sends a clear message: it recognizes that every member of the Ubuntu community deserves an equal chance to flourish and live in alignment with their true selves. It also sends a clear message that it is indeed inclusive in nature and that the Ubuntu philosophy as well as the communities that follow it, do not tolerate exclusivity concepts. These messages set the positive and welcoming attitude of persons in the communities, toward the topics of gender-affirming care. Therefore, diminishing the negative stigma and attitude toward transgender persons and gender-affirming care. Gender-affirming care levels the playing field, eliminating the barriers that might otherwise hinder individuals from realizing their potential and living authentically. This aligns seamlessly with Ubuntu's vision of a just society where all communal persons have an equitable shot at leading fulfilling lives. Moreover, I contend that gender-affirming care addresses the systemic discrimination and marginalization that transgender and gender-diverse individuals often face. It acts as a powerful tool for dismantling unjust systems and promoting the well-being of all members of the Ubuntu community. In this sense, gender-affirming care transcends individual health considerations to become a catalyst for societal change, upholding Ubuntu's commitment to justice and equality.

Justice is defined as the core concept used to assess the equality and legality of an action (Tammelo, 1966, pp 135-138). Furthermore, Justice is the process of assessing the ethical nature of an action, its alignment with legal standards, the rights of individuals involved, and whether it exhibits fairness and equilibrium, need to be considered (Lynch and Gourdeau, 1990, pp 13-15). In order for a medical action to be considered as ethical the requirements of the justice principle have to be met. I claim that the principle of justice can only be ensured by the provision of gender-affirming care to transgender adolescents aged 12-17. On the basis of justice, I argue, failure to approve gender-affirming care as ethical increases the poverty gap between financially challenged and advantaged adolescents. In South Africa's public sector, the waiting time for gender-affirming surgery is just over 2 decades, for adolescents and adults (South African National Aids Council, 2021, n.p.) As explained above , refusing, or delaying the provision of gender-affirming care will not stop the surgeries from occurring. It merely opens up two very dangerous doors to these transgender adolescents. The first being the illegal medical door. The second being the private sector exploitative door.

Failure to normalise and provide gender-affirming care in adolescents causes an inequity and as a result an injustice. It creates an opportunity for private sector doctors to provide the surgeries. However, they are only provided at a great financial cost to the patient. Transgender adolescents who can afford it, or have supportive families and communities, and are desperate enough for the treatment will undergo it, no matter the financial cost. However, this severely disadvantages desperate, non-affluent transgender adolescents. I contend that delaying or refusing gender-affirming care in adolescents results in unfair, unbalanced, and unequal allocation of scarce

resources. Therefore, refusal or delaying of gender-affirming care is unethical on the basis of justice. The fair and balanced requirements of justice cannot be met. Therefore, failure to provide gender-affirming care to transgender adolescents does not align with the fundamental tenets of Ubuntu.

Furthermore, On the basis of justice, failure to afford adolescents recognition of maturity and autonomy to undergo gender-affirming care is unethical due to inconsistencies in the South African law. Adolescents and children are able to undergo a surgical termination of pregnancy (TOP). There is no age limit on TOP ('The Choice on Termination of Pregnancy Act 92 of 196', 1999, pp 5-6). TOP, is known to have significant physical and psychological damaging effects on adolescents (Zia *et al.*, 2021, pp 7-10) (Wade and MacGill, 2023, n.p.) (Sebola, 2014, pp 13-17). However, the failure to allow TOP in adolescents is viewed as far more detrimental to the adolescent, unborn child, and the community (Hofferth, 1987, pp 123-130). Thus, TOP is provided to adolescents, aged 12-17, and viewed as appropriate because it causes the least "harm". Which leads me to question, why is provision of gender-affirming care not viewed in the same light? If failure to provide gender-affirming care has detrimental effects on the adolescents and their community, as explained above, why are transgender adolescents not afforded the same allowance for their gender-affirming care, as pregnant adolescents are for their TOP? Adolescents are allowed to consent to medical treatment at 12 years of age provided they meet the criteria outlined in the statute (*Children's Act [No. 38 of 2005]*, 2006, p90). Adolescents should be allowed to receive gender-affirming care provided they meet the criteria outlined in the medical treatment statute. The criteria are as follows:

> "(2) A child may consent to his or her own medical treatment or to the medical treatment of his or her child if-
>
> (a) the child is over the age of 12 years; and
>
> (b) the child is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the treatment.
>
> (3) A child may consent to the performance of a surgical operation on him or her or his or her child if-
>
> (a) the child is over the age of 12 years; and
>
> (b) the child is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the surgical operation; and
>
> (c) the child is duly assisted by his or her parent or guardian." (*Children's Act [No. 38 of 2005]*, 2006, p90)

The law cannot be conditional in situations like these. Either the adolescents possess the maturity and autonomy to consent to medical care and surgeries, like gender-affirming care and TOP, which have physical and psychological effects to the adolescent, as well as affect the community's flourishing, or they do not. There will continue to be injustice as long as certain children are afforded the privilege to choose, whilst others are refused. Therefore, refusal or delaying provision of gender-affirming care is unethical on the basis of justice. The "compatible

with the law" requirements of justice cannot be met, due to the inconsistencies.

Ubuntu's commitment to equal access extends beyond the realm of healthcare. It encompasses educational and economic opportunities, recognizing that these avenues are essential for personal development and growth. I contend that gender-affirming care enhances the mental and emotional well-being of transgender adolescents, allowing them to focus on their education and career aspirations. Therefore, I argue that denying access to this care can result in significant setbacks in these areas, hindering the potential contributions of these individuals to the community. Furthermore, I contend that, by providing gender-affirming care, South Africa, and any society that values Ubuntu philosophy, ensures that transgender adolescents have the chance to flourish academically and professionally. This not only promotes individual well-being but also contributes positively to the community's development and growth. In essence, gender-affirming care becomes a catalyst for creating a more just, inclusive, and vibrant society—an embodiment of Ubuntu's core values.

In conclusion, Ubuntu philosophy's commitment to equality and social justice is unwavering. It envisions a society where all communal persons have equal access to opportunities, resources, and respect. Gender-affirming care, by ensuring equal access to healthcare services that align with an individual's gender identity, exemplifies Ubuntu's principles of justice and equality in action. It levels the playing field, dismantles unjust systems, and fosters the well-being of all community members, aligning seamlessly with Ubuntu's vision of a harmonious and equitable community. Through the provision of gender-affirming care, societies affirm their commitment

to the interconnectedness of all individuals within the Ubuntu community and uphold a moral obligation to promote the flourishing of all communal persons, regardless of their gender identity.

In summary, Ubuntu's core principle of interconnectedness and communal bonds underscores the importance of recognizing and nurturing the essence of transgender adolescents within the community. By providing gender-affirming care and validating their gender identities, society affirms the significance of these young individuals and fosters a profound sense of belonging and acceptance. This not only benefits the individual but also reinforces Ubuntu's emphasis on interconnectedness and the collective well-being of the community. Understanding the essence of transgender adolescents requires recognizing the unique challenges they face. Adolescence is a period of self-discovery and identity formation, and for transgender youth, this process often involves reconciling their gender identity with societal expectations and norms. Denying access to gender-affirming care can lead to emotional distress, anxiety, and depression. From an Ubuntu perspective, allowing these young individuals to access such care acknowledges their struggles and affirms their humanity. This affirmation contributes to their emotional and mental flourishing, aligning with Ubuntu's commitment to the well-being of all community members.

Furthermore, the provision of gender-affirming care is not only compatible with Ubuntu philosophy but also a moral obligation within this ethical framework. Gender-affirming care embodies the core principles of Ubuntu: interconnectedness, inclusivity, celebration of diversity, respect for autonomy, dignity, authenticity, and the promotion of equality. Therefore, by

providing comprehensive support to individuals seeking to align their gender identity with their lived experiences, gender-affirming care fosters the flourishing of communal persons and contributes to the well-being of the entire Ubuntu community. In embracing the principles of Ubuntu, societies have the opportunity to create a more inclusive, compassionate, and just world where all individuals, regardless of their gender identity, can live authentically and contribute to the interconnected web of human existence. The provision of gender-affirming care is not only a moral imperative but also a testament to the enduring relevance and wisdom of Ubuntu philosophy in our contemporary world. Through its alignment with Ubuntu principles, gender-affirming care stands as a beacon of hope, affirming the inherent worth and interconnectedness of all communal persons. If alignment with the principles of Ubuntu is not enough to show that gender-affirming care provision to adolescents ought to be a moral obligation. I also draw on the Ubuntu theory of right action as articulated by Metz (Metz, 2011, pp 532-559) (Metz, 2007) (Metz, 2012, pp 19-37).

In conclusion, providing gender-affirming care to transgender adolescents aged 12-17 in South Africa aligns with Ubuntu's theory of right action and Ubuntu’s principles of interconnectedness, mental and emotional well-being, inclusivity, respect for dignity, autonomy and authenticity, and promotion of equality. By recognizing and supporting the diverse identities within the community, South Africa not only upholds Ubuntu's values but also leads to a more compassionate, resilient, and flourishing society that benefits all of its members. This alignment with Ubuntu's principles and theory of right action represents a moral obligation to ensure the well-being and flourishing of transgender adolescents and the entire community. Therefore,

assuming I have argued my points sufficiently, according to Ubuntu there is a moral obligation to provide gender-affirming treatment to transgender adolescents aged 12-17 years old in South Africa. Thus, Ubuntu, not only supports the provision of gender affirming care to transgender adolescents aged 12-17 in South Africa. Rather, Ubuntu extends this passive tolerance to an active moral obligation of all of its members. The moral obligation reinforces that all members of the community ought to actively affirm transgender adolescents gender identities - whether it be socially, legally, psychologically, or medically – through the provision of gender-affirming care. I acknowledge that no matter how well my argument is portrayed there will naturally be valid objections to my claims. In the next chapter I will address these valid objections and provide counter arguments to them in order to strengthen my claims and thesis.

CHAPTER 6 - Response to Objections.

In order to strengthen the arguments I have made in defence of my thesis, I need to consider the significant counter arguments or apprehension to providing gender-affirming care to transgender adolescents, aged 12-17. In this chapter I will shine a light on these relevant objections to my argument. I will examine the literature of each objection. I will then address each objection and rebut them. Thus, fortifying my argument. Firstly, I will address the objection of (i)lack of maturity of adolescents aged 12-17. Secondly, I will address the objection of (ii)possibilities of regret, indecisiveness, or adolescent's phase. Thirdly I will address the objection of (iii)societal influence and the glamorisation of gender incongruence. Lastly, I will briefly address the objection of (iv)sterilisation of adolescents. Having mapped out this chapter, I turn now to address the first objection: Lack of maturity of the adolescent brain.

(i)Lack of Maturity of The Adolescent Brain.

There is relevant literature on the decision-making capacity of adolescents, specifically, their ability or lack of ability to fully understand and make the decision to undergo gender-affirming care. According to some adolescents' cognitive and emotional development may not fully equip them to make informed decisions about gender-affirming care (Levine and Abbruzzese, 2023, pp 117-118). Proponents of this argument suggest that because adolescents are still developing cognitively and emotionally, they may not be able to fully comprehend the long-term consequences and risks associated with medical interventions such as hormone therapy or gender -affirming surgeries. Adolescents' prefrontal cortex, responsible for impulse control, decision-making, and emotional regulation, is not fully developed until their mid-20s, which may limit

their capacity to fully understand the long-term consequences of gender-affirming care decisions (Casey, Getz, and Galvan, 2008, pp 62-67). During the 12–17-year age the adolescent brain is undergoing immense developmental changes which have profound effects on decision-making competence. Thus, adolescents are stereotypically viewed as being irrational and impulsive, qualities which do not promote decision-making capacity. Competency requirements include the mental capacity to make decisions, and the ability to be accountable for the decision in the specific situation. Thus, one can essentially be mentally able to make a reasonable decision, but a certain situation can reduce or increase a person's competence (Grootens-Wiegers, Hein, Van Den Broek, *et al.*, 2017, pp 1-3). Therefore, both the adolescents decision-making capacity and situational context ought to be assessed before they have decision-making competence.

However, I claim that brain development is individualistic. Therefore, blanket statistics cannot be applied to all adolescents as each adolescent will develop at their own rate. This will directly influence their decision-making capacity. According to Grisso et al, decisional making capacity can be defined as "four standards which have to be met: expressing a choice; understanding; reasoning; and appreciation" (Grisso, Appelbaum and Hill-Fotouhi, 1997, p1415). All four standards have to be met in order for a patient to be considered to have sufficient decision-making capacity. The MacArthur Competence Assessment Tool (MacCAT) is a clinical tool which assesses the required standards above. In 2021, A study was done to assess the medical decision-making capacity in transgender youth. The study found that "by using the MacCAT-T and clinicians' assessments, 93.2% and 89.2%, respectively, of the transgender adolescents in this study were assessed competent to consent for starting Puberty suppressants." (Vrouenraets *et*

al., 2021, p1). The use of this study does not provide evidence as a hard fact that transgender youth all possess decision-making capacity. However, I intend to use merely to show plausible doubt on the blanket absolute objection that transgender adolescents do not possess decisional making capacity.

In addition to this, Grootens-Wiegers et al, consider situational circumstances as a means that affects maturity. Exposure, or lack thereof, to hardships, can develop a child's brain. Thus, elevating their competent decision-making capacity (Grootens-Wiegers, Hein, Van Den Broek, *et al.*, 2017, pp 1-3). This aligns with the acknowledgement of life experience and quality of life, briefly mentioned in the article 'Autonomy of the child in the South African context: is a 12-year -old of sufficient maturity to consent to medical treatment?' by Ganya (Ganya, Kling and Moodley, 2016, pp 5-7). Miller et al, identified four groups of situational aspects that affect competency of a child outside of the decision-making capacity. The four groups are child factors, parent factors, clinician factors and situational factors (Miller, Drotar and Kodish, 2004, pp 255-257). The child factors consist of cognitive development as discussed in decision making capacity, as well as experience. A child's life experiences can cause them to be more aware and cognisant and as a result more competent. The quality of life experienced by the adolescent will also adjust their decision-making capacity and competency (Halpern-Felsher, Baker and Stitzel, 2016, pp 157-162)

Therefore, it is plausible that the circumstances, some or even most, transgender adolescents face and their quality of life, fast-tracks their cognitive development. Therefore, their decision-

making capacity may be more adult and mature at a younger age. Moreover, a child's life experiences can cause them to be more aware and cognisant and as a result more competent. I contend that is possible, traumas and inadequate quality of life experienced by transgender adolescents – as explained in the previous chapter - forces them to cognitively develop and mature at a faster rate than cisgender adolescents. As a result of their gender incongruence condition, they are forced to address complex societal issues at a young age. They are forced to navigate and attempt to understand issues such as patriarchy, sexism, gender fluidity and mental health, far before their cisgender peers. Thus, making them more competent at an earlier age (Bockting *et al.*, 2016, p188). While this is not likely to apply to all transgender adolescents, it does give us reason to think that many of them are mature enough to make these decisions.

Parents and medical practitioners can influence the child's competence with their attitude towards the child and the decision-making process. I argue that dismissal of a transgender child's needs to assimilate into their psychological gender is paternalistic. By using the argument of lack of maturity the medical practitioners and parents are failing to acknowledge and support their child's psychological and physiological condition of gender incongruence. Furthermore, I argue that they are enforcing their own beliefs onto the adolescents whilst dismissing the adolescents' lived experiences, well-being and developing autonomy. Therefore, I am of the view that the lack of maturity objection is paternalistic, as is merely delaying the provision of gender-affirming care until adulthood, for the comfort of the parents and medical practitioners. I posit that in some cases the lack of maturity argument can be used too easily by parents or guardians, as a convenient way of imposing their ideals onto the child since they are uncomfortable. Parents

or guardians can too easily claim immaturity, even when invalid, and use it as a spurious excuse for not respecting the adolescents' choices. Adolescents that are supported develop a positive cognitive understanding of themselves. Whereas, adolescents that are not supported, develop a repressive and isolated understanding of themselves. Finally, situational factors such as, the type and complexity of the decision affect the competency (Alderson, 1992, pp 121-123).

These situational factors uphold that a blanket term of maturity and competency cannot be enforced. Maturity and competency are case by case dependent and as a result ages of decision-making competency fluctuates across adolescents. Much like a blanket term of maturity and competency cannot be used. A blanket term and age for immaturity and lack competency cannot be used. Thus, it cannot be said that adolescents aged 12-17 do not have the maturity and decisional capacity to understand the implications of undergoing gender-affirming care. Depending on the individual case factors, an adolescent can have the ability to understand. Furthermore, comparisons of other maturity situations demonstrate inconsistencies. An adolescent cancer patient can be deemed mature enough to deny treatment, essentially willingly causing his/her death (Caplan, 2007, pp 57-59). They are afforded this maturity as a result of the hardships and lived experiences they have had to endure. Thus, why are transgender adolescents not afforded the same privilege of circumstantial maturity? Human beings are individualistic and cannot be grouped into one age gap of incompetent decision-making capacity, without addressing all factors. Thus, the ageist immaturity argument is erroneous. Assuming I have addressed this objection sufficiently, I now turn to address the second objection: possibility of regret.

(ii)Possibility of Regret

The lack of maturity counterargument is rooted in the fear of regret of post-treatment. Regret, indecisiveness, and impulsive phases are all hallmark characteristics of adolescence. Which is why critics are apprehensive when it comes to permanent irreversible decisions made by teenagers. Permanent and irreversible decisions such as undergoing gender-affirming care in adolescence. I have given an in-depth account of the possibility of regret objection in chapter two. In this subchapter I will focus on the main claims made by my opponent and make arguments in my defence.

I contend that these three characteristics, regret, indecisiveness, and impulsiveness, are linked to capacity, maturity, and competency. Thus, these possibilities will be investigated and evaluated prior to the provision of irreversible gender-affirming care. If possibility of regret, indecisiveness, or adolescent phases is prevalent the provision of irreversible gender-affirming care will not be approved. However, I posit that this objection does not give medical practitioners the right to refuse the provision of gender-affirming treatment as a whole to transgender adolescents. As discussed in chapter one, irreversible gender-affirming medical care procedures (such as masculinizing or feminizing surgeries) are the final steps of the gender-affirming care treatment process. Therefore, provision of reversible gender-affirming medical care (such as puberty blockers or hormonal treatment) to transgender adolescents should still be provided. I argue that, even in the circumstance of regret the adolescents can merely stop taking

the medical treatment (puberty blockers or hormonal treatment) and they would revert back to the "normal" biological development of their physical sex. Not only this but, the transition process is lengthy, when conducted thoroughly and with positive communal and familial involvement. There is a high probability of it outlasting any "adolescent phases." Thus, preventing the possibility of the transition being deemed as an indecisive decision or a phase (Kimberly *et al.*, 2018, pp 2-3).

Furthermore, a meta-analysis of prevalence of regret across multiple studies was done. The results showed that of "a total of 27 studies, pooling 7928 transgender patients who underwent any type of GAS (Gender-Affirming Surgery), were included. The pooled prevalence of regret after GAS was 1%" (Bustos *et al.*, 2021, p2). Moreover, in most cases, the causes of regret were due to other factors. The leading causes of regret are inadequate social and legal affirmation, psychiatric disorder comorbidities, poor psychological and psychiatric assessment, and dissatisfaction with aesthetic or functional outcome of the gender-affirming surgeries. The essence of gender incongruence remained (Landén *et al.*, 1998, pp 287-288) (Lawrence, 2003, p299). Due to the lack of quantitative African research done on this topic, I am forced to use American statistics. I believe this quantitative research can be applied loosely in an African context. I argue if a person is inherently gender incongruent as a result of physiological and psychological causes, it will not be regretted. However, the aesthetic outcome of procedures may not be satisfactory, which can cause regret.

A second common misconception involving gender incongruence, provision of gender-affirming care to adolescents, and possibility of regret is that it will be outgrown. Focusing on gender incongruence, specifically in adolescents, statistics show that gender incongruence does not lessen or deteriorate over time. The "Trans Youth Project," done by Princeton University, proved that 94% of the study population continued to identify as transgender. "The study included 208 transgender girls, and 109 transgender boys, with an average age of 8.1 years old at the beginning of the study. After 5 years, 94% of the study population continued to identify as transgender" (Mastroianni, 2022, n.p.). Despite this study not targeting the exact age group I am focusing on; it is still relevant to show that most cases of childhood gender incongruence are not a phase, as the children in question are inherently transgender of gender incongruent. Moreover, they are gender incongruent due to physiological and embryological causes, not due to adolescent phases or whims. As a result of the lack of quantitative African research done on this topic, I am forced to use American statistics. I believe this quantitative research can be applied loosely in an African context. The exact percentages may differ, however the concept that a person is inherently transgender or gender incongruent, thus the large majority of cases will continue to be transgender or gender incongruent, still applies. Having addressed the objection of regret and adolescent phase, it is important to acknowledge why there is a possibility of sudden onset gender incongruence being an adolescent phase. I claim that this is the result of societal and social media influence.

(iii)Society Influence.

It is purportedly argued that young individuals may be influenced by societal or peer pressure, and their decision-making may not be as informed as that of adults (Gioia, 2017, pp 101-105). Some also express concerns about the potential for regret later in life. The involvement of peer or society influence contributes to the objection of possibility of regret, as discussed above. It is no secret that despite the deep heteronormative norms in society, over the past 10 years or so there has been a massive shift in society. The newer and more accepting generation has coined the term "woke." "woke" was derived from the notion of being awake and aware of issues or stigmas in society (Luk, 2021, n.p.). This "wokeness" has extended to issues such as gender, sexism, racism and disablism, just to mention a few. The "woke" generation normalises gender issues such as transgenderism. Despite this having an accepting and positive effect on the world as a whole, critics purportedly posits that through social media and the "woke" attitude, mental health conditions have become glamorized rather than merely accepted (Brooks, 2020, n.p.). In the article "Mental Disorders: A Glamorous Attraction on Social Media?" Jadayel et al wrote: "Being anorexic is now foreseen as being in control, anxiety disorders are being portrayed as cute, and depression is seen to reflect intellect and depth. The problem is snowballing, and since there is little control over what is being posted, such ideas have created tribes that share and promote a fake image of some very serious and delicate mental health issues" (Jadayel, Medlej and Jadayel, 2017, p468). This purported glamorisation of mental health issues extends to the gender incongruent spectrum of conditions. Especially in adolescents there is an extensive desire to "fit in." Thus, the glamorization of gender incongruence and transgenderism may cause adolescents who are not inherently gender incongruent to identify as such, for the purpose of fitting into a group with inherently gender incongruent peers. While acknowledging that the

phenomenon of 'wokeness' and the portrayal of gender incongruence as trendy and glamourise might predominantly pertain to a relatively small demographic of affluent, predominantly English-speaking, Westernized adolescents and their respective families and communities. However, it is within these specific groups that issues related to gender incongruence are emerging and gaining prominence. Hence, I contend that despite the limited scope of this objection and its subsequent rebuttal, addressing this phenomenon remains a valid focal point of discussion.

A study of the prevalence of sudden onset of gender incongruence in adolescents was done. In the study “Parent Reports of Adolescents and Young Adults Perceived to Show Signs of A Rapid Onset of Gender Dysphoria” (Littman, 2019, p2) a total of 256 surveys completed by parents were considered for this study. The adolescents discussed in the surveys were primarily born female (82.8%), and their average age was 16.4 years when they participated in the survey. They typically identified as transgender at around 15.2 years of age. According to the information provided by parents, 41% of these had identified as non-heterosexual before recognizing their gender incongruent identity. This 41%, I contend, are inherently gender incongruent as they identified as non-heteronormative prior. Before experiencing gender dysphoria, many of these (62.5%) had already been diagnosed with one or more mental health disorders or neurodevelopmental disabilities, with diagnoses ranging from none to as many as seven. This 62.5%, I contend, have the possibility of the mental health disorders being the underlying cause of the gender incongruence as opposed to inherent gender incongruence. Therefore, these cases would require further exploration. However, they should never be dismissed- I will explain and

expand on this later. In 36.8% of the described friendship groups, parents noted that the majority of their members also identified as transgender. This 36.8%, I contend, would have fallen victim to the desire to fit in and as a result suddenly developed a gender incongruent persona, as means to assimilate with their friends. Parents reported that since they "came out" as transgender, their children's mental health had deteriorated (47.2%), and the parent-child relationships had become strained (57.3%). Additionally, exhibited various behaviours, such as expressing mistrust toward non-transgender individuals (22.7%), reducing contact with non-transgender friends (25.0%), attempting to distance themselves from their families (49.4%), and exclusively relying on transgender sources for information about gender dysphoria (46.6%). Most parents (86.7%) reported that, in conjunction with the sudden onset of gender dysphoria, their child either increased their use of social media and the internet, associated with a friend group in which one or more friends also identified as transgender during a similar period, or both. Therefore this 86.7% have a high likelihood of the glamorization of transgenderism being the cause of their gender incongruence. As opposed to being inherently gender incongruent.

On the surface this study appears to give validity to the objection of society’s influence and glamorization of transgenderism. I acknowledge that based on the evidence it is indeed a prevalent issue, which will cause a percentage of adolescent’s gender incongruence presentations. Furthermore, I agree that, if adolescents under the influence of societal glamorization undergo gender-affirming care there will be regret or detrimental effects to the adolescent. Unfortunately, I do not see a manner in which society can decrease the glamorization on social media without demonizing or demoting gender incongruence as a whole. This would

lead to an array of other issues which I will not be able to cover in this topic. So, if deglamorization leads to demonization and worsening the stigma of gender incongruence, is there a solution where everybody wins?

I rebut this objection on the basis that gender incongruence is inherent. As I have argued in chapter two, gender incongruence is a physiological and psychological condition with embryological cause. Therefore an adolescent that is inherently gender incongruent, will express gender incongruent mannerisms from a young age (Olson *et al.*, 2015, pp 375-376). At present, it is imperative to draw attention to the reservations voiced by certain parents opposing gender-affirming care, citing concerns over social contagion. Several of these parents dismiss any initial indications of gender incongruence in their children, maintaining that the manifestation of such incongruence occurred suddenly and in parallel with their peers' experiences. However, it is plausible to entertain a theoretical framework proposing that early indicators may have been observable but were relegated as trivial childhood conduct. As these children mature and begin to articulate their gender identity and essence more explicitly, these parents interpret it as an abrupt disclosure influenced by external peer dynamics. This dismissal of early signs of gender incongruence may be attributed to society's steadfast adherence to the gender binary. For instance, when a five-year-old boy expresses a desire to wear a dress, it is often trivialized and deemed frivolous rather than recognized as a sincere manifestation of gender identity and essence. In this context, the idea of a young boy donning a dress deviates from the norms of heteronormativity and the gender binary, leading parents, and society to perceive it as a trivial childish whim rather than a serious expression. While I acknowledge that in some cases, such

behaviour may indeed be transitory and trivial, I maintain the belief that in other cases, it might signify a genuine expression of gender incongruence. Such expressions cannot be casually dismissed or relegated to oblivion in the subsequent years.

Furthermore, children reared in communities lacking an ethos of acceptance, diversity, and celebration of intrinsic individual essence, as exemplified in an Ubuntu-based environment, may come to recognize that their distinctive gender identities are deemed unacceptable within a heteronormative and gender binary setting. Consequently, this realization may prompt gender incongruent adolescents to conceal their true selves from both their familial and communal circles, perpetuating the erosion of intimate bonds shared among family members and community cohorts. The adolescent, feeling compelled to conform to societal expectations, might resort to adopting a façade or assumed persona to garner acceptance from their social milieu or immediate family. I assert that this contravenes the fundamental principles of Ubuntu, as expounded in the preceding chapters. The innate worth, dignity, and essence of gender incongruent adolescents remain obscured rather than celebrated, impeding the cultivation of empathy and compassion towards their struggles as they grapple with their identity. Regrettably, the community's failure to establish a secure and accepting space may styme the fostering of solidarity, collaboration, and cooperation, thereby negating the celebration of diversity within the community. Ultimately, the community inadvertently reinforces exclusive ideologies rather than actively rejecting them. Consequently, by neglecting to create a communal sanctuary where gender incongruent adolescents can openly express their intrinsic gender identity and confront their challenges, the foundational tenets of Ubuntu, as delineated in this discourse, are

compromised. Consequently, the growth and prosperity of the community and its constituents are impeded.

I contend that, if the adolescent is raised in an accepting positive home environment, where they feel comfortable and accepted for who they inherently are, their essence. If and only if they are raised in this environment, an Ubuntu lead community as described in chapter four, their essence will be celebrated. Thus, they will show their gender incongruence from an early age. Display of gender incongruence from an early age will prevent the glamorization of transgenderism from being seen as the cause of their gender incongruence. Display of gender incongruent mechanisms, from a young age, will also prevent the sudden shock to parents. It will also increase the chances of a positive reaction to the adolescent "coming out" as transgender or gender incongruent. Therefore, I contend that the entire adolescent's life needs to be taken into consideration. I agree that a child raised in an accepting community, who suddenly identifies as gender incongruent, has fallen victim to the glamorisation of transgenderism on social media or amongst their peers. Therefore, I argue that the child should undergo extensive psychological therapy prior to provision of gender-affirming care. However, the adolescent's gender incongruence, no matter the cause, should never be dismissed. Moreover, I argue that if the child does present with sudden onset gender incongruence and shows significant desire or interest in gender-affirming care, the reversible care should be initiated. I say this because despite there being the possibility of society influence being the cause of this adolescent's sudden gender incongruence; there is also the possibility of inherent gender incongruence being the cause too. Furthermore, if inherent gender incongruent is the cause and is dismissed the effects on the child

will be detrimental.

In addition to this, I am of the view that an adolescent without need of attention or help will not create an untrue gender incongruent persona. Adolescents are exploring their identities, trying to make sense of who they are and how they fit into the world. It is crucial to recognize that the expression of gender incongruence during this period might not be a simple quest for fitting in. Instead, it can be a sincere expression of inner turmoil and a cry for help. It is important to approach this with empathy and understanding rather than scepticism. I submit that there is a possibility of being an underlying issue that made the adolescents create their gender incongruent persona. Gender incongruence in adolescents could be an indicator of deeper emotional or psychological issues. Rather than dismissing it outright, I argue that the parents and community should consider the possibility that there are underlying factors contributing to their feelings. These underlying factors could be related to their personal experiences, family dynamics, or past trauma. To address these issues effectively, it is crucial to acknowledge and validate the child's gender identity struggles. Moreover, I argue that if the parents and community do not give validity to the child's claims but rather dismiss them as societal influence or adolescents phase, the root underlying cause of the transgender presentation will remain unknown. When parents and communities dismiss a child's claims of gender incongruence as mere societal influence or a phase, they run the risk of overlooking potential mental health concerns or emotional distress. By not providing validation and support, they may inadvertently prolong the child's suffering and hinder the identification of the root causes of their distress. I argue that the parents and the community ought to acknowledge the child's feelings of gender incongruence and allow the

child to express those feelings. The community and parents should actively encourage and support the adolescents to explore their gender incongruent persona. Instead of scepticism, parents and communities should actively acknowledge a child's feelings of gender incongruence and create an environment where the child feels safe expressing themselves. This validation is a crucial first step in helping adolescents explore their gender identity. It communicates that their feelings are legitimate and worthy of attention. As described in chapter one and two, psychotherapy is one of the initial steps in the gender-affirming care regimen. I argue that by initiating gender-affirming care the adolescent can receive psychotherapy needed. Psychotherapy can play a vital role in uncovering the underlying causes of gender incongruence in adolescents. A trained therapist can help the child explore their feelings and experiences, potentially revealing any contributing factors. This understanding is essential for informed decision-making about gender-affirming care and mental health support. Moreover, by initiating gender-affirming care – despite the sudden onset presentation – the adolescent will feel acknowledged and heard. This can contribute to the adolescent's comfort in confiding in medical practitioners, parents, or guardians about what they may be experiencing. This will allow the root cause to be uncovered if the gender incongruence is indeed due to an underlying mental health condition.

Therefore, I claim that understanding gender incongruence in adolescents requires a compassionate and open-minded approach. I acknowledge the objection that in today's society in a small percentage of adolescent gender incongruent cases, the cause could be the glamorization of gender incongruence accompanied by the desire to fit in. However, it is inadequate to dismiss their expressions as solely attention-seeking or societal influence merely because they fit into the adolescent age gap. Adolescents who express gender incongruence may be grappling with complex emotions and underlying issues. To truly help them, parents and communities must

provide validation, support, and access to mental health services. Through these means, the root causes of gender incongruence can be revealed, understood, and appropriately addressed, ultimately promoting the well-being, and flourishing of the adolescent. Therefore, I maintain that the solution where everybody wins – as I posed it before – is the provision of gender-affirming care to transgender adolescents. The "inherently" gender incongruent adolescents are sifted out from the "underlying mental health condition" and the "fitting in" gender incongruent adolescents. However, all of them are addressed, acknowledged, heard, and helped – a win win. Assuming I have addressed the aforementioned three objections sufficiently, I now turn to the final objection. One that I contend is the contributor to all previous objections, the objection of sterilisation.

(iv)Sterilisation

All of the above-mentioned objections of immaturity, regret, and social influence are all linked to one main fear for adolescents undergoing gender-affirming care, the fear or objection of sterilisation. A considerable counterargument is the fact that gender-affirming care can result in the sterilization of the patient. Infertility in trans-women is caused by orchiectomy. Whereas hysterectomy and oophorectomy eliminate the chance of pregnancy in trans-men (Bizic *et al.*, 2018, pp 4-5). This is a fair and valid counterargument to the allowance of gender affirming care in adolescents, if and only if, it is applicable to the specific case being discussed. It is a fact that not all gender affirming surgeries result in complete sterilization. If they undergo fertility preservation mechanisms (Kyweluk, Sajwani and Chen, 2018, pp 402). Despite the mechanism of fertilisation, gestation and birth being different to the so-called "natural" mechanisms, the

adolescent is still biologically and genetically the transgender person's offspring. Thus, I claim that they are not truly sterile. In this subchapter I will navigate the objection of sterilisation of transgender persons undergoing gender affirming care and demonstrate that it is not grounds for refusal of gender-affirming care. In order to do this, I ought to specify that this objection of sterilisation is only applicable to the irreversible forms of gender-affirming care.

I reason that the administration of puberty blockers is a reversible treatment in gender-affirming care. Therefore, the objection of sterilisation cannot be used against the provision of puberty blockers. Puberty blockers, also known as GnRH agonists, are used to delay the onset of puberty. They are considered reversible because when treatment is stopped, puberty typically resumes its natural course. A study by Hembree et al. states that the use of puberty blockers alone does not typically lead to sterility (Hembree *et al.*, 2017, pp 3869-3872). Moreover, the administration of hormonal treatment such as testosterone may cause temporary sterility or permanent sterility. Hormonal treatment in transgender adolescents typically involves the administration of gender-affirming hormones such as testosterone for transgender males or oestrogen for transgender females. These hormones can lead to several physical changes, including changes in reproductive anatomy and function. These changes may result in temporary or permanent sterility. A review by De Roo et al (De Roo *et al.*, 2016, pp 113-116) discusses the effects of gender-affirming hormones on fertility and emphasizes the importance of counselling transgender individuals about fertility preservation options before starting treatment.

However, I contend that the objection of sterilisation can only be applied if and only if the specific case in question calls for sterilisation to be of concern. If sterilisation is not a concern in the case in question, then this objection to provision of gender-affirming care becomes invalid. Furthermore, I argue that gender-affirming care, including puberty blockers and hormones, is not inherently sterilizing. Puberty blockers, in particular, are considered reversible, meaning that when treatment is discontinued, puberty resumes its natural course, and fertility is typically preserved (Hembree *et al.*, 2017, pp 3869-3872). While hormonal treatment can lead to changes in reproductive anatomy and function, it does not always result in permanent sterilization. The impact on fertility varies among individuals, and some may still retain the ability to have biological children after discontinuing treatment (De Roo *et al.*, 2016, pp 113-116). Moreover, transgender adolescents who are concerned about fertility preservation have options available to them. These options may include sperm or egg banking, depending on their gender identity and reproductive goals. These methods can allow individuals to have biological children in the future (Rodriguez-Wallberg *et al.*, 2023, pp 11-13). In addition to this point, I contend that the adolescent in question has undergone extensive psychotherapy prior to hormonal initiation. Therefore, they are educated and cognisant of the possible effects of gender-affirming medical treatment. I contend that it is essential to recognize that the effects of gender-affirming care can vary from person to person. Factors such as the duration of treatment and individual biology play a role. Some individuals may experience reversible changes, while others may undergo permanent changes in reproductive function. However, in all cases, extensive and inclusive psychotherapy has been done with the child, parents, and community. Therefore, I argue that all persons are aware and understand the possible outcomes and risks of undergoing these

treatments. Moreover, they should have been deemed cognisant and educated enough to receive circumstantial autonomy, as explained above. Thus, meaning they have satisfied the various competency assessments and are deemed to be competent, cognisant, and have decisional capacity. This being said, I have emphasized the individuality of this topic. Each gender incongruent adolescents experience of their inherent gender identity is unique and different. It is very plausible that some adolescents may be prepared to take on the sterilisation risk, even where it is high. The necessity of their transition may outweigh their possible future necessity to have biological children. Thus, a nuanced and individualistic approach to issues such as these should always be applied.

In conclusion, the assertion that gender-affirming care, puberty blockers and hormonal treatment, necessarily leads to sterilization oversimplifies a complex issue. While these treatments can have an impact on fertility, they do not uniformly result in permanent sterilization. Transgender adolescents have options for fertility preservation, and the effects of treatment are highly individualized. It is critical to provide accurate information and support for informed decision-making regarding gender-affirming care and fertility preservation. Therefore, the objection of sterilisation can only be applied if and only if the specific case in question calls for sterilisation to be of concern. If sterilisation is not a concern in the case in question, due to fertility preservation, then this objection to provision of gender-affirming care becomes invalid. However, I do acknowledge that the objection of sterilisation has more validity when argued in the context of irreversible gender-affirming care provision to adolescents. Thus, I ought to address this objection in the context of gender-affirming surgeries.

Gender-affirming surgeries permanently alter the adolescent's anatomy and can cause sterilisation by removal of their reproductive organs. In the case of transmen (physical sex female transitioning to male) a hysterectomy or genital reconstruction with vaginal occlusion, makes gestational pregnancy no longer possible. However, Transgender males can maintain their fertility by not receiving a hysterectomy and only receiving Radial forearm phalloplasty or metoidioplasty conversion of clitoris into a penis and testicular implants (South African HIV Clinicians Society, 2021, pp 59-62). Therefore, by means of external fertilisation and implantation pregnancy can occur in trans males. Furthermore, dependent on whether vaginal occlusion occurs or not a transgender male can carry a child to term and deliver it via C-section or vaginal birth. This in conjunction with hormonal treatments can promote masculinization without losing the adolescents fertility and ability to have a child. Therefore, not all gender-affirming surgical treatments result in sterilization (Cheng *et al.*, 2019, pp 212-214). I argue that each case ought to be focused on individually and if the sterilization argument is not applicable to an individual case it is considered an invalid counterargument for that case. However, a further objection to my rebuttal is the transgender patient's psychological reaction to a pregnancy. It is possible that pregnancy can worsen an individual's gender incongruence (Light *et al.*, 2014). However, I argue that, through means of an individualistic approach, this factor can be fully explored and discussed by both professionals of the field and those that are familiar with the case.

Furthermore, gender-affirming surgeries will result in physical inability to have children in the historically "natural" way. However, there are other options available to transgender persons who wish to have their own biological child. Fertility preservation is an option that I pose ought to be involved in the initiation of gender-affirming care. Fertility preservation is the process of "freezing" a person's eggs, sperm or reproductive tissue. For the purpose of possibly using them to conceive a child by in vitro fertilization (The World Professional Association for Transgender Health, 2012, pp 50-51). The adolescents' desire for biological children ought to be fully assessed based on current and historical events in their life. If the adolescents are unsure or claim they do want the possibility of biological children; It is the urologist and gynaecologists' moral obligation to advise, promote and perform fertility preservation. There are diverse options available. If the adolescent is prepubescent cryopreservation of ovarian tissue or testicular tissue can occur. For transgender males' cryopreservation of oocytes, embryos and uterus is possible. for transgender females' cryopreservation of sperm or embryos and uterus transplantation are possible (Murphy, 2012, pp 311-313). All of the above methods enable transgender persons the possibility of having a biological child. Thus, if and only if, fertility preservation promotion is an aspect of gender-affirming care initiation; sterilization is an invalid counter argument as transgender persons will still possess the ability to have a biological child.

There are various arguments against fertility preservation. Some of which extend beyond the scope of this essay such as ethical considerations surrounding cryopreservation of embryos and biobanks as a whole. However, I will briefly address two counter arguments. Firstly, the psychological distress that can be inflicted on a transgender female during male masturbation.

Secondly, the financial cost of fertility preservation. Forcing male masturbation onto a transgender female, for the purpose of fertility preservation, can cause significant distress and worsen their gender dysphoria. To this, I agree with and pose the argument that it is not necessary to enforce this process. Sperm retrieval from the testes is possible if the impact of the easier option (masturbation) is too great. Secondly, the cost of fertility preservation is what both patients and medical practitioners object to. However, I argue that, ultimately the costs of failure to provide fertility preservation would outweigh the cost of fertility preservation. I will show this point by using two hypothetical scenarios. In the first scenario, the now adult patient does not wish to have children in which case the preserved biological matter and the future costs of fertility preservation can be terminated. However, in the second scenario, the now adult patient does want children and fertility preservation was not included in the gender-affirming care provision. The patient could sue for medical negligence, as the medical practitioner essentially 'sterilised" an underdeveloped adolescent. These lawsuit costs would far outweigh the fertility preservation costs (Aevitas Fertility Clinic, 2019, p8). Therefore, by inclusion of fertility preservation assessment and promotion into the gender-affirming care regimen, it places the patient and the medical practitioners in no worse off financial position. However, failure to include fertility preservation to a universal gender-affirming care regimen, may place medical practitioners and patients in a worse off financial position.

Furthermore, as I explained in chapter three, there is no moral principle or ethical duty for persons to reproduce and have biological children according to Ubuntu. Moreover, the decreasing of the birthrate, by reducing procreation or by adoption, promotes the flourishing of

the community by favouring social, economic, and environmental outcomes. Nuances such as individuality must be appreciated and considered. Not every single transgender person wants to have a child. Those that do wish to have a child may not want biological children. Adoption is just as much available to transgender persons as it is to cisgender persons who cannot conceive. In addition to this adoption methods may be preferred over biological methods by some transgender individuals. Preference of adoption may be due to the binary nature of procreation, thus, worsening their gender incongruence. In the article "Reproductive health in transgender and gender diverse individuals: A narrative review to guide clinical care and international guidelines" by Rodiguez-Wallberg et al, a meta-analysis of reproductive healthcare issues of transgender persons was conducted and surmised:

> "Two studies recently conducted in the United States (cumulative age range 9 -21 years) showed that <5% opted for FP [fertility preservation] (Chen *et al.*, 2017, p121) (Nahata *et al.*, 2017, p42). Reasons for declining FP included preference for adoption and/or no desire to be a parent (Nahata *et al.*, 2017, p42). Similarly, none of the transgender youth (12–18 years of age) surveyed in a Canadian study had attempted FP (Chiniara *et al.*, 2019, p739). In a survey among 25 transgender youth (13–19 years of age) and their parents, none had preserved fertility and 92% reported learning about GAHT [gender-affirming hormonal therapy]-related fertility risks online (Strang *et al.*, 2018, p128). Although many of these youth endorsed a desire to have a child, few (24%) expressed desire to have their own genetically related child, yet many acknowledged that their feelings about having a biological child might change in the future" (Rodriguez-Wallberg *et al.*, 2023, p13).

Thus, individuality should be considered and promoted, which is fully achieved only by the individualistic nature of the provision of gender-affirming treatment. As opposed to, the refusal or delaying of all gender-affirming treatments, based on the blanket statement of the risk of sterilisation.

In conclusion, the argument against gender-affirming surgeries and treatments, citing potential sterilization as a counterargument, must be evaluated on a case-by-case basis. Sterilization is a valid concern for some individuals undergoing gender-affirming care, particularly when certain surgeries are involved. However, this concern should not be applied universally, as not all gender -affirming treatments result in sterilization. The objection related to a transgender patient's psychological reaction to the possibility of pregnancy is an important consideration. However, it underscores the necessity of individualized care and thorough psychological assessment, allowing healthcare professionals and patients to collaboratively explore and discuss these concerns. Moreover, fertility preservation options are available and should be integrated into the initiation of gender-affirming care. These methods provide transgender individuals with the possibility of having biological children in the future, addressing the concern of sterilization, and ensuring reproductive choices are respected. Arguments against fertility preservation, such as psychological distress and financial costs, should be weighed against the potential consequences of not providing this option. Failure to include fertility preservation in gender-affirming care can result in legal ramifications and may place both patients and medical practitioners in a worse financial position. Ultimately, Ubuntu’s principles of individuality call for a nuanced approach to gender-affirming care. Not every transgender person desires biological children, and adoption or

alternative methods may be preferred. Therefore, the provision of gender-affirming care should prioritize individual needs and aspirations, ensuring that sterilization concerns are valid only when applicable, and reproductive options are accessible when desired.

I have addressed the objections of immaturity of the adolescent brain, possibility of regret, societal influence, and sterilisation. Assuming I have argued my rebuttals thoroughly, I have provided evidence that, despite being valid and relevant objections to the provision of gender-affirming care to transgender adolescents,' they are all, fundamentally individualistic objections. Therefore, these objections cannot be grounds for refusal, dismissal or delaying the provision of gender-affirming care to all transgender adolescents, aged 12-17. I concur that these objects may be applied to a percentage of transgender adolescents. Thus, grounds for refusal in those specific cases. However, these objections cannot be grouped together as reasons to deny provision of treatment to all transgender adolescents. Furthermore, as argued in Chapter Four and Five, Ubuntu celebrates the individuality of person's essence. I believe that the only manner to celebrate this individuality is to treat each patient as individuals. Therefore, blanket objections such as immaturity of the adolescent brain, possibility of regret, societal influence, and sterilisation, become erroneous if they cannot be applicable to an individual case.

CHAPTER 7 -Conclusion

In this dissertation I have argued for and defended my thesis that the cornerstone of Ubuntu is to recognize the humanity in others and promote flourishing. This involves recognizing and affirming persons in their essence. Thus, I have argued that Ubuntu does support the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years. In chapter two I demonstrated that gender incongruences etymology is linked scientifically to embryology. Thus, gender incongruence is a physical and psychological medical condition. Furthermore, gender-affirming care is medically necessary treatment and it is not cosmetic nor is it elective, it is rather reconstructive surgery to a birth defect.

In chapter three, I demonstrated that Ubuntu is not inherently heteronormative or committed to the gender binary, and that there exists no obligatory duty of procreation within the framework of Ubuntu philosophy in today's context. I have established what Ubuntu is not, the subsequent task is to present what Ubuntu truly embodies. This was established in chapter four, I showed that Ubuntu is inclusive and cannot be committed to the exclusive gender binary. I argued that common respect and celebration of a person’s humanity is the core of Ubuntu. Moreover, it is needed to cause the maximum interconnected communal flourishing, which is paramount. Ubuntu promotes interconnected communal flourishing through, recognition of intrinsic worth, dignity, and the core of persons above all else; cultivation of empathy and compassion; fostering of collaboration and cooperation; and celebration of diversity of all persons. As a result of this, Ubuntu rejects exclusivity concepts such as heteronormativity, patriarchy, racism, sexism, and binaries. Ubuntu rejects these concepts on the basis that they disrespect a minorities humanity

and identity. Thus, this account of ubuntu should, in theory, support the provision of gender-affirming care to transgender adolescents.

In chapter five I argued that providing gender-affirming care to transgender adolescents aged 12-17 in South Africa aligns with Ubuntu's theory of right action and Ubuntu's principles of interconnectedness, mental and emotional well-being, inclusivity, respect for dignity, autonomy and authenticity, and promotion of equality. By recognizing and supporting the diverse identities within the community, South Africa not only upholds Ubuntu's values but also leads to a more compassionate, resilient, and flourishing society that benefits all of its members. This alignment with Ubuntu's principles and theory of right action represents a moral obligation to ensure the well-being and flourishing of transgender adolescents and the entire community. Therefore, assuming I have argued my points sufficiently, according to Ubuntu there is a moral obligation to provide gender-affirming treatment to transgender adolescents aged 12-17 years old in South Africa. Thus, Ubuntu, not only supports the provision of gender affirming care to transgender adolescents aged 12-17 in South Africa. Rather, Ubuntu extends this passive tolerance to an active moral obligation of all of its member's. The moral obligation reinforces that all members of the community ought to actively affirm transgender adolescents gender identities - weather it be socially, legally, psychologically, or medically – through the provision of gender-affirming care. applied this account of Ubuntu and applied it to the context of gender-affirming care provision to transgender adolescents aged 12-17 in South Africa.

In order for my thesis to be as robust as possible I needed to consider relevant objections. This was done in chapter six, where I addressed the objections of immaturity of the adolescent brain, possibility of regret, societal influence, and sterilisation. Assuming I have argued my rebuttals thoroughly, I have provided evidence that, despite being valid and relevant objections to the provision of gender-affirming care to transgender adolescents,' they are all, fundamentally individualistic objections. Therefore, these objections cannot be grounds for refusal, dismissal or delaying the provision of gender-affirming care to all transgender adolescents, aged 12-17. I concur that these objects may be applied to a percentage of transgender adolescents. Thus, grounds for refusal in those specific cases. However, these objections cannot be grouped together as reasons to deny provision of treatment to all transgender adolescents. Furthermore, as argued in chapter four and five, Ubuntu celebrates the individuality of persons essence. I believe that the only manner to celebrate this individuality is to treat each patient as individuals. Therefore, blanket objections such as immaturity of the adolescent brain, possibility of regret, societal influence, and sterilisation, become erroneous if they cannot be applicable to an individual case.

Therefore, utilising this summery of all points concluded in each chapter, I can say that this dissertation has defended my thesis adequately. I have shown that that the cornerstone of Ubuntu is to recognize the humanity in others and promote flourishing. This involves recognizing and affirming persons in their essence. Thus, I have argued that Ubuntu does support the provision of gender-affirming medical treatment for transgender adolescents, aged 12-17 years. Furthermore, provision of gender-affirming care should be advocated for and be a moral obligation of health care professionals to provide, especially to the 12–17-year-old demographic as they are the most

in need of support and have a better prognosis of success and improvement to quality of life.

References

ADDIN Mendeley Bibliography CSL_BIBLIOGRAPHY Abbass, K. *et al.* (2022) 'A Review of The Global Climate Change Impacts, Adaptation, and Sustainable Mitigation Measures', *Environmental Science and Pollution Research*, 29(28), pp. 42539–42559. doi: 10.1007/s11356-022-19718-6.

Abrams, M. (2017) 'Sexuality Development and Developmental Psychology', in *Sexuality and Its Disorders: Development, Cases, and Treatment*. 1st edn. SAGE Publications Inc, pp. 161–202. doi: 10.4135/9781071801192.n9.

Aevitas Fertility Clinic (2019) *Egg Freezing - Frequently Asked Questions*, *Aevitas Fertility Clinic*. Cape Town. Available at: https://aevitasfertilityclinic.co.za/Resources/Aevitas Fertility Clinic - Egg Freezing FAQ.pdf (Accessed: 9 November 2023).

Agbaje, F. I. (2019) 'Colonialism and Gender in Africa', in Yacob-Haliso, O. and Falola, T. (eds) *The Palgrave Handbook of African Women's Studies*. Cham: Springer International Publishing, pp. 1–20. doi: 10.1007/978-3-319-77030-7_3-1.

Ahmad, M. (2018) *Transgender: A Marginalized and Stigmatized Community*. GRIN.

Ajei, M. O. (2022) 'Being Gay and African: A Contradiction in Being?', *Philosophical Papers*, 51(2), pp. 179–202. doi: 10.1080/05568641.2022.2035248.

Akabor, S. and Phasha, N. (2022) 'Where is Ubuntu in Competitive South African Schools? An Inclusive Education Perspective', *International Journal of Inclusive Education*, (October), pp. 1–17. doi: 10.1080/13603116.2022.2127491.

Akpa-Inyang, F. and Chima, S. C. (2021) ‘South African Traditional Values and Beliefs Regarding Informed Consent and Limitations of The Principle of Respect for Autonomy in African Communities: A Cross-cultural Qualitative Study’, *BMC Medical Ethics*, 22(111), pp. 1–17. doi: 10.1186/s12910-021-00678-4.

Alanko, K. *et al.* (2010) ‘Common Genetic Effects of Gender Atypical Behavior in Childhood and Sexual Orientation in Adulthood: A Study of Finnish Twins.’, *Archives of sexual behavior*, 39(1), pp. 81–92. doi: 10.1007/s10508-008-9457-3.

Alderson, P. (1992) ‘In The Genes or In The Stars? Children’s Competence to Consent.’, *Journal of Medical Ethics*, 18(3), pp. 119–124. doi: 10.1136/jme.18.3.119.

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. 5th edn. Washington DC: American Psychiatric Publishing, Inc. doi: 10.1002/9781119547174.ch198.

Amodu, A. A. (2018) ‘Critical Notes on Environmental Justice and Sustainable Development’, *International Journal of Sociology and Anthropology*, 10(3), pp. 21–26. doi: 10.5897/ijsa2017.0730.

Amory, D. P. (1998) ‘Mashoga, Mabasha, and Magai: “Homosexuality” on the East African Coast’, in Murray, S. O. and Roscoe, W. (eds) *Boy-Wives and Female Husbands: Studies of African Homosexualities.* New York: Palgrave Macmillan, pp. 60–87.

Anofuechi, B. O. (2022) *A Critical Assessment of Ubuntu as a Source for Moral Formation in Contemporary Africa*. University of the Western Cape.

Arvin, M., Tuck, E. and Morrill, A. (2013) 'Decolonizing Feminism: Challenging Connections between Settler Colonialism and Heteropatriarchy', *Feminist Formations*, 25(1), pp. 8–34.

Asuquo, E. and Akpan-Idiok, P. (2021) 'The Exceptional Role of Women as Primary Caregivers for People Living with HIV/AIDS in Nigeria, West Africa', in *Suggestions for Addressing Clinical and Non-Clinical Issues in Palliative Care*, pp. 1–22. doi: 10.5772/intechopen.93670.

Baloyi, M. and Manala, M. (2019) 'Reflections on Challenges of Preferring The Male Child in an African Marriage – A Practical Theological Observation', *Verbum et Ecclesia*, 40(1), pp. 1–9. doi: 10.4102/ve.v40i1.1852.

Banda, C. (2020) 'Ubuntu as Human Flourishing? An African Traditional Religious Analysis of Ubuntu and Its Challenge to Christian Anthropology', *Stellenbosch Theological Journal*, 5(3), pp. 203–228.

Barone, M., Cogliandro, A. and Persichetti, P. (2017) 'Ethics and Plastic Surgery/What is Plastic Surgery?', *Archives of Plastic Surgery*, 44(1), pp. 90–92. doi: 10.5999/aps.2017.44.1.90.

Bizic, M. R. *et al.* (2018) 'Gender Dysphoria: Bioethical Aspects of Medical Treatment', *BioMed Research International*, 2018(1), pp. 1–6. doi: 10.1155/2018/9652305.

Blake, N. (2022) *Gender Affirming Care: Neither Affirming Nor Caring*, *Ethics & Public Policy Center*. Available at: https://eppc.org/publication/gender-affirming-care-neither-affirming-nor-caring/ (Accessed: 13 November 2023).

Bockting, W. *et al.* (2016) 'Adult Development and Quality of Life of Transgender and Gender Nonconforming People', *Current Opinion in Endocrinology Diabetes and Obesity*, 23(2), pp.

188–197. doi: 10.1097/MED.

Boucher, F. J. O. and Chinnah, T. I. (2020) 'Gender Dysphoria: A Review Investigating the Relationship Between Genetic Influences and Brain Development.', *Adolescent health, medicine and therapeutics*, 11, pp. 89–99. doi: 10.2147/AHMT.S259168.

Bradford, N. J. *et al.* (2019) 'Creating Gender: A Thematic Analysis of Genderqueer Narratives.', *The International Journal of Transgenderism*, 20(2–3), pp. 155–168. doi: 10.1080/15532739.2018.1474516.

Bradshaw, M. and Ellison, C. G. (2009) 'The Nature-Nurture Debate is Over, and Both Sides Lost! Implications for Understanding Gender Differences in Religiosity.', *Journal for the scientific study of religion*, 48(2), pp. 241–251. doi: 10.1111/j.1468-5906.2009.01443.x.

van Breda, A. D. (2019) 'Developing The Notion of Ubuntu as African Theory for Social Work Practice', *Social Work (South Africa)*, 55(6), pp. 439–451. doi: 10.15270/55-4-762.

Brooks, M. (2020) *The Promise and Problems of Being Woke*, *Psychology Today*. Psychology Today. Available at: https://www.psychologytoday.com/us/blog/tech-happy-life/202006/the-promise-and-problems-being-woke (Accessed: 11 November 2023).

Buqa, W. (2015) 'Storying Ubuntu as a Rainbow Nation', *Verbum et Ecclesia*, 36(2), pp. 1–8. doi: 10.4102/ve.v36i2.1434.

Buqa, W. (2016) *Ubuntu Vaues in an Emerging Multi-Racial Community: A Narrative Reflection*. University of Pretoria.

Bustos, V. P. *et al.* (2021) 'Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence', *Plastic and Reconstructive Surgery*, 9(3), pp. 1–12. doi:

10.1097/GOX.0000000000003477.

Byne, W. *et al.* (2012) 'Report of The American Psychiatric Association Task Force on Treatment of Gender Identity Disorder', *Archives of Sexual Behavior*, 41(4), pp. 759–796. doi: 10.1007/s10508-012-9975-x.

Callahan, D. (2012) 'The WHO Definition of "Health"', in *The Roots of Bioethics: Health, Progress, Technology, Death*. New York: Oxford University Press, pp. 62–74. doi: 10.1093/acprof:oso/9780199931378.003.0005.

Caplan, A. L. (2007) 'Challenging Teenagers' Right to Refuse Treatment', *American Medical Association Journal of Ethics*, 9(1), pp. 56–61. doi: 10.1001/virtualmentor.2007.9.1.oped1-0701.

Casey, B. J., Getz, S. and Galvan, A. (2008) 'The Adolescent Brain', *Developmental Review*, 28(1), pp. 62–77. doi: https://doi.org/10.1016/j.dr.2007.08.003.

Cavaliere, G. (2020) 'The problem with reproductive freedom. Procreation beyond procreators' interests', *Medicine, Health Care and Philosophy*, 23(1), pp. 131–140. doi: 10.1007/s11019-019-09917-3.

Chen, D. *et al.* (2017) 'Fertility Preservation for Transgender Adolescents.', *The Journal of adolescent health : official publication of the Society for Adolescent Medicine* , 61(1), pp. 120–123. doi: 10.1016/j.jadohealth.2017.01.022.

Chen, D. *et al.* (2018) 'Attitudes Toward Fertility and Reproductive Health Among Transgender and Gender-Nonconforming Adolescents.', *The Journal of adolescent health : official publication of the Society for Adolescent Medicine* , 63(1), pp. 62–68. doi: 10.1016/j.jadohealth.2017.11.306.

Chen, D. *et al.* (2023) 'Psychosocial Functioning in Transgender Youth after 2 Years of Hormones', *New England Journal of Medicine*, 388(3), pp. 240–250. doi: 10.1056/nejmoa2206297.

Cheng, P. *et al.* (2019) 'Fertility Concerns of The Transgender Patient', *Translational Andrology and Urology*, 8(3), pp. 209–218. doi: 10.21037/tau.2019.05.09.

Children's Act [No. 38 of 2005] (2006) *Government Gazette*. Republic of South Africa: Government Gazette. Available at: https://www.gov.za/sites/default/files/gcis_document/201409/a38-053.pdf.

Chiniara, L. N. *et al.* (2019) 'Perspectives on Fertility Preservation and Parenthood Among Transgender Youth and Their Parents.', *Archives of Disease in Childhood*, 104(8), pp. 739–744. doi: 10.1136/archdischild-2018-316080.

Chu, E. W. and Karr, J. R. (2013) 'Environmental Impact: Concept, Consequences, Measurement.', in Levin, S. (ed.) *Encyclopedia of Biodiversity*. 2nd edn. Seattle: Waltham, MA, pp. 278–296. doi: 10.1016/B978-0-12-809633-8.02380-3.

Claahsen - van der Grinten, H. *et al.* (2021) 'Gender Incongruence and Gender Dysphoria in Childhood and Adolescence—Current Insights in Diagnostics, Management, and Follow-up', *European Journal of Pediatrics*, 180(5), pp. 1349–1357. doi: 10.1007/s00431-020-03906-y.

Clark, G. (1999) 'Mothering, Work, and Gender in Urban Asante Ideology and Practice', *American Anthropologist*, 101(4), pp. 717–729.

Cleland, J. *et al.* (2006) 'Family Planning: The Unfinished Agenda.', *The Lancet Journal*, 368(9549), pp. 1810–1827. doi: 10.1016/S0140-6736(06)69480-4.

Coates, S., Friedman, R. C. and Wolfe, S. (1991) 'The Etiology of Boyhood Gender Identity Disorder: A Model for Integrating Temperament, Development, and Psychodynamics', *Psychoanalytic Dialogues*, 1(4), pp. 481–523. doi: 10.1080/10481889109538916.

Costa, R., Carmichael, P. and Colizzi, M. (2016) 'To Treat or not to Treat: Puberty Suppression in Childhood-onset Gender Dysphoria.', *Nature reviews. Urology*, 13(8), pp. 456–462. doi: 10.1038/nrurol.2016.128.

Derwent, S. and la Harpe, R. (1998) *Zulu.* 1st edn. New Holland Publishing. Available at: https://books.google.co.za/books?id=TlAxAQAAIAAJ.

Dhai, A. and McQuoid-Mason, D. (2020) *Bioethics, Human Rights and Health law Principles and Practice*. 2nd edn. Edited by L.-A. Ashcroft. Juta and Company (Pty) Ltd.

Dhatt, R. *et al.* (2017) 'The Role of Women's Leadership and Gender Equity in Leadership and Health System Strengthening.', *Global health, epidemiology and genomics*, 2(1), pp. 1–8. doi: 10.1017/gheg.2016.22.

Dhejne, C. *et al.* (2016) 'Mental Health and Gender Dysphoria: A Review of The Literature', *International Review of Psychiatry*, 28(1), pp. 44–57. doi: 10.3109/09540261.2015.1115753.

Dierckxsens, G. and Baron, T. R. (2023) 'Phenomenological Interview and Gender Dysphoria: A Third Pathway for Diagnosis and Treatment', *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, pp. 1–15. doi: 10.1093/jmp/jhad039.

Dodd, L. D. *et al.* (2019) 'Active Feminization of The Preoptic Area Occurs Independently of The Gonads in Amphiprion Ocellaris.', *Hormones and behavior*, 112(1), pp. 65–76. doi: 10.1016/j.yhbeh.2019.04.002.

Döhler, K. D. (1991) 'The Pre- and Postnatal Influence of Hormones and Neurotransmitters on Sexual Differentiation of The Mammalian Hypothalamus.', *International review of cytology*, 131(1), pp. 1–57. doi: 10.1016/s0074-7696(08)62016-1.

Dubin, S. *et al.* (2020) 'Medically Assisted Gender Affirmation: When Children and Parents Disagree', *Journal of Medical Ethics*, 46(5), pp. 295–299. doi: 10.1136/medethics-2019-105567.

Durwood, L., McLaughlin, K. and Olson, K. (2017) 'Mental Health and Self-Worth in Socially Transitioned Transgender Youth.', *Journal of The American Academy Of Child & Adolescent Psychiatry*, 56(2), pp. 116–123.

Edwards, S. *et al.* (2004) 'Ubuntu: a Cultural Method of Mental Health Promotion', *International Journal of Mental Health Promotion*, 6(4), pp. 17–22. doi: 10.1080/14623730.2004.9721940.

Elnaiem, M. (2021) *The 'Deviant' African Genders that Colonialism Condemned*, *JSTOR Daily*. Available at: https://daily.jstor.org/the-deviant-african-genders-that-colonialism-condemned/ (Accessed: 23 August 2023).

Endendijk, J. J., Groeneveld, M. G. and Mesman, J. (2018) 'The Gendered Family Process Model: An Integrative Framework of Gender in the Family', *Archives of Sexual Behavior*, 47(4), pp. 877–904. doi: 10.1007/s10508-018-1185-8.

Epprecht, M. (2008) *Hetrosexual Africa? The History of an Idea From The Age of Exploration to The Age of AIDS*. 1st edn. Scottsville: University of KwaZulu-Natal Press.

Ewuoso, C. and Hall, S. (2019) 'Core Aspects of Ubuntu: A Systematic Review', *South African Journal of Bioethics and Law*, 12(2), pp. 93–103. doi: 10.7196/sajbl.2019.v12i2.679.

Farley, H. R. (2020) 'Assessing Mental Health in Vulnerable Adolescents', *Nursing*, 50(10), pp. 48–53. doi: 10.1097/01.NURSE.0000697168.39814.93.

Fausto-Sterling, A. (2000) *Sexing the Body: Gender Politics and the Construction of Sexuality* . 1st edn, *Politics and the Life Sciences*. 1st edn. New York: Basic Books.

Finley, C. (2020) *Paternalism and Autonomy in Transgender Healthcare*. Butler University.

Fowler, J. H. and Christakis, N. A. (2008) 'Dynamic Spread of Happiness in a Large Social Network : Longitudinal Analysis Over 20 Years in the Framingham Heart Study', *British Medical Journal*, 337(a2338), pp. 1–9.

Gade, C. B. N. (2011) 'The Historical Development of the Written Discourses on Ubuntu', *South African Journal of Philosophy*, 30(3), pp. 303–329. doi: 10.4314/sajpem.v30i3.69578.

Gade, C. B. N. (2012) 'What is ubuntu? Different interpretations among south africans of african descent', *South African Journal of Philosophy*, 31(3), pp. 484–503. doi: 10.1080/02580136.2012.10751789.

Ganya, W., Kling, S. and Moodley, K. (2016) 'Autonomy of The Child in The South African Context: Is a 12 Year Old of Sufficient Maturity to Consent to Medical Treatment?', *BMC Medical Ethics*, 17(1), pp. 1–8. doi: 10.1186/s12910-016-0150-0.

Germond, P. and De Gruchy, S. (1997) *Aliens in the Household of God: Homosexuality and Christian Faith in South Africa*. 1st edn. Edited by D. Philip. Cape Town.

Gillon, R. (2003) 'Ethics Needs Principles - Four Can Encompass The Rest - And Respect for Autonomy Should Be "First Among Equals"', *Journal of Medical Ethics*, 29(5), pp. 307–312. doi: 10.1136/jme.29.5.307.

Gioia, F. (2017) 'Peer Effects on Risk Behaviour: The Importance of Group Identity.', *Experimental Economics*, 20(1), pp. 100–129. doi: 10.1007/s10683-016-9478-z.

Gouws, A. and Zyl, M. van (2015) 'Towards a Feminist Ethics of Ubuntu: Bridging Rights and Ubuntu', in Engster, D. and Hamington, M. (eds) *Care Ethics and Political Theory*. 1st edn. Oxford: Oxford University Press, pp. 164–186. doi: 10.1093/acprof:oso/9780198716341.003.0010.

de Graaf, N. M. *et al.* (2018) 'Psychological Functioning in Adolescents Referred to Specialist Gender Identity Clinics Across Europe: A Clinical Comparison Study Between Four Clinics', *European Child and Adolescent Psychiatry*, 27(7), pp. 909–919. doi: 10.1007/s00787-017-1098-4.

Le Grange, L. (2012a) 'Ubuntu, Ukama, Environment and Moral Education', *Journal of Moral Education*, 41(3), pp. 329–240.

Le Grange, L. (2012b) 'Ubuntu, Ukama and the Healing of Nature, Self and Society', *Educational Philosophy and Theory*, 44(S2), pp. 56–67. doi: https://doi.org/10.1111/j.1469-5812.2011.00795.x.

Le Grange, L. and Mika, C. (2018) ‘What Is Indigenous Philosophy and What Are Its Implications for Education’, in Smeyers, P. (ed.) *International Handbook of Philosophy of Education*. 1st edn. Cham: Springer International Publishing, pp. 499–515. doi: 10.1007/978-3-319-72761-5_41.

Grisso, T., Appelbaum, P. S. and Hill-Fotouhi, C. (1997) ‘The MacCAT-T: A Clinical Tool to Assess Patients’ Capacities to Make Treatment Decisions.’, *Psychiatric Services*, 48(11), pp. 1415–1419. doi: 10.1176/ps.48.11.1415.

Grootens-Wiegers, P. *et al.* (2017) ‘Medical Decision-Making in Children and Adolescents: Developmental and Neuroscientific Aspects’, *BMC Pediatrics*, 17(120), pp. 1–10. doi: 10.1186/s12887-017-0869-x.

Gupta, A. (2008) ‘“Sodomy,” Colonialism, and Codification’, in PoKempner, D. and Saunders, J. (eds) *This Alien Legacy: The Origins of ‘Sodomy’ Laws in British Colonialism*. 1st edn. New York: Human Rights Watch, pp. 13–25.

Halpern-Felsher, B., Baker, M. and Stitzel, S. (2016) ‘Decision-Making in Adolescents and Young Adults’, in Diefenbach, M. A., Miller-Halegoua, S., and Bowen, D. J. (eds) *Handbook of Health Decision Science*. New York: Springer, pp. 157–167. doi: 10.1007/978-1-4939-3486-7_12.

Hammond-Tooke, W. D. (1974) *The Bantu-speaking Peoples of Southern Africa*. 2nd edn. Edited by W. D. Hammond-Tooke. London ; Boston: Routledge & K. Paul.

Hembree, W. C. *et al.* (2017) ‘Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline’, *The Journal of clinical*

endocrinology and metabolism, 201(11), pp. 3869–3903. doi: 10.1210/jc.2017-01658.

Herz, M. and Johansson, T. (2015) 'The Normativity of the Concept of Heteronormativity', *Journal of Homosexuality*, 62(8), pp. 1009–1020. doi: 10.1080/00918369.2015.1021631.

Heyes, C. J. and Latham, J. R. (2018) 'Trans Surgeries and Cosmetic Surgeries: The Politics of Analogy', *TSQ: Transgender Studies Quarterly*, 5(2), pp. 174–189. doi: 10.1215/23289252-4348617.

Hines, M. (2011) 'Prenatal Endocrine Influences on Sexual Orientation and on Sexually Differentiated Childhood Behavior.', *Frontiers in neuroendocrinology*, 32(2), pp. 170–182. doi: 10.1016/j.yfrne.2011.02.006.

Hodges, H., Fealko, C. and Soares, N. (2020) 'Autism Spectrum Disorder: Definition, Epidemiology, Causes, and Cinical Evaluation.', *Translational pediatrics*, 9(Suppl 1), pp. S55–S65. doi: 10.21037/tp.2019.09.09.

Hodgson, D. L. (1999) '"Once Intrepid Warriors": Modernity and the Production of Maasai Masculinities', *Ethnology*, 38(2), pp. 121–150.

Hofferth, S. L. (1987) 'Social and Economic Consequences of Teenage Childbearing', in Hayes, C. . (ed.) *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* . 2nd edn. Washington DC: National Academies Press, pp. 123–144.

Holcomb, L. (2020) *Ethical Considerations Regarding Paternalism in Medicine*, *U-Imagine Center for Integrative and Entrepreneurial Studies*. Ursinus College.

Human Dignity Trust (2022) *Number of Countries that Criminalize Homosexuality as of 2022* , *Statista Research Department*. Statista. Available at:

https://www.statista.com/statistics/1227390/number-of-countries-that-criminalize-homosexuality/ (Accessed: 12 September 2023).

Hume, M. C. (2011) 'Sex, Lies, and Surgery: The Ethics of Gender Reassignment Surgery', *Res Cogitans*, 2(1), pp. 37–48.

Igboin, B. O. (2011) 'Colonialism and African Cultural Values', *African Journal of History and Culture*, 3(6), pp. 96–103.

Jacobs, L. A. *et al.* (2014) 'Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations.', *LGBT health*, 1(4), pp. 277–282. doi: 10.1089/lgbt.2013.0045.

Jadayel, R., Medlej, K. and Jadayel, J. J. (2017) 'Mental Disorders: a Glamorous Attraction on Social Media?', *Journal of Teaching and Education*, 7(1), pp. 465–476.

Al Jazeera News (2023) *Why are Kenya and Uganda Cracking Down on LGBTQ Rights?*, *Al Jazeera News*. Available at: https://www.aljazeera.com/news/2023/3/23/why-are-kenya-and-uganda-cracking-down-on-lgbtq-rights (Accessed: 24 September 2023).

Jecker, N. S. (2024) 'Lessons from Africa: Ubuntu, solidarity, dignity, kinship, and humility', *Bioethics*, 38(1), pp. 5–10. doi: https://doi.org/10.1111/bioe.13253.

Jecker, N. S., Atuire Nuffield, C. A. and Kenworthy, N. (2022) 'Realizing Ubuntu in Global Health: an african approach to Global Health Justice', *Public Health Ethics*, 15(3), pp. 256–267. doi: 10.1093/phe/phac022.

Jewkes, R. *et al.* (2015) 'Hegemonic Masculinity: Combining Theory and Practice in Gender Interventions.', *Culture, health & sexuality*, 17(2), pp. S112–S127. doi:

10.1080/13691058.2015.1085094.

Johnson, M. T. (2011) *The Diversity Code: Unlock The Secrets to Making Differences Work in The Real World*. 1st edn. New York: American Management Association.

Jugroop, U. and Esterhuizen, T. (2016) *Laws and Policies Affecting Transgender Persons in Southern Africa.* 1st edn. Edited by A. Meerkotter. Johannesburg: Southern Africa Litigation Centre.

Kaltiala-Heino, R. *et al.* (2018) 'Gender Dysphoria in Adolescence: Current Perspectives.', *Adolescent health, medicine and therapeutics*, 9(1), pp. 31–41. doi: 10.2147/AHMT.S135432.

Killermann, S. (2013) *The Social Justice Advocate's Handbook: A Guide to Gender* .

Kimberly, L. L. *et al.* (2018) 'Ethical Issues in Gender-affirming Care for Youth', *Pediatrics*, 142(6), pp. 1–9. doi: 10.1542/peds.2018-1537.

Kinsinger, F. S. (2009) 'Beneficence and The Professional's Moral Imperative', *Journal of Chiropractic Humanities*, 16(1), pp. 44–46. doi: 10.1016/j.echu.2010.02.006.

Kiyar, M. *et al.* (2020) 'Neuroscience in Transgender People: An update', *Neuroforum*, 26(2), pp. 85–92. doi: 10.1515/nf-2020-0007.

van Klinken, A. (2017) 'Culture Wars, Race, and Sexuality: A Nascent Pan-African LGBT-Affirming Christian Movement and the Future of Christianity', *Journal of Africana Religions*. Edited by A. van Klinken, 5(2), pp. 217–238. doi: 10.1093/oso/9780197619995.003.0001.

Korte, A. *et al.* (2008) 'Gender Identity Disorders in Childhood and Adolescence: Currently Debated Concepts and Treatment Strategies.', *Deutsches Arzteblatt international*, 105(48), pp.

834–841. doi: 10.3238/arztebl.2008.0834.

Kyweluk, M. A., Sajwani, A. and Chen, D. (2018) 'Freezing For The Future: Transgender Youth Respond to Medical Fertility Preservation', *International Journal of Transgenderism*, 19(4), pp. 401–416. doi: 10.1080/15532739.2018.1505575.

Landén, M. *et al.* (1998) 'Factors Predictive of Regret in Sex Reassignment.', *Acta Psychiatrica Scandinavica*, 97(4), pp. 284–289. doi: 10.1111/j.1600-0447.1998.tb10001.x.

Laungani, A. and Brassard, P. (2017) 'Gender Confirmation Surgery: Cosmetic or Reconstructive Procedure?', *Plastic and Reconstructive Surgery.*, 5(6), p. 1. doi: 10.1097/GOX.0000000000001401.

Lawrence, A. A. (2003) 'Factors Associated With Satisfaction or Regret Following Male-to-Female Sex Reassignment Surgery.', *Archives of Sexual Behavior*, 32(4), pp. 299–315. doi: 10.1023/a:1024086814364.

Lemma, A. and Savulescu, J. (2021) 'To Be, or Not To Be? The Role of The Unconscious in Transgender Transitioning: Identity, Autonomy and Well-being', *Journal of Medical Ethics*, 49(1), pp. 65–72. doi: 10.1136/medethics-2021-107397.

Letseka, M. (2015) 'Ubuntu and Justice as Fairness', *Mediterranean Journal of Social Sciences*, 5(9), pp. 544–551. doi: 10.5901/mjss.2014.v5n9p544.

Levine, S. B. and Abbruzzese, E. (2023) 'Current Concerns About Gender-Affirming Therapy in Adolescents', *Current Sexual Health Reports*, 15(2), pp. 113–123. doi: 10.1007/s11930-023-00358-x.

Light, A. D. *et al.* (2014) 'Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning.', *Obstetrics and Gynecology*, 124(6), pp. 1120–1127. doi: 10.1097/AOG.0000000000000540.

Lindqvist, E. K. *et al.* (2017) 'Quality of Life Improves Early After Gender Reassignment Surgery in Transgender Women.', *European journal of plastic surgery*, 40(3), pp. 223–226. doi: 10.1007/s00238-016-1252-0.

Littlefield, M. B. (2004) 'Gender Role Identity and Stress in African American Women', *Journal of Human Behavior in the Social Environment*, 8(4), pp. 93–104. doi: 10.1300/J137v08n04_06.

Littman, L. (2018) 'Parent Reports of Adolescents and Young Adults Perceived to Show Signs of A Rapid Onset of Gender Dysphoria', *Plos One*, 13(8), pp. 1–44. doi: 10.1371/journal.pone.0214157.

Lugones, M. (2008) 'The Colonity of Gender', *Worlds & Knowledges Otherwise*, (Spring), pp. 1–17.

Luk, J. (2021) *Why 'Woke' Became Toxic*, *Al Jazeera News*. Al Jazeera News. Available at: https://www.aljazeera.com/opinions/2021/6/24/what-is-woke-culture-and-why-has-it-become-so-toxic (Accessed: 12 October 2023).

Lynch, A. and Gourdeau, R. (1990) 'Medical Ethics 101.', *Annals of the Royal College of Physicians and Surgeons of Canada*, 23(1), pp. 13–15.

Łyś, A. E., Studzińska, A. and Bargiel-Matusiewicz, K. (2021) 'Beliefs on Sexual Violence in the Context of System Justification Theory: The Role of Hostile Sexism and Beliefs in

Biological Origins of Gender Differences', *Social Justice Research*, 34(3), pp. 235–254. doi: 10.1007/s11211-021-00373-0.

Maathai, W. (2009) *The Challenge for Africa*. 1st edn. New York: Pantheon Books.

Mabaso, M. H. L., Ndaba, T. and Mkhize-Kwitshana, Z. L. (2014) 'Overview of Maternal, Neonatal and Child Deaths in South Africa: Challenges, Opportunities, Progress and Future Prospects.', *International journal of MCH and AIDS*, 2(2), pp. 182–189.

Mabele, M. B., Krauss, J. E. and Kiwango, W. (2022) 'Going Back to the Roots - Ubuntu and Just Conservation in Southern Africa', *Conservation & Society*, 20(2), pp. 92–102.

Mankowitz, D. J. (2018) *The African Philosophical Concept of Ubuntu As Applied To the Emotional Intelligence of Adolescents : Challenging The Appropriateness of Western-Derieved Concepts*. University of South Africa.

Mason, A. *et al.* (2023) 'Gender Dysphoria in Young People: A Model of Chronic Stress', *Hormone Research in Paediatrics*, 96(1), pp. 54–65. doi: 10.1159/000520361.

Mastroianni, B. (2022) *94% of Transgender Youth Maintain Gender Identity 5 Years After Social Transition*, *Healthline*. Healthline. Available at: https://www.healthline.com/health-news/94-of-transgender-youth-maintain-gender-identity-5-years-after-social-transition (Accessed: 27 July 2023).

Matolino, B. (2017) 'Being Gay and African: a View From an African Philosopher', *Phronimon*, 18(1), pp. 59–78.

Meiring, L. (2016) *Exploring Ubuntu Language in Bridging Gaps: A Narrative Reflection on Discussions Between Members of Two Reformed Churches in a Rural Town of South Africa* .

University of Pretoria.

Metz, T. (2007) 'Toward an African Moral Theory', *Journal of Political Philosophy*, 15(3), pp. 321–341. doi: 10.1111/j.1467-9760.2007.00280.x.

Metz, T. (2011) 'Ubuntu as a Moral Theory and Human Rights in South Africa', *African Human Rights Law Journal*, 11(2), pp. 532–559.

Metz, T. (2012) 'African Conceptions of Human Dignity: Vitality and Community as The Ground of Human Rights.', *Human Rights Reveiw*, 13(1), pp. 19–37. doi: 10.1007/s12142-011-0200-4.

Metz, T. (2014) 'Dignity in The Ubuntu Tradition', in Mieth, D. et al. (eds) *The Cambridge Handbook of Human Dignity: Interdisciplinary Perspectives*. Cambridge: Cambridge University Press, pp. 310–318. doi: DOI: 10.1017/CBO9780511979033.037.

Metz, T. (2022) *A Relational Moral Theory: African ethics in and beyond the Continent*. 1st edn. Edited by T. Metz. New York: Oxford University Press.

Meyer, G., Boczek, U. and Bojunga, J. (2020) 'Hormonal Gender Reassignment Treatment for Gender Dysphoria.', *Deutsches Arzteblatt international*, 117(43), pp. 725–732. doi: 10.3238/arztebl.2020.0725.

Miller, V. A., Drotar, D. and Kodish, E. (2004) 'Children's Competence for Assent and Consent: A Review of Empirical Findings.', *Ethics & Behavior*, 14(3), pp. 255–295. doi: 10.1207/s15327019eb1403_3.

Mnyandu, N. (2018) 'Exploring the Concept of Ubuntu in Relation To Dying With Dignity in Palliative and Hospice Care', *Obiter*, 39(2), pp. 384–398. doi: 10.17159/obiter.v39i2.11356.

Molefe, M. (2023) ‘Ethical Reflections on Population Challenges’, *Journal For Inclusive Public Policy*, 3(2), pp. 25–34.

Moore, L. D., Le, T. and Fan, G. (2013) ‘DNA Methylation and Its Basic Function.’, *Neuropsychopharmacology: official publication of the American College of Neuropsychopharmacology*, 38(1), pp. 23–38. doi: 10.1038/npp.2012.112.

Motloba, P. (2018) ‘Understanding of The Principle of Autonomy (Part 1)’, *South African Dental Journal*, 73(6), pp. 418–420.

Msibi, T. (2011) ‘The Lies We Have Been Told: On (Homo) Sexuality in Africa’, *Africa Today*, 58(1), pp. 54–77.

Msibi, T. and Rudwick, S. (2015) ‘Intersections of Two IsiZulu Genderlects and The Construction of “Skesana” Identities’, *Stellenbosch Papers in Linguistics Plus*, 46(1), pp. 51–66. doi: 10.5842/46-0-616.

Muhammad-Lawal, A. T. *et al.* (2023) ‘Interrelatedness of African Care Concept of Ubuntu and Caring in Nursing: The Perceptions of Student-Nurses’, *International Journal for Human Caring* , 27(1), pp. 57–67. doi: 10.20467/IJHC-2022-0005.

Murgic, L. *et al.* (2015) ‘Paternalism and Autonomy: Views of Patients and Providers in A Transitional (post-communist) Country’, *BMC Medical Ethics*, 16(25), pp. 1–9. doi: 10.1186/s12910-015-0059-z.

Murove, M F (2009) ‘An African Environmental Ethic Based on The Concepts of Ukama and Ubuntu’, in Murove, Munyaradzi Felix (ed.) *African Ethics: An Anthology for Comparative and*

Applied Ethics. University of Kwazulu-Natal Press, pp. 1–461.

Murphy, T. F. (2012) 'The Ethics of Fertility Preservation in Transgender Body Modifications', *Journal of Bioethical Inquiry*, 9(3), pp. 311–316. doi: 10.1007/s11673-012-9378-7.

Nahata, L. *et al.* (2017) 'Low Fertility Preservation Utilization Among Transgender Youth.', *The Journal of Adolescent Health*, 61(1), pp. 40–44. doi: 10.1016/j.jadohealth.2016.12.012.

Ndjio, B. (2012) 'Post-Colonial Histories of Sexuality: The Poticical Invention of a Libidinal African Straight', *Africa: Journal of the International African Institute*, 82(4), pp. 609–631.

Ndlovu-Gatsheni, S. J. (2013) 'Coloniality of Power and African Development', in *Empire, Global Coloniality and African Subjectivity*. 1st edn. Berghahn Books, pp. 75–98.

Nduka, U. and Ozioma, N. G. (2019) 'Chinua Achebe's Things Fall Apart and the Role of Women in Igbo Traditional Religious Culture', *Open Journal of Social Sciences*, 07(12), pp. 272–289. doi: 10.4236/jss.2019.712020.

Nejadsarvari, N., Ebrahimi, A. and Hashem-Zade, H. (2016) *Medical Ethics in Plastic Surgery: A Mini Review*, *World Journal of Plastic Surgery*. Available at: www.wjps.ir.

Ngcoya, M. (2009) *Ubuntu: Globalization, Accommodation, and Contestation in South Africa*, *ProQuest Dissertations and Theses*. American University.

Ngubane, N. and Makua, M. (2021) 'Ubuntu Pedagogy – Transforming Educational Practices in South Africa Through an African Philosophy: From Theory to Practice', *Inkanyiso, Journal of Human and Social Sciences*, 13(1), pp. 1–12. doi: 10.4102/ink.v13i1.9.

Nolte, A. and Downing, C. (2019) ‘Ubuntu - The Essence of Caring and Being: A Concept Analysis’, *Holistic Nursing Practice*, 33(1), pp. 9–16. doi: 10.1097/HNP.0000000000000302.

van Norren, D. E. (2022) ‘African Ubuntu and Sustainable Development Goals: seeking human mutual relations and service in development’, *Third World Quarterly*, 43(12), pp. 2791–2810. doi: 10.1080/01436597.2022.2109458.

Nugent, B. M. *et al.* (2015) ‘Brain Feminization Requires Active Repression of Masculinization via DNA Methylation.’, *Nature Neuroscience*, 18(5), pp. 690–697. doi: 10.1038/nn.3988.

Nzimakwe, T. I. (2014) ‘Practising Ubuntu and Leadership for Good Governance - The South African and Continental Dialogue’, *African Journal of Public Affairs*, 7(4), pp. 30–41.

Oguamanam, E. . (2005) *The Kind Of Society Required For Human Flourishing: A Critical Comparison Of The Formation Of Ethical Character In Aristitelian and African Ethics*. University of KwaZulu-Natal.

Olonade, O. Y. *et al.* (2021) ‘Understanding Gender Issues in Nigeria: the imperative for sustainable development.’, *Heliyon*, 7(7), pp. 1–5. doi: 10.1016/j.heliyon.2021.e07622.

Olson, J. *et al.* (2015) ‘Baseline Physiologic and Psychosocial Characteristics of Transgender Youth Seeking Care for Gender Dysphoria.’, *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 57(4), pp. 374–380. doi: 10.1016/j.jadohealth.2015.04.027.

Olson, K. R. *et al.* (2016) ‘Mental Health of Transgender Children Who Are Supported in Their Identities’, *Pediatrics*, 137(3), pp. 1–8. doi: 10.1542/peds.2015-3223.

Olsson, L. . *et al.* (2019) 'Land degradation', in Moreno, J. M. and Vera, C. (eds) *Climate Change and Land: an IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems* . 1st edn. IPCC, pp. 345–436. doi: 10.4337/9781788974912.L.4.

Oorthuys, A. O. J. *et al.* (2022) 'Identifying Coping Strategies Used by Transgender Individuals in Response to Stressors during and after Gender-Affirming Treatments-An Explorative Study.', *Healthcare (Basel, Switzerland)*, 11(1), pp. 1–18. doi: 10.3390/healthcare11010089.

Pepper, M. (2015) 'Gender and Sexual Diversity – Changing Paradigms in an Ever-changing World', *South African Medical Journal*, 105(9), pp. 746–747. doi: 10.7196/SAMJnew.8169.

Pepper, M. and Kramer, B. (2015) *The Science Behind a More Meaningful Understanding of Sexual Orientation*, *The Conversation*. Available at: https://theconversation.com/the-science-behind-a-more-meaningful-understanding-of-sexual-orientation-42641 (Accessed: 11 December 2023).

Pettinger, T. (2021) *Impact of Falling Birth Rates*, *Economics Help*. Available at: https://www.economicshelp.org/blog/166908/development/impact-of-falling-birth-rates/ (Accessed: 24 August 2023).

du Plessis, G. E. (2019) 'Gendered Human (In)security in South Africa: What Can Ubuntu Feminism Offer?', *Acta Academica*, 51(2), pp. 41–63. doi: 10.18820/24150479/aa51i2.3.

Pollitt, A. M. *et al.* (2021) 'Heteronormativity in the Lives of Lesbian, Gay, Bisexual, and Queer Young People.', *Journal of homosexuality*, 68(3), pp. 522–544. doi: 10.1080/00918369.2019.1656032.

Poovan, N. (2005) *The Impact of Social Values of Ubuntu on Team Effectiveness* . University of Stellenbosh.

Post, S. G. *et al.* (2014) 'Routine, Empathic and Compassionate Patient Care: Definitions, Development, Obstacles, Education and Beneficiaries', *Journal of Evaluation in Clinical Practice*, 20(6), pp. 872–880. doi: 10.1111/jep.12243.

Pradhan, E. (2015) 'Female Education and Childbearing: A Closer Look at the Data', *Investing in Health*. Cambridge: The World Bank Blogs, p. n.p. Available at: http://blogs.worldbank.org/health/print/female-education-and-childbearing-closer-look-data.

Putnam, R. D., Leonardi, R. and Nonetti, R. (1994) 'Social Capital and Institutional Success', in *Making Democracy Work: Civic traditions in modern Italy*. STU-Stud. Princeton: Princeton University Press, pp. 163–186. doi: 10.1515/9781400820740.

Ramosa, M. (2003) 'Globalization and Ubuntu', in *The African Philosophy Reader*. 2nd edn. Oxford University Press, pp. 732–754. doi: 10.4324/9780203493229.

Raskin, J. . (2021) *Understanding Gender, Sex, and Gender Identity*, *Psychology Today*. Available at: https://www.psychologytoday.com/za/blog/making-meaning/202102/understanding-gender-sex-and-gender-identity (Accessed: 25 October 2023).

Reality Check Team (2023) *Homosexuality: The Countries Where it is Illegal to be Gay* , *BBC News*. BBC News. Available at: https://www.bbc.com/news/world-43822234 (Accessed: 18 September 2023).

Rees-Turyn, A. M. *et al.* (2008) 'Sexism and Sexual Prejudice (Homophobia): The Impact of the Gender Belief System and Inversion Theory on Sexual Orientation Research and Attitudes toward Sexual Minorities', *Journal of LGBT Issues in Counseling*, 2(1), pp. 2–25. doi: 10.1080/15538600802077467.

Riess, H. (2017) 'The Science of Empathy.', *Journal of patient experience*, 4(2), pp. 74–77. doi: 10.1177/2374373517699267.

Ristori, J. *et al.* (2020) 'Brain Sex Differences Related to Gender Identity Development: Genes or Hormones?', *International journal of molecular sciences*, 21(6), pp. 1–12. doi: 10.3390/ijms21062123.

Ristori, J. and Steensma, T. D. (2016) 'Gender dysphoria in childhood.', *International review of psychiatry (Abingdon, England)*, 28(1), pp. 13–20. doi: 10.3109/09540261.2015.1115754.

Rodriguez-Wallberg, K. *et al.* (2023) 'Reproductive Health in Transgender and Gender Diverse Individuals: A Narrative Review to Guide Clinical Care and International Guidelines.', *International Journal of Transgender Health*, 24(1), pp. 7–25. doi: 10.1080/26895269.2022.2035883.

De Roo, C. *et al.* (2016) 'Fertility Options in Transgender People.', *International Review of Psychiatry*, 28(1), pp. 112–119. doi: 10.3109/09540261.2015.1084275.

Roselli, C. E. (2018) 'Neurobiology of Gender Identity and Sexual Orientation.', *Journal of Neuroendocrinology*, 30(7), pp. 1–8. doi: 10.1111/jne.12562.

de Roubaix, M. (2021) ‘Human Reproduction: Right, Duty or Privilege? South African Perspective’, *South African Journal of Bioethics and Law*, 14(2), pp. 55–61. doi: 10.7196/SAJBL.2021.v14i2.697.

Roxburgh, C. (2022) *‘Gender Hegemony’: How Colonialism Distorted African Perspectives of Trans Identity*, *Minority Africa*. Johannesburg: Minority Africa. Available at: https://minorityafrica.org/colonialism-gender-trans-identity-africa/ (Accessed: 10 October 2023).

Royal College of Surgeons of England (2022) *What is Cosmetic Surgery?*, *Royal College of Surgeons of England*. Available at: https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/what-is-cosmetic-surgery/.

Salamone, F. A. (2005) ‘Hausa Concepts of Masculinity and The ’Yan Daudu’, in Ouzgane, L. and Morrell, R. (eds) *African Masculinities: Men in Africa from the Late Nineteenth Century to the Present*. New York: Palgrave Macmillan, pp. 75–86. doi: 10.1057/9781403979605.

Salas-Humara, C. *et al.* (2018) ‘Gender Affirming Medical Care of Transgender Youth.’, *Adolescent Health, Medicine and Therapeutics*, 49(9), pp. 31–41. doi: 10.1016/j.cppeds.2019.100683.

Scheim, A. I., Perez-Brumer, A. G. and Bauer, G. R. (2020) ‘Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study’, *Articles Lancet Public Health*, 5(1), pp. 196–203. doi: 10.1016/S2468-2667(20)30032-3.

Schneider, H. J., Pickel, J. and Stalla, G. K. (2006) ‘Typical Female 2nd-4th Finger Length (2D:4D) Ratios in Male-to-female Transsexuals-possible implications for prenatal androgen exposure.’, *Psychoneuroendocrinology*, 31(2), pp. 265–269. doi:

10.1016/j.psyneuen.2005.07.005.

Sebola, B. R. (2014) *Psychological Effects of The Termination of Pregnancy by Choice on Adolescents*. Uniiversity of South Africa.

Serano, J. (2007) *Whipping Girl: A Transsexual Woman on Sexism and The Scapegoating of Femininity*. 2nd edi. Emeryville, CA: Seal Press. Available at: http://nrs.harvard.edu/urn-3:hul.ebookbatch.ASP_batch:ASP1833572gltc.

Seroto, J. (2016) 'Relating to Others Through Ubuntu Values', in Letseka, M. (ed.) *Open Distance Learning (ODL) Through the Philosophy of Ubuntu*. 1st edn. New York: Nova Science Publishers, pp. 41–52.

Shaye, D., Liu, C. and Tollefson, T. (2015) 'Cleft Lip and Palate An Evidence-Based Review', *Facial Plastic Surgery Clinics of North America*, 23(3), pp. 357–372.

Shumer, D. E. and Spack, N. P. (2015) 'Transgender Medicine — Long-Term Outcomes from "The Dutch Model"', *Nature Reviews Urology*, 12(1), pp. 12–13.

Shutte, A. (1995) *Philosophy for Africa*. 1st edn. Rondebosch: UCT Press.

Shutte, A. (2001) *Ubuntu: An Ethic for a New South Africa*. 1st edn. Pietermaritzburg: Cluster Publications.

Shutte, A. (2009) 'Ubuntu as The African Ethical Vision', in Murove, M. F. (ed.) *African Ethics: An Anthology for Comparative and Applied Ethics*. 1st edn. University of Kwazulu-Natal Press, pp. 85–99.

Sibisi, T. and Van Der Walt, C. (2021) ‘Queering the Queer : Engaging Black Queer Christian Bodies in African Faith Spaces’, *The African Journal of Gender and Religion*, 27(December), pp. 67–91.

Singh, D., Bradley, S. J. and Zucker, K. J. (2021) ‘A Follow-Up Study of Boys With Gender Identity Disorder’, *Frontiers in Psychiatry*, 12(1), pp. 1–18, Article 632784.

Smith, A. J. *et al.* (2018) ‘Determinants of Transgender Individuals’ Well-Being, Mental Health, and Suicidality in a Rural State.’, *Journal of Rural Mental Health*, 42(2), pp. 116–132. doi: 10.1037/rmh0000089.

South African HIV Clinicians Society (2021) *South African HIV Clinicians Society Gender-Affirming Healthcare Guideline for South Africa - Expanded Version*. Available at: https://sahivsoc.org/Files/SAHCS GAHC guidelines-expanded version_Oct 2021.pdf.

South African National Aids Council (2021) *In-depth, The Incredibly Long Wait for Gender-Affirming Surgery for Those Who Can’t Pay*, *News 24*. News 24. Available at: https://sanac.org.za/in-depth-the-incredibly-long-wait-for-gender-affirming-surgery-for-those-who-cant-pay/ (Accessed: 25 April 2023).

Sparks, L. and Louw, L. (2023) ‘Ubuntu In The Academic Literacy Class: Establishing a Sense of Community for Inclusivity and Effective Learning’, *Perspectives in Education*, 41(3), pp. 107–123. doi: 10.38140/PIE.V41I3.6779.

Spencer, S., Meer, T. and Müller, A. (2017) ‘“The care is the best you can give at the time”: Health care professionals’ experiences in providing gender affirming care in South Africa’, *PLOS One*, 12(7), pp. 1–18. doi: 10.1371/journal.pone.0181132.

Steve Biko Centre for Bioethics (2022) ‘Guide for Developing a Honours Research Proposal’. University of the Witswaterstrand, p. 5.

Strang, J. F. *et al.* (2018) ‘Transgender Youth Fertility Attitudes Questionnaire: Measure Development in Nonautistic and Autistic Transgender Youth and Their Parents.’, *The Journal of Adolescent Health*, 62(2), pp. 128–135. doi: 10.1016/j.jadohealth.2017.07.022.

Sugarman, J. and Sulmasy, D. P. (2010) *Methods in Medical Ethics*. 2nd edn. Edited by J. Sugarman and D. P. Sulmasy. Washington DC: Georgetown University Press.

Tamale, S. (2014) ‘Exploring the contours of African sexualities: Religion, law and power’, *African Human Rights Law Journal*, 14(1), pp. 150–177.

Tammelo, L. L. (1966) ‘Equality as The Core of Justice’, *Archives for Philosophy of Law and Social Philosophy*, 52(1), pp. 135–142.

Tarus, D. K. and Lowery, S. (2017) ‘African Theologies of Identity and Community: The Contributions of John Mbiti, Jesse Mugambi, Vincent Mulago, and Kwame Bediako’, *Open Theology*, 3(1), pp. 305–320. doi: 10.1515/opth-2017-0024.

Tawe, E.-R. (2020) *Six LGBTQ+ Figures from African History*, *Africa Is A Country*. Johannesburg: Africa is a Country. Available at: https://africasacountry.com/2020/07/six-lgbtq-figures-from-african-history (Accessed: 4 October 2023).

Terblanché-Greeff, A. (2019) ‘Ubuntu and Environmental Ethics: The West Can Learn from Africa When Faced with Climate Change’, in Chemhuru, M. (ed.) *African Environmental Ethics*. 1st edn. Cham, Switzerland: Springer Nature Switzerland AG, pp. 93–109. doi: 10.1007/978-3-

030-18807-8_7.

The Choice on Termination of Pregnancy Act 92 of 196 (1999) *Government Gazette*. Republic of South Africa: Government Gazette. Available at: https://www.parliament.gov.za/storage/app/media/ProjectsAndEvents/womens_month_2015/docs/Act92of1996.pdf.

The World Health Organisation (2022) *Gender incongruence and transgender health in the ICD*, *The World Health Organisation*. Available at: https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd (Accessed: 18 July 2023).

The World Professional Association for Transgender Health (2012) 'Standards of Care for The Health of Transsexual, Transgender, and GenderNonconforming People', *International Journal of Transgenderism*, 13(4), pp. 1–120. doi: 10.1080/15532739. 2011.700873.

This Video Dispels Every 'Nature VS Nurture' Myth You've Ever Heard (2011) *Films For Action*. Available at: https://www.filmsforaction.org/watch/this-video-dispels-every-nature-vs-nurture-myth-youve-ever-heard/ (Accessed: 11 December 2023).

Tomson, A. (2018) 'Gender-affirming Care in The Context of Medical Ethics – Gatekeeping v. Informed Consent', *South African Journal of Bioethics and Law*, 11(1), pp. 24–28. doi: 10.7196/sajbl.2018.v11i1.00616.

Tordoff, D. M. *et al.* (2022) 'Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care', *JAMA Network Open*, 5(2), pp. 1–13. doi: 10.1001/jamanetworkopen.2022.0978.

Toska, E. *et al.* (2019) ‘Thriving in The Second Decade: Bridging Childhood and Adulthood for South Africa’s Adolescents’, in *South African Child Gauge*. Cape Town, South Africa: Children’s Institute, University of Cape Town, pp. 81–94.

Tschaepe, M. (2013) ‘A Humanist Ethic of Ubuntu: Understanding Moral Obligation and Community’, *Essays in the Philosophy of Humanism*, 21(1), pp. 47–61. doi: 10.1558/eph.v21i2.47.

Tshuma, N. *et al.* (2021) ‘Populations Size Estimates for Transgender Persons in South Africa’. Beyond Zero, pp. 1–21.

Turban, J. L. *et al.* (2022) ‘Access to Gender-affirming Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults.’, *PLOS One*, 17(1), pp. 1–15. doi: 10.1371/journal.pone.0261039.

Tutu, D. (2000) *No Future Without Forgiveness*. 2nd edn. London: Rider.

Ujomudike, P. O. (2016) ‘Ubuntu Ethics’, in Center for Healthcare Ethics Duquesne University (ed.) *Encyclopedia of Global Bioethics*. 1st edn. Cham: Springer International Publishing, pp. 2869–2881. doi: 10.1007/978-3-319-09483-0_428.

United Nations General Assembly (1948) ‘Universal Declaration of Human Rights’, *General Assembly Resolution*. Paris: United Nations, p. n.p.

United Nations Population Division (2019) *Global Issues - Population*, *United Nations*. Available at: https://www.un.org/en/global-issues/population (Accessed: 31 October 2023).

Vieira, W. T. *et al.* (2021) 'Endocrine-disrupting Compounds: Occurrence, Detection Methods, Effects and Promising Treatment Pathways—A Critical Review', *Journal of Environmental Chemical Engineering*, 9(1), pp. 1–18. doi: https://doi.org/10.1016/j.jece.2020.104558.

Viner, R. M. (2005) 'Sex on The Brain: Dilemmas in The Endocrine Management of Children and Adolescents with Dender Identity Disorder', *Arch Dis Child*, 90(2), p. A78.

De Vries, E., Kathard, H. and Müller, A. (2020) 'Debate: Why should gender-affirming health care be included in health science curricula?', *BMC Medical Education*, 20(1), pp. 1–10. doi: 10.1186/s12909-020-1963-6.

Vrouenraets, L. J. J. J. *et al.* (2015) 'Early Medical Treatment of Children and Adolescents With Gender Dysphoria: An Empirical Ethical Study.', *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 57(4), pp. 367–373. doi: 10.1016/j.jadohealth.2015.04.004.

Vrouenraets, L. J. J. J. *et al.* (2021) 'Assessing Medical Decision-Making Competence in Transgender Youth', *Pediatrics*, 148(6), pp. 1–6. doi: 10.1542/peds.2020-049643.

Wade, D. and MacGill, M. (2023) *Depression After Abortion: Risk Factors and How to Cope*, *Medical News Today*. Available at: https://www.medicalnewstoday.com/articles/313098 (Accessed: 18 November 2023).

Wallace, D. (2007) '"It's a M-A-N Thang": Black Male Gender Role Socialization and The Performance of Masculinity in Love Relationships', *The Journal of Pan African Studies*, 1(7), pp. 11–22.

Williams, H. S. (2018) *What Is the Spirit of Ubuntu? How Can We Have It in Our Lives?* , *Global citizen*. Available at: https://www.globalcitizen.org/en/content/ubuntu-south-africa-together-nelson-mandela/ (Accessed: 13 November 2023).

Wilson, D. *et al.* (2014) 'Transgender Issues in South Africa, with Particular Reference to the Groote Schuur Hospital Transgender Unit', *South African Medical Journal*, 104(6), pp. 448–449. doi: 10.7196/SAMJ.8392.

Wiredu, K. (1998) 'Toward Decolonizing African Philosophy and Religion.', *African Studies Quarterly*, 1(4), pp. 17–46.

Wiredu, K. (2004) 'Amo's Critique of Descartes' Philosophy of Mind', in Wiredu, K. (ed.) *A Companion to African Philosophy*. 1st edn. Victoria, Australia: Blackwell Publishing, pp. 200–207. doi: 10.5860/choice.42-1478.

Wizemann, T. M. and Pardue, M. L. (2001) 'Sex Begins in The Womb', in Wizemann, T. M. and Pardue, M. L. (eds) *Exploring the Biological Contributions to Human Health - Does Sex Matter?*. 1st edn. Washington DC: National Academies Press, pp. 45–78.

Zabus, C. and Das, S. K. (2021) 'Hijras, Sangomas, and Their Translects', *Interventions*, 23(6), pp. 811–834. doi: 10.1080/1369801X.2020.1784026.

Zia, Y. *et al.* (2021) 'Psychosocial Experiences of Adolescent Girls and Young Women Subsequent to an Abortion in Sub-saharan Africa and Globally: A Systematic Review.', *Frontiers in Reproductive Health*. Switzerland, pp. 1–13. doi: 10.3389/frph.2021.638013.

Zucker, K. J. *et al.* (2012) 'A Developmental, Biopsychosocial Model for The Treatment of Children with Gender Identity Disorder.', *Journal of homosexuality*, 59(3), pp. 369–397. doi: 10.1080/00918369.2012.653309.