

Perceptions, Constraints, and Access to Sex Reassignment Surgery among Transgender Individuals: Evidence from a Qualitative Study in Odisha

Prachi Parimita Rout, Nibedita Swain

Biswajit Apat, Meghna Bharadwaj and Pranaya Kumar Swain

Abstract: *This paper examines the lived experiences of transgender individuals in Bhubaneswar, Odisha, with particular attention to gender dysphoria, access to sex reassignment surgery (SRS), and post-transition social acceptance. Situating gender incongruence within both historical and contemporary contexts, the study underscores that diverse gender identities have long existed but have only recently gained prominence in policy, clinical discourse, and public debate. While not all transgender individuals experience gender dysphoria, many seek interventions to align their physical bodies with their gender identity. Among available treatments, including hormone therapy, psychotherapy, and voice training, SRS has emerged as a significant pathway for achieving gender transition and improving socio-psychological well-being. Drawing on empirical data, this study explores perceptions of SRS, its accessibility and affordability, and the structural and social barriers influencing decision-making. The findings reveal that despite advancements in medical technology and increasing recognition of transgender rights, access to SRS in India remains constrained by legal ambiguities, institutional challenges, and persistent social stigma. Furthermore, gaps between policy provisions and their implementation continue to limit the effectiveness of state-led interventions aimed at supporting transgender communities. The study highlights the complex interplay between medical possibilities, socio-cultural norms, and policy frameworks in shaping transgender experiences. It calls for more inclusive, coherent, and accessible healthcare policies, alongside greater societal sensitisation, to ensure dignity, equity, and well-being for transgender individuals in India.*

Keywords: Gender Identity Disorder, Sex Reassignment Surgery, Transgender Health, Social Exclusion and Stigma.

Introduction

Many individuals move beyond the binary understandings of sex, gender, and sexuality and instead embrace identities that are fluid, performative, and not bound by normative expectations. This incongruence between one's gender identity and the biological sex assigned at birth is often associated with gender dysphoria (Butler, 1990; Safer & Tangpricha, 2019; Schechter, 2016). Individuals may adopt various forms of self-identification in relation to what has been termed gender identity disorder (GID). In scholarly literature, however, the most commonly used terms are "transgender" and "transsexual." The term "transgender" is broader in scope, typically referring to individuals who identify as existing outside socially constructed norms of masculinity and femininity (Blosnich et al., 2013). Those who identify as transgender or transsexual frequently experience a mismatch between their gender identity - their internal sense of being male or female - and their assigned sex at birth, a dissonance that, for many, is linked to experiences categorized as gender identity disorder (Gupta & Murarka, 2009; Khan et al., 2009; Kalra & Shah, 2013; Blosnich et al., 2013; Arvind et al., 2022).

The incongruence between assigned sex and experienced gender identity may manifest as gender dysphoria or gender incongruence (Barone et al., 2017; Bustos et al., 2021) and often departs from the prescriptive stereotypes (Fiske and Stevens, 1993). Evidence indicates that such experiences are not recent; references to diverse gender expressions and non-normative sexualities can be traced to Greek and Indian mythological traditions. Over time, the transgender experience has moved beyond mythological and purely academic domains to occupy a central place in public discourse, policy debates, and clinical practice. Although not all transgender individuals experience gender dysphoria, a substantial proportion do. With advances in medical technology and healthcare infrastructure, sex reassignment surgery (SRS) has emerged as a significant pathway for many transgender individuals seeking relief from gender dysphoria (Brown, 1990; Cohen-Kettenis & Gooren, 1999; m Hady-Moussa et al., 2018). Contemporary research underscores the role of SRS in facilitating gender transition and enhancing socio-psychological well-being (Schechter, 2016; Aydin et al., 2016; Lane et al., 2018; Wernick et al., 2019; Nolan et al., 2019; Rout and Swain, 2023). Nonetheless, evolving social dynamics and persistent experiences of exclusion continue to shape and often constrain decision-making regarding surgical transition.

Individuals experiencing gender dysphoria frequently express a desire to align their physical characteristics with their gender identity and to gain

social recognition accordingly (Dhejne et al., 2011; White Hughto et al., 2015; Papadopoulos et al., 2017). Commonly reported interventions for gender identity disorder (GID) include combinations of hormone therapy, psychotherapy, voice therapy, electrolysis, and surgical procedures (Levine et al., 1999; King et al., 2012; Nelson et al., 2009). Among these, SRS is often regarded as a preferred option for achieving desired gender transition and improving socio-psychological comfort (Agarwal et al., 2017). In recent years, there have been notable advancements in the clinical understanding and management of transgender health, encompassing psychological, medical, and surgical approaches to address gender dysphoria. Parallel socio-cultural and political shifts have also brought increased visibility and attention to this historically marginalised population (Schechter, 2016).

Despite these developments, the context in India presents a complex picture shaped by cultural intricacies setting it apart from its Western counterparts (Pillai and Sreenivasulu, 2024). While medical advancements have improved possibilities for transition, SRS continues to be entangled in legal and institutional challenges. Compared to many developed countries where SRS has gained broader legal recognition and social acceptance, Indian legal frameworks remain ambiguous and, at times, unsupportive. Surgeons, too, encounter significant legal and procedural constraints in providing care to transgender patients. Although the Government of India has acknowledged the need for inclusive health policies addressing the specific needs of lesbian, gay, bisexual, and transgender communities (Klein et al., 2009), and initiatives such as the Twelfth Five-Year Plan have emphasised targeted interventions in education, housing, and healthcare, gaps between policy intent and implementation persist. Scholars and activists have consistently pointed to these discrepancies, calling for more effective and inclusive policy frameworks.

Against this backdrop, the present study draws on empirical evidence from transgender individuals in Bhubaneswar, the capital of Odisha, to examine key issues. It seeks to understand the forms of discrimination associated with gender identity disorder, explore perceptions of SRS, assess its availability, accessibility, and affordability, and analyse its impact on individuals as well as their social acceptance in the post-surgical context.

Theoretical underpinning

The present study examines the lived experiences of transgender individuals through selected sociological perspectives that help explain identity

formation, social exclusion, and the pursuit of recognition within society. Since the research seeks to understand how transgender persons interpret discrimination, negotiate gender identity, and perceive the role of Sex Reassignment Surgery (SRS) in their lives, the analysis draws upon theories that connect individual experiences with broader social structures. In this context, the theoretical framework primarily incorporates Maslow's hierarchy of needs and the concept of self-actualisation (Cherry, 2024; Schott, 1992), Charles Horton Cooley's theory of the looking-glass self (1902), Erving Goffman's theory of social stigma (Clair, 2018), and Robert K. Merton's theory of relative deprivation (1950). Together, these perspectives provide a multidimensional lens for interpreting the empirical narratives of transgender participants.

One of the important theoretical anchors of this study is Maslow's hierarchy of needs (1954), which conceptualises human motivation as a progression of needs ranging from basic physiological and safety needs to higher-order psychological needs such as belongingness, esteem, and eventually self-actualisation. For marginalised communities such as transgender persons, many of the lower levels of the hierarchy, particularly safety, security, and stable livelihood, often remain precarious due largely to social discrimination and exclusion. However, beyond these material concerns lies the deeper aspiration for identity affirmation and self-realisation. In the context of transgender experiences, the desire for gender affirmation, including the pursuit of SRS for some individuals, can be interpreted as part of the process of achieving self-actualisation. The theory thus helps explain why individuals seek bodily and social congruence with their gender identity despite structural obstacles. It also highlights how unmet basic needs such as secure employment or access to healthcare services can limit the ability of transgender individuals to pursue higher levels of personal fulfilment.

Another significant conceptual tool for this study is Charles Horton Cooley's theory of the looking-glass self, which explains the formation of self-identity through social interaction. According to Cooley, individuals develop their sense of self by imagining how they appear to others, interpreting the judgments of others, and forming self-feelings such as pride or shame based on these perceived reactions. For transgender individuals, identity formation often unfolds within a social environment where gender nonconformity is stigmatised. Family members, peers, and institutions frequently respond to transgender expressions with disapproval or rejection, which may shape early experiences of self-doubt and internal conflict. At the same time, interactions within supportive networks—such as transgender communities,

peer groups, or advocacy organisations—can provide alternative social mirrors that validate and affirm gender identity. The looking-glass self therefore helps explain how transgender individuals negotiate their identities within a social environment that simultaneously constrains and reshapes their self-perceptions.

The study also draws upon Erving Goffman's theory of social stigma (1963), which provides a powerful framework for understanding the marginalisation of individuals whose identities deviate from dominant social norms. Goffman conceptualises stigma as a socially constructed attribute that discredits individuals and reduces them from a "whole and usual person" to someone perceived as different or inferior (Tyler, 2018). Transgender identity often becomes a stigmatised attribute within societies organised around binary gender norms. This stigma manifests in various forms, including social exclusion, verbal harassment, employment discrimination, and barriers to healthcare (Link and Phelan, 2006). Goffman's framework further distinguishes between "discredited" identities, where the stigma is visible or known, and "discreditable" identities, where the individual may conceal the attribute. For many transgender persons, gender expression makes their identity publicly visible, exposing them to everyday experiences of stigma. The theory therefore helps explain the structural and interpersonal dimensions of discrimination encountered by transgender individuals and the coping strategies they develop to manage stigmatised identities in social interactions.

In addition to stigma and identity formation, the research engages with Robert K. Merton's theory of relative deprivation, which focuses on how perceptions of inequality and deprivation arise when individuals compare their circumstances with those of others. Relative deprivation does not simply refer to absolute poverty or lack of resources; rather, it emerges when people feel disadvantaged relative to the opportunities and privileges available to others in society. For transgender individuals, such perceptions often arise in relation to access to education, employment, healthcare, and legal recognition. When participants observe that others can access medical services, stable livelihoods, or social acceptance more easily, they may experience a sense of frustration and injustice. In the context of SRS, relative deprivation becomes particularly relevant in understanding the barriers related to the availability, accessibility, and affordability of medical procedures. The theory thus highlights how structural inequalities and institutional barriers shape the life chances of transgender individuals.

Taken together, these theoretical perspectives provide a comprehensive framework for interpreting the empirical data collected in the study.

Maslow's hierarchy of needs offers insight into the motivational dimensions of gender affirmation and the pursuit of self-realisation. Cooley's looking-glass self illuminates the role of social interaction in shaping identity and self-perception. Goffman's theory of stigma explains the social processes that produce discrimination and marginalisation. Merton's concept of relative deprivation highlights the structural inequalities that restrict access to opportunities and resources. By integrating these theories, the study situates the personal narratives of transgender individuals within broader sociological processes of identity formation, social exclusion, and the quest for recognition.

This theoretical framework thus enables the research to move beyond purely descriptive accounts of transgender experiences and instead analyse them within established sociological traditions. It provides the conceptual basis for examining how transgender individuals interpret discrimination, negotiate their identities, and pursue gender affirmation within a social environment marked by both structural constraints and emerging possibilities for inclusion.

Methodology

This study is situated within the qualitative sociological tradition, focusing on lived experience, social relations, and meaning-making in everyday life. It draws on a larger empirical study conducted with 100 transgender individuals in Bhubaneswar, Odisha, and is based on in-depth qualitative analysis of a purposively selected sub-sample of 20 participants. The aim is not statistical generalisation but to generate a nuanced understanding of how transgender individuals interpret and negotiate social structures within an urban context marked by rapid socio-economic change and evolving gender discourses.

Participants were selected using purposive sampling guided by maximum variation, ensuring diversity across age, gender identity, caste and class background, education, occupation, living arrangements, and community affiliation. Data were collected through semi-structured, in-depth interviews conducted in Odia, Hindi, or English, depending on participant preference. Interviews lasted 45–90 minutes, were audio-recorded with informed consent, and were supplemented with field notes documenting contextual and reflexive observations.

All interviews were transcribed verbatim and, where necessary, translated into English with attention to preserving cultural meanings. Transcripts were

anonymised to ensure confidentiality. Data were analysed using thematic analysis following Braun and Clarke (2019), involving familiarisation, coding, theme development, and interpretive analysis. The approach was primarily inductive, while remaining informed by sociological concerns with power, marginalisation, and social interaction. Reflexivity was integral to the research process, maintaining analytical memos to document positionality and interpretive decisions. Rigour was ensured through constant comparison across narratives and attention to deviant cases. Ethical clearance was obtained from the Institutional Ethics Committee at NISER, Bhubaneswar, and participants were informed of their rights, including voluntary participation and withdrawal at any stage.

The study is limited by its small qualitative sub-sample and focus on a single urban context, which constrains generalisability. The exclusion of quantitative data means the findings do not address prevalence, and reliance on self-reported narratives may be shaped by recall and interview dynamics. Nonetheless, the study offers rich sociological insights into lived experiences that are often overlooked in large-scale research.

Findings and discussion

The qualitative narratives obtained from the purposively selected sub-sample of twenty transgender participants reveal complex patterns of discrimination, identity negotiation, and aspirations for bodily autonomy. Although the sample size does not aim for statistical generalisation, the narratives provide rich insights into the everyday social realities of transgender individuals in an urban environment undergoing rapid socio-economic change. Analysing these experiences through classical sociological theories—particularly Maslow’s hierarchy of needs, Charles Horton Cooley’s concept of the looking-glass self, Erving Goffman’s theory of stigma, and Robert K. Merton’s theory of relative deprivation—helps situate individual experiences within broader social structures.

(1) Experiencing exclusion and internalised shame

One of the most consistent themes across the narratives is the pervasive discrimination faced by transgender individuals due to their gender identity. Participants described exclusion from family spaces, educational institutions, employment opportunities, and public life. Many respondents narrated experiences of ridicule, verbal harassment, and social isolation, particularly during adolescence when gender nonconformity first became visible.

These experiences can be interpreted through Erving Goffman's theory of social stigma. According to Goffman, stigma arises when an individual possesses an attribute that deeply discredits them in the eyes of society, reducing them from a whole and usual person to a tainted one. For many transgender participants, their gender identity functions as such a stigmatised attribute. Participants described being often treated as "different" or "abnormal," resulting in social distancing by family members and peers. The stigma attached to transgender identity often forces individuals into marginal livelihoods such as begging or informal labour, reinforcing cycles of social exclusion.

From a young age, I was made to feel different because of the way I expressed myself. In school, I was often mocked and called names, and even teachers did not always intervene. At home, my family grew distant, avoiding conversations about me and sometimes excluding me from family gatherings. Over time, I started believing that something was wrong with me. I felt ashamed of who I was and tried to hide my identity to avoid ridicule. But no matter how much I tried, the sense of being 'other' never left me. (Participant 1)

This narrative reflects Goffman's concept of stigma, where the individual is treated as socially discredited due to a perceived "deviant" attribute. The repeated experiences of exclusion and ridicule demonstrate how stigma operates both externally through discrimination and internally through the development of shame and self-doubt.

As I grew older, it became harder to continue my education because of constant harassment from classmates and even people in public spaces. Eventually, I had to leave school and look for ways to survive. Finding a regular job was nearly impossible once people recognised my identity. Many doors were closed before I even had a chance. I had no option but to take up informal work, where I still face disrespect and insecurity. Society treats me as if I do not belong, and this constant rejection makes it difficult to feel like an equal member of society. (Participant 2)

These accounts illustrate how stigma leads to structural exclusion, limiting access to education and employment, as described by Goffman. The individual's gender identity becomes a discrediting attribute that not only shapes social interactions but also pushes them into marginal livelihoods, reinforcing cycles of disadvantage and social exclusion. At the same time,

the narratives show that stigma is not merely imposed externally but also internalised through repeated social interactions. Several respondents expressed feelings of shame or inadequacy during early stages of identity formation, suggesting that stigma shapes not only external treatment but also internal self-perception.

(2) From self-doubt to self-acceptance through community

The process through which transgender individuals come to understand and affirm their gender identity can be explained through Charles Horton Cooley's concept of the looking-glass self. Cooley argued that individuals develop their sense of self through social interaction, imagining how others perceive them and internalising these perceptions. Participants described a long process of self-realisation that involved negotiating between their internal sense of gender and the reactions of others. In many cases, negative reactions from family and community members initially created confusion and self-doubt. However, interaction with other transgender individuals or supportive social networks often helped participants reinterpret these negative perceptions.

For example, several respondents explained that meeting other members of the transgender community helped them gain confidence and validate their gender identity. Through these interactions, the "mirror" through which they viewed themselves changed from a hostile social environment to a more supportive community network. Thus, identity formation was not a purely individual process but one mediated by social relationships and community spaces. Urban environments played an important role in this transformation. The city offered relative anonymity and access to community networks, NGOs, and support groups, which helped some participants rebuild their sense of self and develop strategies for coping with discrimination.

Growing up, I always felt different, but I did not have the words to explain what I was feeling. Most of my understanding of myself came from how others treated me. My family would constantly correct my behaviour, telling me to act 'properly,' and their disapproval made me feel like something was wrong with me. I began to see myself through their eyes—as someone who was unacceptable—and this created a lot of confusion and self-doubt. Things started to change when I moved to the city and came into contact with other transgender people. For the first time, I met individuals who felt the same way I did and were not ashamed of it. Through conversations and shared

experiences, I began to question the negative image I had internalised. Their acceptance acted like a new mirror, reflecting a version of myself that was valid and worthy. Over time, I started to rebuild my identity with more confidence. I realised that who I am is not defined by rejection, but by my own understanding and the support of a community that sees me for who I truly am.” (Participant 3)

This narrative illustrates how an individual’s self-concept was initially shaped by negative social feedback from family members, leading to internalised stigma. However, the shift to a supportive peer group provides an alternative “mirror,” enabling the reconstruction of a more positive and affirmed identity through social interaction.

My journey of understanding my gender identity has been shaped a lot by how people around me reacted to me. In the beginning, I constantly worried about how others saw me—whether I was being judged, mocked, or rejected. These imagined perceptions affected how I saw myself, and I often tried to suppress my true identity just to fit in. However, after coming to Bhubaneswar, I found spaces where I could interact with supportive groups and NGOs working with transgender individuals. These interactions helped me see that the problem was not with me, but with the limited understanding of society. Slowly, I began to separate my sense of self from the negative judgments I had internalised over the years. The city gave me a kind of anonymity and freedom that I did not have before. It allowed me to experiment with my identity and connect with people who affirmed me. Through these experiences, my sense of self became stronger and more independent. I still face discrimination, but now I have the confidence to define myself on my own terms, rather than through the lens of others’ expectations.” (Participant 4)

This account reflects the dynamic process of the looking-glass self, where identity is continuously negotiated through imagined and real social perceptions. The urban environment and supportive networks function as alternative sites of social reflection, allowing the individual to reinterpret earlier negative appraisals and develop a more autonomous and resilient sense of self.

(3) Perceptions of sex reassignment surgery

Participants expressed a wide range of perceptions regarding sex reassignment surgery (SRS). For some, SRS was viewed as a crucial step toward aligning their physical bodies with their gender identity. These respondents described surgery as a pathway to psychological relief, social recognition, and a sense of personal completeness. Such aspirations may be interpreted through Maslow's hierarchy of needs, particularly the pursuit of self-actualisation. For many participants, fundamental needs such as safety, livelihood, and social belonging remained precarious due to persistent discrimination. Within this context, the desire for SRS reflects a deeper quest for identity fulfilment and self-realisation. The notion of "becoming one's true self," frequently articulated by participants, resonates strongly with the idea that individuals strive to realise their fullest potential once more basic needs are addressed. At the same time, several respondents expressed ambivalence toward SRS. Concerns surrounding medical risks, financial constraints, and uncertain social acceptance significantly shaped their decision-making processes. For some, gender identity was not seen as contingent upon surgical transformation, highlighting the diversity of perspectives within the transgender community and challenging any singular narrative of transition.

For me, undergoing sex reassignment surgery is not just a medical procedure. It is about becoming who I think I truly am. Since childhood, I have felt a deep disconnect between my body and my identity, and that feeling has caused me constant distress. I believe that SRS would give me a sense of inner peace and completeness that I have long been searching for. At the same time, I struggle with basic challenges like finding a stable source of income and being accepted by the society around me. Even so, the desire for surgery remains strong, because it represents something deeper than survival. It is about dignity, identity, and living a life that I want for myself. I feel that only after this surgery will I be able to fully accept myself and move toward a more fulfilled life. (Participant 5)

I do think about sex reassignment surgery as something that could bring me relief and help me feel more comfortable in my own body. Many times, I feel that society judges me based on how I look, and I believe that surgery might make it easier for me to be accepted as who I am. It feels like a step toward

being seen and treated with respect. However, my situation makes it very difficult to even consider it seriously. I do not have financial stability, and the cost of the surgery is far beyond what I can manage. There are also concerns about the safety of the procedure and whether I would receive proper care. So, while the desire is there, it often feels out of reach, and I am left balancing hope with uncertainty. (Participant 6)

I strongly believe that being a transgender person is about who I am, not about whether I go under the knife. While I understand why many people see sex reassignment surgery as important, I personally feel that my identity does not depend on changing my body. I have learned to accept myself as I am, even though society often does not. I also have concerns about the risks involved in surgery and the financial burden it brings. Given my circumstances, I feel it is more important to focus on building a stable life and finding acceptance in my own way. I believe that dignity and self-worth should not be tied only to medical procedures, and that there should be more space for different experiences within the transgender community. (Participant 7)

As one participant noted, SRS represented more than a medical intervention; it symbolised dignity, identity, and the possibility of a fulfilled life beyond mere survival. Another respondent, while acknowledging the potential emotional and social benefits of surgery, emphasised the prohibitive costs and concerns about safety, which rendered the option largely unattainable. In contrast, a third participant rejected the necessity of surgical transition altogether, asserting that self-acceptance and dignity should not be dependent on medical procedures. These narratives collectively underscore the complex interplay between aspiration, constraint, and identity, revealing that decisions surrounding SRS are shaped not only by personal desires but also by structural inequalities and socio-cultural realities.

(4) Availability, accessibility, and affordability of SRS

Another major theme emerging from the narratives concerns the structural barriers associated with accessing SRS. Participants frequently pointed out that the availability of trained medical professionals and safe surgical facilities is limited. Even in urban areas, reliable medical services were perceived as difficult to identify. Affordability emerged as one of the most significant obstacles. Many respondents reported unstable incomes due to employment discrimination, making the cost of surgery prohibitively high.

Some participants indicated that they relied on informal networks, community support, or financial assistance from NGOs to pursue medical procedures. These experiences can be interpreted through Robert K. Merton's theory of relative deprivation. Relative deprivation refers to the perception that one is deprived of resources or opportunities that others possess. Several participants expressed frustration when comparing their limited access to medical services with the relative ease with which other groups access healthcare. This sense of inequality heightened feelings of marginalisation and injustice.

I am the only child of my parents. My father is affluent and owns substantial land in our native village. However, he has disowned me because of my sexuality, fearing it would bring embarrassment to the family, and has also withdrawn all financial support. Other members of my family have similarly rejected me and have even warned me against claiming any share in the ancestral property. I am uncertain whether the law provides me with any right to inheritance despite their opposition. Additionally, the lack of a stable source of income has worsened my situation, and I am struggling to arrange funds for my sex reassignment surgery, moving from place to place in search of support. (Participant 8)

I work as a sex worker, and I often face difficult and unfair situations in the course of my work. On many occasions, clients refuse to pay the agreed amount after sexual services have been provided. They justify their actions by demeaning my identity, saying that I am not a "real" woman and therefore do not deserve to be paid as per my terms. Such experiences are not only financially damaging but also deeply distressing and humiliating. These repeated incidents have reinforced my desire to undergo sex reassignment surgery, as I believe it would help me affirm my gender identity and possibly reduce the discrimination I face. However, pursuing this surgery is extremely challenging at present. The cost involved is far beyond what I can afford, especially given my unstable income and the frequent denial of payment by clients. As a result, I find myself in a difficult position—aspiring to undergo the procedure for my dignity and well-being, yet unable to do so due to financial constraints and the hardships of my current circumstances." (Participant 9)

I have been trying to explore options for sex reassignment surgery, but one of the biggest challenges I face is the lack of proper facilities nearby. In Bhubaneswar, there are very few hospitals or doctors who are experienced in gender-affirming procedures. Most of the reliable options are in bigger cities like Delhi, Mumbai, or Chennai, which means I would have to travel far from my support system. Even when services are available locally, there is often a lack of trust due to limited expertise and concerns about the quality of care. This makes the entire process feel uncertain and risky, leaving me confused about where to go and whom to rely on.” (Participant 10)

Even when I find information about hospitals or doctors offering gender-affirming surgery, accessing these services is not easy for me. Many healthcare providers are not sensitive to transgender issues, and I often feel judged or uncomfortable during consultations. There is also very little clear guidance on the steps involved, such as counselling, documentation, or medical requirements, which makes the process overwhelming. On top of that, social stigma and fear of discrimination discourage me from openly seeking help. Sometimes, I feel that the system itself is not designed to include people like me, making access to even basic healthcare a struggle. (Participant 11)

The biggest obstacle in my journey toward sex reassignment surgery is the cost involved. The procedure, along with pre- and post-operative care, can cost several lakhs of rupees, which is far beyond my financial capacity. Many of us in the transgender community do not have stable jobs due to discrimination, and savings are almost non-existent. Even though there are government schemes, awareness is low and accessing those benefits is not straightforward. Because of this, my aspiration to undergo surgery often feels like a distant dream, limited not by my will, but by my economic reality.” (Participant 12)

Moreover, the narratives highlight how structural inequalities intersect with gender identity. Class background, educational attainment, and access to social networks significantly influenced whether participants could realistically consider SRS as an option.

(5) Impact of SRS and post-surgery social acceptance

Participants who had undergone SRS or were familiar with others who had highlighted a range of psychological benefits associated with surgical transition. Many of them described an enhanced sense of self-confidence, greater alignment between body and identity, and improved emotional well-being. For these participants, SRS contributed to a more coherent sense of self and reduced the distress associated with gender incongruence, reinforcing its significance as a deeply personal and affirming process. However, the expectation that surgical transition would seamlessly translate into social acceptance was not consistently realised. Participants frequently noted that stigma and discrimination persisted even after surgery. While some reported relatively improved interactions in public spaces or workplaces, acceptance within family and community contexts remained uneven and, at times, fraught. This disjuncture between personal transformation and social reception underscores the limits of medical intervention in addressing broader societal attitudes.

These experiences resonate with Goffman's conceptualisation of stigma, wherein socially constructed labels and stereotypes continue to influence perception despite changes in physical appearance. In this sense, while SRS may facilitate identity affirmation at the individual level, it does not necessarily dismantle entrenched structures of prejudice. At the same time, a few participants observed gradual shifts in social acceptance, particularly in urban settings where discourses on gender diversity are gaining visibility. The role of media representation, legal recognition, and advocacy initiatives was acknowledged as contributing to increased awareness, suggesting that broader socio-cultural changes may, over time, reshape the conditions of acceptance for transgender individuals.

(6) Personal transformation but persistent stigma

After undergoing sex reassignment surgery, I finally felt at peace with myself. For the first time, my body and identity felt aligned, and it gave me a sense of confidence I had never experienced before. I became more comfortable interacting with people and expressing myself in public. However, I soon realised that while the surgery changed how I saw myself, it did not completely change how others saw me. Some people continued to judge or question my identity, especially within my family and community. Even now, I feel that acceptance is partial and conditional. The surgery gave me inner strength,

but social acceptance is still something I have to struggle for.”
(Participant 13)

This narrative reflects Goffman’s theory of stigma, where, despite physical transformation, the individual continues to be viewed through pre-existing social labels. While SRS fulfils personal identity needs, stigma persists at the societal level, shaping continued experiences of discrimination.

(7) Gradual acceptance in changing social contexts

I have seen a close friend go through sex reassignment surgery, and the change in her confidence was remarkable. She became more secure in herself and started participating more openly in social and professional spaces. In some places, especially in the city, people began to treat her with more respect, and everyday interactions became easier. At the same time, acceptance was not uniform. Her family still struggled to fully accept her, and there were moments of discomfort in social settings. But compared to earlier times, there has been some improvement. With more awareness, media representation, and support from organisations, people seem to be slowly changing their attitudes. It is not perfect, but there is a sense that things are moving forward.” (Participant 14)

This account highlights the persistence yet gradual transformation of stigma, as described by Goffman. While social labels continue to influence perceptions, evolving urban contexts and increased awareness contribute to a partial renegotiation of stigma, enabling more inclusive forms of social acceptance.

Conclusion

This study highlights the complex and multi-layered experiences of transgender individuals in relation to identity formation, discrimination, and access to sex reassignment surgery (SRS), situating these within broader sociological frameworks. Drawing on Cooley’s concept of the looking-glass self, the findings demonstrate that gender identity formation is not an isolated, internal process but one deeply shaped by social interactions. Participants’ early experiences were often marked by negative reflections from family and community, leading to confusion and internalised self-doubt. However, engagement with supportive peer networks and transgender communities, particularly within urban spaces, enabled the reinterpretation of these reflections, fostering self-acceptance and identity affirmation. At

the same time, the persistence of discrimination across social institutions underscores the continued relevance of Goffman's theory of stigma. Transgender identity frequently emerged as a stigmatised attribute that resulted in exclusion from family, education, employment, and public life. These processes of marginalisation were not only externally imposed but also internalised, shaping participants' self-perceptions and reinforcing cycles of vulnerability. The structural consequences of stigma were particularly evident in restricted livelihood opportunities, often pushing individuals into precarious and informal forms of work.

The analysis of perceptions surrounding SRS further reveals the intersection of identity, aspiration, and structural constraint. For many participants, SRS represents a pathway to psychological well-being, identity coherence, and self-realisation, resonating with higher-order needs in Maslow's hierarchy. However, access to SRS remains uneven, shaped by issues of availability, accessibility, and affordability. Limited medical infrastructure, lack of trans-sensitive healthcare, and prohibitive costs collectively restrict the realisation of this aspiration. Moreover, the findings caution against viewing SRS as a singular solution to social marginalisation. While participants who underwent surgery reported enhanced self-confidence and emotional well-being, social acceptance remained partial and contingent. Importantly, the study demonstrates that stigma persists even after surgical transition, indicating that social perceptions are not solely contingent on physical embodiment but are embedded within enduring cultural norms and institutional structures. Nevertheless, there are signs of gradual change, particularly in urban contexts where increased visibility, legal recognition, and advocacy efforts are contributing to shifts in public attitudes. These developments, while uneven, suggest the possibility of renegotiating stigma over time.

The findings call for a nuanced understanding of transgender experiences that moves beyond individual-level explanations to address broader structural and cultural dynamics. Policy interventions must therefore focus not only on improving access to gender-affirming healthcare but also on combating stigma through inclusive education, legal protections, and community-based support systems. Such a multi-pronged approach is essential for enabling transgender individuals to achieve not only identity affirmation but also substantive social inclusion and dignity.

References

- Agarwal, C.A., M. F. Scheefer, L.N. Wright, N.K Walzer & A. Rivera. 2017. 'Quality of life improvement after chest wall masculinization in female-to-male transgender patients: A prospective study using the BREAST-Q and body uneasiness test'. *J Plast Reconstr Aesthet Surg*. 71(5): 651–657. doi: 10.1016/j.bjps.2018.01.003
- Arvind, A., A. Pandya, L. Amin, M. Aggarwal, D. Agrawal, K. Tiwari, S. Singh, M. Nemkul, & P. Agarwal. 2022. 'Social strain, distress, and gender dysphoria among transgender women and Hijra in Vadodara, India'. *International Journal of Transgender Health*, 23(1):149-163. <https://doi.org/10.1080/26895269.2020.1845273>
- Aydin, D., L.J. Buk, S. Partoft, C. Bonde, M. V. Thomsen, & T. Tos. 2016. 'Transgender Surgery in Denmark From 1994 to 2015: 20-Year Follow-Up Study'. *J Sex Med.*, 13 (4): 720-725. doi: 10.1016/j.jsxm.2016.01.012.
- Barone, M., A. Cogliandro, N. Di Stefano, V. Tambone, & P. Persichetti. 2017. 'A systematic review of patient-reported outcome measures following transsexual surgery'. *Aesthetic Plastic Surg*. 41(3): 700–713. doi:[10.1007/s00266-017-0812-4](https://doi.org/10.1007/s00266-017-0812-4)
- Bailey, C. A. 2007. *A Guide to Qualitative Field Research*. Thousand Oaks, CA: Sage.
- Berg, B. & H. Lune. 2012. *Qualitative Methods for the Social Sciences*. London: Pearson.
- Blosnich, J. R., G. R. Brown, J. C. Shipherd, M. Kauth, R. I. Piegari, & R. M. Bossarte, 2013. 'Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing Veterans Health Administration care'. *American Journal of Public Health*, 103(10): 27-32. DOI: 10.2105/AJPH.2013.301507
- Braun, V., & V. Clarke. 2019. 'Reflecting on reflexive thematic analysis.' *Qualitative Research in Sport, Exercise and Health*, 11(4): 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Brown G. R. 1990. 'A review of clinical approaches to gender dysphoria.' *J Clin Psychiatry*. 51: 57–64. PMID: 2404963
- Bryman, A. & R. G. Burgess. 1999. *Qualitative Research*. London: Sage.

- Bustos, V.P., S.S. Bustos, A. Mascaro, G. D. Corral, A. J. Forte, P. Ciudad, ... O.J. Manrique. 2021. 'Regret after Gender-Affirmation Surgery: A systematic review and meta-analysis of prevalence.' *Plast Reconstr Surg Glob Open*. 9(3). e3477. doi: 10.1097/GOX.0000000000003477.
- Butler, J. 1990. *Gender trouble: Feminism and the subversion of identity*. Abington: Routledge.
- Cherry, K. 2024. *Maslow's Hierarchy of Needs*. <https://www.verywellmind.com/what-is-maslows-hierarchy-of-needs-4136760>
- Clair, M. 2018. 'Stigma'. In M. Ryan (Ed.) *Core Concepts in Sociology*. John Wiley & Sons: 318-321. DOI:10.1002/9781394260331
- Cohen-Kettenis, P. T., & L. J. Gooren, 1999. 'Transsexualism: A review of aetiology, diagnosis, and treatment'. *Journal of Psychosomatic Research*, 46 (4): 315-333. [http://dx.doi.org/10.1016/S0022-3999\(98\)00085-3](http://dx.doi.org/10.1016/S0022-3999(98)00085-3)
- Cooley, C. H. 1902. 'Looking-glass self'. In *The production of reality: Essays and readings on social interaction*, 6: 126-128.
- Cooley, C. H. 1902. *Human Nature and the Social Order*. New York: Charles Scribner's Sons. <https://dn790005.ca.archive.org/0/items/cu31924032559316/cu31924032559316.pdf>
- Denzin, N. K. & Y. S. Lincoln. 2005. *The Sage Handbook of Qualitative Research*, Thousand Oaks, CA: Sage.
- Dhejne, C., P. Lichtenstein, M. Boman, A.L.V. Johansson, N. Langstrom, & M. Landen. 2011. 'Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden.' *PLoS One*, 6 (2): 216885. doi: [10.1371/journal.pone.0016885](https://doi.org/10.1371/journal.pone.0016885)
- Esterberg, K. G. 2002. *Qualitative Methods in Social Research*. Boston, MA: McGraw-Hill Higher Education.
- Fiske, S. T., & L. E. Stevens. 1993. 'What's so special about sex? Gender stereotyping and discrimination'. In S. Oskamp and M. Costanzo (Eds.). *Gender Issues in Contemporary Society*. Thousand Oaks, CA: Sage: 173-196.

- Goffman, E. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.
- Gupta, R., & A. Murarka. 2009. 'Treating transsexuals in India: History, prerequisites for surgery and legal issues'. *Indian Journal of Plastic Surgery*, 42 (2): 226–233. <https://doi.org/10.4103/0970-0358.59287>
- Hadj-Moussa, M., D. A. Ohl, & W. M. Kuzon. 2018. 'Feminizing genital gender-confirmation surgery.' *Sex Med Rev*. 6 (3): 457–468.e2. doi: 10.1016/j.sxmr.2017.11.005.
- Holland, J. & J. Campbell. 2005. *Methods in Development Research: Combining Qualitative and Quantitative Approaches*. UK: ITDG Publishers.
- Kalra, G., & N. Shah. 2013. 'The cultural, psychiatric, and sexuality aspects of Hijras in India'. *International Journal of Transgender Health*, 14 (4): 171–181. <https://doi.org/10.1080/15532739.2013.876378>
- Khan, S., M. Hussain, S. Parveen, M. Bhuiyan, G. Gourab, F. Sarker, S. Arafat, & J. Sikder. 2009. 'Living on the extreme margin: social exclusion of the transgender population (hijra) in Bangladesh'. *J. Health Popul. Nutr.* 27: 441–451.
- Klein, C., & B. B. Gorzalka. 2009. 'Sexual functioning in transsexuals following hormone therapy and genital surgery: A review'. *J Sexual Med*, 6 (11): 2922–2939. doi: 10.1111/j.1743-6109.2009.01370.x.
- King, R. S., G. R. Brown, & C. R. McCrea. 2012. 'Voice Parameters That Result in Identification or Misidentification of Biological Gender in Male-to-Female Transgender Veterans'. *International Journal of Transgenderism*, 13 (3): 117–130. <https://doi.org/10.1080/15532739.2011.664464>
- Lane, M., G. C. Ives, E. C. Sluiter, ... W. M. Kuzon. 2018. 'Trends in gender-affirming surgery in insured patients in the United States'. *Plast Reconstr Surg Glob Open*. 6(4):e1738. doi: 10.1097/GOX.0000000000001738.
- Link, B. G., & J. C. Phelan. 2006. 'Stigma and Its Public Health Implications'. *The Lancet*, 367 (9509): 528–529.

- Levine, S. B., G. R. Brown, E. Coleman, P. T. Cohen-Kettenis, J. J. Hage, J. V. Maasdam, L. C. Schaefer, 1999. 'The Standards of Care for Gender Identity Disorders'. *Journal of Psychology & Human Sexuality*, 11 (2): 1–34. https://doi.org/10.1300/J056v11n02_01
- Mauthner, N. S., & A. Doucet. 2003. 'Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis'. *Sociology*, 37 (3): 413–431. doi:10.1177/00380385030373002.
- Maslow, A. 1954. *Motivation and Personality*. New York: Harper & Row.
- Merton, R., & A. Kitt. 1950. 'Contributions to the theory of reference group behavior'. In R. Merton, & P. Lazarsfeld (1950), *Continuities in social research. Studies in the scope and method of "The American Soldier"*. Glencoe: The Free Press: 40–105.
- Nelson, L., E. J. Whallett, & J. C. McGregor, J.C. 2009. 'Transgender patient satisfaction following reduction mammoplasty'. *J Plast Reconstr Aesthet Surg*. 62 (3): 331–334. doi: 10.1016/j.bjps.2007.10.049
- Nolan, I. T., G. W. Dy, & N. Levitt. 2019. 'Considerations in Gender-Affirming Surgery: Demographic Trends'. *Urol Clin North Am*. 46 (4): 459–465. doi: 10.1016/j.ucl.2019.07.004. PMID: 31582020.
- Papadopoulos, N. A., J. D. Lellei, D. Zavlin, P. Herschbach, G. Henrich, L. Kovacs, J. Scaff. 2017. 'Quality of life and patient satisfaction following male-to-female sex reassignment surgery'. *J Sex Med*. 14 (5): 721–730. doi: 10.1016/j.jsxm.2017.01.022.
- Pillai, R. S., & Y. Sreenivasulu. 2024. 'Trans-becoming: decoding interactionist trans identity in Nagarkirtan (2019) and Chitrangada: The Crowning Wish (2012)'. *Humanit Soc Sci Commun*. 11:1146. <https://doi.org/10.1057/s41599-024-03651-9>
- Rout, P. P. & P. Swain. 2023. 'Pride and prejudice of sex reassignment surgery among transgender people: Qualitative Explorations from Bhubaneswar, India'. *Explorations*, 7 (3): 227–253. <https://insoso.org/sites/default/files/2024-02/Vol.%207%20%283%29%2C%20December%202023.pdf>

- Rout, P. P., A. Mathur, & P. K. Swain, P. 2023. 'Pandemic rendering the transgender people more vulnerable, as if it was not already enough: A qualitative exploration from Odisha, India'. *The Qualitative Report*, 28 (5): 1290-1305. <https://doi.org/10.46743/2160-3715/2023.5884>
- Safer, J. D. & V. Tangpricha, V. 2019. 'Care of transgender persons'. *N Engl J Med.* 381(25): 2451-2460. doi: [10.1056/NEJMcp1903650](https://doi.org/10.1056/NEJMcp1903650)
- Schechter, L.S. 2016. 'Gender confirmation surgery: An update for the primary care provider'. *Transgender Health*. DOI: 10.1089/trgh.2015.0006
- Schott, R. L. 1992. 'Abraham Maslow, Humanistic Psychology, and Organization Leadership: A Jungian Perspective'. *Journal of Humanistic Psychology*, 32 (1): 106-120. <https://doi.org/10.1177/0022167892321008>
- Tyler, I. 2018. 'Resituating Erving Goffman: From stigma power to black power'. *The Sociological Review*, 66 (4): 744-765.
- Wernick, J.A., S. Busa, K. Matouk, J. Nicholson, & A. Jansen. 2019. 'A systematic review of the psychological benefits of gender-affirming surgery'. *Urol Clin North Am.* 46 (4): 475-486. DOI: [10.1016/j.ucl.2019.07.002](https://doi.org/10.1016/j.ucl.2019.07.002)
- White Hughto, J. M., S. L. Reisner & J. E. Pachankis. 2015. 'Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions'. *Social Science & Medicine*, 147: 222-231.