Identity and Healing: An Anthropological Study of Post-Surgical Health Journey of Transgenders – A Qualitative Approach

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Abstract

Gender-affirming surgery is not simply a medical intervention for the transgender, it's a profound milestone for them living legitimately, it's deeply their personal step towards living in their own body that reflects their true gender identity. Now a days the government hospitals are offering the sex- reassignment surgery free of cost as a part of a significant step towards the health equity. Yet, the voice of whom undergone the surgery are rarely recorded. This qualitative study with Sahodaran NGO an LGBT based organization in Chennai, Tamil Nadu help to sought to listen their voices. Through in-depth interviews with 25 transgender women, where 15 who underwent surgery in both government facilities in India and private hospitals abroad. Their narratives reveal that while medical complications and inadequate follow-up care remain pressing issues, the deeper wounds often stem from structural barriers, a lack of gender-sensitive training among healthcare providers, and persistent stigma within public health spaces. Those who underwent surgery in Thailand often described smoother recoveries, supported by structured aftercare and respectful engagement, underscoring the contrast in healthcare cultures. Findings revealed that life after surgery of transgender individuals is shaped far more than healing of surgical wounds. While medical complications and insufficient follow-up care remain real challenges, the deeper difficulties often stem from the absence of gender-sensitive healthcare training, the structural constraints of public hospitals, and the weight of ongoing social stigma. Participant stories reveals that true recovery is not only about restoring physical health but also about being respected and supported in one's own gender identity. Only through holistic approaches healthcare of transgender people heal fully with dignity.

Keywords

Gender-affirming surgery, Identity and Healing, Transgender, Post-surgical health, Health equity, Qualitative research, social stigma.

Introduction

In Tamil Nadu, transgender communities are locally known through identities such as thirunambi (trans-men) and thirunangai (trans-women) have a cultural root of marginalization. If they want their path to becoming who they truly are is deeply personal and often deeply painful. Though historically present in Indian society transgender persons continue to face marginalization in healthcare, work, education, and everyday life. Most cases are underreporting but known data shows that high rates of mental health distress rooted in repeated societal rejection.

Legal developments have offered glimmers of hope for transgender community. The 2014 NALSA (National Legal Services Authority) v. Union of India decision recognized transgender persons as a distinct category with rights to self-identify under Articles 14, 15, 19, and 21 of the Constitution. It explicitly prohibited requiring surgery for legal recognition and directed governments to provide healthcare and public facilities accordingly. Building on this, the Transgender Persons (Protection of

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Rights) Act, 2019 pledged non-discrimination in healthcare and called for the provision of gender-affirming services a policy direction that, while significant, often remains unfulfilled in practice (National Legal Services Authority v. Union of India & Others, 2014).

The study by (Chakrapani V, 2006) shows how kothi-identified men who have sex with men in Chennai face daily structural violence from police harassment and family rejection to stigma in healthcare settings. By listening to their lived experiences, the authors reveal how these overlapping forms of discrimination not only strip away dignity but also heighten vulnerability to HIV. The article argues that true prevention requires more than medical care and it demands decriminalization, sensitization of institutions, and community-led empowerment to ensure safety and respect.

Nothing to Fix: Medicalization of Sexual Orientation and Gender Identity (Narrain Arvind, 2016) critiques how medicine and psychiatry in India have historically pathologized queer and transgender lives. The book highlights the harms of conversion practices and medical gatekeeping, while amplifying the voices of activists, lawyers, and mental health professionals who resist such framing. At its core, it reframes sexuality and gender variance as natural human experiences, calling for dignity and rights-based approaches instead of “cures.” Tripathy et al. (2023) show that transgender people in prisons face unsafe housing, denial of gender-affirming care, and widespread discrimination, which deepen their health vulnerabilities. The authors call for reforms such as oversight committees and staff sensitivity training to ensure dignity and equitable access to healthcare.

Organizations such as Sahodaran in Chennai city have stepped in where systems have failed. Established in 1998 and managed by and for the MSM community, it began serving transgender women in 2010, offering community-based support, counseling, crisis intervention, and referral networks to navigate public health services. Sahodaran's work underscores the profound impact of trusted community spaces in keeping people safe, seen, and supported (Sahodaran, 2023). Against this backdrop, government hospitals provide free gender-affirming surgeries stands out as a notable policy step. Yet, we know very little about what unfolds after the operation what healing looks like or fails to be in systems not fully prepared for gender diversity. Do individuals receive respectful, comprehensive care? Does their dignity follow them from surgery to recovery? Or all these public spaces designed to heal, still they fought with barriers?

This study seeks to answer these questions by centering the lived experiences of 25 transgender individuals where 15 are recovering from surgeries. Through interviews at Sahodaran organization and transgender shelter in Chennai, the research illuminates healing not just as a medical process but as a deeply social, cultural, and emotional journey that shaped the affirmation, neglect, resilience, and community strength.

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Background And Literature Review

Transgender communities in India are locally named as Aravani and Thirunangai occupy a paradoxical space of historical visibility and everyday marginalization. Classic anthropological work documents the longstanding ritual and social presence of hijra communities, placing gender variance within South Asia's cultural fabric rather than at its margins (Serena, 1990). Yet, colonial governance codified suspicion and control, producing legal and administrative categories that reverberate into the present, shaping stigma and policing around gender nonconformity (Jessica., 2019).

Over the last decade, Indian courts and Parliament have articulated powerful rights-based frameworks. The Supreme Court's National Legal Services Authority v. Union of India (2014) ruling affirmed self-identification and directed governments to ensure access to healthcare and social protections; it remains the constitutional cornerstone for trans rights (National Legal Services Authority v. Union of India & Others, 2014).

(Dipika, 2022) critically examines the Transgender Persons (Protection of Rights) Act, 2019 and its provisions on healthcare and gender-affirming procedures. She argues that while the Act promises access, its bureaucratic hurdles and medicalized requirements restrict self-identification and bodily autonomy. Instead of empowering transgender people, the law often reduces their identities to administrative approvals, highlighting the gap between rights on paper and lived realities.

(Bhattacharya Shamayeta G. D., 2022) takes a closer look at India's Transgender Persons (Protection of Rights) Act, 2019 and asks whether it truly improves the lives of transgender people. Through the stories of transgender individuals in Kolkata, the authors show that while the Act recognizes identities and promises rights, in reality many still face barriers in education, healthcare, jobs, and even within families. The study highlights that rights on paper don't always translate into real change, stressing the need for sensitized services, inclusive policies, and genuine involvement of transgender voices in decision-making. It's a reminder that recognition is only the first step is access and dignity must follow.

The article "MAHI: A multidimensional access to healthcare index for hijra, kothi, and transgender individuals" by Bhattacharya and Ghosh (2024) introduces a powerful tool to understand how transgender and gender-diverse people actually experience healthcare in India. By looking beyond simple availability, the study measures dignity, safety, affordability, and acceptance in health services. Through voices of hijra, kothi, and transgender participants in Kolkata, it shows how access is shaped by stigma, identity, and neighborhood inequalities. More than just numbers, the index captures lived struggles and points toward solutions like peer support, awareness, and inclusive services that respect people for who they are.

Medical students today often come into training with open and positive attitudes toward LGBT patients, but many still feel unsure when it comes to providing actual

care. A study by Nowaskie and Patel (2020) highlights this gap. Surveying nearly a thousand medical students, they found that while most expressed strong support for LGBT people, their practical knowledge and clinical confidence were much lower. On average, students reported only about six encounters with LGBT patients and just two hours of formal teaching on LGBT health each year. The study suggests that things really start to improve when students have at least 35 patient encounters and 35 hours of related education that a number far higher than what is typically offered. What this shows is that good intentions are not enough; meaningful exposure and structured learning are key to preparing future doctors to provide the respectful, competent care that LGBT communities deserve.

Greene et al. (2018) shed light on how future health professionals feel about caring for LGBTQ patients, revealing a clear gap between students willingness and their actual training. While most medical, dental, and nursing students reported feeling comfortable, fewer than half felt truly prepared by their formal education. Dental students, in particular, showed the least exposure to LGBTQ health content and LGBTQ-identifying students themselves were more critical of their training, reflecting unmet expectations. The study reminds us that good intentions and comfort are not enough without proper curricula, faculty support, and interprofessional learning, students risk entering practice without the tools to provide inclusive and competent care.

“Injustice at Every Turn: A Report of the National Transgender Discrimination Survey” by Grant, Mottet, and Tanis (2011) is a groundbreaking study that shed light on the harsh realities of discrimination faced by transgender and gender non-conforming people in the United States. Drawing on the experiences of over 6,000 respondents, the report documented the pervasive barriers in education, employment, healthcare, housing, and public life. Its findings revealed staggering rates of unemployment, violence, and mental health struggles, underscoring how discrimination is both systemic and intersectional, with transgender people of color facing the heaviest burdens. The report not only provided compelling evidence of widespread injustice but also served as a vital tool for advocacy, pushing institutions and policymakers to recognize and address these inequities.

Against these gaps, community-based organizations act as cultural and procedural mediators. In Chennai, Sahodaran founded in 1998 and expanding trans-focused work from 2010 offers peer counseling, crisis support, referrals, and navigation within public systems, providing trust and continuity that formal institutions often lack (Sahodaran, n.d.). This NGO–hospital interface is not merely logistical; it is anthropological in the deepest sense translating between different moral worlds of care (community, clinic, bureaucracy) and re-embedding biomedical recovery within networks of recognition and dignity.

Finally, Tamil Nadu’s move to provide free gender-affirming surgery in government hospitals is a notable policy innovation. Yet the post-operative landscape remains

under-documented in Indian scholarship. We know comparatively more about legal change and HIV programming than about the everyday textures of healing after surgery in public facilities how misgendering, ward routines, or rushed follow-ups collide with pain, wound care, and identity affirmation. This study addresses that gap by foregrounding post-surgical narratives as embodied evidence: accounts that reveal not only clinical complications but also how policy, training, and stigma assemble care.

Methodology

This study has a qualitative, ethnographic approach rooted in medical anthropology to explore the post-surgical health experiences of transgender individuals who had undergone gender-affirming surgery in public hospitals in India as well as private hospitals in abroad. The aim was to capture not only the clinical realities of recovery but also the emotional, social, and cultural dimensions of healing. This approach allowed for an in-depth understanding of participants lived experiences, shaped by the intersection of healthcare systems, gender identity, and societal attitudes towards transgender.

Field Site and Context

The research was conducted with the help of Sahodaran NGO, a Chennai-based LGBT organization that has been actively engaged in providing health outreach, HIV prevention, and social support services for transgender communities across Tamil Nadu. Through the NGO's network, connections were established with individuals from diverse districts in Tamil Nadu. The public hospital context was central to the study, as these institutions represent the primary and often only affordable avenue for surgical intervention for many transgender individuals in the state.

Participants

25 transgender women participated in the study. Out of 15 participants undergone gender-affirming surgery (commonly referred as sex-reassignment surgery in medical term) between 2018 to 2022. Ages ranged from 21 to 35 years.

Sampling Strategy

Purposive sampling techniques were used in the study. Participants were identified through Sahodaran organization. Selection criteria included:

- Self-identification as transgender.
- Having undergone gender-affirming surgery in public hospitals in India as well as private hospitals in abroad.
- Willing to share post-surgical experiences and their life histories.

Data Collection

In-depth, semi-structured interviews were conducted between July to August 2022. Each interview lasted in between 45 minutes to two hours, depending on the participants comfort level and willingness to elaborate their problems. Most of the interview were held in Sahodaran's community Centre and shelter of transgender community located at Chepet, Chennai.

Questions adopted during interview:

- Physical recovery and medical complications.
- Hospital experiences, including interactions with doctors, nurses, and medical students.
- Emotional and social support during recovery.
- Differences between surgeries in India and abroad (e.g., Thailand).
- Stigma, discrimination, and identity acceptance.

Participants shared their life stories pointed that the surgical isolation is not their real struggle, but the acceptance of the family and society is more. Ethical approval for the study was obtained from the Sahodaran NGO as a part of my Post Graduation internship. Informed consent was obtained verbally, and explained to the participants the purpose of study, their right to say no at any time and use of pseudonyms to protect their identities. Personal identities were removed to protect the community from harm.

Data Analysis

Interviews were phone recorded with their permission and translated to English for thematic analysis. Thematic analysis helps to deeply investigate their life stories of pain in their bodies, what surgery mean to them and how social world helps their recovery. Themes emerged around medical care quality, social stigma, emotional resilience, and differences in care between local and international settings.

Findings

In-depth interviews with 25 transgender individuals where 15 underwent gender-affirming (sex-reassignment) surgery in government hospitals and private hospitals in abroad (mostly in Thailand), several thematical analysis emerged. These themes reflect the realities of post-surgical health, institutional gaps and healing practices.

Theme 1: Healing beyond the wounds.

Surgery was the main milestone among the transgender community, while the participant transgender stated that the 'beginning of their struggle more after their surgery'. After the surgery at government hospitals ¾ of them faced many

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complications such as infections, urinary difficulties and pain. They added that lack of the review follows up in government hospitals made these problems.

“Rashmika (pseudo name) added that once after her surgery she thought that all her problems would be done but after her surgery at the government hospital she has been discharged immediately without any class taken for prevention of infection with some medications. She also added that she was very happy went she came to know that the government hospitals are given sex reassignment surgery at free of cost, but she never imagined the situation that she might suffer afterwards. After 20 days of surgery, she suffers from urinary difficulties and she return to hospital, but they refused with medications. She afterwards suffers a lot to pass urine then after collecting money she went to Thailand hospital with the help of Sahodaran NGO and done surgery once again. That was a successful one”.

Theme 2: Respect beyond the care.

Participants repeatedly explained about that respect beyond the care of doctors and nurses. In Indian hospitals moreover at government hospitals the medical practitioners seen them without respect as a marginalized community. Some keep calling the community as “sir”, but they corrected it many times. Also, the psychiatrists will not accept their situation instead they told to them like “it's a mental disorder it can been cured”. They added that these are due to lack of awareness of the community in medical.

“Anushka (pseudo name) told her life history that she recognized herself as a trans at the age of 16, but when her family came to know about it, they physically harmed her, and they even not allowed her to go out of the home. The family members take her to a poojari (priest), told that some soul has been entered and the priest also physically harmed her. After 2 months her family take her to psychiatrist, who even told that it's a mental disorder, it could be cured using medications. She once ran away from her home. She added that even the medical practitioners can't accept them then how the local people should”.

Theme 3: Gap between policy and reality

The participants talked about the pre-surgery and post- surgery experiences at government hospitals free of cost, where they felt those initiatives after the surgery is not seen among them. After the surgery only for about few months, they had given support for counseling, long-term hormone monitoring and mental health care.

“Swetha, Priyanka (Pseudo name) discussed about the government initiative for the surgery after they had not seen much after the surgery. They are asking about why the initiative end after the surgery, there are not much care take for post-surgery. But the person done surgery needs much care after the surgery only. If we fought for our needs, they will implement some policy but the reality hits different.”

Theme 4: Thailand holistic view of care

Some of the transgender managed to go to Thailand for their surgery where their stories hit different from the ones who did surgery in government hospitals. There the medical team provided clear post-operative procedures, instructions also the long term consultation access through online too and they are trans friendly too.

“Priyanka (pseudo name) explained about her experiences at Thailand hospital. She said that the way they respected their gender and giving proper medical care, they also added that they even don’t feel that they are trans from the Thailand hospital atmosphere. They had been calling them mam, so this was the best healing as they accepted as a woman.”

Theme 5: Community organization as a care home

Many recoveries had only possible with the support of community organizations such as Sahodaran in Chennai, which provided counseling, referrals, and sometimes even housing. Where hospitals failed, peer networks filled the gap.

“Most of the participants had done surgery with the help and care of the organization, where they also explained that they didn’t even get such support and care from their family. Each participants family had been against their decision and most of them till have no contact with their family. The care, acceptance and support from society and family could make them more confident but no one is accepting the situation and everyone talking about the culture and family status. They see us as a marginalized community who can't been accepted in the world as a gender. They even talked about the counselling section and the shelter which was the best to overcome the family trauma. The organization filled the gap of acceptance.

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