



Surgical Journeys: Understanding the Motivations and Impacts of Sex Reassignment in South Indian Transgender Individuals

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ABSTRACT

This qualitative research investigates the motivations behind sex reassignment surgery among Male-to-Female transgender individuals, as well as the challenges encountered during and after the surgical process, and its impacts on the overall wellbeing of transgender communities. The study engaged fifty participants hailing from three southern Indian states Kerala, Tamil Nadu, and Karnataka selected through a purposive sampling technique facilitated by NGOs like SWABHAVA, SANGAMA, and PAYANA. Through semi-structured interviews, the narratives regarding the rationale behind opting for sex reassignment were analyzed utilizing the lens of Critical Gender Theory. The findings underscore that gender dysphoria significantly influences transgender individuals' decision to undergo surgery, thereby affecting their socioeconomic welfare and overall quality of life. Additionally, the influence of peers in the decision-making process emerged as a pivotal factor. Notably, the research highlights the positive outcomes of sex reassignment surgery, including stress reduction, improved quality of life, heightened workplace confidence, and enhanced community interactions among transgender individuals.

Key words: Sex reassignment surgery, Male to female transgenders, Influencing factors for SRS, Wellbeing

Transgender individuals diverge from their assigned sex at birth, constituting a multifaceted population across regions and nations globally. Despite the lack of precise data, the prevalence of transgender identity is evident through various statistics, highlighting the challenges in accurately defining and measuring this population's size. In India, the 2011 Census marked a significant milestone by introducing options for individuals to declare their gender as 'male,' 'female,' or 'others,' aiming to include non-binary and transgender individuals. Although the census estimated India's transgender population at 4,87,803, concerns persist regarding its accuracy and inclusivity (Behal, 2021).

In 2017, a study by the National Human Rights Commission (NHRC) surveyed 900 transgender individuals across four districts in Uttar Pradesh and the National Capital Region (NCR), revealing stark socio-economic disparities. A significant portion, particularly in NCR, lacked formal education, with approximately 82% in Uttar Pradesh having never attended school, often dropping out before completing the tenth grade. Employment opportunities were limited, with 15% unemployed and 69% engaged in informal sector work, such as singing, dancing, and performing blessings, often necessitated by financial constraints. Dissatisfaction with job opportunities was prevalent, with 53% earning less than Rs 10,000 per month (Chauhan, 2018).

The landscape shifted in 2014 when the Supreme Court of India issued a landmark judgment in the National Legal Services Authority (NALSA) vs. Union of India case, heralding a pivotal moment for transgender rights and recognition. This decision aimed to uplift the transgender community, fostering their integration into mainstream society, and marked a significant milestone in India's journey towards transgender inclusion and equality.

Annually, around 9,000 transgender surgeries are conducted in the United States, reflecting a growing demand for gender-affirming procedures. Recent data indicates that approximately 0.6% of the US population identifies as transgender, with about 10.9% of medical encounters related to transsexualism leading to sex reassignment surgery. Notably, there has been a consistent uptick in the number of these surgeries performed each year, rising from 8,304 in 2017 to 9,576 in 2018, encompassing 2,885 male-to-female and 6,691 female-to-male procedures (Mani, Valdivieso, Hanandeh, Kalabin, & Ramcharan, 2021).

Furthermore, the sex reassignment surgery market has witnessed substantial growth, surpassing USD 316 million in 2019. Forecasts indicate a robust Compound Annual Growth Rate (CAGR) of 25.1% from 2020 to 2026, driven by increased awareness of transgender issues and improved accessibility to sex reassignment surgical centers. These factors underscore the evolving landscape of transgender healthcare services and the rising demand for gender-affirming interventions in the United States.

Moreover, the growing inclination of patients towards gender transition and the rising number of sex reassignment surgeries are key drivers of market expansion. For many transgender individuals, these surgeries aim to align their physical appearance with their internal sense of gender identity. Clinically known as genioplasty procedures, they represent a crucial aspect of gender-affirming healthcare. Healthcare providers typically require transgender patients to undergo formal diagnosis of gender dysphoria and counseling before proceeding with surgery. Gender dysphoria, once widely misunderstood, is now recognized as a legitimate condition requiring holistic psychiatric, hormonal, and surgical interventions (Mishra et al., 2021).

In India, precise data on sex reassignment surgeries remains elusive. Challenges such as complex healthcare systems, high costs, and a shortage of experienced surgical specialists contribute to the uncertainty surrounding these figures (Gupta, 2022). Consequently, this study primarily investigates the motivations of individuals who have undergone or opted against sex reassignment surgery, examining their narratives through the lens of critical gender theory. It also explores how social, economic, cultural, and institutional barriers impact the transgender community's integration into mainstream society and their overall wellbeing.

Sex Reassignment Surgery and National Protection of Rights 2019

In India, transgender individuals have been officially recognized as the "third gender," entitling them to equal treatment under the Indian Constitution and the right to self-identify their gender as male, female, or third gender. Additionally, they are acknowledged as socially and economically disadvantaged groups, qualifying them for reservations in job opportunities and educational institutions. The Transgender Persons (Protection of Rights) Bill, passed in the Lower House in August 2019, aimed to further safeguard their rights.

While the law eliminates certain contentious provisions from the 2018 bill, such as the criminalization of begging, it has faced criticism for its failure to address crucial security concerns for transgender individuals. Although the new legislation affirms the right to self-identification without the requirement of undergoing sex reassignment surgery, it has been noted that neither the central government nor state administrations have effectively implemented the provisions outlined in the law (Knight, 2019).

Despite claims from the government that this protective legislation aligns with the progress of the transgender community, reports indicate discrepancies between the promised rights and the reality on the ground. The failure to enforce the provisions of the law highlights ongoing challenges in ensuring the full realization of transgender rights and underscores the need for greater efforts towards implementation and enforcement of transgender rights legislation.

"Who has undergone a transition from male to female, realizes that she is a male to female transgender, and when discussing the failures of the law, she says, "The biggest problem ... is how do they determine our gender? Is this possible only after surgery? If we have not undergone sex reassignment surgery, is there any other way to choose our gender identity? Recently, there has been no legal support to change our gender identity in documents without undergoing surgery. Will I be allowed to remain in the identity I want if I have not undergone surgery? Many of us have lived as men for years and underwent sex reassignment surgery" (Transwomen, 25)

A transgender woman who has transitioned from male to female reflects on the challenges posed by existing laws. She questions the criteria used to determine gender, particularly whether it is contingent upon undergoing sex reassignment surgery. She raises concerns about the lack of alternative pathways for choosing one's gender identity without surgical intervention and notes the absence of legal mechanisms allowing for gender identity changes on official documents without surgery. She anxiously wonders if she will be permitted to maintain her chosen identity without undergoing surgery. Additionally, she highlights the diverse experiences within the transgender community, noting that many individuals have lived as their assigned gender for years before undergoing surgery.

According to the new Protection Bill of 2019, transgender individuals are required to apply to the District Magistrate for a certificate of identification indicating their gender as "transgender." This process entails scrutiny of the medical certificate issued by a medical superintendent or chief medical officer for accuracy. However, this requirement contradicts the principle of self-determination of gender affirmed by NALSA, which asserts that individuals have the right to determine their gender without the need for medical certificates or surgery. Moreover, the new procedure imposes intrusive medical examinations on transgender individuals.

Furthermore, the Bill stipulates that transgender individuals can only receive a certificate of self-identification as a "transgender person" from a legally designated district magistrate. However, those who undergo sex reassignment surgery to identify as male or female can change their gender identity with a medical certificate issued by a medical superintendent or chief medical officer. This bureaucratic process adds additional hurdles for transgender individuals to navigate.

The Bill fails to address crucial civil rights, such as marriage, adoption, property rights, and social security, denying transgender individuals the fundamental rights guaranteed by the Supreme Court in the NALSA

judgment. Discrimination based on gender identity violates fundamental freedoms and human rights, highlighting the need for comprehensive legal protections for transgender individuals (Singh, 2022).

Review of literature

We have engaged in a thematic literature review covering aspects of decision making regarding those who have undergone with sex reassignment surgery and those who have not with SRS, Life satisfaction and quality of life after the SRS, Policy implications of sex reassignment surgery.

The complex structure of surgical procedure, which are full of risk and complications, have numerous factor that influences the choice and the decision-making for gender transition. Such as the procedures available based on gender or gender experience assigned at birth, transgender individuals of different genders are often subjected to different types of transition therapies (McMillen, 2015). In addition, trans individuals face different types of discrimination, which often escalate to gender personality-specific levels, leading to different mental wellbeing levels among trans individuals with specific identities. These aspects may influence the way transgender individuals (psychologically) transgender people approach transformation and their medical needs; hence transition can lead to many changes in the quality of life of transgender individuals, both before and after surgery (Nerira, 2021). In addition, studies have shown that there are significant statistical differences in the desire to participate in psychotherapy and follow-up care. (Natasa Jokic-Begic, 2014) studies have shown that it is essential to determine if a transgender person has gender dysphoria before other surgical procedures involving more complications. Subsequent studies indicate that in some cases, people diagnosed with gender dysphoria may withdraw from the procedure after learning about the complications, risk factors, or side effects of the surgery, even the high-cost factor included in the surgery.

Also, they need to spend a certain amount of time living with the gender they want or spending time with people of that gender to determine if they are suitable. In addition, they need to be given proper insight into how they can lead a fulfilling life in their respective genders without undergoing surgery. It is essential to make the right decisions about whether they need hormone therapy alone or more complex surgeries, some such decisions are purely personal. (Matthew, 2021) the Study shows that the transgender community needs mental and emotional support before surgery, family counselling, and adequate support from peer groups.

Transgender individual experiences marginalization in society. Societal biases, family rejection, and violation of human and political rights in the health care system, education, employment, housing, and changes in the legal system (Drydakis;2017 b; 2016) there can result in human rights violations, declining human resources capital, higher unemployment among transgender individuals and poverty rates all contribute to this. It was found that homeless, adverse health and mental health outcomes including higher rates of depression and anxiety problems in gender identity disorder. (OECD, 2019; Drydakis 2017 a, b; 2016; Resiner et al; 2016) Synonyms of causal inference about how Sex Reassignment surgery affects subjective wellbeing should be, and it might be the care that, although transitioning itself, can bring positive wellbeing adjustments because of Sex Reassignment Surgery relief from the gender identity disorder or gender transphobia. Gender non-conforming implies that the transphobic environment can marginalize a person, resulting in adverse wellbeing and socioeconomic outcomes (Drydakis, 2017 a; b, 2016); current studies suggest that positive transitioning effects can be hampered in a transphobic culture. The positive results of the transition may have been reduced to the extent of gender dysphoria. Alternatively, positive transitioning results are promoted in an all-inclusive society. The job satisfaction and happiness in a job in workplaces and enjoyment of tasks, personal performances, job rewards, and relationships with colleagues to be positively affected by transitioning (Drdakis, 2017 b); the Study suggested that disclosure of one's status may be related to increased job satisfaction and organizational commitment levels (Tatum, 2018; Law and Akers, 2011; Griffith and Hebl, 2002). Sex reassignment surgery is indeed thought to relieve one of the anxieties associated with withholding to disguise one's actual gender identity, which could contribute to more satisfaction in workplace interactions. (Brewster et al., 2014)

Wegers et al. (2009) found that trans women are scared highly on the physical level gender-related bodily features appreciate their appearances as perceived by others, and their satisfaction with their self-image as women compared with the general population. In addition, De veoes et al. (2014) studies found that in young adulthood, transgender wellbeing gender reassignment surgery was similar to or better than same-age young adults from the general population. Moreover, Van de arift (2017) estimated that the level of satisfaction with the quality of life was similar between trans people who had surgically reassigned their gender and general population. Lindquist et al. (2017) estimated that although transitioning leads to an improvement in the general population, the decline in quality of life was relatively small in magnitude finding. Ainsworth and Spiegel (2010) found that mental health-related quality of life was diminished in trans women without surgical intervention compared to the general population and transwomen who had gender reassignment surgery, facial feminization surgery, or both. According to a 2004 medical review by David Batty, there is no clear evidence that sex reassignment surgery improves the lives of transgender, and many people continue to be severely depressed and suicidal after surgery. Studies show that sex reassignment surgery does not help treat gender dysphoria in transgender people with different body compositions. Sex "reassignment" does not work. Ryan's (2018) study found that sex reassignment surgery is impossible to physically 'reassign' one's sexuality, and trying to do so does not produce psychologically positive results.

In the review of literature, studies found that sex reassignment surgery can positively affect a trans person's life satisfaction through positive changes in inappetence attractiveness, body satisfaction, sex life, health-related quality of life, family and social relationship partner relatives, achievements in life, personal goals, self-confidence, gender identity and spiritually (Bocking et al. Costa and Colizzi, 2016; Kollen, 2016; Dhejne et al., 2016; White Hughto and Reisner, 2016; Cardoso da Silva et al., 2016; Schmidt and Levine, 2015). In addition, a few numbers of studies found that only adverse outcomes are generated through sex reassignment surgery and are not entirely beneficial to the transgender community (Cecilia, Paul, and Mikael, 2003; Bustos, 2021).

Data collection procedure

In-depth interviews were conducted with fifty participants who engaged in Male to Female Sex reassignment surgery in three South Indian states of Kerala, Tamil Nadu, and Karnataka. Participants were interviewed in their community shelters or during their work in different places. During the COVID 19 period, since data collection in-person was difficult, phone calls and google meet call (with only one person) was used. Call recordings were used only where prior permission was given to do so. Semi-structured questionnaires were also administered to 106 participants for the purposes of understanding the process of SRS and comparing the wellbeing outcomes between those who have undergone SRS and those who have not.

Sampling design and inclusion criteria

Respondents were selected purposively based on information collected from NGOs such as PAYANA, SWABHAVA (charitable trust), SANGAMA. This method of sampling was used to gain insights on experiences related to SRS from three categories of transgenders: those who had undergone SRS, those who were in transition, and those who have neither undergone SRS nor desirous of undergoing SRS.

Results and Analysis

Motivation for Sex Reassignment Surgery

Sex reassignment surgery represents a pivotal moment in the lives of transgender individuals. Many in the transgender community view it as an essential step toward living authentically. However, the journey of gender transition is multifaceted, involving not just surgical procedures but also economic, medical, and legal aspects, alongside social adjustments within family, friends, and broader communities. For transgender people, undergoing sex reassignment surgery is often motivated by the need for their physical appearance to align with their gender identity. This decision is rooted in the experience of gender dysphoria, a distressing misalignment between one's assigned sex at birth and their internal sense of gender. While gender dysphoria cannot be cured, it can be managed through hormonal therapies and surgical interventions, offering relief and a path toward greater alignment with one's true self.

"The primary reason I underwent sex reassignment surgery is the need for alignment between my mind and body. The control over our bodies stems from our emotions and thoughts, which play a crucial role in shaping our identity. While my body was male, my inner feelings and emotional thoughts were feminine, creating a conflict between my mind and physical form. To resolve this dissonance, it was essential to achieve a balance between the two. There were several contributing factors, including experiencing gender dysphoria, the influence of partners, societal pressures within our community, and the potential for increased financial opportunities by presenting as a woman, which further motivated my decision." (Transwomen, Karnataka, 32).

This narrative reflects the personal experience and motivations behind undergoing sex reassignment surgery (SRS) from the perspective of a transgender individual. The individual highlights the importance of aligning their physical body with their internal sense of gender identity. They emphasize that our emotions and thoughts play a significant role in shaping our identity and controlling our bodies. The individual describes experiencing a conflict between their assigned male body and their inner feelings and emotional thoughts, which they identify as feminine. This dissonance between their mind and physical form is a common experience for transgender individuals known as gender dysphoria. To address this conflict and achieve a sense of harmony within themselves, the individual felt it was necessary to undergo sex reassignment surgery. By transitioning their physical body to align with their gender identity, they aimed to resolve the dissonance between their mind and body. The narrative acknowledges that several factors influenced the decision to undergo SRS. These include experiencing gender dysphoria, the influence of partners who may have supported or encouraged the decision, societal pressures within the transgender community, and the potential for improved financial opportunities by presenting as a woman.

Transgender individuals have identified three key areas for improving the quality of services in sex reassignment surgery (SRS): ensuring free surgeries in government hospitals, providing insurance coverage for unforeseen pandemic situations, and offering legal document support for SRS from the government. After undergoing SRS, transgender individuals often report higher life satisfaction after a period of two or three years. They experience improvements in self-esteem, mental health, and physical well-being as a result of the surgery. However, some male-to-female transgender individuals encounter challenges in finding emotional partners for future support, particularly concerning disclosing their transition process to male partners. Consequently, some trans women (male-to-female) form life partnerships with trans men (female-to-male), as

they share similar experiences with SRS. Participants noted a preference for being sexually active exclusively with individuals of the opposite sex. However, due to the high cost of SRS procedures, some individuals are unable to undergo complete surgeries and may opt for partial procedures such as top surgery or hormone therapy. The choice of surgical procedures depends on factors such as career considerations or improving living standards. While government hospitals offer more affordable options, charging between Rs. 30,000 to Rs. 75,000, private hospitals typically charge over Rs. one lakh. Bottom surgery alone can cost Rs. one lakh fifty thousand, while breast reconstruction without implants costs around Rs. one lakh.

"I underwent two surgeries: sex reassignment surgery (SRS) at Vela Hospital and silicone breast implantation surgery at Suguna Hospital in Bangalore. I managed to gather only one hundred and seventy thousand rupees, which I saved for the surgeries. However, the total cost for both surgeries amounted to Rs 5 lakhs. Although I could claim Rs 2 lakh 50 thousand from the government, the actual expenses exceeded Rs 5 lakhs. This disparity reflects the challenges we face in a society marked by significant suffering and hardship."

This narrative depicts the financial challenges faced by transgender individuals when undergoing sex reassignment surgery (SRS) and related procedures. The individual underwent two significant surgeries: sex reassignment surgery (SRS) and silicone breast implantation surgery. These surgeries are crucial steps in aligning their physical appearance with their gender identity. Despite the importance of the surgeries, the individual could only gather one hundred and seventy thousand rupees for the procedures. This indicates financial constraints and the difficulty of saving up for expensive medical interventions, especially for marginalized communities like transgender individuals who may face discrimination in employment and access to resources. The total cost of both surgeries amounted to Rs 5 lakhs. This highlights the substantial financial burden associated with gender-affirming surgeries, which often include multiple procedures to achieve desired physical changes. The individual mentions the possibility of claiming Rs 2 lakh 50 thousand from the government, presumably as reimbursement or financial assistance for medical expenses. However, this amount falls significantly short of the actual expenses incurred, demonstrating limitations in available support systems for transgender individuals seeking medical care. The narrative concludes by highlighting the broader societal context of suffering and hardship experienced by transgender individuals. This reflects the systemic barriers, discrimination, and lack of adequate healthcare resources that contribute to the challenges faced by the transgender community in accessing essential medical services and support.

Sex reassignment surgery (SRS) is both financially costly and emotionally demanding. Surgeons who specialize in these procedures emphasize the significant mental strength required to make such a decision. Transgender individuals often endure intense mental and emotional challenges before committing to SRS. Therefore, it's crucial to accurately assess whether the individual truly experiences genital dysphoria, a process typically facilitated through thorough counseling by a psychiatrist. Medical professionals play a vital role in guiding individuals through this process, managing the associated stress, and supporting their recovery journey.

Reasons of those who undergoing sex reassignment surgery

Transgender individuals have a range of options available to them when it comes to aligning their appearance with their gender identity. This might involve various medical procedures and medications aimed at transforming aspects of their body, such as their chest, genitals, or facial features. These decisions are deeply personal, and individuals should determine what feels right for them.

While some transgender individuals diagnosed with gender dysphoria may reconsider surgery upon learning about its potential complications, risks, or side effects, others are influenced by the experiences of those within their community who have undergone surgery and reported improvements in their quality of life. Community opinions and success stories can significantly impact the decision-making process for individuals preparing for surgery, motivating them to take steps toward aligning their physical appearance with their gender identity.

Furthermore, individuals often spend time living as their desired gender or interacting with people of that gender to confirm if it feels authentic to them. Additionally, they may receive guidance on living authentically without necessarily undergoing surgery. Partner opinions and considerations about future life plans also play a role in the decision-making process.

Employment can be a significant factor influencing surgical decisions, with individuals considering the nature of their occupation and whether surgery aligns with their career goals. For example, transgender women may assess if they can confidently present as their gender in the workplace, especially in professions like sex work where gender presentation can be critical for job stability.

Before undergoing surgery, individuals need to carefully weigh their options, including hormone therapy and various surgical procedures. Mental and emotional support, family counseling, and involvement from the transgender community are crucial in this decision-making process. The following are the three main reasons that push the transgender community to undergo surgery.

1. Employment (Economic Factors Influence)
2. Peer groups or Partner Support (Social Factors Influence)
3. Gender Dysphoria and Gender Identity (Health Factors Influence)
4. Institutional Support

1. Employment factors influence of Sex reassignment surgery

In a 2016 study led by Nick Drydak, findings suggest that sex reassignment surgery correlates with improved mental health, enhanced body and gender satisfaction, and heightened dedication to personal growth, including bolstered psychology and self-assurance. Moreover, sex reassignment surgery may contribute positively to job satisfaction, while transgender individuals might also have a constructive impact on workplace dynamics.

The narrative suggests a positive outcome, with the individual experiencing a newfound sense of self and confidence post-SRS, allowing them to approach their role at the salon with greater assurance and enjoyment. Another narrative of a professional dancer revealed how gender stereotyping in certain types of profession led to discrimination in their profession.

"During my transition, I realized I've always had a feminine side. I've been lucky to stay in my culture without facing big changes. But people didn't like it when I danced male roles professionally. They said it was tough for me as a dancer. Many said I should dance female roles instead. I agreed. Teaching dance as a man, I faced discrimination. Since becoming a woman, I've had more chances, especially in my career as a dancer. I've had many opportunities to perform." (Transwomen, Kerala, 27).

This narrative underscores the journey of a transgender woman as she navigates her transition, reflecting on her innate feminine identity and the preservation of her cultural roots. Despite facing adversity while performing male roles in dance, she persevered through criticism and societal pressures. However, upon transitioning, she found a newfound sense of acceptance and opportunity, particularly in her career as a dancer. By embracing her true identity as a woman, she not only flourished professionally but also contributed to generating employment opportunities within her field. Her story exemplifies the transformative power of authenticity and resilience in overcoming barriers and creating pathways for inclusion and empowerment.

Transgenders reported their decision to undergo SRS to bring about positive changes in their workplaces. However, the narratives reveal both positive and negative aspects of such a decision.

"I'm currently working as a trainee at a salon, I encountered a multitude of challenges while navigating my responsibilities in the shop. Fortunately, my shop owner, a transwoman, was aware of the struggles I was facing. Dealing with customers became a source of discomfort for me, as some expressed unease when I performed makeup services. This made it challenging to work with confidence and fully enjoy my time in the workplace. In my pursuit of personal happiness and professional fulfilment, I decided to undergo sex reassignment surgery. This transformative journey not only addressed my physical transition but also had a profound impact on my confidence and self-identity" (Transwomen, Kerala, 25)

The narrative above illustrates the personal and professional challenges faced by a trainee working at a salon. The individual, facing discomfort and a lack of confidence while dealing with customers, attributes these struggles to their role in performing makeup services. Fortunately, the shop owner, who is a transwoman, was aware of the difficulties.

However, there were also instances where undergoing SRS did not bring about any perceptible difference at the work place. The narrative below exemplifies this.

"I could not continue my studies because of gender identity issues. Later I started working in a resort where I was a receptionist. I was subjected to a lot of exploitation especially sexual harassments from men. My manager teased me a lot because of my feminine behaviour and he gave more trouble. After the surgery, I have now become a woman and still working in the same place after two years. The truth is that no one realised that I had undergone SRS and changed my gender." (Transwomen, Kerala, 21)

The narrative exemplifies that SRS does not always make a perceptible difference in the appearance of transwomen. Others may not even recognise the changes. This is largely because merely undergoing top and bottom surgery does not change anything much for the transgenders. It is only when other treatments such as facial reconstruction, hair removal procedures, body shaping, voice change procedures etc. are done that some difference would be visible. But most transgenders cannot afford those cosmetic treatments and end up undergoing only top and bottom surgery.

2. Peer group or partner support factors influence of Sex reassignment surgery

Transgender peer groups and life partners play significant roles in influencing individuals within the transgender community, particularly when it comes to decisions regarding sex reassignment surgery. Interacting with others who share the same gender identity or life stage can present unique challenges and opportunities for support. The experiences and opinions of transgender individuals who have undergone complex procedures like sex reassignment surgery can have a profound impact on their peers, serving as sources of motivation and encouragement for those considering similar steps.

3. Gender Dysphoria and Gender Identity factors influence of Sex reassignment surgery

Experts in the field assert that gender dysphoria or incongruence with one's gender identity is a pivotal factor leading individuals to pursue sex reassignment surgery. Prior to undergoing such procedures, individuals often aim to align their physical appearance with their gender identity through surgery and hormone therapy. This desire is often fuelled by aspirations for employment opportunities, financial stability, and the legal recognition of their gender identity. The transgender community is motivated to pursue surgical interventions with the

expectation of governmental support. By expressing their gender identity openly, individuals strive to integrate into mainstream society, fostering greater acceptance and inclusion.

"The route I chose for SRS was sex work and I got a lot of income from it. I needed a lot of money for the surgery, so I chose this route. I have not done counselling and I am doing hormone therapy and am still taking continuous hormone treatment which is prescribed by the doctor for lifetime. My mind was constantly telling me that I am a woman and that I should change into a woman's body. I do not believe that this was due to hormonal changes induced by hormone therapy but rather due to the psychological distress that led me to choose this gender." (Transwomen, Kerala, 38)

The narrative shows how gender incongruity creates severe distress and compels them to undergo SRS.

"Ever since I was a little kid, I wished I could be a girl. I loved the things girls used, and I'd try using my sisters' stuff when I could. But every time I looked at myself in the mirror, I really didn't like having a male body. It made me so upset that I started hurting myself, and I even tried to end my life a few times, but it never worked out. I thought a lot about what could make me feel better, and many times, I asked people what they thought. That's when I decided that changing to become a female through surgery, called SRS, might be the right thing for me. Once they removed the boy parts from my body, I felt an incredible happiness. It was like a weight lifted off me, and I finally felt like the female I always knew I was inside." (Transwomen, Kerala, 23)

This narrative shed light on the emotional and psychological challenges faced by the individual in coming to terms with their gender identity. It also underscores the transformative impact that gender confirmation surgery can have on an individual's sense of self, bringing about a deep sense of happiness and alignment with their internal gender identity.

4. Institutional Support factors influence of Sex reassignment surgery

Institutions such as government hospitals, private clinics, and hospitals play an important role in providing various types of services related to SRS. Participants shared information about their choice of the place of treatment, the expenditures involved and what help they received from the government for SRS.

"We all have the TG (Transgender) ID cards which we get from the government. If we have that card, we get some benefits like cash transfers from the government through our organisations. But all our surgeries are done in private hospitals, not in the government institutions. Surgery is not available free of cost today, which is causing us a lot of difficulties". (Transwomen, Tamil Nādu, 38).

While transgender people received some social protection in the form of cash transfers, the support needed to undergo SRS was inadequate. Currently, SRS is exorbitantly priced and out of reach for many who want to opt for them. In the absence of legislation, not many government hospitals offered the option. But now, under the newly drafted rules- Transgender Persons (Protection of Rights) Rules in India 2020, the government hospital would not only be required to perform the surgery free of cost, but also provide counselling and hormone replacement therapy to members of the community, along with state medical insurance to cover the cost of the procedure, including counselling in private hospitals (Pandey, 2020).

Participants were also asked regarding other welfare benefits that they receive from the government. Such benefits, financial or otherwise, even if not for SRS purposes, can provide some relief to transgender persons who are already grappling with the pressure to raise funds for their surgeries. Table 5.5 shows that only 20 percent of the participants received welfare benefits. 25 percent of the participants received direct cash transfers and 28 percent had access to the ration card to avail subsidized food grains. None of the participants were covered by health insurance or any other form of insurance by the government.

As the first state to unveil a Transgender policy, Kerala has launched several initiatives to encourage the inclusivity of the transgender community. Transgenders who have undergone sex reassignment surgery have to continue proper medication throughout the recovery period. The socially and economically backward Transgender community struggles to meet the day-to-day expenses incurred during the recovery period. Hence, it is essential to provide financial assistance or reimbursement during the course of the recovery which involves counselling, treatment, food, and other expenses. An amount of Rs. 3000 is provided as financial assistance by the Social Justice Department of Kerala over a period of 12 months from the date of Sex reassignment surgery. The department has also formulated a scheme that provides financial assistance to transgender persons for undergoing SRS. The maximum amount of financial assistance will be up to Rs. 2 lakhs after completing SRS in the form of reimbursement of medical bills.

Tamil Nadu, known for its progressive social movements, was the first Indian state to introduce a transgender welfare policy. The policy enables transgender individuals to access various benefits, including free sex reassignment surgery in government hospitals, free housing, assistance with citizenship documents, admission to government colleges with full scholarships for higher studies, and participation in income-generation programs (IGP).

Tamil Nadu's commitment to transgender rights is evident in its initiatives even before the Act came into effect. The state opened a free clinic, initially named the "Transgender Clinic" and later renamed "Gender Guidance Clinic," exclusively for transgender individuals. The clinic facilitated their access to gender-affirmative care, including free sex reassignment surgery. Tamil Nadu, a pioneer in social reforms, established the Transgender Welfare Board (TGWB) under the Department of Social Welfare and Women Empowerment, becoming the first state to do so. The TGWB played a crucial role in formalizing sex reassignment surgery procedures in select

government hospitals. Services such as emasculation, vaginoplasty (with or without labiaplasty), and breast augmentation surgery (with the provision that implants are purchased by individuals) are offered. Since the inception of SRS services in 2009, at least 300 transgender individuals, referred to as aravanis, have registered for the procedures (Suresh, 2016).

“All that we earn goes as rent if we must live in a rented house. I was in no condition to do the surgery. Firstly, I do not have the money for it, so long as I do not have it, I cannot do the surgery. I have no health problem so if I want, I can do the surgery is what the doctor told me. But my main problem is finance. I do not have a single rupee to do it. If all the money comes together, I will be ready for the surgery soon. (Transwomen, Tamil Nādu, 45).

This narrative shed light on the financial challenges faced by a transgender woman from Tamil Nadu, aged 45, in accessing gender-affirming surgery. The individual explains that a significant portion of their earnings is allocated towards paying rent, leaving little to no surplus for other expenses, including the cost of surgery. Despite not having any health issues that would prevent them from undergoing surgery, the primary obstacle they face is financial. The individual expresses a desire to undergo surgery if they had the necessary funds, as indicated by the doctor's assessment that there are no health barriers to the procedure. However, the lack of financial resources poses a significant barrier to accessing this important aspect of gender-affirming care. The narrative underscores the critical role of financial resources in facilitating access to healthcare services, particularly for marginalized communities such as transgender individuals. It highlights the need for improved financial support mechanisms and accessibility to gender-affirming procedures to ensure equitable healthcare access for all individuals, regardless of socioeconomic status.

Tamil Nadu's efforts in transgender healthcare are notable, with the provision of free SRS and the establishment of clinics dedicated to transgender individuals. In 2018, the state announced a scheme offering free sex reassignment surgery (SRS) to transgender individuals, alongside initiatives for education and job opportunities. Kerala, another progressive state, preceded Tamil Nadu in introducing a transgender policy in 2015, emphasizing a comprehensive approach addressing education, employment, and healthcare. The Supreme Court's recognition of the third gender as a legal category in 2014 further reinforced the rights of transgender individuals to self-identify and access government benefits and services. However, despite positive steps, challenges persist in creating an inclusive environment for the transgender community in India.

In 2017, the Government of Karnataka formulated and released an extensive policy specifically addressing the rights and concerns of transgender individuals. Acknowledging the pivotal Supreme Court decision in *NALSA v. Union of India*, the policy highlights the prevalent structural discrimination faced by transgender persons and the inadequate recognition of their rights in various criminal and civil statutes (Kishore, 2023).

Under this progressive policy, the Karnataka state government is actively considering the provision of free sex reassignment surgeries (SRS) at designated government hospitals. The scope of these surgeries encompasses procedures such as breast removal (F2M), breast implantation (M2F), uterus removal (F2M), penis reconstruction (F2M), and penis castration (M2F). Additionally, the policy emphasizes the inclusion of SRS in the medical education syllabus and recommends free counselling and hormone therapy as integral components of transgender healthcare.

In a bid to ensure comprehensive healthcare access, the policy advocates for the inclusion of transgender individuals in health insurance schemes such as the Rastriya Swasthya Bima Yojana and other state health insurance programs. The Yeshaswini scheme under Self-Help Groups (SHGs) or transgender societies is also identified as a platform through which they can avail benefits. To facilitate this, health insurance cards are proposed to be issued to transgender individuals (Srivastava et al., 2023).

Financial assistance for Sex Reassignment Surgery (SRS) will be provided by the government at selected government hospitals. Stringent directives from the Health and Family Welfare Department will mandate all hospitals to offer healthcare facilities to transgender individuals without discrimination, ensuring unhindered access to medical services. The policy underscores the importance of providing proper counselling to transgender individuals, outlining their options concerning gender transition. Post-operative follow-up counselling and support mechanisms are deemed essential elements of the overall healthcare framework.

Why didn't some transgenders undergo SRS?

There are various reasons why some transgender individuals may choose not to undergo sex reassignment surgery (SRS) or may delay it indefinitely. It's important to remember that each person's journey and decisions regarding their transition are highly personal and can be influenced by a range of factors. Some transgender individuals may feel comfortable with their gender identity without undergoing surgical interventions. Gender identity is a deeply individual experience, and not all transgender individuals feel that surgery is necessary for their well-being or gender affirmation.

Two major concerns regarding SRS came up in the discussions with transgenders who had not opted for surgical procedures. One related to financial constraints and the other was related to health concerns.

Financial and health constraints

In India, Transgender communities face multiple barriers on the path to sex reassignment surgeries. In the National Human Rights Commission Survey, about 57% of transgender persons showed keen interest in undergoing sex reassignment surgery, but they could not afford it due to the cost involved. The financial

position of transgender persons is weak and the right to an adequate standard of living is denied to a large section of the community.

"I was told to do the surgery but now I am very old, and I cannot do any surgery. My health is not what it used to be. I have a lot of health problems, so after the surgery I am afraid that there will be many more problems. So, I do not plan to do it anymore. I must survive like this. We are waiting for the government to do a lot of things for us. Those who have money can do it. Those who have a lot of money can bring about changes in the way surgeries are done also, but there is not a lot of money. The government is not giving anything, and the transgender organization is not giving us anything. We need good interventions from the side of the government" (Transwomen, Karnataka, 27)

The participant spoke about how lack of resources to undergo SRS made her to postpone SRS. She also laments about the government not coming forward to help with the finances. But with age, the risks associated with SRS are high. So, a combination of poor finances and health risks prevented this individual from undergoing SRS. The narrative illustrates the challenges associated with undergoing gender-affirming surgery (SRS), which are compounded by financial limitations and health considerations. It highlights the individual's struggle to afford the surgery, citing financial constraints as the primary obstacle despite being in good health. The individual expresses readiness to undergo SRS if financial resources were available, emphasizing the significant impact of financial barriers on accessing essential healthcare services.

The narratives also revealed that states differ in their protocols with respect to SRS. According to World Professional Association for Transgender Health (WPATH) guidelines, before initiating gender-affirming hormones, it is important to confirm a history of gender incongruence. This is self-determined by the patient. A patient will typically describe a persistent incongruence between their gender identity and their birth-assigned gender. It is important to spend time counselling the patient about hormone therapies and exploring their psychosocial situation and supports. This may be covered in a relatively short time or may require several consultations. The length of time required depends on the level of experience of the treating Gender dysphoria and the complexity of the presentation. States appear to differ in following the protocols with respect to SRS. In Kerala, the norms are more stringent and without counselling and HRT, patients are advised not to proceed with SRS. In states like Tamil Nadu and Karnataka, the adherence to protocols is much less.

A narrative explains this difference among states:

We will not take any hormone for doing surgery. In Tamil Nādu or Karnataka doctors do not insist to follow hormone therapy before the surgery. I think only Kerala transgender people follow those instructions from doctors before undergoing surgery. Many people here want to do surgery by taking loans from private parties, but I cannot even afford to pay 1000 to 2000 rupees per month. And being old, I cannot go full begging at times" (Transwomen, Tamil Nādu, 45).

This narrative highlights the diverse practices and financial challenges associated with accessing gender-affirming surgery among transgender individuals, specifically trans women from Tamil Nadu, aged 45. The individual mentions a difference in medical recommendations across regions, noting that in Tamil Nadu or Karnataka, doctors do not typically require hormone therapy prior to surgery, unlike in Kerala where it seems to be more common. This suggests regional variations in medical protocols and approaches to gender-affirming care. Additionally, the narrative underscores the financial difficulties faced by the individual, who cannot afford hormone therapy or the costs associated with surgery. Despite the desire to undergo surgery, financial constraints, including the inability to secure loans or rely on begging due to age, present significant barriers. This narrative highlights the complex interplay between geographical differences in healthcare practices, financial limitations, and the challenges of accessing gender-affirming care for transgender individuals, underscoring the need for equitable access to essential medical services regardless of location or financial status.

Policy implications of sex reassignment surgery in three South Indian States

| States | SRS Benefits |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tamil Nadu | <ol style="list-style-type: none"> 1. Free SRS provided in government hospitals. 2. Establishment of Gender Guidance Clinic facilitating access to gender-affirmative care. 3. Transgender Welfare Board (TGWB) for formalizing SRS procedures in select government hospitals. |
| Kerala | <ol style="list-style-type: none"> 1. Financial assistance of Rs. 3000 over 12 months for transgender individuals post-SRS. 2. Scheme offering reimbursement of medical bills up to Rs. 2 lakhs post-SRS completion. 3. Transgender policy emphasizing comprehensive approach addressing education, employment, and healthcare. 4. The shelter home accommodating 25 persons for 3 months, specifically for transwomen and transmen undergoing SRS in Kerala. |

| | |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Karnataka | <ol style="list-style-type: none"> 1. Consideration of free SRS at designated government hospitals under the transgender policy. 2. Inclusion of SRS in medical education syllabus. 3. Recommendations for free counselling and hormone therapy. 4. Advocacy for inclusion in health insurance schemes like Rashtriya Swasthya Bima Yojana and state health insurance programs. |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The southern states of Tamil Nadu, Kerala, and Karnataka have implemented proactive measures to address the healthcare needs and support the well-being of transgender individuals, particularly concerning Sex Reassignment Surgery (SRS) and related services. In Tamil Nadu, individuals can undergo SRS free of charge at designated government hospitals, with the establishment of specialized Gender Guidance Clinics providing gender-affirmative care and support. The Transgender Welfare Board (TGWB) oversees the formalization of SRS procedures in select government hospitals, ensuring standardized and quality care, with services including emasculation, vaginoplasty, and breast augmentation surgery. Similarly, Kerala offers financial assistance post-SRS and a reimbursement scheme for medical bills, along with comprehensive transgender policies addressing education, employment, and healthcare needs, including the provision of shelter homes specifically for transmen undergoing SRS. In Karnataka, the government considers providing free SRS at designated hospitals, advocates for inclusion in medical education syllabus, offers free counselling and hormone therapy, and advocates for the inclusion of transgender individuals in health insurance schemes, enhancing accessibility and affordability of healthcare services. These concerted efforts reflect a commitment to ensuring the dignity, rights, and well-being of transgender individuals across various aspects of their lives.

Discussion

This study aimed to depict the factors contributing to the well-being of transgender who have undergone sex reassignment surgery and those who have not undergo SRS in three south Indian states. where the social and financial environment is intolerant towards gender nonconformity. The study aims to see how changes can improve the quality of life of those who have undergone surgery and those who have not. In developed countries, gender identity considers from a human rights perspective, and mental health and medical professionals are obligated to approach health care for transsexual, transgender, and gender-nonconforming persons. Transgender persons are neither adequately supported nor given sufficient access to treatment because medical Provisionals lack the necessary knowledge in trans-related health care, and the medical care system refuses access to funding fee surgical treatment.

The result of the present study confirms the generally stable and favourable function of transgender people following SRS. Prior research examining SRS outcomes suggests that factors contributing to favourable outcomes include good social support, absence of psychopathy, good surgical results, and satisfaction with physical appearance. The results of the present study, where participants these factors in the response concerning past surgical adjustments. Participants reported having good social support and where satisfaction with the SRS procedure implies most impartially to align their physical bodies with their preferred goods. The participants' challenges were numerous capability issues, including a lack of financial support shortage and access to medical treatment for obtaining SRS and organization related to the transition difficulties process. The study reported that the transgender individuals seeking SRS who is suffering from mental illness, the main limitation of the present study is the small number of participants for qualitative research. At the same time, the findings have allowed for some insights into transgender individual experiences. A final limitation of the survey asks from the data collection method used because of the varying geographical area coverage of participants face to face interviews during this Covid 19 pandemic situations proud to be challenging to be organized even those via telephone call recordings. The electronic data collection method did have an advantage; it allowed the participants to answer questions online, enabling them to respond more honestly and frankly. Apart from that, after Covid it was possible to go to their places of residence and face to face interact with them in three south Indian states and understand the realities of their lives.

Conclusion

As the first study conducted in Three States in Southern part of India, with transgender persons who have undergone gender reassignment, the present research confirms the importance of the well-being of the transgender community before and after sex reassignment surgery. The available evidence provided clear patterns of changing one's gender appearance to match preferred gender identity positively associated with psychological/mental health, life satisfaction, quality of life, and fulfilling material conditions. As mentioned above, the determinants of well-being adjustments on gender affirmation support from peer groups, workplaces, and stigma prevention programs. Anti-discrimination positive actions, legislation, including the ability to change one's gender on government identification documents without undergoing sex reassignment surgery, hormone therapy, surgical treatments. Policymakers should facilitate transgender transition at low cost with insurance coverage, provide high-quality surgical technique, and adequate mental health support before and after transitioning and get proper follow-up treatment for SRS including financial support during

Sex Reassignment Surgery. An effective political and legal system should aim to ensure the well-being of the transgender communities and improve satisfaction in their lives from prejudice and stigma.

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