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A Life-Course Analysis of Lived Challenges and Resilience Among Transsexual Individuals in Sri Lanka: A Qualitative Study

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ABSTRACT

Transsexual individuals, defined as those who seek or have undergone gender transition from male to female (MtF) or female to male (FtM), often experience significant psychosocial adversity due to stigma and marginalization. There is a paucity of qualitative research exploring the lives of the transsexual population in Sri Lanka. Consequently, this study aimed to explore the personal narratives of lived experiences across the lifespan in the country's socio-cultural context.

A qualitative research design using thematic analysis was employed. Data were collected from 15 participants representing six of the nine provinces of Sri Lanka through in-depth interviews, clinical record reviews, and observational methods.

Four key themes emerged: (1) early gender formation and incongruence; (2) experiences of abuse, discrimination, stigma, and exclusion across social contexts; (3) psychological distress and suicidality; and (4) supportive relationships, self-acceptance and resilience, emerging across two life stages, childhood and adulthood.

The findings highlight limited understanding and sociocultural intolerance, underscoring the urgent need for targeted, culturally sensitive education, increased public awareness, and systemic improvements in healthcare delivery.

Introduction

Transsexual individuals are those who seek or have undergone transition to align their gender identity with their biological sex assigned at birth. The transition process may involve social role transition, hormonal therapy, and/or surgical interventions. Transsexualism is clinically conceptualized under the diagnosis of gender dysphoria, which refers to the marked distress or discomfort arising from the incongruence between one's experienced gender identity and assigned sex at birth. [1] The dysphoria often drives the transsexual individuals to access support for transition.

Gender-diverse people experience significantly higher rates of psychological distress, depression, anxiety, and suicidality compared with the cisgender population, globally. [2,3,4] These disparities can be understood within the framework of minority stress theory, which attributes adverse mental health outcomes to chronic exposure to stigma, discrimination, and internalized negative social attitudes rather than intrinsic aspects of gender diversity.[5] Recent meta-analytical evidence confirms that both external stressors (e.g., violence, discrimination) and internal stressors (e.g., internalized transphobia, concealment) are strongly associated with poor mental health outcomes, while social support serves as a protective factor.[6]

Large-scale studies in European populations have demonstrated that transgender individuals face persistent barriers to healthcare access, high levels of social exclusion, and elevated suicide risk, despite increasing legal recognition and policy reforms in several countries.[7] Recent European cohort studies further highlight that minority stress processes remain significant predictors of mental health outcomes even in relatively supportive legal environments, underscoring the pervasive nature of structural stigma.[8]

Evidence from Asia indicates similar but intensified challenges in the context of poor legal frameworks and inclusive policies in many countries. Studies from Southeast and South Asia report that transgender individuals frequently experience family rejection, workplace discrimination, and limited access to gender-affirming healthcare.[9,10] Cultural norms rooted in binary gender expectations and religious or moral interpretations of gender diversity often worsen social exclusion and internal stigma, contributing to heightened psychological vulnerability.[11]

In Sri Lanka, sociocultural norms grounded in rigid gender binaries, combined with limited public awareness and insufficient healthcare provider training, have posed formidable challenges to the day-to-day lives of transgender individuals. Yet, research from Sri Lanka on transgender individuals remains limited, particularly in relation to qualitative exploration of lived experiences across the lifespan. A previous Sri Lankan tertiary-care center study described the epidemiological characteristics of transsexual individuals and identified significant gaps in service provision.[12] Although this study highlighted important barriers in access to transition-related needs and healthcare delivery, it did not explore psychosocial experiences or lived narratives. Clinical literature from Sri Lanka has also documented an isolated tertiary-care presentation of a gender dysphoric individual, illustrating diagnostic complexity and multifaceted psychosocial challenges.[13] While such reports offer valuable clinical insight, they are limited to single-case observations and do not capture broader lived experiences within wider sociocultural contexts across the lifespan. To address this significant gap in qualitative evidence exploring lives of transsexual individuals in the Sri Lankan context, this study offers a nuanced, contextually grounded exploration of how the transsexual population in Sri Lanka makes sense of and navigates identity, belonging, and everyday life within the societal and cultural context of the country.

Objective

This study aims to explore the lived experiences and resulting responses of transsexual individuals in Sri Lanka within their psycho-socio-cultural contexts across the lifespan. It specifically seeks to identify key recurring themes that arise from personal narratives, observations, and clinic note reviews. Additionally, the study aims to generate evidence to raise awareness among healthcare professionals and the wider community, and to inform culturally sensitive clinical practice, support systems and policy and legal reforms, for this marginalized population.

Methods

STUDY DESIGN

This study employed a qualitative research design to explore the life experiences of transgender individuals across the lifespan. An inductive approach was adopted to allow themes to emerge from the data.[14]

SAMPLING

Participants were recruited using convenience sampling from transsexual individuals registered for follow-up care at the psychiatry clinic of the Teaching Hospital, Peradeniya. Eligibility criteria included regular clinic attendance and willingness to participate.

DATA COLLECTION

Data were collected using methodological triangulation to enhance depth and credibility. Each participant took part in two in-depth, semi-structured interviews conducted face to face by the third author, who had no prior relationship with the participants and no prior subject-specific bias. An interview guide, developed by the first author, was used to facilitate the interviews and included questions on demographic characteristics as well as key life milestones from childhood onward. Participants were allowed to narrate their life stories freely. Interviews aimed to elicit detailed ("thick") descriptions of their lived experiences. Interviews were conducted in Sinhala and/or English depending on participant preference, and all Sinhala responses were translated into English for analysis and reporting. Additional data sources included clinical records (psychiatric histories, serial mental state examinations, and follow-up notes).

Prolonged engagement by the first author, spanning 10–17 years of professional interaction with transsexual

individuals in Sri Lanka, by the time of the study, contributed to contextual depth and interpretive sensitivity. This sustained involvement enabled a nuanced understanding of community norms, language, and lived realities, thereby enriching data interpretation. To support methodological triangulation, these insights were complemented by non-participant observation conducted during workshops in Colombo and Kandy by the first author. Continuous reflexive practice was undertaken to minimize potential researcher bias.

DATA ANALYSIS

Data were analyzed using thematic analysis following an inductive approach, allowing themes to emerge directly from the data without imposing pre-existing theoretical frameworks. Interview transcripts were independently reviewed by the first two authors. Relevant segments of text were coded systematically. Initial codes were generated and iteratively refined through discussion. Each transcript was coded independently, after which coding frameworks were compared and reconciled. New codes were added as necessary throughout the analysis process. Microsoft Excel was used to organize and manage the coding.

Codes were subsequently grouped into categories based on shared characteristics, and these categories were further synthesized into broader themes. Themes were reviewed against the dataset to ensure internal consistency and accurate representation of the data. Final themes and sub-themes were agreed upon by consensus among the researchers.

ETHICAL CONSIDERATIONS

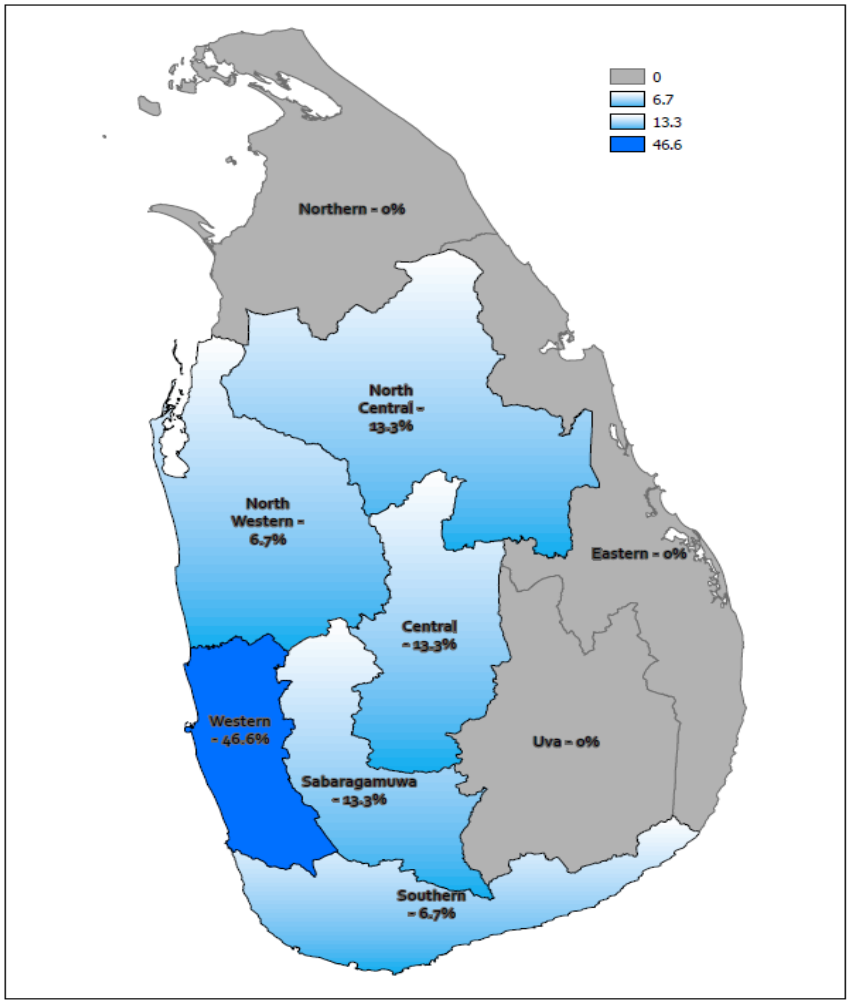
Ethical approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Peradeniya, Sri Lanka, and written informed consent was obtained from all participants prior to the data collection. Given the sensitive nature of the study, particular care was taken to ensure ethical conduct, including respectful, non-pathologizing engagement and the consistent use of participants' self-identified gender identities and preferred language. Confidentiality and privacy were strictly maintained, and all participants were assured that no identifiable information would be disclosed in any publications or reports.

Results

PARTICIPANT CHARACTERISTICS

Fifteen transsexual individuals participated in the study, including four male-to-female (MtF) and eleven female-to-male (FtM) participants. They were recruited from the psychiatry clinic of Teaching Hospital Peradeniya and represented six of the nine provinces of Sri Lanka (Figure 1). Participants ranged in age from 21 to 48 years. The majority identified as Buddhist (approximately 87%), while a smaller proportion identified as Catholic.

Figure 01. Provincial distribution of Participants



EMERGENT THEMES FROM PARTICIPANT NARRATIVES

Participants described lived experiences across childhood, adolescence, and adulthood, spanning family life, education, work, relationships, and healthcare systems. Taken together, participants described experiences shaped by gender non-conformity, social regulation, stigma, and structural exclusion. Alongside these challenges, they also reported varying forms of support, resilience, and coping strategies.

Four overarching themes were identified as emerging from data: (1) childhood identity formation and early gender incongruence, (2) experiences of abuse, discrimination, stigma, relational and structural exclusion across multiple contexts, (3) psychological distress and suicidality, and (4) supportive relationships, self-acceptance, resilience, and future orientation.

1. Early Gender Formation and Incongruence

Participants consistently described early awareness of gender incongruence, often emerging in early childhood. This awareness was expressed through persistent internal identification with a gender different from their assigned sex, gendered preferences in clothing and behavior, and reflective questioning of socially assigned roles.

Several participants reported a stable and intrinsic sense of gender identity from a very young age, describing it as continuous and unquestioned:

> "From my early childhood I felt that I am a boy." (Interview-2, FtM)
>
> "I never wanted to go through puberty and considered myself male since I was 4." (Interview-5, FtM)
>
> "Since I was 10 years old, I worshipped Lord Buddha and asked why I became a girl and prayed to be a boy." (Interview-7, FtM)

In contrast, some participants described early confusion shaped by social expectations and gendered categorization in different institutional settings. One participant reflected on being assigned a role in a school drama that did not align with their internal sense of self, prompting early questioning of gender norms:

> "When I was in kindergarten, the boys were taken as trees and girls as flowers for a drama. When I was chosen as a tree, I wondered why I was chosen as a tree instead of a flower." (Interview-3, MtF)

2. Experiences of Abuse, Discrimination and Stigma and Exclusion

A significant proportion of participants reported exposure to multiple forms of abuse across the life course. Verbal abuse was reported by 66.66% of participants, emotional abuse by 40%, physical abuse by 46.66%, and sexual abuse by 13.33%.

Verbal abuse frequently occurred in school environments and included derogatory labelling from peers and even teachers:

> "At school, kids used to call me faggot, even teachers." (Interview-3, MtF)

More severe forms of violence were also reported in institutional settings, including physical and sexual abuse:

> "One day, my schoolmates tore my clothes, squeezed my genitalia, and locked me in the washroom." (Interview-3, MtF)

Early sexual experiences were reported by 33.33% of participants, often involving close relatives or peers, typically occurring during early childhood in our sample.

> ".... I had sex with my elder cousin brother, when I was 5-6 years old..." (Interview-1, MtF).

Participants described discrimination and exclusion across multiple settings, including family, peers, neighborhood /local communities, educational institutions, workplaces and public spaces, in general.

Within family systems, 40% of participants reported unsupportive or abusive relationships. Experiences included verbal humiliation, coercion to conform to gender norms, and differential treatment among siblings:

> "My parents have verbally, physically and mentally punished me in abusive ways but not my sister." (Interview-14, FtM)
>
> "My parents scolded me for wearing my brother's clothes saying that I am a disgrace to them." (Interview-12, FtM)

Peer exclusion was also prominent, with 33.33% reporting discrimination or social rejection in school and mass tuition classes by peers. They felt socially isolated or excluded from educational spaces.

> "I was not allowed to sit in the tuition classes, so I stopped attending them" (Interview-3, MtF)
>
> "I was boycotted by peers in the school" (Interview-5, FtM)

Institutional discrimination was particularly evident in school settings, reported by 53.33% of participants. Teachers and school authorities were frequently described as reinforcing stigma through verbal humiliation, public disclosure of identity, and disciplinary scrutiny related to gender expression.

> "As my breasts were small, teachers used to drop hints saying that breasts are not developed in girls with bad luck" (Interview-2, FtM)
>
> "The school physical training teacher told the whole staff and insulted me. The Advanced-Level biology teacher told the principal about me and the principal called me and asked for details". (Interview-6, FtM)

Discrimination extended into adult life. Workplace discrimination was reported by 40% of participants, including termination of employment and questioning of gender identity:

> "I was sacked from my job, and they asked me whether I am a woman or a man." (Interview-11, FtM)

Public and community settings were also sites of stigma, with 46.66% of participants reporting discriminatory behavior in public spaces.

> "... whenever I walk down a street, at least one person looks at my face, then my chest area, then

again at my face with a disgusted look." (Interview- 14, FtM)

Similarly, 46.66% reported discrimination within family settings in adulthood.

"My family does not include me in any family matters. I was insulted by my brother for cutting my hair short and my parents criticized the way I dress". (Interview-7, FtM)

Of the fifteen participants, 33.33% experienced exclusion within neighborhood and religious contexts

"I haven't been to the village temple for the past 8 years as I was asked to wear a gown, the village temple that knows me well rejects me.". (interview-10, FtM)

3. Psychological Distress and Suicidality

Psychological distress related to gender identity and social exclusion was widely reported. 33.33% of participants described persistent distress associated with daily functioning and gender dysphoria, often characterized as chronic emotional strain and identity-related suffering:

"How can you be happy when your life is a constant struggle? When dysphoria kicks in, I'm a total emotional wreck." (Interview-14, FtM)

Suicidal ideation or suicide attempts were reported by 46.66% of participants. These experiences were directly linked to cumulative distress arising from stigma, rejection, and internal conflict:

"I pity myself on some days and contemplated taking my life." (Interview-3, MtF)

"I have tried overdosing and walking on roads hoping to be hit by a vehicle." (Interview-14, FtM)

Some participants also interpreted their experiences through religious or moral frameworks, with 33.33% attributing their gender identity to past-life actions or moral causation, reflecting embedded explanatory models of suffering in the Sri Lankan majority Buddhist culture.

"Me being in the state (of transsexualism) is due to a sin committed in a past life." (Interview-13, FtM)

4. Supportive Relationships, Self-Acceptance and Resilience

Alongside experiences of exclusion and discrimination, participants also described varied forms of social support across the life course. These supportive relationships were reported within family systems, peer networks, intimate partnerships, and institutional settings, and functioned as important protective factors in mitigating distress and facilitating coping and identity affirmation.

Family support emerged as a significant source of affirmation for some participants, with 46.66% reporting supportive family members during their gender transition. In these accounts, parental acceptance or partial accommodation of gender identity played a key role in reducing early-life distress and enabling day-to-day functioning.

Some participants described paternal support as particularly protective during childhood:

"I had no trouble living as a girl in childhood. My father was very supportive." (Interview-15, MtF)

Others described more complex family dynamics, where explicit verbal acceptance was limited; however, behavioral accommodation and continued care were evident within family interactions:

"Even though my mother did not accept me openly, she treated me as a boy, and I helped her with household chores as a male child." (Interview-6, FtM)

These narratives indicate that even partial or non-verbal forms of acceptance within family systems contributed meaningfully to participants' lived experiences.

Friendship networks were reported as supportive by 20% of participants. Peer acceptance, particularly following disclosure of gender identity, was described as an important source of emotional stability and belonging. Participants who experienced supportive friendships highlighted the long-term continuity of these relationships and their role in providing emotional safety:

"We had this clique, we still have, and they have been my strongest support system since I came out to them." (Interview-14, FtM)

Support from intimate partners was reported by 26.67% of participants. In these accounts, partners were described as affirming, understanding, and accepting of gender identity and transition processes. Such relationships were frequently characterized as emotionally validating and instrumental in strengthening self-acceptance:

"My partner understands me 100%. I am happy about it." (Interview-9, FtM)

Participants also identified formal support systems, including healthcare services, mental health professionals, government institutions, and non-governmental organizations. Overall, 33.33% reported receiving supportive or affirming responses when accessing services.

Within healthcare contexts, they described experiences of being understood and respected by medical personnel, which contrasted with responses from wider society:

"The medical officers in the hospital clinic understood me." (Interview-10, FtM)

These institutional encounters were described as important points of validation, particularly in relation to mental health support and access to gender-affirming care.

Overall, social support emerged as a critical counterbalance to the pervasive stigma, discrimination, and psychological distress described in earlier themes. While not universally experienced, supportive relationships within families, peer networks, intimate partnerships, and institutional settings played a

significant role in buffering minority stress, facilitating coping, and enabling partial or full self-acceptance among participants.

Despite widespread adversity, 40% of participants demonstrated self-acceptance and expressed hope for the future. They reported acceptance of their gender identity and bodily experiences alongside aspirations for stability and family life.

> I am okay with my body now." (Interview-1, MtF)
> "For now, my only goal is to become a girl with a pleasant looking beautiful girl" (Interview 15, MtF)
> "I want to have a good family life with a good husband" (Interview-15, MtF)"
> "I want to marry and adopt a child from a children's home." (Interview-13, FtM)
> "I want to educate the society that not only males and females, but there are trans people like us too" (Interview-15, MtF)

These accounts reflected processes of resilience, identity integration, and future-oriented thinking, often emerging alongside supportive relationships or access to affirming environments.

Discussion

Historically, transgender and gender-diverse identities have been marginalized across many cultural contexts, including high-income liberal democracies, due to deeply entrenched socio-cultural norms and dominant binary conceptions of sex and gender. Individuals whose gender expression diverges from their assigned sex have often been pathologized, excluded, or made socially invisible.[15] Global discourse has gradually shifted toward recognizing gender diversity as a spectrum rather than a binary construct[16]. However, social acceptance remains uneven, and stigma continues to shape lived realities in most contexts.[15]

This study provides a life-course analysis of transsexual individuals in Sri Lanka. Although the sample was modest in size, participants were drawn from six of Sri Lanka's nine provinces, providing a reasonably broad geographic representation and capturing experiences across the country. Findings demonstrate that participants experience pervasive stigma, discrimination, and structural exclusion across family, educational, occupational, healthcare, and community settings. The accounts reflect the influence of long-standing belief systems, religious convictions and traditions in Sri Lanka, on participants' lives. Although they are deeply valued and central to collective identity, they may also reinforce expectations of gender conformity, which can marginalize those who do not fit within these norms. Gender is widely constructed as strictly binary, in the country. Departures from these norms are often met with social disapproval and stigma and are frequently marginalized and perceived as deviant. Therefore, stigma is not only socially enacted but also culturally rationalized through religious and moral frameworks, introducing added layers into stigma and discrimination. That may reinforce internalized guilt, identity conflict and even total social withdrawal as reflected in one participant's account of being excluded from the village temple for several years due to expectations around gendered dress. Although such observations are reported in other religious and culturally conservative contexts, this study provides specific insight into how they are operated in Sri Lanka.

Consistent with minority stress theory, findings demonstrate that transsexual individuals are exposed to both distal stressors (external discrimination, violence, exclusion) and proximal stressors (internalized stigma, concealment, and anticipated rejection).[17,18] Participants reported experiencing various forms of physical and psychological abuse beginning in early childhood and continuing into adulthood, with the nature of these experiences shifting across different stages of life. Thus, the findings also suggest that stigma, discrimination and exclusion are not static but change in form across the life course. In early childhood, gender nonconformity was often met with confusion and attempts at regulation within the family. As participants moved into school settings, these experiences became more visible and were frequently met with peer ridicule, exclusion, and, at times, reinforcement by teachers. During adolescence and early adulthood, many described increasing concealment, internal conflict, and psychological distress as they mediated identity within restrictive social environments. In adulthood, stigma extended into employment, relationships, and more demanding public life, often taking the form of structural exclusion and social scrutiny.

In addition, participants' experiences reflected broader structural limitations within the Sri Lankan context. There are limited legal and policy frameworks explicitly safeguarding the rights of gender-diverse individuals. While general laws addressing harassment and defamation exist, their application to protect transgender individuals, particularly in emerging spaces such as online environments, appears unclear, underdeveloped, and insufficient.

Participants' accounts also suggested that gender diversity is often poorly understood by the general public. It may at times be drawn into broader social or political discourses in ways that do not reflect the lived experiences of transgender individuals. Such dynamics would not only shift attention away from their everyday challenges but also, at times, contribute to social disapproval or hostility towards them.

A key finding of this study is the central role of family systems in shaping both vulnerability and resilience. While 40% of participants reported unsupportive or abusive family environments, 46.66% also reported some degree of family support during transition. This duality reflects the complex negotiation of gender identity within Sri Lankan familial structures, where conformity to gender norms is strongly tied to family honor, while, at the same time, parents may struggle to reconcile these expectations with their affection for the child and the wish to preserve close family relationships.

Transgender individuals globally report high rates of school-based victimization, physical assault, and sexual violence.[19,20] Similarly in the present study, educational institutions emerged as significant sites of early victimization, with more than half of participants reporting discrimination by teachers or school authorities. Such institutional behaviors not only reinforce stigma but also normalise exclusion during formative developmental stages, contributing to long-term psychological distress.[21]

Workplace discrimination, reported by 40% of participants, further demonstrates continuity of exclusion into adulthood at the institutional level. Experiences of dismissal, questioning of gender identity, and professional marginalization reflect broader systemic gaps in workplace protections for gender-diverse individuals.[22]

The accumulated effect of stigma and exclusion is evident in the high prevalence of psychological distress.[23] One-third of participants reported ongoing distress related to gender dysphoria and daily functioning, while 46.66% reported suicidal ideation or attempts. These findings are consistent with global evidence demonstrating significantly elevated mental health risks among transgender populations compared to cisgender groups.[23,24,25] Importantly, distress detected in this study is not solely internally derived but socially mediated, emerging from repeated exposure to rejection, violence, and invalidation. Participants' expressions suggest that internalized negative self-perceptions developed over time as a result of early and ongoing exposure to external adversities. This reinforces the conceptualization of mental health outcomes as structurally mediated rather than individually determined in the transgender population.[26]

A major theme emerging from our study was resilience, which has also been reported in previous studies among transgender individuals facing social stigma and adversity.[27] Participants described how they were adapting in their own ways and drawing on available supports to cope with persistent challenges. The forms of coping and resilience also evolved in developmental stages. Early coping often involved concealment or silent endurance within restrictive family and/or school settings. As participants moved into later stages of life, resilience increasingly took the form of seeking supportive relationships, forming peer networks, engaging with healthcare services, and gradually developing self-acceptance. Supportive relationships are associated with improved emotional stability, increased self-acceptance, and reduced distress.[28] Social support from family members, peers, partners, and healthcare providers functioned as a critical protective factor in our sample too.

The progression in resilience reflects not only individual adaptation but also the importance of relational and institutional support in shaping more sustainable coping. Notably, 33.33% of participants reported receiving affirming responses from healthcare or government institutions, highlighting the potential role of service systems in mitigating minority stress when appropriately sensitized and delivered.[29] However, such support remains limited, inconsistent, and non-systematized.

Self-acceptance and future orientation were evident in 40% of participants, indicating the presence of adaptive coping and identity integration despite the widespread structural adversity. Taken together, these patterns illustrate how stigma and resilience are experienced not as isolated events, but as evolving processes shaped by changing social contexts across the lifespan.[30]

In the Sri Lankan setting, these findings highlight that improving outcomes for the transsexual population requires engagement beyond healthcare services to include families, educational institutions, and wider community settings that shape their everyday experiences. Strengthening awareness of gender diversity in a culturally meaningful way may help reduce stigma while maintaining respect for shared cultural and social values. Importantly, participants' life stories reflect both vulnerability and resilience in their ongoing efforts to maintain dignity, belonging, and self-acceptance within challenging social environments. Sustainable change will require not only individual-level support but also enhancing institutional recognition through law and policy changes and fostering informed, respectful public engagement and broader societal transformation toward inclusivity and recognition of gender diversity.

Conclusion

This study adds a life-course perspective to the relatively limited qualitative work on transgender experiences in Sri Lanka, offering insight into how experiences unfold from childhood to adulthood. The findings demonstrate that participants face sustained stigma, discrimination, and structural exclusion from childhood through adulthood across multiple social domains. These experiences are associated with significant psychosocial burden, including distress and suicidality, shaped by intersecting cultural, institutional, and social factors.

Despite these challenges, participants also show resilience, self-acceptance, and reliance on supportive relationships, which play a key role in coping and adaptation. Addressing these disparities requires coordinated action across policy, healthcare, education, and community systems. In particular, strengthening provider capacity in gender-affirmative care and improving institutional awareness are essential for more equitable support for gender-diverse individuals.

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