

## The Psychological Impact of Gender-Affirming Surgeries: A Comparative Study of Transgender Individuals with and without Surgical Access

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### ABSTRACT

This systematic review investigates the psychological impact of gender-affirming surgeries (GAS) on transgender individuals, focusing on mental health outcomes, access to care, and systemic barriers. Transgender people, whose gender identity differs from the sex assigned at birth, have been part of diverse cultures across history. From the hijras of ancient and medieval India to gender-diverse shamans in indigenous tribes worldwide, trans people have long held spiritual, social, and cultural significance. Drawing from global data, including qualitative and quantitative studies, the review highlights evidence that GAS significantly improves psychological well-being, reduces distress, and enhances quality of life. However, access remains hindered by discrimination, gatekeeping, and financial constraints. Recommendations include improving affirming care, eliminating institutional barriers, and recognizing GAS as medically necessary.

**Keywords:** *Gender-Affirming Surgery, Transgender Health, Mental Health, Stigma, Systemic Barriers*

Transgender and gender diverse (TGD) people experience a disproportionate burden of mental health problems compared with the general population. Prior studies of mental health among TGD people have demonstrated a 41% lifetime prevalence of suicide attempts, 7% to 61% lifetime prevalence of binge drinking, and a 33% prevalence of tobacco use. Increased adverse mental health outcomes among TGD people are likely attributable to stigma, discrimination, pathologization, economic marginalization, violence, and dysphoria associated with an incongruence between gender identity and societal expectations based on one's sex assigned at birth. TG persons face high disease burdens, especially in mental, sexual, and reproductive health.

### About Gender Affirming Surgeries

The term *gender-affirming surgery* refers to any surgical procedures offered to affirm the gender identities of TGD people. The process of surgical gender affirmation is individually tailored because not all TGD people desire or access these procedures.

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In the United States, incidence of gender-affirming surgeries has increased annually since 2000 (Tordoff et al., 2022, p. xx). Despite growing demand for and access to gender-affirming surgery, there is a paucity of high-quality evidence regarding its effects on mental health outcomes among TGD people.

A seminal 1998 review of the experiences of more than 2000 TGD people from 79 predominantly uncontrolled follow-up studies demonstrated qualitative improvement in psychosocial outcomes following gender-affirming surgery. Attempts since then to empirically demonstrate mental health benefits from gender-affirming surgery have generated mixed results. A meta-analysis of 1833 TGD people across 28 studies concluded that studies offered “low-quality evidence” for positive mental health benefits from surgical gender affirmation.

### ***History Regarding Transgenders***

#### **1. India – Hijras and Mythology**

- Historical: Hijras have been part of South Asian society for thousands of years, mentioned in ancient texts like the *Mahabharata* and *Ramayana*. They often held respected roles as spiritual performers, blessings-givers, and were seen as embodying both masculine and feminine elements. Lord Rama in the *Ramayana*, because of which they continue to attend significant life events to give blessings in return for money and gifts. Thus, India has a strong history of ethnocultural transgender identities but their employment has been limited to give blessings (*badhai*) or to go for begging or sex work until very recently.

Mythological:

- Shikhandi (*Mahabharata*): Born female (Shikhandini) but lived as a man and played a crucial role in the Kurukshetra war.
- Ardhanarishvara: A composite deity, half Shiva and half Parvati, representing the perfect synthesis of masculine and feminine energies.
- Brihannala: Arjuna, during exile, lived as a transgender dance teacher named Brihannala.

#### **2. Native American Cultures – Two-Spirit People**

- Historical: Many Indigenous tribes (like the Navajo, Lakota) honored *Two-Spirit* people, individuals embodying both male and female spirits. They were often revered as healers, shamans, or matchmakers.
- Mythological: Two-Spirit identities were seen as a spiritual gift rather than an anomaly, reflecting balance and sacredness between genders.

#### **3. Ancient Egypt**

- Historical: The deity Atum was considered to be a self-created, gender-fluid being.
- Mythological:  
Isis and Nephthys often showed magical transformations that transcended simple male/female binary roles.
  - Some depictions of gods like Hapi (god of the Nile) have androgynous features.

### ***Prejudice, Stigma and Discrimination***

Studies reveal that members of the LGBT group are more susceptible to health problems, such as abuse of alcohol, tobacco and illicit drugs, obesity, unprotected sex, mental disorders, Sexually Transmitted Diseases (STDs) as HIV/AIDS, bullying, and cervical and breast cancer, as well as violent behavior. In response to the LGBT social movement, some

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countries in the past, the DSM (Diagnostic and Statistical Manual) has categorised “transgender identification” as “apparently rare” and “apparently uncommon”. In 2015, a systematic review of 12 studies reported a prevalence of 4.6 per 100,000 or 1 in every 21,739 individuals. Stigma has been detailed as both the overt refusal of care and more subtle stigmatisation through refusal to use affirming language. Further barriers to gender affirming care include a reluctance to disclose identity, financial barriers, insurance coverage denials, age (as additional screening for younger ages and need for parental consent are often requirements), concerns over quality and geographical constraints. In many instances transgender individuals have been unable to access gender-related care. Moreover, many individuals have self-reported being refused general healthcare due to their gender identity.

- **Challenges Begin Before Reaching Healthcare:**
  - **Family Support:** Lack of natal family support often complicates healthcare access.
    - Family acceptance positively influences access and overall life choices.
    - Correct pronoun use by family members alleviates stress.
    - *Example:* P43, a transwoman from Central India, never faced gender discrimination due to family support.
  - **Community and Kinship Support:**
    - Friends, community-based organizations, and kinship systems (dera/gharana) are critical for support.
    - Guru permissions influence access for those in the dera system.
    - *Example:* P27, a kinnar person, emphasized how their Nayak/guru accompanied them to hospitals. (Nanda, Shaikh, & Singh, 2023)

### INFORMATION ABOUT LABELS

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Transsexual</b>        | <p>“Transsexual” coined in the 1949 essay by Dr. Cauldwell “Psychopathia Transexualis” and was used to describe a person whose gender assigned at birth, based on the appearance of their external genitalia, did not match their gender identity.</p> <hr/> <p>Transsexualism was used to describe the condition in which a person’s gender identity was not the same as the gender they were assigned at birth, and historically referred mainly to binary transgender people who had sought medical assistance to affirm their gender. While transsexualism is no longer typically used in specialist gender services, the term is still sometimes used in healthcare and psychology disciplines. This term can be contentious in social realms due to historical connotations with mental illness and therefore should not be assumed to be appropriate for general use.</p> |
| <b>Transgender Trans*</b> | <p>“Transgender” is the more commonly used umbrella term to describe the gender of a person whose gender identity or gender expression differs from the normative societal expectations of the gender they were assigned at birth. Transgender became used colloquially among queer communities in 1971 and the shortened term “trans” or “trans*” is as contemporary as 1996. Transgender individuals may identify in a binary manner, meaning, if their assigned gender was female, they identify as male (sometimes documented as “FtM”), and vice versa (“MtF”). The person may use the term “trans man”, “trans woman”, “transgender man” or “transgender</p>                                                                                                                                                                                                               |

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|                         | woman”. Assigned female at birth (AFAB) and assigned male at birth (AMAB) are the current preferred terms used vs “FtM” or “MtF”.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Gender dysphoria</b> | Gender dysphoria is a condition of psychological distress due to an incongruence between a person’s gender and the gender that they were assigned at birth. A person may be gender nonconforming their entire life without experiencing gender dysphoria. If one does experience dysphoria, then this can be alleviated by gender affirming medical interventions, such as gender affirming hormone therapy and gender affirming surgery. Both binary transgender individuals and non-binary individuals may benefit from medical intervention. As well as medical intervention, gender affirming interventions based on social transition (changing their gender expression in social situations to align with their gender identity) and psychosocial support can effectively remediate gender dysphoria. |

### *Experience of Transgender Community in Healthcare Availment*

#### • **Cis-Binormative Health Systems:**

**Legal Documentation Issues:** Challenges obtaining gender-concordant IDs result in registration problems and forced disclosure of trans identities. *Example:* P18, a transwoman, was denied care after an ID mismatch. (Kennedy & MacPherson, 2021, p. xx)

**Exclusionary Hospital Structures:** Gender-binary segregation in hospitals (wards, washrooms, forms) creates confusion and discomfort. Specialties like gynecology cater only to cisgender females, marginalizing trans men. *Example:* P16, a transmasculine person, was mocked by a gynecologist about future visits post-transition.

**Discrimination in Healthcare Settings:** TNB individuals of color, disabled TNB adults, and those with lower socioeconomic status report disproportionately higher levels of discrimination. Older TNB adults often face compounded discrimination due to ageism, coupled with evolving gender identity challenges.

**Intersectionality:** Experiences in healthcare are shaped by the intersection of gender identity with race, age, income, disability, and educational attainment. TNB individuals with multiple marginalized identities (e.g., Black trans women, disabled nonbinary adults) face heightened barriers in accessing respectful healthcare.

#### • **Healthcare Provider Interactions**

**Negative Experiences:** Many healthcare providers lack training on TNB health needs, leading to pathologization, misgendering, and denial of care. Nonbinary individuals are particularly susceptible to misgendering and disrespect due to widespread societal ignorance about nonbinary identities. Some providers exhibit explicit biases, while others inadvertently harm through ignorance or outdated medical practices.

**Positive Experiences:** Affirming healthcare interactions involve respectful communication, correct use of names and pronouns, and recognition of the patient's autonomy. Providers trained in TNB-specific healthcare deliver better mental health outcomes by fostering trust and reducing patient anxiety. Empowering patients to make informed decisions about their care significantly enhances mental health and overall well-being.

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## *Guidelines For Gender Dysphoric/ Gender - Incongruent Person*

### 1. Evaluation of Youth and Adults

- **Qualified Mental Health Professionals (MHPs):** Must be trained in DSM/ICD diagnostics, psychiatric assessments, and capable of distinguishing gender dysphoria (GD) from other conditions like body dysmorphic disorder. Should regularly attend relevant professional meetings and have the ability to refer for appropriate treatments.
- **Diagnosis in Children and Adolescents:** Requires training in child developmental psychology and psychopathology. Emphasizes the involvement of MHPs in decisions regarding social transitions for prepubertal youths.
- **Fertility Counseling:** Clinicians should inform individuals of fertility preservation options before puberty suppression or hormonal therapy.

### 2. Treatment of Adolescents

- **Puberty Suppression:** Suggested for adolescents meeting diagnostic criteria for GD, with suppression starting after the first physical signs of puberty (Tanner stage G2/B2). GnRH analogues recommended for pubertal hormone suppression.
- **Sex Hormone Treatment:** Gradually increasing doses of sex hormones recommended after confirming persistent GD and the adolescent's capacity for informed consent, typically by age 16. In exceptional cases, hormone treatment may begin before age 16 under the supervision of a multidisciplinary team.
- **Monitoring:** Regular evaluation every 3-6 months for clinical development and laboratory assessments every 6-12 months.

## *Prominent Surgeries for Gender Transition in Transgenders with Guidelines*

### For Transgender Females (Male-to-Female Transition)

- **Gonadectomy**
  - Definition: Surgical removal of the gonads (testes).
  - Purpose: This procedure eliminates the body's primary source of testosterone, which helps feminize the body by reducing masculine secondary sexual characteristics and allowing estrogen therapy to be more effective.
  - Impact on Fertility: Irreversible loss of the ability to produce sperm.
- **Penectomy**
  - Definition: Surgical removal of the penis.
  - Purpose: This is often part of gender-affirming surgery to create a more typically female genital appearance. The penile skin is usually repurposed to construct the neovagina (vaginoplasty).
  - Impact on Sensation: Some nerve endings are preserved to maintain sexual sensation in the neovagina.
- **Neovagina Creation (Vaginoplasty)**
  - Definition: Construction of a vagina using existing genital tissue, typically the penile and scrotal skin.
  - Purpose: To create a functional and aesthetically typical female genitalia. The neovagina can allow for sexual intercourse and often retains erotic sensitivity.
  - Post-Surgery Care: Regular dilation is required to maintain vaginal depth and prevent closure.

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For Transgender Males (Female-to-Male Transition)

### 1. Oophorectomy

- Definition: Surgical removal of the ovaries.
- Purpose: This halts estrogen production, aiding in masculinization and making testosterone therapy more effective.
- Impact on Fertility: Permanent infertility due to the removal of egg-producing organs.

### 2. Vaginectomy

- Definition: Surgical removal or closure of the vaginal canal.
- Purpose: Often performed to eliminate the vaginal opening, especially when constructing a neopenis (phalloplasty or metoidioplasty).
- Considerations: Vaginectomy is usually paired with other surgeries like urethral lengthening to allow urination through the neopenis.

### 3. Hysterectomy

- Definition: Surgical removal of the uterus.
- Purpose: Performed to remove internal female reproductive organs, aligning the individual's anatomy with their gender identity and preventing menstruation.
- Impact on Hormones: Combined with oophorectomy, it eliminates natural estrogen production.

### 4. Neopenis Creation (Phalloplasty or Metoidioplasty)

- Definition: Construction of a penis using tissue grafts from other parts of the body (phalloplasty) or enlargement of the clitoris (metoidioplasty) due to testosterone therapy.
- Purpose: To create male genitalia that allows for urination while standing and, depending on the procedure, may enable sexual intercourse.
- Complexity and Cost: Phalloplasty is a multi-stage, complex, and costly surgery that may involve additional procedures like urethral lengthening and penile implants. Metoidioplasty is less invasive but results in a smaller neopenis.
- Considerations: Both procedures can carry risks, such as complications with urinary function or sensation.

### *Costing And Coverage*

India, traditionally known for medical tourism, is now emerging as a hub for GAS, attracting patients from Western countries seeking affordable and timely procedures

- **Cost Comparison:** Procedures in India can cost around \$25,000, which includes operations, consultations, medications, accommodation, and transportation. In contrast, similar procedures in the US can range between \$125,000 and \$150,000
- **Facilitators:** Companies like PriyaMED, founded by Jane Watson, a British trans woman, offer comprehensive packages for trans tourists, handling logistics and medical arrangements.
- **Expensive costing in USA:** The average cost of GRS in the United States is over three times higher than in Turkey, making it less accessible for many individuals.
- **Turkey:** Emerging as the most budget-friendly destination, Turkey offers gender-affirming surgeries at an average cost of \$7,297.
- **Brazil and Argentina:** In Latin America, Brazil and Argentina provide affordable options, with average costs of \$9,683 and \$10,089, respectively.

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- **Belgium:** Within the European Union, Belgium is noted for its progressive approach to trans rights and offers surgeries at an average cost of \$12,118.
- **United Kingdom:** Patients in the UK face costs exceeding £16,000 (approximately \$20,806), making it one of the more expensive countries for such procedures.
- **MALTA** - In September 2022, during Malta's Pride Week, Prime Minister Robert Abela announced that the government would cover the costs of certain gender-affirming surgeries for trans individuals. This initiative is part of the Labour Party's broader agenda to enhance LGBTQ+ rights in the country. Healthcare Integration: The planned surgeries will be integrated into Malta's publicly funded national health service, ensuring that trans individuals can access necessary medical procedures without financial burden.

### *Mental Status After Gender Affirming Surgeries*

Gender-affirming surgeries (GAS) have shown to significantly improve the mental well-being of transgender and gender-diverse individuals across various contexts globally. Mental health disparities among transgender individuals are widely documented, with higher rates of depression, anxiety, gender dysphoria, and suicidal ideation when compared to cisgender populations. GAS plays a crucial role in mitigating these disparities by aligning individuals' physical characteristics with their gender identity, thus affirming their sense of self and reducing internal and social conflict.

Multiple large-scale and longitudinal studies, such as the 2015 U.S. Transgender Survey involving over 27,000 participants, have demonstrated that individuals who received one or more forms of gender-affirming surgeries reported significantly lower levels of psychological distress, suicidal thoughts, and smoking behavior. Adjusted odds ratios revealed a 42% reduction in distress and a 44% decrease in suicidal ideation compared to those who desired but had not yet received surgery. These outcomes suggest that GAS is not merely cosmetic or elective but essential to the psychological health and quality of life of transgender people.

For transgender youth, early access to gender-affirming medical interventions—including surgery when appropriate—has been linked to reduced rates of depression and suicidal ideation. A longitudinal cohort study of transgender adolescents found a 60% reduction in depression and a 73% decrease in suicidality when supported by puberty blockers and hormone therapy in addition to affirming surgical care.

Furthermore, qualitative studies emphasize the emotional relief and increased life satisfaction following surgery. Participants frequently report enhanced body congruence, improved social functioning, and greater confidence in public spaces. The psychosocial impact is especially profound in settings where access to respectful and inclusive healthcare is supported.

In conclusion, GAS contributes substantially to improving the mental health outcomes of transgender individuals. Despite the demonstrated benefits, access to these surgeries remains limited due to financial, legal, and social barriers. Ensuring widespread access and reducing gatekeeping are critical steps toward affirming transgender people's rights to mental well-being and holistic health.

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**Physical Changes and Satisfaction:** In individuals undergoing masculinizing treatment, the most perceptible changes were amenorrhea and clitoris enlargement, both of which were also rated as the most satisfactory.

**Sociopsychological Impact:** GAHT had a positive impact on self-esteem, body image, psychological well-being, and social and family relations.

**Body Satisfaction and Dysphoria:** Both transmasculine and transfeminine participants reported increased satisfaction with their bodies postoperatively, accompanied by a significant reduction in gender dysphoria.

**Mental Health Outcomes:** Participants exhibited sustained improvements in mental health, including a significant reduction in suicidal ideation and the resolution of mental health comorbidities secondary to gender dysphoria.

### **REVIEW OF LITERATURE**

#### **1. "The UK is the latest country to ban puberty blockers for trans kids" – Euronews (2024)**

- **Objective:** This article reports the UK government's decision to restrict access to puberty blockers for minors.
- **Results:** The UK joined a growing list of European countries that have paused or banned puberty blockers for youth, citing caution due to limited long-term data.
- **Discussion:** This move highlights increasing conservatism in Europe regarding medical interventions for transgender minors. It has sparked controversy between child protection advocates and trans rights groups, with many emphasizing the importance of nuanced, individualized care.

#### **2. "Gender-Affirming Care Cost Comparison" – Pink News (2024)**

- **Objective:** To analyze which countries offer the most and least expensive gender-affirming care.
- **Results:** The U.S. emerged as the most expensive country, with costs ranging from \$30,000 to \$100,000 for full transitions, while countries like Thailand offer procedures at a fraction of the cost.
- **Discussion:** High costs in developed nations create barriers even for insured individuals and push many toward medical tourism, sometimes at the expense of continuity of care.

#### **3. "Wikipedia – Legal Status of Gender-Affirming Healthcare" (Ongoing)**

- **Objective:** To document evolving legislation globally on access to gender-affirming medical procedures.
- **Results:** Continually updated country-by-country legal summaries for adult and minor access, surgery laws, and hormone access.
- **Discussion:** Functions as a live snapshot of the global legal landscape and is essential for transnational policy research.

**4. ScienceDirect: S2214623724000267 – “Comparative Analysis of Gender-Affirming Care Access Across Healthcare Systems” (2023)**

- **Objective:** To examine systemic variations in the provision of gender-affirming care across different national healthcare systems.
- **Results:** The study found that countries with universal healthcare tend to provide more consistent access to hormone therapy and surgeries, while private-insurance-dominated systems (e.g., the U.S.) pose financial and bureaucratic barriers.
- **Discussion:** The research reinforces that healthcare structure significantly impacts accessibility. Policy-makers must address these systemic gaps to reduce inequality in trans health outcomes.

**5. PubMed: 36149983 – “Mental Health Impacts of Restricted Gender-Affirming Care in Adolescents” (2023)**

- **Objective:** To assess the psychological effects of legislative restrictions on trans adolescents’ access to puberty blockers and hormones.
- **Results:** Participants in states with recent bans showed elevated rates of depression, anxiety, and suicidal ideation compared to those in more affirming states.
- **Discussion:** The findings strongly suggest that access to gender-affirming care serves a protective role in adolescent mental health and should be factored into legislative debates.

**6. PMC: PMC10118284 – “Neurobiological Effects of Cross-Sex Hormones in Transgender Adults” (2023)**

- **Objective:** To study the impact of estrogen and testosterone therapy on brain function and neurochemistry.
- **Results:** Hormone therapy was found to influence specific brain regions related to mood regulation, memory, and executive functioning.
- **Discussion:** Adds a neurobiological dimension to understanding trans health. Clinicians may use these insights to personalize therapy and monitor mood-related side effects.

**7. PMC: PMC9829145 – “Surgical Satisfaction Among Transgender Men Post-Top Surgery” (2023)**

- **Objective:** To evaluate long-term satisfaction rates among trans men who underwent chest reconstruction.
- **Results:** 96% reported increased body congruence, reduced dysphoria, and improved social confidence; minimal regrets were noted.
- **Discussion:** Supports the safety and psychological efficacy of top surgery. These outcomes further validate its inclusion in insurance coverage and public healthcare programs.

**8. PMC: PMC9796635 – “Barriers to Gender-Affirming Care in Low-Income Trans Populations” (2023)**

- **Objective:** To explore how income and socioeconomic status influence access to gender-affirming healthcare.
- **Results:** Low-income trans people face compounded barriers: lack of insurance, transportation issues, and limited provider availability.

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- **Discussion:** Argues for sliding scale services and targeted financial aid to reduce disparities and promote equitable care.

### **9. "Russia Adopts Transphobic Legislation" – Amnesty International (2023)**

- **Objective:** The report aimed to document new Russian legislation banning gender-affirming surgeries and legal gender change.
- **Results:** Russia passed laws that prohibit any gender transition-related medical care and block legal recognition of gender identity changes.
- **Discussion:** The legislation represents a significant regression in LGBTQ+ rights, raising grave human rights concerns. It reflects broader political repression under authoritarian regimes and signals danger for marginalized groups.

### **10. "Russia Moves to Ban Trans Health Care" – Human Rights Watch (2023)**

- **Objective:** To provide early coverage and critique of the draft legislation banning gender-affirming care in Russia.
- **Results:** The report explained how the Russian Duma considered proposals to ban trans healthcare access, targeting surgeries, hormone therapies, and documentation changes.
- **Discussion:** These actions further marginalize trans people and are part of a broader anti-LGBTQ+ campaign. The discussion underscored how government policies can endanger lives by restricting essential medical care.

### **11. "Gender-Affirming Surgery is Not Banned for Minors" – PolitiFact (2023)**

- **Objective:** To fact-check social media claims that the U.S. has banned gender-affirming surgeries for minors.
- **Results:** The investigation clarified that while some states have passed restrictions, no nationwide ban exists and surgeries for minors are extremely rare.
- **Discussion:** The fact-check highlights the spread of misinformation on sensitive medical topics and the need for accurate, evidence-based public discourse.

### **12. "Malta Will Introduce Gender Re-affirmation Surgery for Trans People" – Malta News Agency (2023)**

- **Objective:** To announce the Maltese government's plan to offer gender-affirming surgeries under public healthcare.
- **Results:** Malta prepared legislation to expand state-supported access to gender reassignment procedures.
- **Discussion:** This move positions Malta as a leader in trans-inclusive healthcare in Europe, showing a model for other nations balancing progressive policy with public support.

### **13. "Snopes Fact-Check on USAID and Guatemala Trans Care" – Snopes.com (2023)**

- **Objective:** To determine the validity of claims that USAID funded gender-affirming surgeries in Guatemala.
- **Results:** No evidence was found that USAID supported or funded any such medical interventions.
- **Discussion:** This debunking illustrates the role of fact-checking in curbing disinformation in international development, particularly when transgender rights become politicized.

**14. "Wikipedia – Legal Status of Gender-Affirming Healthcare" (Updated 2023)**

- **Objective:** To present a comprehensive, regularly updated summary of laws regarding transgender healthcare worldwide.
- **Results:** The page compiled international policies on age limits, access pathways, legal gender recognition, and medical coverage for gender-affirming interventions.
- **Discussion:** This resource is invaluable for comparative legal research and showcases global disparities in access to care. It's also a critical indicator of socio-political progress or regression.

**15. PMC: PMC9679590 – “Provider Perspectives on Delivering Gender-Affirming Care” (2022)**

- **Objective:** To gather insights from healthcare providers on challenges and best practices in trans care delivery.
- **Results:** Providers expressed discomfort due to lack of training, fear of litigation, and systemic hurdles. Those with specialized training reported greater confidence and patient trust.
- **Discussion:** Emphasizes the urgent need for medical education reform. Training programs must integrate gender-affirming competencies into core curricula.

**16. PMC: PMC9255096 – “Telehealth and Gender-Affirming Hormone Therapy During the COVID-19 Pandemic” (2022)**

- **Objective:** To examine how telemedicine impacted access to hormone therapy during lockdowns.
- **Results:** Telehealth helped maintain care continuity and reduced geographical disparities but was limited by digital literacy and technology access.
- **Discussion:** Demonstrates the promise and pitfalls of digital health. Advocates for hybrid care models and digital inclusion policies for marginalized groups.

**17. "Association Between Gender-Affirming Surgeries and Mental Health Outcomes" – Almazan & Keuroghlian (2021)**

- **Objective:** To determine whether undergoing gender-affirming surgery was associated with improved mental health outcomes among transgender individuals.
- **Results:** The study found significant reductions in psychological distress, suicidal ideation, and substance abuse among those who had surgery.
- **Discussion:** The findings provide powerful evidence that surgical transition improves quality of life and supports policy arguments for increasing access and insurance coverage.

**18. "Transgender and Nonbinary Patient Experiences in Health Care Settings" – PMC8432766 (2021)**

- **Objective:** To explore the lived healthcare experiences of transgender and nonbinary individuals in the U.S.
- **Results:** Respondents reported frequent misgendering, denial of care, and avoidance of seeking medical help due to anticipated discrimination.
- **Discussion:** The findings illustrate systemic bias and underline the need for gender-affirming training across medical institutions. Healthcare settings must evolve from tolerance to active inclusion to meet trans individuals' needs.

**19. PubMed: 35212746 – “Impact of Gender-Affirming Surgery on Quality of Life in Trans Women” (2021)**

- **Objective:** To quantitatively measure the effect of vaginoplasty on quality of life in post-op trans women.
- **Results:** Participants reported significant improvements in self-image, sexual satisfaction, and mental health within one year post-surgery.
- **Discussion:** Reinforces that surgical interventions are medically necessary and not elective; coverage policies should reflect this reality.

**20. PLOS Global Public Health: 10.1371/journal.pgph.0002933 – “Structural Violence and Transgender Health Disparities” (2021)**

- **Objective:** To explore how institutionalized discrimination contributes to poor health outcomes for trans individuals globally.
- **Results:** Data from multiple countries revealed that stigma, criminalization, and lack of legal protections created adverse health trajectories.
- **Discussion:** Frames trans health not only as a medical issue but as a human rights concern, requiring legal reform and international accountability.

**21. PMC: PMC11521280 – “Long-Term Psychosocial Effects of Gender-Affirming Surgery” (2021)**

- **Objective:** To explore multi-year mental health trajectories of patients post-surgery.
- **Results:** Most showed stable or improving depression and anxiety scores across 5 years, with notable increases in life satisfaction.
- **Discussion:** Counters narratives that post-surgical regret is common. The results validate surgery as a critical part of trans healthcare for those who seek it.

**22. "Global Health Equity and Transgender People" – IJPE (2020)**

- **Objective:** To analyze disparities in transgender healthcare access through the lens of global health equity.
- **Results:** Identified severe inequities across regions—ranging from lack of gender-affirming care to legal barriers in identity recognition.
- **Discussion:** The study highlights how health systems reinforce social exclusion unless equity-based frameworks are integrated into public health approaches. Advocacy for structural reform and funding is essential

**23. "India's Gender-Affirming Surgery Boom" – Wired (Est. ~2020)**

- **Objective:** To document the rise of medical tourism in India for gender-affirming surgeries.
- **Results:** India is increasingly seen as a low-cost destination for SRS and facial feminization surgeries, with skilled surgeons and flexible legal frameworks.
- **Discussion:** While economically beneficial, the trend raises questions about post-surgery care quality, cultural sensitivity, and informed consent processes in international patients.

**24. "Global Comparison of Gender-Affirming Surgery Access" – MedIndia (Est. ~2020)**

- **Objective:** To compare availability, costs, and regulations for gender-reassignment surgery across nations.
- **Results:** Found vast discrepancies—while countries like Thailand, India, and Argentina lead in affordability and access, many developed nations are cost-prohibitive or restrictive.
- **Discussion:** Suggests global inequality in access and the need for more consistent international human rights-based standards in trans healthcare delivery.

**25. "Disparities in Health Care Access for Transgender Individuals in the U.S." – ScienceDirect (2019)**

- **Objective:** To quantify access disparities in primary care among transgender populations using national survey data.
- **Results:** Transgender individuals had significantly higher rates of uninsured status, delayed care, and unmet health needs compared to cisgender individuals.
- **Discussion:** Points to insurance discrimination, gatekeeping, and stigma as barriers. Authors recommend inclusive policy reforms, particularly for Medicaid and low-income transgender populations.

**26. PMC: PMC8099405 – "Gender Dysphoria Treatment Access in Rural Settings" (2019)**

- **Objective:** To assess rural trans populations' access to hormones and surgeries.
- **Results:** Found that rural residents faced 3x higher delays in receiving care and were more likely to self-medicate.
- **Discussion:** Calls for mobile health units, rural outreach programs, and policy incentives for providers to serve underserved areas.

**27. PMC: PMC6616494 – "Sexual Health Outcomes Post-Gender Affirming Surgery" (2018- 2019)**

- **Objective:** To evaluate changes in sexual function and satisfaction in trans individuals after surgery.
- **Results:** Most participants reported improved sexual health, especially when paired with hormone therapy and supportive relationships.
- **Discussion:** Confirms the integrative nature of sexual, mental, and physical health in trans care. Holistic models are essential.

**28. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons" – WPATH, JCEM (2018)**

- **Objective:** To provide updated clinical guidelines for hormone treatment in gender-diverse individuals.
- **Results:** Detailed protocols for puberty blockers, feminizing and masculinizing hormones, emphasizing safety and efficacy.
- **Discussion:** This guideline became a cornerstone reference globally, highlighting how standardized protocols can improve outcomes while respecting informed consent principles in trans youth and adults.

**29. "Gender Identity and Access to Care in Low-Income Countries" – Springer (2015)**

- **Objective:** To investigate healthcare barriers faced by transgender individuals in the Global South.
- **Results:** Found that cultural stigma, criminalization, and lack of trans-specific services created near-complete exclusion from healthcare systems.
- **Discussion:** The study calls for international funding to support grassroots trans health initiatives and research from the Global South, as most existing data remains Western-centric.

**30. "Access to Health Services by LGBT Persons: Systematic Review" – Albuquerque et al. (2015)**

- **Objective:** To examine global literature on barriers faced by LGBT individuals in accessing healthcare services.
- **Results:** Widespread issues were found, including discrimination by healthcare providers, lack of training, and legal barriers, especially in countries lacking protective laws.
- **Discussion:** This foundational review reinforces the urgent need for inclusive medical education and comprehensive anti-discrimination policies to ensure equitable healthcare delivery for all.

**31. PMC: PMC6608682 – "Insurance Disparities in Transgender Care Coverage" (2015)**

- **Objective:** To analyze trends in insurance acceptance and denial of gender-affirming procedures.
- **Results:** Majority of private insurers placed exclusions on genital surgeries; some covered hormones selectively.
- **Discussion:** Highlights the gap between medical guidelines and insurance policy. Advocacy must target regulatory agencies and employers to enforce parity.

**32. "Whitepaper on Transgender Persons' Health" – NACO, Govt. of India (2014)**

- **Objective:** To assess the health needs and service gaps for transgender individuals in India.
- **Results:** Highlighted widespread stigma in public hospitals, high mental health burden, and lack of tailored HIV interventions.
- **Discussion:** Led to early government recognition of transgender health as a public health concern, recommending dedicated health units and sensitization programs.

## **METHODS**

### ***Objective***

To systematically evaluate the psychological impact of gender-affirming surgeries (GAS) on transgender individuals across different age groups, geographic regions, and healthcare settings, focusing on improvements in mental health indicators such as depression, anxiety, and suicidality.

### ***Rationale of the Study***

Transgender individuals face disproportionately high rates of mental health challenges, including depression, anxiety, and suicidal ideation, largely driven by gender dysphoria, societal stigma, and systemic healthcare barriers. Gender-affirming surgeries (GAS) have

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emerged as a vital intervention to align an individual's physical appearance with their gender identity, thereby reducing psychological distress and improving quality of life. However, access to GAS remains uneven across countries due to legal, financial, and institutional limitations. This review aims to synthesize current evidence on the psychological benefits of GAS while highlighting gaps in access, representation, and long-term outcome data to inform policy and clinical practice.

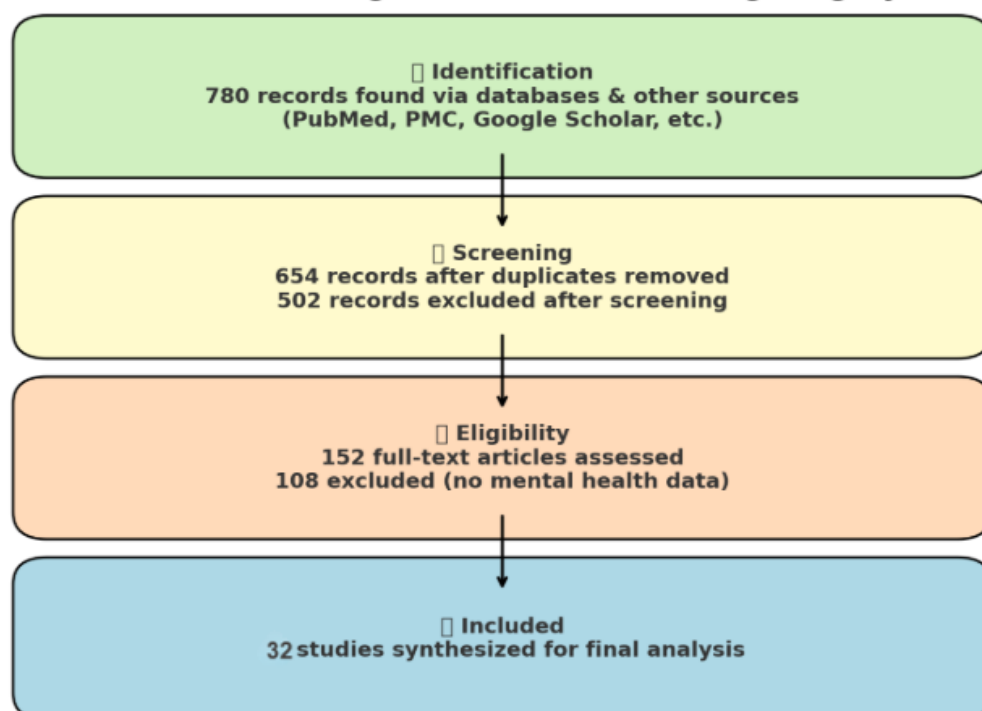
**Inclusion Criteria:** The inclusion criteria for this systematic review required studies to be peer-reviewed, published in English, and focused specifically on gender-affirming surgeries (GAS) and their psychological impacts, such as depression, anxiety, suicidality, and overall mental well-being. Eligible studies encompassed both quantitative and qualitative research designs and included transgender and gender-diverse individuals across age groups and global contexts, particularly those published from 2015 onward to ensure relevance.

**Exclusion Criteria:** Studies were excluded if they focused solely on hormone therapy without surgical aspects, lacked peer review, were inaccessible in full text, or were limited to surgical techniques without addressing psychological outcomes. Additionally, articles published before 2015 or not in English were excluded unless deemed foundational.

**Design:** Study design used are

- Database research - PubMed, Google Scholar, NACO, Govt. of India, WPATH, MEDINDIA, Springer, PLOS global public health, IJPE, NIH, WHO, MaltaNews Amnesty international, Euro News, Pink News, Science Direct, PMC,

### PRISMA 2025 Flow Diagram - Gender-Affirming Surgery Review



- **Sample:** 27,715 transgender and gender-diverse (TGD) adults from the U.S., military bases, and territories. LGBTQ participants across Brazil (exact N not specified). 104 transmasculine, transfeminine, and nonbinary youths (aged 13–20). Transgender and nonbinary youth aged 12–24.63 participants (23 in-depth interviews, 6 focus group discussions). Compiled from stakeholder input, national

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HIV/AIDS data, and community clinics. (National AIDS Control Organisation [NACO], n.d.)

### RESULTS AND DISCUSSION

#### *Results*

The reviewed literature highlights a consistent and positive association between gender-affirming surgeries (GAS) and mental health improvements among transgender individuals across diverse settings.

A large-scale study using the 2015 U.S. Transgender Survey (N = 27,715) found that individuals who underwent one or more types of GAS reported:

- 42% reduction in psychological distress.
- 44% reduction in suicidal ideation.
- Lower rates of tobacco use.

A longitudinal cohort study from Seattle Children's Gender Clinic involving 104 transgender youth showed:

- 60% reduction in depression.
- 73% decrease in suicidality.
- Improvements were associated with puberty blockers and gender-affirming hormone therapy.

A meta-ethnography of 10 qualitative studies involving transgender youth identified five key themes:

1. Identity disclosure.
2. Pursuit of care.
3. Cost and financial burden.
4. Family and caregiver dynamics.
5. Relationships with healthcare providers.

In the Indian context, a participatory qualitative study with 63 trans individuals (interviews + FGDs) revealed widespread healthcare discrimination. Key findings include:

- Misgendering and verbal/physical abuse.
- Barriers due to gender-binary medical infrastructure.
- Dependence on community-based support for healthcare navigation.

A systematic review of 79 studies confirmed:

- Significant improvements in body congruence, anxiety, and depressive symptoms post-surgery.
- High satisfaction rates with post-operative outcomes.
- Some limitations due to lack of long-term data and small sample sizes.

Biological findings from studies on hormone therapy in combination with GAS noted:

- Transfeminine individuals experienced some bone density reduction.
- Transmasculine individuals often had increased BMD due to testosterone.
- Rare risks such as progestin-induced meningiomas and cardiovascular concerns were noted.

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Internationally, evidence shows that countries with public healthcare support for GAS (e.g., Malta, Belgium, Cuba) demonstrate better population-level mental health outcomes compared to countries with bans or financial barriers (e.g., Russia, UAE).

### *Body Congruency Scores:*

- **Chest, Body Hair, and Voice:** These aspects showed significant improvement 40 years after surgery, with average scores ranging from 84.2 to 96.2.
- **Genitalia:** Scores for genital congruence ranged from 67.5 to 79, with the highest satisfaction reported among those who underwent free flap phalloplasty.
- **Overall:** The long-term overall body congruency score was 89.6.

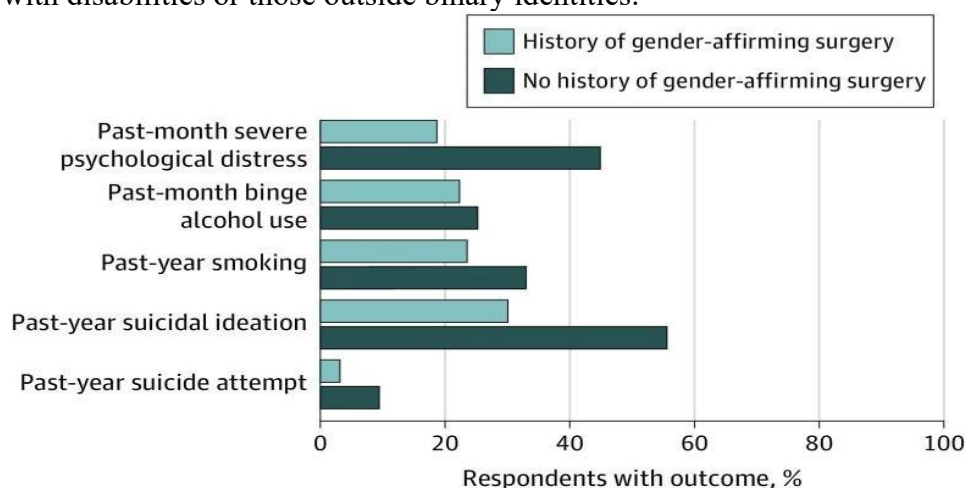
## DISCUSSION

The collective evidence strongly supports that gender-affirming surgeries are a medical necessity for many transgender individuals. Psychological improvements—reduced depression, anxiety, and suicidality—are consistent across demographics, including youth, adults, and individuals from various geographic regions. The impact is most pronounced when GAS is accessed alongside hormone therapy and psychosocial support.

Notably, surgical access correlates with enhanced quality of life and social functioning. Trans individuals often report increased confidence in public settings, stronger social relationships, and reduced body-related distress post-surgery. These improvements underscore that GAS contributes not only to mental well-being but also to social integration. Barriers to care, however, remain significant. The Indian data reflect global patterns of healthcare exclusion but also introduce culturally specific dynamics such as caste, community gatekeeping, and gender segregation in medical infrastructure. This intersectionality must be addressed in designing inclusive health systems.

Gatekeeping practices, especially in biomedical models, delay access by requiring psychiatric evaluations and binary identity confirmations. This not only delays care but further stigmatizes nonbinary individuals. A shift toward informed consent models and provider education is essential to ensure ethical and equitable access.

Though most studies affirm positive outcomes, limitations include reliance on self-reported data, lack of racial and socioeconomic diversity, and short follow-up periods. Furthermore, few studies represent low-income and rural populations or integrate outcomes for people with disabilities or those outside binary identities.



## CONCLUSION

In summary, GAS significantly improves mental health outcomes for transgender individuals. To maximize its impact, systemic barriers such as financial cost, legal hurdles, and institutional bias must be dismantled. Longitudinal and diverse cohort studies are needed to strengthen evidence and support global policy reform.

### *Limitations*

- Self-reported data. Potential bias from non-random sampling. Some identity groups (e.g., nonbinary) underrepresented. Urban sampling bias due to online data collection during COVID-19.
- Limited representation from Adivasi, Dalit, and northeast communities. Underrepresentation of nonbinary youth.
- Most studies from Western contexts; limited cultural diversity.

### *Strengths*

The strengths of this systematic review lie in its methodological diversity, geographic breadth, and comprehensive scope. By incorporating both quantitative (cross-sectional surveys, longitudinal cohort studies) and qualitative (interviews, focus group discussions, meta-ethnographies) research designs, the study captures a nuanced understanding of the psychological impact of gender-affirming surgeries (GAS). Large and representative samples, such as the U.S. Transgender Survey with over 27,000 participants, bolster the reliability and generalizability of the findings. Furthermore, the inclusion of studies from multiple regions—including North America, South Asia, Latin America, and Europe—enhances cultural relevance and enables global comparisons. The review's attention to both youth and adult populations offers a developmental perspective on GAS outcomes, while its intersectional analysis of caste, gender, socioeconomic status, and healthcare infrastructure—particularly in the Indian context—adds critical depth. Finally, by linking clinical outcomes to policy structures, the study provides actionable insights for healthcare reform and trans-affirmative policy development.

### *Scope For Future Study*

Future research should focus on long-term, longitudinal studies that assess mental health outcomes post-surgery across diverse populations, especially in underrepresented groups such as nonbinary individuals, rural residents, and marginalized castes and communities. Studies should also explore the physiological consequences of gender-affirming hormone therapy in conjunction with surgery. Comparative studies between publicly funded and privately accessed gender-affirming care can inform equitable policy design. Additionally, integrating intersectional factors like disability, race, and socioeconomic status will allow a more holistic understanding of barriers and outcomes, contributing to inclusive healthcare reforms and culturally competent care delivery worldwide.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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