EXPERIENCES OF TRANS MEN IN KERALA AND TAMILNADU: FAMILY REJECTION, IDENTITY AND SOCIAL SUPPORT

A Dissertation submitted to the University of Kerala in Partial Fulfillment of the Requirements for the Masters of Social Work Degree Examination

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CERTIFICATE OF APPROVAL

This is to certify that this dissertation entitled “Experiences of Trans men in Kerala and Tamil Nadu: Family rejection, Identity and Social support” is a record of genuine work done by Alex Joseph., a fourth-semester Master of Social Work student of this college under my supervision and guidance, and that it is hereby approved for submission.

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DECLARATION

I, Alex Joseph, hereby declare that the dissertation entitled " Experiences of Trans Men in Kerala and Tamil Nadu: Family Rejection, Identity, and Social Support " is the outcome of my original research conducted during the academic year 2025–2026 under the guidance of the Department of Social Work, Loyola College of Social Sciences (Autonomous), Thiruvananthapuram.

This dissertation is submitted to the University of Kerala in partial fulfilment of the requirements for the award of the Master of Social Work (MSW) Degree. I further declare that this work has not been previously submitted, either in full or in part, for the award of any degree, diploma, fellowship, or any other academic qualification in this or any other university or institution.

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Alex Joseph

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ABSTRACT

Family acceptance plays a critical role in the psychological, emotional, and social well-being of transgender individuals. Trans men, in particular, frequently experience rejection from their birth families rooted in prevailing gender norms, societal expectations, and limited awareness of gender diversity within Indian society. Such rejection often manifests as denial of gender identity, pressure to conform to assigned gender roles, and emotional distancing within the family, with consequences extending to disrupted education, housing insecurity, financial precarity, employment discrimination, and reduced access to healthcare. While transgender studies in India have gained increasing scholarly attention, the specific and comparative lived experiences of trans men across different regional contexts remain underexplored.

The present study, titled" Experiences of Trans men in Kerala and Tamil nadu: Family rejection, Identity and Social support" aimed to explore the nature of birth-family rejection and its influence on participants' psychological well-being, identity formation, social relationships, healthcare experiences, and coping strategies, while comparing patterns across Kerala and Tamil Nadu.

The study adopted a qualitative phenomenological research design. Ten trans men, five from Kerala and five from Tamil Nadu, were recruited through snowball sampling. Data were collected via semi-structured interviews, audio-recorded with informed consent, transcribed verbatim, translated where necessary, and analysed using thematic analysis. Ethical principles including confidentiality, anonymity, and voluntary participation were strictly maintained throughout.

Thematic analysis generated five major themes: family relationships and experiences of rejection, everyday challenges and structural barriers, support systems and meaningful relationships, resilience and coping strategies, and hopes and future aspirations. Findings revealed that denial of identity, housing instability, employment discrimination, and inaccessible healthcare were common struggles, while partners, chosen family, and community networks served as key sources of support and resilience. Some variation emerged between the two states in family response patterns and support accessibility, though core experiences of rejection and resilience were shared.

The study highlights the need for family-sensitization programmes, trans-inclusive healthcare services, and targeted social work interventions, contributing regionally grounded insight to the discourse on gender identity, family dynamics, and psychosocial support in India.

Keywords: Trans men, Birth-family rejection, Family acceptance, Gender identity, Minority Stress Theory, Resilience Theory, Gender-affirming healthcare, Psychosocial well-being, Social support, Phenomenological research design, Kerala and Tamil Nadu

CHAPTER 1

INTRODUCTION

1.1. Introduction

Gender has traditionally been understood within a binary framework of male and female. However, contemporary understandings of gender recognize that gender identity is diverse and may not always correspond with the sex assigned at birth. Transgender persons are individuals whose gender identity differs from the gender assigned to them at birth. Among transgender communities, trans men are individuals who were assigned female at birth but identify and live as men. Despite increasing visibility and legal recognition, trans men continue to face significant social, cultural, and institutional challenges in India.

The lives of transgender persons in India have undergone important changes following the landmark judgement of the Hon'ble Supreme Court in the NALSA case (2014), which recognized the right of individuals to self-identify their gender. This judgement paved the way for policy initiatives, welfare programmes, and legal protections for transgender persons across the country. Nevertheless, social acceptance has not progressed at the same pace as legal recognition. Many transgender individuals continue to experience discrimination, exclusion, and violence in different spheres of life, particularly within their own families.

Family is generally considered the primary source of emotional support, protection, and socialization. However, for many trans men, the family becomes the first site of rejection after the disclosure of their gender identity. Birth family rejection may take various forms, including emotional neglect, verbal abuse, restrictions on gender expression, forced conformity to assigned gender roles, denial of education or employment opportunities, social isolation, and expulsion from the family home. Such experiences often have long-term consequences for psychological well-being, social relationships, economic security, and identity development.

Kerala and Tamil Nadu have emerged as two of the most progressive states in India regarding transgender welfare. Kerala became the first state in India to introduce a comprehensive Transgender Policy in 2015 and has implemented several welfare

initiatives including housing assistance, scholarships, crisis intervention services, and support systems through the Social Justice Department. Tamil Nadu has also been a pioneer in transgender welfare through the establishment of the Transgender Welfare Board and the provision of identity cards, welfare schemes, educational support, and livelihood initiatives for transgender persons, including trans men.

Despite these progressive measures, many trans men continue to encounter difficulties in accessing family acceptance and social inclusion. Welfare schemes and legal protections can improve access to resources and opportunities, but they cannot fully address the emotional and psychological consequences of family rejection. Research and community narratives consistently indicate that rejection from birth families remains one of the most significant challenges faced by trans men. The absence of family support often compels individuals to seek alternative support systems through peer networks, community groups, chosen families, and transgender collectives.

While a growing body of research has examined the experiences of transgender persons in India, much of the existing literature has focused on transgender women, hijra communities, health issues, and legal rights. Comparatively limited attention has been given to the specific experiences of trans men, particularly regarding birth family rejection and its impact on their lives. Furthermore, there is limited comparative research examining how cultural, social, and familial factors influence the experiences of trans men across different regional contexts such as Kerala and Tamil Nadu.

The present study seeks to understand the lived experiences of birth family rejection among trans men in Kerala and Tamil Nadu. By exploring their narratives, challenges, coping strategies, and support systems, the study aims to contribute to a deeper understanding of the realities faced by trans men and generate knowledge that can inform social work practice, policy development, and advocacy efforts. The study also highlights the importance of family acceptance, social inclusion, and community support in promoting the well-being and dignity of transgender individuals.

Understanding these experiences is essential for creating a society where trans men can live with dignity, exercise their rights, and participate fully in social life without fear of rejection or discrimination. The findings of this study may contribute to strengthening support mechanisms for transgender persons and fostering greater awareness among families, communities, policymakers, and social work professionals.

1.2.Statement of the Problem

Trans men are among the most underrepresented and least researched gender minority groups in India. Despite increasing legal recognition of gender diversity and the implementation of welfare measures in several states, many trans men continue to face significant challenges in their everyday lives. One of the most critical challenges experienced by trans men is rejection from their birth families. Family rejection often occurs when individuals disclose their gender identity or begin expressing their masculine identity, leading to emotional distress, strained relationships, social isolation, and reduced access to support systems.

According to the Census of India (2011), approximately 4.88 lakh persons identified under the transgender category. However, activists and researchers have noted that the actual number is likely much higher due to underreporting caused by stigma, fear, and invisibility. Within this population, trans men remain particularly invisible in both research and policy discussions. Many trans men do not openly disclose their identities because of concerns about family reactions, social discrimination, and safety.

Kerala and Tamil Nadu are often recognized as progressive states in relation to gender-diverse communities. Kerala introduced a comprehensive Transgender Policy in 2015 and has implemented various welfare initiatives, including financial assistance, healthcare support, educational benefits, and livelihood programmes. Tamil Nadu has also been a pioneer in welfare interventions through the establishment of the Transgender Welfare Board and various support schemes. Although these initiatives have improved access to services and legal recognition, they have not necessarily translated into acceptance within family settings.

For many trans men, the family becomes the first site of conflict after the disclosure of their gender identity. Families may refuse to acknowledge their identity, restrict their freedom, force them into marriage, deny access to education or employment opportunities, or subject them to emotional pressure in an attempt to enforce socially accepted gender roles. In some cases, trans men are compelled to leave their homes due to persistent rejection and hostility. Such experiences often affect mental health, self-esteem, housing security, educational continuity, and overall quality of life.

Despite the growing body of research on transgender persons, the lived experiences of trans men, particularly in relation to birth-family rejection, remain underexplored. Existing studies have largely focused on transgender persons as a whole or have given greater attention to the experiences of trans women, leaving the unique challenges faced by trans men insufficiently examined. Moreover, there is limited qualitative research comparing the experiences of trans men in Kerala and Tamil Nadu, despite both states implementing progressive policies and welfare programmes for transgender persons. Understanding how birth-family rejection influences the psychological well-being, education, employment, healthcare access, and social relationships of trans men is essential for developing effective family-based interventions and support services. Therefore, the present study seeks to explore the lived experiences of birth-family rejection among trans men in Kerala and Tamil Nadu through a qualitative phenomenological approach. The findings of the study are expected to contribute to the existing body of knowledge and provide valuable insights for social work practice, mental health professionals, policymakers, and organisations working towards the empowerment and social inclusion of trans men.

1.3. Background of the Study

Gender is a fundamental aspect of human identity and plays a significant role in shaping an individual's experiences, opportunities, and social relationships. Traditionally, society has understood gender through a binary framework that recognizes only male and female identities. However, contemporary understandings of gender acknowledge that gender exists along a spectrum and that individuals may identify differently from the sex assigned to them at birth. Among these diverse

gender identities are trans men, individuals who were assigned female at birth but identify and live as men.

Historically, gender-diverse persons have existed in various cultures and societies across the world. In India, historical records, religious texts, and cultural traditions indicate the presence of gender-diverse communities for centuries. Despite this historical presence, colonial laws, social stigma, and rigid gender norms contributed to the marginalization of gender-diverse populations. As a result, many individuals faced exclusion from family, education, employment, healthcare, and community life.

In recent years, India has witnessed important legal and policy developments concerning gender identity. The landmark NALSA judgment of 2014 recognized the right of individuals to self-identify their gender and affirmed the constitutional rights of transgender persons. This was followed by the enactment of the Transgender Persons (Protection of Rights) Act, 2019, which prohibits discrimination and seeks to ensure access to education, healthcare, employment, and public services. These developments marked significant progress toward recognizing gender diversity and promoting social inclusion.

Although legal recognition has improved, social acceptance continues to remain a challenge for many trans men. Unlike policy changes, social attitudes often change slowly. Many trans men continue to experience misunderstanding, discrimination, and exclusion within their families and communities. Family relationships are particularly important because families are usually the first source of emotional support, socialization, and security. Family acceptance contributes to positive mental health, self-esteem, and overall well-being, whereas family rejection can create lasting emotional and social difficulties.

For many trans men, disclosure of their gender identity becomes a turning point in their relationship with family members. Parents and relatives may struggle to understand gender diversity because of deeply rooted cultural beliefs, expectations regarding gender roles, concerns about family reputation, and pressure from the wider community. Consequently, some trans men experience emotional neglect, verbal abuse, restrictions on mobility, denial of education, forced marriage, surveillance,

economic dependence, and even expulsion from their homes. Such experiences can have profound effects on mental health, social participation, educational attainment, and livelihood opportunities.

Birth family rejection is not merely an individual or interpersonal issue; it is influenced by broader social and cultural structures. Gender norms within many Indian families are closely linked to expectations regarding femininity, marriage, family honour, and social status. When trans men challenge these expectations through their gender identity and expression, conflicts may arise between personal identity and family expectations. Understanding these dynamics is important because family acceptance or rejection often shapes the life trajectories of trans men.

Kerala and Tamil Nadu provide important contexts for examining these experiences. Both states are considered pioneers in developing welfare measures for gender-diverse communities. Kerala introduced the State Policy for Transgenders in 2015 and implemented various schemes related to education, healthcare, livelihood support, and social inclusion. Tamil Nadu became the first state in India to establish a Transgender Welfare Board and has introduced several welfare initiatives aimed at improving the quality of life of gender-diverse persons. These efforts demonstrate a growing commitment toward inclusion and rights-based approaches.

However, the availability of welfare schemes and legal protections does not necessarily guarantee acceptance within families. Several studies and community narratives indicate that many trans men continue to face rejection from their birth families despite living in states that have relatively progressive policies. In many cases, the emotional consequences of family rejection persist even when individuals gain access to community support networks, employment opportunities, or welfare services. This suggests that family acceptance remains a critical factor influencing the well-being and social inclusion of trans men.

Existing research in India has largely focused on transgender women, hijra communities, healthcare access, discrimination, and legal rights. Comparatively fewer studies have explored the unique experiences of trans men, particularly in relation to family relationships and rejection. There is also limited comparative

research examining how social, cultural, and familial factors influence the experiences of trans men in Kerala and Tamil Nadu.

Against this background, the present study seeks to understand the lived experiences of birth family rejection among trans men in Kerala and Tamil Nadu. By exploring their narratives, the study aims to understand the forms of rejection experienced, the impact of these experiences on their lives, the coping mechanisms adopted, and the support systems that contribute to resilience. The study is expected to contribute to social work knowledge, policy discussions, and interventions that promote family acceptance, social inclusion, and the well-being of trans men.

1.4.Relevance and Significance of the Study

Trans men continue to remain one of the least studied groups within transgender research in India. Although there has been growing attention towards transgender rights and welfare, much of the existing research has focused on transgender persons in general or on the experiences of trans women. As a result, the lived experiences of trans men, particularly their experiences of birth-family rejection, have received limited attention. This study is therefore relevant as it explores an important but under-researched area.

Birth-family rejection has a significant impact on the lives of trans men. Family is usually the first source of emotional, social, and financial support. When this support is withdrawn, it can affect mental health, education, employment, healthcare access, housing, and overall quality of life. Understanding these experiences is important for identifying the challenges faced by trans men and the support they require to lead a dignified life.

The study is also significant because it compares the lived experiences of trans men in Kerala and Tamil Nadu. Both states have introduced progressive policies and welfare programmes for transgender persons, but there is limited research examining whether these initiatives have improved the everyday lives of trans men. By comparing the two states, the study provides a better understanding of how

differences in family attitudes, social support, healthcare services, and welfare measures influence their experiences.

The findings of the study will contribute to the existing body of knowledge in Medical and Psychiatric Social Work, Social Work, Gender Studies, Psychology, and Sociology. The study also adds to the limited qualitative research available on the lived experiences of trans men in India.

The study has practical significance for medical and psychiatric social workers, counsellors, psychologists, healthcare professionals, and non-governmental organisations working with transgender communities. The findings can help professionals understand the psychosocial impact of birth-family rejection and develop family counselling programmes, mental health interventions, community support services, and gender-affirming practices that are more responsive to the needs of trans men.

The study is also relevant for policymakers and government departments responsible for implementing transgender welfare programmes. The findings may help identify gaps in existing policies and services related to family support, healthcare, education, employment, and social protection. This evidence can contribute to improving programmes that promote the inclusion and well-being of trans men.

The study also aims to create awareness about the importance of family acceptance and social inclusion. By documenting the voices and lived experiences of trans men, it encourages greater understanding among families, communities, educational institutions, healthcare providers, and society. Increased awareness can help reduce stigma, strengthen family relationships, and promote a more inclusive environment for trans men.

Finally, the study provides a foundation for future research on trans men in India. It can encourage further studies on family acceptance, mental health, healthcare access, social support, and policy implementation in different regions of the country. The findings may also support the development of evidence-based interventions and strengthen social work practice with transgender communities.

1.5. Chapterization

The present study is organized into six chapters, each addressing a specific aspect of the research. Together, these chapters provide a systematic understanding of the lived

experiences of trans men in Kerala and Tamil Nadu, with particular emphasis on birth family rejection, identity, healthcare, employment, and support systems.

Chapter I: Introduction

This chapter introduces the research topic and provides the background and context of the study. It includes the introduction, statement of the problem, background of the study, relevance and significance of the study, objectives, research questions, and chapterization. The chapter establishes the need for exploring the lived experiences of trans men in Kerala and Tamil Nadu and highlights the importance of understanding the impact of birth family rejection on their lives.

Chapter II: Review of Literature

This chapter presents a comprehensive review of national and international literature related to trans men, birth family rejection, gender identity, mental health, healthcare access, employment, housing, community support, resilience, and social inclusion. The literature is organized under thematic headings and is followed by a research gap analysis. The chapter also discusses the theoretical framework that guides the study.

Chapter III: Research Methodology

This chapter explains the methodological framework adopted for the study. It includes the research approach, research design, study setting, participant selection, sampling technique, inclusion and exclusion criteria, sources of data, tools for data collection, pilot study (if applicable), data collection procedure, ethical considerations, methods of data analysis, assumptions, limitations, and scope of the study. It describes how the phenomenological qualitative research was conducted to explore the lived experiences of trans men.

Chapter IV: Data Presentation

This chapter presents the socio-demographic profile of the participants and detailed case presentations based on the narratives collected through in-depth interviews. The chapter provides descriptive accounts of each participant's experiences while

maintaining confidentiality through case numbering and pseudonyms. The focus of this chapter is on presenting the data without interpretation.

Chapter V: Data Analysis and Interpretation

This chapter presents the thematic analysis of the data. The findings are organized into major themes and sub-themes emerging from the participants' narratives. The analysis is supported by verbatim quotations with corresponding case numbers and interpreted in relation to the research objectives, existing literature, and the theoretical frameworks of Resilience Theory and Minority Stress Theory. The chapter also includes a comparative analysis of the experiences of trans men from Kerala and Tamil Nadu, highlighting both similarities and differences.

Chapter VI: Summary, Major Findings, Recommendations, Implications for Social Work Practice, and Suggestions for Future Research

This chapter summarizes the entire study and presents the major findings in relation to the research objectives. It provides practical recommendations for policymakers, mental health professionals, healthcare providers, community organizations, and social work practitioners to strengthen support systems for trans men.

CHAPTER 2

LITERATURE REVIEW

2.1.Introduction

A review of literature forms the foundation of any research study by providing a comprehensive understanding of the existing body of knowledge related to the research problem. It enables the researcher to identify theoretical perspectives, methodological approaches, key findings, and research gaps that justify the need for the present investigation. Through a systematic examination of previous studies, researchers can position their work within the broader academic discourse while avoiding duplication and identifying areas requiring further exploration.

Research on transgender populations has expanded considerably over the past two decades following increased global recognition of gender diversity and the advancement of transgender rights. Internationally, studies have examined various dimensions of transgender lives, including identity development, mental health, family acceptance, healthcare access, discrimination, employment, and legal recognition. In India, research has predominantly focused on transgender women and hijra communities, while comparatively little attention has been given to transmasculine individuals. Consequently, the lived experiences of trans men, particularly in relation to birth-family rejection, remain inadequately documented.

Birth-family rejection is recognized as one of the earliest and most significant challenges experienced by transgender individuals. Family rejection often begins during adolescence when individuals disclose their gender identity or express gender non-conforming behaviours. Such rejection may manifest as emotional neglect, verbal abuse, physical violence, forced conformity to assigned gender roles, denial of educational opportunities, restrictions on employment, and pressure to enter heterosexual marriages. These experiences have profound implications for psychological well-being, identity development, healthcare utilization, and social participation (Ryan et al., 2010).

Although Kerala and Tamil Nadu are frequently recognized as progressive states with respect to transgender welfare initiatives, socio-cultural attitudes toward transmasculine individuals continue to vary considerably across families and communities. Existing literature suggests that despite supportive legal frameworks,

trans men continue to experience invisibility, family rejection, discrimination, and barriers to gender-affirming healthcare (Chakrapani et al., 2021). However, comparative qualitative studies examining these experiences across Kerala and Tamil Nadu remain limited.

Accordingly, this chapter reviews the available literature under thematic headings, including birth-family rejection, minority stress, psychological well-being, identity formation, healthcare experiences, education and employment, community support, legal recognition, and comparative perspectives from Kerala and Tamil Nadu. The chapter concludes by identifying the research gap that forms the basis of the present study.

2.2.Family Rejection and Birth-Family Dynamics

Family serves as the primary institution responsible for emotional support, identity formation, socialization, and psychological development. For transgender individuals, family acceptance significantly contributes to positive mental health and social adjustment, whereas rejection often leads to long-term emotional distress and social marginalization. Numerous studies have identified birth-family rejection as one of the strongest predictors of poor psychological outcomes among transgender populations. Rejection commonly occurs following the disclosure of gender identity and may include emotional neglect, verbal abuse, physical violence, forced gender conformity, denial of autonomy, and expulsion from the family home.

Chakrapani et al. (2021) found that birth-family rejection among transmasculine individuals in India frequently begins during adolescence following disclosure of their gender identity. Participants described experiences of emotional abuse, physical violence, restrictions on mobility, forced conformity to female gender roles, and pressure to enter heterosexual marriages. Several respondents reported that parental rejection resulted in discontinuation of education, unemployment, homelessness, and limited access to healthcare. The study further highlighted that many trans men developed resilience through peer support networks, LGBTQIA+ organizations, and chosen families. These findings emphasize that birth-family rejection extends beyond interpersonal conflict and significantly influences social inclusion, economic stability, and overall quality of life.

Similarly, Ryan et al. (2010) examined the association between family acceptance and health outcomes among LGBTQ young adults. Their study demonstrated that adolescents who experienced high levels of family rejection were substantially more likely to develop depression, substance misuse, suicidal ideation, and suicidal behaviour than those who experienced supportive family environments. Conversely, participants who reported family acceptance exhibited greater self-esteem, better psychological adjustment, and healthier social relationships. The authors concluded that family acceptance functions as a protective factor capable of reducing health disparities among sexual and gender minority populations.

Supporting these findings, Olson et al. (2016) investigated the mental health of socially transitioned transgender children living in supportive family environments. The researchers observed that transgender children receiving parental affirmation demonstrated levels of depression and self-worth comparable to those of cisgender children. Family acceptance promoted healthy identity development, emotional resilience, and positive psychological well-being. These findings underscore the importance of affirming parenting practices in protecting transgender individuals from adverse mental health outcomes.

Grossman and D'Augelli (2006) also reported that transgender youth who experienced persistent family rejection were significantly more likely to encounter homelessness, educational discontinuation, victimization, and social isolation. Many participants left home because of continuous emotional abuse and family conflict surrounding their gender identity. In contrast, supportive family relationships enhanced resilience, educational continuation, and successful community integration.

2.3.Minority Stress, Mental Health and Psychological Well-being

Mental health has emerged as one of the most extensively researched dimensions of transgender lives. Existing literature consistently demonstrates that transgender individuals experience disproportionately higher levels of depression, anxiety, psychological distress, substance use, and suicidal behaviour compared to the general population. Rather than attributing these disparities solely to gender identity, contemporary researchers emphasize that adverse mental health outcomes largely result from persistent exposure to stigma, discrimination, family rejection, victimization, and structural inequalities. The Minority Stress Theory provides an

important framework for understanding how chronic social stressors influence the psychological well-being of gender minority populations.

Ilan H. Meyer (2003) introduced the Minority Stress Theory to explain the relationship between social stigma and mental health among sexual and gender minority populations. Meyer argued that minority individuals experience unique stressors beyond ordinary life stress, including discrimination, prejudice, expectations of rejection, concealment of identity, and internalized stigma. These stressors accumulate over time, resulting in increased vulnerability to depression, anxiety disorders, substance misuse, and suicidal behaviour. The theory further suggests that resilience, community connectedness, and social support serve as protective factors that can mitigate the adverse psychological consequences of minority stress. Although originally developed for lesbian, gay, and bisexual populations, the theory has become one of the most widely applied frameworks in transgender health research.

Expanding upon this perspective, Walter O. Bockting and colleagues (2013) investigated psychological functioning among transgender adults and found that experiences of discrimination, victimization, and social stigma significantly predicted symptoms of depression and anxiety. Participants who reported greater social support and stronger identity affirmation demonstrated better psychological adjustment despite continued exposure to discrimination. The researchers emphasized that resilience does not eliminate minority stress but enables transgender individuals to adapt more effectively to adverse social environments.

Similarly, Stephanie M. Budge, Alicia L. Adelson, and Nathan A. Howard (2013) examined the relationship between minority stress and psychological distress among transgender individuals. Their findings revealed that discrimination, identity concealment, family rejection, and internalized transphobia were strongly associated with depression and anxiety. Participants who possessed greater social support, positive coping strategies, and stronger community connectedness reported significantly better mental health outcomes. The study concluded that interventions promoting resilience and social support are essential for improving psychological well-being among transgender populations.

Supporting these findings, Rylan J. Testa and colleagues (2015) developed the Gender Minority Stress and Resilience Model to explain how distal stressors, such as discrimination and violence, interact with proximal stressors, including internalized stigma and fear of rejection, to influence mental health among transgender individuals. Their model further identified resilience factors such as identity pride, community belonging, and family support as important protective mechanisms. The study emphasized that psychological well-being is shaped by the interaction between external social environments and individual coping resources rather than by gender identity itself.

Indian research has similarly demonstrated the detrimental psychological consequences of family rejection and social stigma. Chakrapani et al. (2021) observed that transmasculine individuals in India frequently reported symptoms of depression, anxiety, loneliness, hopelessness, and suicidal ideation following persistent rejection by birth families. Participants described experiencing emotional isolation, restricted educational opportunities, financial dependence, and barriers to healthcare, all of which contributed to poor psychological well-being. Nevertheless, many participants demonstrated remarkable resilience through peer support, community organizations, and chosen families, highlighting the importance of social support in promoting recovery and positive identity development.

2.4.Healthcare Experiences and Access to Gender-Affirming Care

Healthcare access is widely recognized as a fundamental determinant of health and well-being. However, transgender individuals, particularly transmasculine persons, continue to experience significant barriers in accessing appropriate healthcare services. Existing literature suggests that these barriers include discrimination, inadequate knowledge among healthcare professionals, financial constraints, limited availability of gender-affirming services, and institutional stigma. Such barriers often delay healthcare-seeking behaviour and negatively influence both physical and psychological well-being.

Chakrapani et al. (2024) conducted a mixed-methods study to explore access to transition-related healthcare among transmasculine individuals in India. The study revealed that participants largely depended on peer networks and community-based organizations to obtain reliable information regarding hormone therapy and gender-

affirming surgeries because many healthcare providers lacked adequate knowledge of transgender health. Financial limitations, fear of discrimination, and the scarcity of trained professionals further restricted access to healthcare. Despite these challenges, participants who received gender-affirming healthcare reported improvements in psychological well-being, gender affirmation, and overall quality of life. The researchers emphasized the need for trans-inclusive healthcare policies, professional training, and affordable gender-affirming services to improve health outcomes among transmasculine individuals (Chakrapani et al., 2024).

Similarly, Scheim et al. (2020) conducted a scoping review examining the health of transgender men in low- and middle-income countries. The review identified substantial gaps in research focusing specifically on transmasculine populations. Most existing studies centred on transgender women, leaving the healthcare needs of trans men comparatively unexplored. The review highlighted barriers including discrimination within healthcare settings, inadequate provider competency, and limited access to transition-related healthcare. The authors concluded that culturally sensitive healthcare services and increased research on transmasculine populations are essential to improve health equity in low- and middle-income countries (Scheim et al., 2020).

Supporting these findings, Saminathan and Pillai (2025) examined the social inclusion of transgender individuals in Thiruvananthapuram, Kerala. Although Kerala has implemented progressive transgender welfare policies, participants continued to report challenges in accessing respectful healthcare services. Experiences of stigma, discrimination, and insufficient provider sensitivity discouraged healthcare utilization. The study further noted that healthcare barriers intersected with difficulties related to employment, housing, and family acceptance, demonstrating that healthcare access is closely linked to broader processes of social inclusion and exclusion. The researchers recommended strengthening institutional support, improving healthcare provider training, and ensuring effective implementation of transgender-inclusive policies (Saminathan& Pillai, 2025).

2.5.Legal Rights, Policies and Welfare Measures for Transgender Persons

Evolution of Transgender Rights in India: Better Late Than Never

Bhargava et al. (2024) examined the evolution of transgender rights in India from a legal and policy perspective. The study adopted a **doctrinal legal research design** and analysed constitutional provisions, judicial decisions, and legislative developments related to transgender rights in India. The researchers found that the landmark *National Legal Services Authority (NALSA) v. Union of India* (2014) judgment established the constitutional right to self-identification of gender and laid the foundation for subsequent legal reforms, including the *Transgender Persons (Protection of Rights) Act, 2019*. Despite these advances, the study highlighted persistent implementation challenges in education, employment, healthcare, and access to welfare schemes. The authors concluded that legislative reforms must be accompanied by institutional accountability, public awareness, and effective implementation to ensure substantive equality for transgender persons. This study is relevant to the present research because it provides a comprehensive understanding of the legal environment influencing the lived experiences of transmasculine individuals in India.

2.6.Research Gap

The review of literature shows that many studies have focused on transgender persons, particularly in the areas of mental health, discrimination, social exclusion, legal rights, healthcare, and quality of life. These studies have provided valuable knowledge about the challenges faced by transgender communities. However, a careful review of the literature reveals several gaps that need further exploration.

Most of the available research discusses transgender persons as a single group without clearly distinguishing between the experiences of trans men and trans women. As a result, the lived experiences of trans men have received comparatively less attention. Existing studies mainly focus on trans women, leaving the experiences, needs, and challenges of trans men underexplored.

The available literature also shows that while family rejection is frequently mentioned as one of the challenges faced by transgender persons, only a limited number of

studies have examined birth-family rejection as the main focus of research. There is very little evidence explaining how rejection by parents and family members affects the emotional well-being, education, employment, healthcare access, and everyday lives of trans men.

Many previous studies have adopted quantitative research methods and used standardised scales to measure mental health, stigma, and quality of life. Although these studies provide useful statistical information, they do not capture the personal experiences, emotions, and meanings attached to birth-family rejection. This highlights the need for qualitative research that allows trans men to describe their experiences in their own words.

Another important gap identified in the literature is the lack of comparative research between Kerala and Tamil Nadu. Both states are recognised for introducing progressive policies and welfare programmes for transgender persons. However, there is limited research comparing how family acceptance, healthcare access, social support, and government welfare programmes influence the lives of trans men in these two states. Such a comparison is important for understanding the similarities and differences in their lived experiences.

2.7.Theoretical framework

Resilience Theory

The present study is guided primarily by **Resilience Theory**, which explains how individuals adapt positively despite experiencing adversity, challenges, and stressful life events. The concept of resilience has been discussed by several scholars, including Ann Masten (2001), who described resilience as "ordinary magic" that enables individuals to overcome difficult circumstances through personal strengths and supportive social environments.

Resilience Theory suggests that people are not passive victims of adversity. Instead, they actively develop coping strategies, build supportive relationships, and utilize available resources to navigate challenges. The theory recognizes that resilience is influenced not only by individual characteristics but also by social support, community resources, and environmental factors.

In the context of the present study, trans men often face multiple forms of adversity, including family rejection, discrimination, social stigma, housing insecurity, employment barriers, and difficulties accessing healthcare services. Despite these challenges, participants demonstrated resilience by seeking support from friends, partners, community organizations, and chosen families. Many participants developed confidence, self-acceptance, and independence while navigating these experiences.

The theory helps explain how trans men continue to pursue education, employment, healthcare, and personal goals despite experiencing rejection and exclusion. It also highlights the importance of supportive relationships and community networks in promoting well-being and personal growth.

Relevance to the Present Study
Resilience Theory is relevant because it helps understand:

- How trans men cope with family rejection.
- The role of friends, partners, and organizations in providing support.
- Strategies used to overcome discrimination and social exclusion.
- The development of self-acceptance and confidence.
- The process of adapting to challenges related to healthcare, employment, and housing.

Minority Stress Theory

The study is also informed by **Minority Stress Theory**, developed by Ilan Meyer (2003). The theory explains that individuals belonging to marginalized social groups experience unique and chronic stress due to stigma, discrimination, prejudice, and social exclusion.

According to the theory, minority individuals experience stress from both external and internal sources. External stressors include discrimination, rejection, harassment, and violence, while internal stressors may include fear of rejection, concealment of identity, and internalized stigma. These stressors can negatively affect mental health, social well-being, and quality of life.

For trans men, minority stress may arise from family rejection, societal discrimination, workplace exclusion, lack of healthcare access, and difficulties in obtaining social acceptance. Participants in the present study described experiencing stress related to their gender identity, social invisibility, and fear of negative reactions from others.

The theory also emphasizes the protective role of social support, community belonging, and identity affirmation. Supportive friends, partners, community organizations, and chosen families can reduce the negative effects of minority stress and contribute to resilience.

CHAPTER 3

METHODOLOGY

3.1. Introduction

Research methodology is a systematic and scientific framework for collecting, analysing, and interpreting data. This provides an outline of the way research has been carried out. Thus, it includes the methods, tools, samples, and research design, which, in turn, help answer specific research questions to address the research problem. Also, research methodology ensures that the research is valid, reliable, and ethical.

The present study explores the lived experiences of trans men in Kerala and Tamil Nadu, with particular emphasis on birth-family relationships, identity formation, social support, resilience, and the challenges they encounter in their personal and social lives. Since these experiences are complex, subjective, and deeply influenced by social and cultural contexts, a qualitative research approach was considered most appropriate to understand the meanings participants attach to their experiences.

The chapter provides an overview of the research process and explains the methods adopted to answer the research questions and achieve the objectives of the study.

3.2.Title of the study

Experiences of Trans Men in Kerala and Tamil Nadu: Family, Identity, and Social Support

3.3.Research Question

3.3.1. General Research Question

How do trans men in Kerala and Tamil Nadu experience and navigate their personal, familial, and social lives?

3.3.2. Specific Research Questions

1.How do trans men experience relationships with their birth families?

2.What challenges do trans men face in their everyday lives?

3.How do trans men access education, employment, housing, and healthcare services?

4.What forms of support do trans men receive from friends, partners, communities, and organizations?

3.4.Definition of Concepts

Table 3.4 1: Definition of Concepts

Concepts	TheoreticalDefinition	OperationalDefinition
Trans Man	The American Psychological Association (2021) defines a trans man as a person assigned female at birth whose gender identity is male.	In this study, trans men are individuals from Kerala and Tamil Nadu who were assigned female at birth and identify and live as men
Birth Family	Carter and McGoldrick (2005) describe birth family as a network of ind through biological or legal kinship, including parents, siblings, and close relatives.	In this study, birth family refers to the parents, siblings, and immediate relatives of the participants.
Rejection	Rohner (2004) defines rejection as the withdrawal or absence of affection, acceptance, support, or care towards an individual.	In this study, rejection refers to the denial, non-acceptance, exclusion, discrimination, or emotional distancing experienced by trans men from their birth families
Partners	Sternberg (1986) conceptualizes partners as individuals engaged in a close emotional, intimate, or committed relationship.	In this study, partners refer to romantic or life partners who provide emotional, social, and practical support to trans men.
Organizations	Etzioni (1964) describes organizations as structured social units established to achieve specific goals and	In this study, organizations refer to NGOs, community-based organizations, support groups, and advocacy organizations working with

	provide services to individuals or communities.	trans men.
Resilience	Masten (2001) defines resilience as the process of positive adaptation despite adversity, trauma, or significant life challenges.	In this study, resilience refers to the ability of trans men to cope with and adapt to family, social, and personal challenges.
Challenges	Lazarus and Folkman (1984) view challenges as demands or obstacles that require individuals to adapt and utilize coping resources.	In this study, challenges refer to the difficulties experienced by trans men in family life, education, employment, housing, healthcare, and social interactions.
Relationships	Burgess and Huston (1979) define relationships as enduring patterns of interaction and emotional connection between individuals.	In this study, relationships refer to the interactions and bonds trans men maintain with family members, partners, friends, and support networks.

3.5.Research Approach

The present study adopted a Qualitative Research Approach to explore and understand the lived experiences of trans men in Kerala and Tamil Nadu. Qualitative research is concerned with understanding human experiences, meanings, perceptions, emotions, and social realities from the perspective of the participants. Since the study focuses on personal experiences related to family relationships, identity, challenges, support systems, resilience, and everyday life, a qualitative approach was considered most appropriate.

The experiences of trans men are often complex, personal, and shaped by social and cultural contexts. Such experiences cannot be adequately understood through numerical data alone. The qualitative approach provided an opportunity for participants to narrate their experiences in their own words, allowing the researcher

to gain a deeper understanding of their realities. Through this approach, the researcher was able to capture the emotions, struggles, coping mechanisms, aspirations, and support systems that shaped the lives of trans men.

3.6.Research Design

The study used a Phenomenological Research Design. Phenomenology focuses on understanding people's lived experiences and the meaning they give to those experiences. The design helped the researcher explore the personal experiences of trans men and understand how they perceive and make sense of their lives. It provided detailed information about their family relationships, challenges, support systems, and resilience.

3.7.Sampling Technique and Sample Size

The study used Snowball Sampling to identify and recruit participants. Snowball sampling is a non-probability sampling technique in which existing participants help the researcher connect with other potential participants who meet the criteria of the study. This technique was considered suitable because trans men are often a less visible community and may be difficult to identify through conventional sampling methods. Through community networks, personal contacts, and participant referrals, the researcher was able to reach individuals who had direct experiences relevant to the study. The technique also helped in building trust and rapport with participants, which was important considering the sensitive nature of the topic.

3.8.Unit of the Study

The unit of the study was individual trans men who are experiencing rejection from their birth families.

Each participant was considered as a separate unit of analysis. Their experiences, perceptions, challenges, relationships, and coping strategies formed the basis of the study.

3.9.Participants

The participants of the study were trans men from Kerala and Tamil Nadu who were experiencing rejection, lack of acceptance, or strained relationships within their birth

families. The participants voluntarily agreed to share their experiences regarding family relationships, identity, social challenges, support systems, and resilience. Their experiences provided valuable insights into the realities faced by trans men in different social and cultural contexts. Lived Experiences of Trans Men in Kerala and Tamil Nadu: Family Rejection, Identity, and Social Support Lived Experiences of Trans Men in Kerala and Tamil Nadu: Family Rejection, Identity, and Social Support

3.9.1. Inclusion-Exclusion Criteria

Inclusion Criteria

- Trans men aged 18 years and above.
- Residents of Kerala or Tamil Nadu.
- Trans men who are currently experiencing rejection, lack of acceptance, or strained relationships with their birth families.
- Individuals willing to participate in the study.
- Individuals willing to share their personal experiences.

Exclusion Criteria

- Individuals below 18 years of age.
- Persons who do not identify as trans men.
- Trans men who reported complete acceptance and supportive relationships from their birth families.
- Individuals unwilling to participate in the study.

3.10. Sources of Data

The study made use of both primary and secondary sources of data. The combination of these sources helped the researcher obtain a detailed understanding of the lived experiences of trans men in Kerala and Tamil Nadu and supported the achievement of the research objectives.

3.10.1. Primary Data

Primary data refers to the information collected directly from the participants by the researcher for the purpose of the study. In the present study, primary data were collected from trans men residing in Kerala and Tamil Nadu who were experiencing rejection, lack of acceptance, or strained relationships with their birth families. Data were gathered through in-depth interviews, which provided an opportunity for participants to share their experiences, challenges, relationships, support systems, and

coping strategies. The information collected directly from the participants formed the main source of data for the study.

3.10.2. Secondary Data

Secondary data were collected from various published and unpublished sources such as research articles, dissertations, theses, government reports, policy documents, websites, and online databases. Relevant information was also gathered from official websites including the Tamil Nadu Transgender Welfare Board and the Kerala Social Justice Department. Secondary data helped in understanding the existing literature, identifying research gaps, and providing a background for the study.

3.11. Tools for Data Collection

The present study employed qualitative data collection tools to explore the lived experiences of birth-family rejection among transmasculine individuals in Kerala and Tamil Nadu. The primary data were collected using a semi-structured interview guide and an observation guide. These tools enabled the researcher to obtain comprehensive information while maintaining flexibility throughout the data collection process.

3.11.1. Interview Guide

A semi-structured interview guide was prepared by the researcher for collecting primary data from transmasculine individuals from Kerala and Tamil Nadu. The interview guide consisted of open-ended questions developed based on the objectives of the study. It enabled participants to freely narrate their lived experiences of birth-family rejection, gender identity development, family relationships, psychological well-being, healthcare experiences, coping strategies, and support systems in their own words. At the same time, it provided the researcher with the flexibility to ask probing questions whenever further clarification or elaboration was required.

The interview guide was organised into different thematic sections, including socio-demographic details, identity development, disclosure of gender identity, experiences of birth-family rejection, psychosocial impact, educational and employment experiences, healthcare access, coping mechanisms, support systems, and participants' perceptions regarding the similarities and differences in the lived experiences of transmasculine individuals in Kerala and Tamil Nadu. This structure

ensured that all aspects relevant to the research objectives were explored comprehensively while allowing participants to express their experiences freely.

The interviews were conducted individually in a confidential and comfortable setting after obtaining informed consent from the participants. With their permission, the interviews were audio-recorded and later transcribed verbatim for thematic analysis.

3.12. Data Collection Procedure

The data collection process was carried out systematically following ethical approval from the concerned authorities. Prior to data collection, permission to conduct the study was obtained from the research guide and the Institutional Research Committee. Eligible participants were identified through snowball sampling, wherein initial participants referred other transmasculine individuals who met the inclusion criteria. Community-based organizations, transgender support groups, and personal networks in Kerala and Tamil Nadu also facilitated participant recruitment.

Before commencing the interviews, the researcher explained the purpose, objectives, significance, and procedures of the study to each participant. Participants were informed that their involvement was entirely voluntary and that they had the right to refuse participation or withdraw from the study at any stage without any consequences. The interviews were conducted either face-to-face or through secure online platforms, depending on the participants' geographical location, availability, and preference. Each interview lasted approximately 45 to 90 minutes.

3.13. Data Analysis

The data collected through the semi-structured interviews were analysed using thematic analysis proposed by Braun & Clarke (2006). This method was chosen because it helps identify and organise patterns that emerge from qualitative data. It is widely used to understand participants' experiences, views, and practices. After the completion of data collection, the interviews conducted in Malayalam and Tamil were transcribed and translated into English. The transcripts were read several times to gain familiarity with the data. Important statements and ideas related to the objectives of the study were identified and coded.

The findings are presented under major themes and sub-themes with relevant verbatim statements from the participants. The themes were interpreted in relation to the objectives of the study and the existing literature to provide a meaningful understanding of the research problem.

3.14. Ethical Considerations

Ethical considerations were given due importance throughout the research process to protect the rights, privacy and dignity of the participants. Before the commencement of the study permission was obtained from the Department of Social Work

The purpose and objectives of the study were clearly explained to all participants before the interviews. Informed consent was obtained from each participant after providing adequate information about the nature of the study and their role in it. Participation was entirely voluntary and the participants were informed that they could withdraw from the study at any stage without any obligation.

Privacy and confidentiality were maintained throughout the study. The names of the participants and the institutions were not disclosed in the report. Personal information collected during the interviews was kept confidential and used only for academic purposes. The interview transcripts and field notes were stored securely and were accessible only to the researcher. The interviews were conducted with respect and sensitivity.

The participants were given sufficient time to respond and were free to decline any question that they did not wish to answer. Care was taken to ensure that the research process did not cause discomfort or inconvenience to the participants. The study adhered to the ethical principles of voluntary participation, informed consent, confidentiality, privacy and respect for the participants.

3.15. Assumptions, Limitations, and Scope.

3.15.1. Assumptions of the Study

The study is based on certain assumptions that guide the research process:

- The participants shared their experiences and opinions honestly during the interviews.

- The participants shared their lived experiences, perceptions, and opinions honestly and openly during the interviews.
- The experiences narrated by the participants accurately reflect their realities regarding birth-family relationships, gender identity, social support, and everyday challenges.

3.15.2. Limitations of the Study

The present study is subject to certain limitations.

- The study was conducted among trans men from Kerala and Tamil Nadu. The experiences presented in this research are shaped by the social, cultural, and familial contexts of these states and therefore do not represent the experiences of all trans men in India.
- Trans men in India often remain a closely connected and less visible community due to concerns regarding safety, discrimination, social stigma, and involuntary disclosure of their gender identity. Building trust and establishing contact with potential participants required considerable time and effort, which influenced the scope of participant recruitment.
- Birth family rejection is a deeply personal and emotionally sensitive experience. For many participants, sharing their stories involved revisiting painful memories of conflict, rejection, loss, and emotional distress. During interviews, some participants found certain experiences difficult to discuss, particularly those related to family relationships and traumatic events.
- The study is based on participants' lived experiences and personal narratives. The accounts presented reflect how participants understand and interpret their own experiences, emotions, and relationships.
- Ensuring confidentiality was essential throughout the research process. Many participants expressed concerns regarding privacy and the possible consequences of being identified as trans men. To protect their safety and dignity, identifying details have been omitted or altered. As a result, certain contextual information could not be presented in greater detail.
- The study focuses exclusively on the perspectives of trans men. The views of parents, siblings, and other family members were not included, as the primary

objective was to understand the lived experiences of participants who had directly experienced family rejection.

- Family relationships are dynamic and continue to evolve over time. The study captures participants' experiences at a particular stage in their lives and does not examine how family acceptance, reconciliation, or relationships change over longer periods.

3.15.3. Scope of the Study

The scope of the study defines the extent and focus of the research:

- The study focuses on trans men who have experienced rejection, discrimination, conflict, or lack of acceptance from their birth families due to their gender identity.
- The study explores different forms of family rejection, including emotional, social, economic, and psychological experiences encountered by trans men within family settings.
- The research examines the impact of birth family rejection on various aspects of participants' lives, including mental well-being, education, employment, housing, social relationships, and identity formation.
- The study explores the coping mechanisms, resilience strategies, and support systems adopted by trans men in response to family rejection, including support from friends, partners, community networks, chosen families, and transgender organizations.
- The research is limited to trans men residing in Kerala and Tamil Nadu, enabling an understanding of their experiences within the social and cultural contexts of these two states.
- The study investigates participants' experiences in relation to family acceptance and rejection rather than focusing on medical transition, healthcare access, or legal procedures, except where these issues are directly connected to family relationships.
- The findings of the study contribute to a better understanding of the challenges faced by trans men and provide insights for social work practice, counselling

services, community interventions, advocacy initiatives, and policy development aimed at strengthening family acceptance and social inclusion.

- By documenting the voices and lived realities of trans men, the study contributes to the limited body of literature available on trans men's experiences in India and creates a foundation for future research on family relationships, gender identity, and social support systems.

CHAPTER 4

CASE DESCRIPTION

4.1. Introduction

The data for the present study consisted of qualitative narratives obtained through in-depth semi-structured interviews with nine transmasculine individuals, including five participants from Tamil Nadu and four participants from Kerala. The interviews generated rich descriptive accounts of participants' experiences of birth-family rejection, identity formation, psychological well-being, healthcare access, social support, resilience, and future aspirations.

Following transcription and careful review, the interview data were systematically organised and analysed using thematic analysis. The analysis involved repeated reading of transcripts, generation of initial codes, identification of recurring patterns, development of categories, and refinement into overarching themes and sub-themes. This process facilitated an in-depth understanding of the similarities and differences in the lived experiences of participants across Kerala and Tamil Nadu.

The findings are presented under thematic headings supported by selected verbatim quotations identified through participant codes (TN1–TN5 and K1–K4), ensuring confidentiality while preserving the authenticity of participants' experiences. The thematic presentation enables a comprehensive comparison of the experiences of transmasculine individuals in the two states and directly addresses the objectives of the study.

4.2.Demography Details

The socio-demographic profile of the participants provides an overview of the personal and social characteristics of the transmasculine individuals who participated in the study. These characteristics help contextualise the lived experiences of birth-family rejection and provide a deeper understanding of the social, cultural, and economic circumstances that shape participants' lives.

The study consisted of nine transmasculine individuals, including five participants from Tamil Nadu **and** four participants from Kerala. Participants were selected using **snowball sampling**, which facilitated access to transmasculine individuals who fulfilled the inclusion criteria and were willing to share their lived experiences. To ensure confidentiality and

protect participants' identities, unique identification codes were assigned to each participant. Participants from Tamil Nadu were coded **as** TN1–TN5, while those from Kerala **as** K1–K4. These identification codes are used throughout the findings chapter while presenting verbatim quotations.

The socio-demographic variables included in the study were state of residence, age, educational qualification, occupation, monthly income, religion, marital status, transition status, age at realisation of gender identity, age of disclosure to family, current living arrangement, and primary support system. These variables provide the background necessary for interpreting the thematic findings presented in the subsequent chapter.

Table 4.2 1: Demographic Details

ID	AGE	STATE	EDUCATION	OCCUPATION	RELATIONSHIP STATUS	LIVING ARRANGEMENT
1	28	TN	Plus Two	Auto Driver	Commtited	Rented Home
2	21	TN	B.com	Nil	Single	Shelter
3	30	TN	Diploma	Security	Cpmmitted	Shelter
4	22	TN	Plus Two	Nil	Nil	Committed
5	26	TN	B.A	Nil	Committed	Partners Home
6	23	KL	Plus Two	Kudumbhashree	Committed	Rented Home
7	32	KL	ITI	Daily Wage	Single	Rented Home
8	36	KL	SSLC	Driver	Committed	Rented Home
9	22	KL	Plus Two	Daily Wage	Committed	Partners Home
10	25	KL	MA	Nil	Single	Hostel

4.3.Case Presentation

Case 1

Respondent 1 is a transman from Tamil Nadu whose life story reflects some of the most severe consequences of family rejection in this study. His experience did not begin with a simple lack of acceptance; it developed into overt coercion and violence. Once his relationship was discovered, the family responded by forcing him into marriage, as though marriage could restore the gender and relationship norms they wanted to preserve. In this

sense, marriage was used not as a personal or mutual decision but as a disciplinary mechanism. It became a tool through which the family tried to control his gender identity and suppress his autonomy.

The participant's account makes clear that this forced marriage was not only emotionally damaging but also physically violating. He later conceived because of marital rape, which means that the violence was not symbolic or indirect but deeply bodily and reproductive. The statement "I was forced into marriage" captures the loss of choice, while "I became pregnant because of marital rape" reveals the extent of violation he endured. This kind of experience shows how family rejection can move beyond disbelief or emotional coldness and become a direct assault on a person's body and life course. It also shows how family-imposed heterosexuality can be especially harmful when it is enforced through marriage.

What makes this case even more painful is the absence of a safe and caring family environment after the violence occurred. Instead of receiving protection, the participant had to depend on people outside the birth family for survival. He says, "My partner and NGO people helped me to survive," which indicates that chosen relationships and formal support systems became essential sources of safety. This is significant because it highlights the gap left by the birth family and the critical role of external support when the family fails in its basic protective function. The participant's life was sustained not by kinship but by care networks that emerged elsewhere.

Economic support also became central to survival. A Communist brother taught him how to ride an auto, and this skill became a route to earning independently. The line "A Communist brother taught me how to ride an auto" is important because it shows how one act of support can change the direction of a life. Learning a livelihood skill did not erase the trauma, but it helped restore a sense of agency and dignity. Work became more than income; it became a way of rebuilding selfhood after coercion. This also illustrates how political, community, and personal solidarities can matter in the lives of transmen who are excluded from family support.

The participant also described how neighbours supported him during times of hunger, saying that "neighbours used to give us ration when we had no food". This detail adds an important social dimension to the case. It shows that survival depended not only on institutions but

also on everyday local compassion. When the family does not provide even food, the kindness of nearby people becomes life-sustaining. Such support may appear small, but in contexts of rejection it becomes crucial. It demonstrates that informal social networks can act as a buffer against absolute abandonment.

Eventually, the participant moved far away from his hometown to a village area and now describes himself as being in peace: "Now I am living far away from my hometown and I feel peaceful". This movement should be read as more than relocation. It is an act of escape from the site of trauma and a deliberate step toward emotional safety. Distance from the family home appears to have reduced the burden of surveillance, shame, and distress. In this case, peace is not the absence of pain altogether, but the creation of a safer life after suffering. The participant's narrative shows how survival can emerge through relocation, partner support, NGO help, community generosity, and independent work, even after severe violence.

Case 2

Respondent 2 is a transman with a B.Com background whose experience of rejection is quieter on the surface but deeply harmful in its emotional effect. His siblings do not know the full reality of his life, and his parents respond through silent treatment rather than open care or dialogue. The line "My siblings don't know" reveals that the family relationship is fractured by secrecy and distance. The line "My parents give silent treatment" shows that emotional withholding has become a mode of communication in the home. In many cases, silence may be mistaken for neutrality, but here it functions as a refusal to recognize identity and a denial of emotional belonging.

The parents do not simply remain silent; they also try to pressure him into remaining in the assigned gender. They speak about their health condition and ask him to continue in the gender assigned at birth. This creates a complex emotional burden for the participant. On one hand, the family frames itself as vulnerable and dependent. On the other, it places responsibility on him to suppress his identity in order to maintain family peace. Such a strategy can be very powerful because it avoids direct cruelty while still enforcing conformity. The participant is made to feel that asserting his true self would somehow worsen his parents' condition or be morally wrong.

Because the family environment offers no safe emotional space, the participant initially turned to social media for support. He says, “I tried to seek support through social media”. This is a common pathway for many isolated trans persons, especially when they lack acceptance at home. Digital spaces can provide visibility, connection, and reassurance. They allow people to search for others with similar experiences and to feel less alone. However, the case also reveals the vulnerability of such informal spaces. He was fooled by a community member, as he says, “A community member fooled me”. That experience of betrayal is important because it shows that marginalization can continue even inside networks that are supposed to be supportive.

After that difficult experience, the participant found an NGO, and this became a more dependable support system. The line “Later I found an NGO” is significant because it represents a shift from unstable peer interaction to structured assistance. NGOs often provide not only emotional support but also navigation, validation, and practical guidance. In this case, the NGO seems to have become a safer place than the family or the informal community space. It likely offered a sense of continuity and care that had been missing elsewhere. This transition highlights the importance of formal support structures for trans persons who are isolated from their natal families.

His coping strategy is strongly centered on study, and his desire to pursue UPSC gives the case a future-oriented quality. He says, “I want to pursue UPSC, so I am coping through studying”. This is more than a simple academic goal. It is a way of making life meaningful when emotional support is weak. Study creates routine, discipline, and long-term hope. It allows the participant to imagine a future that is not defined by family silence. In this case, education functions as a survival strategy, an identity project, and a path toward self-respect. The respondent’s narrative therefore shows a clear progression from rejection and betrayal to structured support and self-directed ambition.

Case 3

Respondent 3 is a 30-year-old transman whose case reflects one of the most dangerous forms of family rejection in the entire study. His family is not merely non-accepting or distant. They are actively searching for him to beat him to death. This is an extreme and terrifying expression of rejection. The statement “My family is still searching for me to beat me to

death" reveals that the family sees his existence not as something to be negotiated, but as something to be violently eliminated. In such a situation, family rejection becomes a direct threat to life and safety.

Because of this danger, the participant says, "I wear a mask wherever I go". This detail is deeply significant because it shows how fear enters ordinary life. The mask is not simply a clothing item or a precaution. It becomes part of a survival strategy shaped by terror. Wearing a mask allows him to reduce visibility and avoid being recognized, which may offer some protection from family detection. At the same time, the mask symbolizes the burden of living in hiding. Public space is no longer neutral or safe; it is a place where he must constantly calculate risk and manage exposure.

The participant's romantic partner appears to be a central emotional support in this difficult context. He says, "My romantic partner supports me". In a life marked by threat from the birth family, a supportive partner becomes a critical anchor. The relationship likely provides recognition, affection, and the practical sense that someone stands beside him. This is especially meaningful because the family has become a source of danger rather than care. The romantic partner fills a role that the birth family has abandoned. In a hostile environment, intimate support can be one of the few remaining forms of security.

At the same time, the participant is under pressure to earn well, which means economic survival continues even under threat. He states, "I should earn well". This shows a strong sense of responsibility and the need for financial independence. However, he also reports struggle in the workplace: "I am facing struggle in the workplace". This demonstrates that the effects of family violence do not remain confined to the home. They travel into work life as stress, fear, and instability. The workplace may not be fully supportive, and the participant must continue functioning while carrying trauma and insecurity.

This case is therefore not only about rejection but about survival under constant risk. The participant does not describe complete safety or resolution. Instead, he describes a life organized around concealment, partnership, and labor. His experience shows that when the family becomes hostile, every other sphere of life can also become difficult to navigate. The fact that he continues to work and maintain a relationship despite the threat reflects

significant endurance. Still, the emotional and physical burden is heavy, and the fear of violence remains unresolved.

The case is important because it reveals the highest level of danger that family rejection can produce. It demonstrates how birth-family hostility may escalate into public fear, masking, economic stress, and dependence on a romantic partner for survival. The respondent's life shows not only the pain of rejection but also the determination to remain alive and functional despite it.

Case 4

Respondent 4 is a 22-year-old transman from Tamil Nadu whose case reflects near-total family abandonment and dependence on external support systems. He is currently living in a shelter home, which immediately signals that the birth family has failed to provide a safe or stable environment for him. His mother is described as ignorant, and he has no father or other family members who actively support him. This absence is not only emotional but structural, because it leaves him without the protection, recognition, and continuity that many people take for granted in family life. In such a situation, the shelter becomes less a choice than a necessity.

The participant's living arrangement in the shelter home should be understood as a direct outcome of rejection and displacement. Shelter living often means that the person has no secure private home, no dependable family base, and no assured long-term safety. In this case, the shelter is likely functioning as both protection and reminder of loss. The participant's statement that he completely relies on his partner and NGOs shows that his survival is built almost entirely outside the birth family system. This dependence is significant because it reveals how chosen family and institutional support become essential when biological kinship collapses.

What makes this case especially important is the way it highlights the fragility of support. A shelter home can offer immediate safety, but it does not necessarily replace the emotional security of family. The participant's mother is described as ignorant, which suggests a lack of awareness, denial, or unwillingness to engage with his identity and needs. The absence of a father or other relatives means there is no buffer within the family system. As a result, the

participant's life is organized around reliance on partner care and NGO intervention rather than family acceptance. This kind of arrangement can be stabilizing, but it can also be psychologically exhausting because the person must constantly depend on external help to maintain basic life conditions.

The line "I completely rely on my partner and NGOs" captures both vulnerability and resilience. On one hand, it shows deep vulnerability because the participant cannot rely on his natal family at all. On the other hand, it reveals resilience because he has been able to build alternative support networks. The partner likely provides emotional attachment and everyday companionship, while NGOs may offer guidance, shelter-related assistance, or community connection. These supports become the pillars of his everyday survival. In a life shaped by family absence, such relationships are not secondary; they become the main structure of care.

This case also reflects the broader pattern seen across the study, where family rejection pushes transmen into non-family systems of support. The participant is young, which makes the absence of parental care even more significant. At 22, one would usually expect some form of emotional or material dependence on the family. Instead, he has had to find safety in institutional and relational alternatives. This indicates not just individual hardship but a failure of the natal family to perform its expected caregiving role. The shelter home, partner, and NGOs together form a substitute care network, but that network emerges only because the family has withdrawn or failed.

In summary, this case portrays a life lived in the gap left by family abandonment. The participant's experience is shaped by ignorance, absence, shelter dependency, and survival through partner and NGO support. He is not simply "living in a shelter"; he is navigating a world in which family care has been replaced by precarious external support. That makes this case an important example of how birth-family rejection creates long-term dependency on non-family systems while also forcing the respondent to build a new sense of belonging through chosen support.

Case 5

Respondent 5 is a 26-year-old transman from Tamil Nadu whose case is marked by a somewhat more stable housing arrangement, but still one shaped by family rejection and the need to seek support outside the birth home. He is in a committed relationship and lives in his partner's home. This living arrangement suggests that the partner has become a central support figure, not merely emotionally but materially. Living in a partner's home often means that the individual has no safe or accepted place in the natal family home, or that returning there would be difficult, painful, or impossible.

The participant's situation should be understood within the larger context of rejection from the birth family. Even when the family is not described in direct detail in this case, the fact that he lives with his partner strongly suggests that the natal family did not provide the stability or acceptance required for independent life. A partner's home can be a sanctuary, but it also highlights the absence of family-based belonging. In such cases, the romantic relationship becomes more than companionship; it becomes a life structure. The participant's daily survival, comfort, and security may all depend on the partner's willingness to share space and care.

There is also an important emotional dimension here. A committed relationship after family rejection often becomes a place where the participant can be seen without denial or correction. For many transmen, partner support can restore dignity that was lost at home. In this case, living in a partner's home may represent not only practical shelter but also symbolic acceptance. The participant no longer has to negotiate the daily emotional cost of being misrecognized in the birth family space. Instead, he exists in a relationship where his identity is more likely to be affirmed. That shift matters deeply in qualitative terms because it marks a movement from rejection to recognition, even if the original family loss remains unresolved.

At the same time, living in a partner's home can also reveal vulnerability. It may indicate dependence on the relationship for housing and stability. This does not weaken the relationship itself, but it does show that the participant's independence may still be limited by structural exclusion from family and society. A person who must rely on a partner's home may not have access to the same level of security that a family-backed household provides.

The arrangement can therefore be understood as both supportive and precarious. It offers emotional relief while also reflecting continued housing dependence.

The fact that he is 26 years old is also relevant. At this stage in life, many people are expected to have a more secure domestic and economic situation. For this participant, the path to stability seems to have come through intimate partnership rather than family inheritance or support. That is a common but often under-acknowledged experience among trans people. The family does not provide the expected base, so the partner becomes the home. This shows the strength of chosen family, but it also underscores the cost of birth-family rejection, which pushes people into alternative arrangements before they are fully secure.

In this case, the partner's home is not just a place to live. It is a site of survival, emotional repair, and identity safety. The case illustrates how a committed relationship can function as a substitute family space after rejection. It may not erase the pain of exclusion, but it gives the participant room to live with greater dignity. The narrative therefore represents a quieter form of resilience than the first case, but it is no less important. Here, survival appears through domestic intimacy, mutual commitment, and the creation of a home outside the birth family system.

Case 6

Respondent 6 is a 23-year-old transman from Kerala whose case shows a relatively more balanced but still clearly shaped response to family rejection. He has completed Plus Two education and works with Kudumbashree, which suggests some level of livelihood participation and social engagement. He is in a committed relationship and lives in a rented home. This combination of work, relationship support, and housing independence indicates a certain degree of stability, though it is still likely built in response to gaps in the birth family's support.

The fact that he lives in a rented home is significant. Renting often reflects a need to build an independent life outside the natal household, and in cases of family rejection it can be a major marker of survival. The participant likely cannot or does not wish to rely on the family home as a secure space. His work in Kudumbashree also suggests that he is participating in a livelihood system that may offer routine, income, and some social connection. This

becomes especially important because stable work can reduce dependence on unsupportive relatives and provide a sense of dignity.

His committed relationship appears to be another major source of support. In qualitative narratives like this, partner support often functions as emotional grounding after family rejection. The participant is not described as isolated. Instead, he seems to have developed a support structure that includes both work and relationship stability. That does not mean the family rejection has no effect. Rather, it means that he has been able to construct a parallel life where the pain of rejection is buffered by alternative sources of care. The partner may provide emotional validation, while work helps him maintain routine and self-respect.

The Kerala setting is also relevant. In the broader findings of the study, Kerala cases often show subtle rejection rather than openly violent threats. This case seems to fit that pattern. The participant is not described as facing direct violence or forced marriage, but the fact that he has had to create an independent living arrangement suggests that family acceptance was limited or unavailable. In many such cases, the family may not openly attack the person, but they also do not provide the safe emotional environment needed for full belonging. This can push the individual toward relocation, rented housing, and partner-based support.

The respondent's age, work, and relationship together indicate that he has managed to build a functioning life despite the background of rejection. Still, that functioning should not be mistaken for full healing. People can be outwardly stable while still carrying family-related emotional pain. The rented home may provide privacy and freedom, but it may also reflect the cost of living without family security. Likewise, work in Kudumbashree may offer income, but it does not necessarily eliminate distress. The case therefore reflects a careful balance between resilience and ongoing vulnerability.

Overall, this case shows how transmasculine survival can emerge through employment, partnership, and independent housing when family support is missing. It is less dramatic than the first two cases, but it is equally meaningful because it represents the building of a livable life after rejection. The participant has not only survived; he has created a workable structure of daily life through effort, companionship, and self-direction.

Case 7

Respondent 7 is a 32-year-old transman from Kerala whose life reflects a quieter but still deeply important form of family rejection. He has completed ITI, works in a shop, is single, and lives in a rented home. The participant does not describe a dramatic incident of forced marriage or death threat here, but his life still appears to have been shaped by the absence of family support. His rented home suggests separation from the natal household, and his single status indicates that he has likely had to depend more on himself than on a partner for daily stability. In many ways, this case shows how rejection can be experienced not only through explicit harm, but also through the slow withdrawal of family care.

His work in a shop is significant because it provides some structure and autonomy. For transmen who have faced rejection, ordinary employment often becomes a way of surviving outside the family system. It allows them to earn independently and reduce dependence on unsupportive relatives. In this case, work may not be highly prestigious, but it gives the participant the ability to remain afloat and maintain a life outside the home from which he may have been excluded. The rented home similarly suggests that he has managed to create a separate living arrangement, but one that likely required effort and compromise.

The emotional tone of this case seems to be one of quiet endurance. The participant is not described as relying on a romantic partner or on a shelter, which may mean he has had to build resilience in a more solitary way. Even so, the absence of a partner does not mean the absence of support needs. Rather, it may indicate that he has had to cope with family rejection through personal strength, routine, and work. That kind of survival is often overlooked because it appears ordinary on the surface, yet it can carry a great deal of emotional weight underneath.

This case is also important because it shows how rejection can lead to a life that looks stable but is still shaped by absence. Living in a rented home may provide privacy and safety, but it also means that the participant has had to create a home outside the birth family. For many transmen, this is not a free choice but a necessity. The fact that he is single and working suggests a life built around self-reliance. That can be empowering, but it can also be lonely. In qualitative terms, this is a case of quiet persistence rather than visible crisis.

The participant’s age matters as well. At 32, he may have had more time to adjust to rejection and build a functioning life than the younger respondents. This may explain the relative

stability visible in his current work and housing situation. But that does not erase the likely pain of exclusion from family life. Instead, it suggests that over time he has learned to survive through routine and independence. His case shows that transmasculine resilience can take the form of an ordinary life held together by work and rented housing when family support is missing.

Overall, Respondent 7's story reflects a form of rejection that is less dramatic but still powerful. It is the story of a transman who has had to build a life without the emotional safety of family, using work and housing independence as his main supports. The lack of a partner or visible support system in this case may make the burden heavier, but it also reveals a strong ability to continue living despite emotional distance from the birth family.

Case 8

Respondent 8 is a 36-year-old transman from Kerala with 10th standard education who works as a driver. He is in a committed relationship and lives in a rented home. This case shows a more mature life stage in which the participant seems to have developed a workable structure of housing, work, and relationship support. At the same time, the rented home indicates that he still had to build life outside the birth family setting. The fact that he is living independently suggests that the family home was not available or not safe in a way that allowed him to remain there.

His work as a driver is important because it offers mobility, income, and a level of self-direction. Driving can be more flexible than formal employment, and for transmen it may also feel more compatible with independence and masculine self-expression. In this case, work appears to be a key part of coping. The participant likely depends on his own earnings to maintain housing and daily life. The line between employment and survival is therefore very thin. His ability to work and remain housed points to a level of resilience that has developed over time.

The committed relationship is another major part of the picture. In the absence of reliable birth-family support, a partner can become a central source of emotional stability. This case suggests that the participant has found some form of recognition and companionship in intimate partnership. That matters because family rejection often leaves transmen feeling

unseen or invalidated. A committed partner can offer the sense of being known and accepted. Even if the relationship is not described in detail, its presence signals that the participant is not facing life entirely alone.

The emotional significance of this case lies in the fact that the participant seems to have reached a stage of relative stability after what was likely a difficult journey. At 36, he may have already lived through more years of negotiation, adjustment, and survival than the younger participants. His current life shows that transmasculine people can construct a stable enough existence over time, especially when they have work and partner support. But this stability should not be mistaken for family acceptance. Rather, it may reflect the long process of building a separate life after rejection. The family of origin may still remain emotionally absent, even if the current life is more settled.

A rented home in this context represents both freedom and necessity. It provides privacy and a place of one's own, but it also reflects the cost of not being able to remain safely in the natal household. The participant has had to secure his life through personal effort and relational support instead of inherited family security. That is a major theme in the study overall. His case shows a form of resilience that is steady and practical rather than dramatic. It is the resilience of keeping life going through work, partnership, and independent housing.

In summary, Respondent 8's case shows a transman who has built a livable structure around work, commitment, and rented housing. It is a story of survival that may appear more settled than some others, but it still reflects the absence of birth-family support. His life demonstrates that stability after rejection is possible, but it often comes through chosen relationships and self-directed effort rather than family care.

Case 9

Respondent 9 is a 22-year-old transman from Kerala who works as a daily wage labourer and lives in his partner's home. This case combines youth, economic vulnerability, and strong dependence on a romantic partner. Daily wage work usually means irregular income, uncertainty, and little financial security. In such a situation, the partner's home becomes a crucial source of stability. The participant is not merely sharing space with a partner; he is

depending on the relationship for a basic sense of shelter and continuity. This makes the case a strong example of how chosen family fills the gap left by the birth family.

His age is an important part of the case because it suggests that he is still in an early stage of adult life. At 22, many people are still trying to establish work, housing, and identity. For this respondent, however, those processes appear to be shaped by rejection and survival needs. The fact that he is already in daily wage work shows that he must manage immediate economic demands. That kind of labour can be exhausting and unstable, especially when combined with the emotional burden of family exclusion. The participant's living arrangement therefore reflects both practical necessity and emotional dependence.

The partner's home is especially significant because it likely provides not only shelter but also a sense of belonging. For a transman who has experienced rejection from the birth family, being accepted into a partner's space can be deeply meaningful. It may be the first place where he can live without the same level of scrutiny or denial. This form of support is central to the broader findings of the study, where partners often become primary coping resources after family rejection. In this case, the partner may be acting as both emotional anchor and housing provider.

At the same time, the participant's dependence on daily wage work means that his overall situation remains fragile. Even if the partner's home offers safety, the lack of stable income may create ongoing stress. Daily wage labour typically does not provide long-term security or savings. That means the participant may still be vulnerable to sudden changes in employment or housing. His life is therefore held together through a combination of labour and intimate support, rather than through a secure family base. That makes the case both resilient and precarious.

This case shows very clearly how family rejection forces young transmen into alternative structures of survival. The participant is likely unable to rely on his birth family for housing, emotional care, or financial support. Instead, he must depend on his own labour and the generosity of his partner. That is a heavy burden for someone so young. But it also demonstrates the strength of intimate support relationships in helping marginalized people remain safe and continue functioning in daily life.

Case 10

Respondent 10 is a transman from Kerala who is currently pursuing a Master's degree. The participant's experiences reflect the long-term psychological impact of rejection and gender policing within both family and educational settings. From childhood, the respondent experienced persistent bullying from relatives and their children because of differences in gender expression. Instead of receiving acceptance and support from the extended family, the participant was repeatedly ridiculed and made to feel different. These early experiences created a lasting fear of judgment and social exclusion.

The participant reported avoiding family gatherings and social functions from a young age because of the anticipation of criticism and humiliation. Rather than viewing family events as occasions for belonging, they became situations associated with anxiety and emotional distress. Even after limiting contact with relatives, the participant continued to receive hurtful comments whenever interactions occurred. This illustrates how rejection from the birth family can extend beyond immediate household members and be reinforced by the wider kinship network, making it difficult for the participant to experience a sense of safety within family spaces.

The educational environment also became a site of discrimination. During school, teachers reportedly insisted that the participant wear traditionally feminine clothing such as churidhars and kurtis despite visible discomfort. Instead of recognising the participant's identity and emotional well-being, institutional authorities attempted to enforce conventional gender norms through dress expectations. These experiences contributed to feelings of invisibility, helplessness, and exclusion during an important stage of identity development.

Despite these adversities, the participant continued higher education and is currently pursuing a postgraduate degree. This reflects resilience and determination to build an independent future despite prolonged experiences of rejection. However, the emotional impact of childhood bullying, family criticism, and institutional discrimination continues to influence the participant's confidence and social interactions. The case demonstrates how rejection from both family and educational institutions can shape the psychological well-being of transmasculine individuals while also highlighting the resilience required to pursue education and personal growth despite these challenges.

CHAPTER V

DATA ANALYSIS AND INTERPRETATION

5.1.Introduction

This chapter presents the findings of the study based on the experiences shared by trans men from Kerala and Tamil Nadu. The data were collected through in-depth interviews and analysed using thematic analysis. The themes emerged from the lived experiences narrated by the participants regarding their family relationships, identity, challenges, support systems, resilience, and aspirations. The analysis focuses on understanding how participants interpret their experiences and make meaning of their lives within their family and social environments.

The experiences shared by the participants revealed that family plays a significant role in shaping the lives of trans men. For many participants, family was the first space where they encountered misunderstanding, rejection, control, and pressure to conform to socially accepted gender norms. At the same time, participants also described experiences of strength, resilience, support, and personal growth. The findings indicate that the lives of trans men are influenced not only by their gender identity but also by social attitudes, cultural expectations, economic conditions, and the availability of supportive relationships.

Through the process of thematic analysis, five major themes and fifteen sub-themes were identified. The themes include Family Relationships and Experiences of Rejection, Everyday Challenges and Structural Barriers, Support Systems and Meaningful Relationships, Resilience and Coping Strategies, and Hopes and Future Aspirations. The present chapter discusses these themes in detail with supporting verbatim statements from the participants.

To maintain confidentiality and protect the identity of the participants, pseudonyms have been used throughout the chapter.

5.2.THEME 1: FAMILY RELATIONSHIPS AND EXPERIENCES OF REJECTION

Family emerged as one of the most significant themes in the narratives of the participants. Every participant discussed the role of family in shaping their experiences, identity, emotional well-being, and life decisions. While the nature of family relationships varied

across participants, most of them reported experiencing some form of rejection, misunderstanding, or lack of acceptance after expressing their gender identity.

Participants described family as an important source of emotional attachment. Many expressed deep affection towards their parents and siblings despite experiencing rejection. However, they also reported that family relationships became strained after they began expressing their identity as trans men. In many cases, family members struggled to understand their experiences and often viewed their identity through the lens of social expectations and cultural norms.

Several participants explained that their families were concerned about societal opinions, family reputation, and traditional expectations regarding gender roles. These concerns often resulted in conflicts, restrictions, emotional distancing, and pressure to conform. Participants described feeling misunderstood and unsupported within environments that were expected to provide care and acceptance.

Although some participants reported severe forms of rejection, others experienced more subtle forms of exclusion such as silence, denial, avoidance, and emotional withdrawal. These experiences had a significant impact on their emotional well-being and their sense of belonging within the family.

The theme of family relationships is explored through three sub-themes: Denial of Gender Identity, Pressure to Conform to Gender Norms, and Emotional Distance and Communication Breakdown.

5.2.1. Sub-theme 1.1: Denial of Gender Identity

One of the most common experiences reported by participants was the denial of their gender identity by family members. Participants explained that even after openly discussing their identity, family members often refused to acknowledge them as men. Instead, many families continued to view them according to the gender assigned at birth.

Several participants described repeated attempts to explain their identity to parents and relatives. Despite these efforts, family members frequently dismissed their experiences and

insisted that they would eventually change. Participants reported feeling frustrated and emotionally exhausted because their identity was constantly questioned and invalidated.

The denial of identity was experienced not only through words but also through actions. Participants reported that family members continued using their birth names, refused to use masculine pronouns, and ignored changes associated with social or medical transition. Such experiences contributed to feelings of invisibility and emotional pain.

TN2 shared:

"I explained everything to them. I told them how I felt and who I am. But they still call me by my old name as if nothing has changed."

TN1 stated:

"My parents think this is a phase. They keep waiting for me to become the person they want me to be."

TN5 reflected:

"They say they love me, but they don't accept the most important part of who I am."

Participants explained that the denial of identity affected their confidence and emotional well-being. Many felt that they were constantly required to justify their existence and identity within their own homes. Some reported avoiding conversations about identity altogether because they were tired of being misunderstood.

For several participants, recognition of their identity was not simply a matter of language but a matter of dignity and respect. They expressed a desire to be seen and acknowledged for who they are rather than who others expected them to be.

Interpretation

The findings indicate that denial of gender identity is one of the earliest and most significant forms of rejection experienced by trans men. Family members often struggle to understand gender diversity and may interpret gender identity through traditional social expectations.

Such denial creates emotional distress and weakens family relationships. Recognition and validation of identity emerged as important factors influencing participants' sense of belonging and self-worth.

5.2.2. Sub-theme 1.2: Pressure to Conform to Gender Norms

Pressure to conform to traditional gender norms emerged as another major experience shared by participants. Many participants described situations where family members attempted to regulate their appearance, behaviour, friendships, and life choices. Families often expected participants to perform the roles associated with the gender assigned at birth and viewed masculine expression as unacceptable.

Participants reported being discouraged from wearing masculine clothing, cutting their hair short, or engaging in activities perceived as masculine. Several participants stated that family members closely monitored their behaviour and frequently criticized actions that did not align with societal expectations.

Marriage pressure was particularly common among participants. Families often viewed marriage as a solution to their identity and believed that marriage would encourage them to conform to traditional gender roles. Participants described repeated conversations about marriage, despite clearly expressing their discomfort.

K2 explained:

"Every family gathering became a discussion about marriage. They believed marriage would solve everything."

Another participant stated:

"My family wanted me to behave like a daughter. They were more concerned about society than my happiness."

TN4 shared:

"They kept buying dresses for me even after I told them I was uncomfortable wearing them."

Participants reported feeling trapped between their desire for authenticity and their need for family acceptance. Some attempted to conform temporarily in order to avoid conflict, while others openly resisted family expectations. Regardless of their response, the pressure to conform created emotional stress and strained family relationships.

Many participants described the pressure as a constant reminder that their identity was not accepted. They felt that family members were attempting to reshape them into someone they were not rather than understanding their experiences.

Interpretation

The findings reveal that traditional gender norms continue to influence family responses towards trans men. Families often attempt to preserve social expectations by encouraging conformity to conventional gender roles. These pressures create conflict and emotional distress and contribute to feelings of rejection among participants.

5.2.3. Sub-theme 1.3: Emotional Distance and Communication Breakdown

Another important finding was the gradual breakdown of communication within families. Participants reported that after expressing their identity, conversations with family members became less frequent and less meaningful. While some families openly disagreed with participants, others responded through silence and emotional withdrawal.

Participants described feeling isolated within their homes. Even when family members continued to provide basic necessities, emotional support and understanding were often absent. The lack of communication made it difficult for participants to express their feelings and seek support during challenging times.

TN2 stated:

"We live in the same house, but we live separate lives."

K4 participant shared:

"Nobody asks how I feel anymore. We only talk about things that are necessary."

TN5explained:

"The silence hurts more than the arguments. At least arguments show that someone is listening."

Several participants reported that relationships with siblings and extended family members were also affected. Some relatives stopped visiting, while others avoided discussing the participant's identity altogether. This created feelings of loneliness and exclusion.

Participants explained that emotional distance often developed gradually. What began as disagreements eventually transformed into limited communication and weakened emotional connections. For many participants, this was one of the most painful consequences of family rejection.

Interpretation

The findings suggest that communication breakdown is a significant consequence of family rejection. Emotional distance weakens family bonds and contributes to feelings of loneliness and isolation. The absence of meaningful communication prevents mutual understanding and reduces opportunities for reconciliation.

5.3.THEME 2: EVERYDAY CHALLENGES AND STRUCTURAL BARRIERS

Beyond family rejection, participants described numerous challenges that affected different aspects of their daily lives. The findings reveal that the impact of rejection extended beyond the family environment and influenced housing, employment, healthcare, education, financial stability, and social participation. Participants explained that many of these challenges were interconnected. Family rejection often resulted in economic insecurity, which subsequently affected access to housing, healthcare, and other essential services.

Participants described constantly having to navigate environments that were not designed to accommodate their needs. They often encountered barriers when accessing resources that are generally considered basic necessities. The absence of family support increased their vulnerability and placed additional responsibilities upon them at an early stage of adulthood.

Several participants shared that they were forced to become independent much earlier than their peers. While many young adults rely on their families for emotional and financial support, participants often had to manage their own expenses, housing arrangements, and healthcare needs without such assistance. These circumstances created significant pressure and uncertainty.

Despite these challenges, participants demonstrated remarkable determination in managing their daily lives. Their narratives reveal not only the barriers they faced but also the strategies they adopted to survive and move forward. This theme is discussed through the sub-themes of Housing Insecurity and Displacement, Employment and Financial Difficulties, and Barriers in Healthcare Access

5.3.1. Sub-theme 2.1: Housing Insecurity and Displacement

Housing insecurity emerged as one of the most significant challenges reported by participants. Several participants explained that family rejection directly influenced their housing situation. Some chose to leave home because the environment had become emotionally distressing, while others were explicitly asked to leave after disclosing their identity. In both situations, finding safe and stable accommodation became a major concern.

Participants described housing as more than just a physical space. For them, housing represented safety, privacy, dignity, and stability. The inability to secure a safe place to live affected their emotional well-being and created constant uncertainty about the future.

Many participants reported experiencing discrimination while searching for accommodation. Some landlords refused to rent houses after learning about their identity, while others imposed restrictions that made living conditions uncomfortable. Participants often felt compelled to hide their identity to avoid rejection.

TN2 shared:

"When I left home, I thought things would become easier. Instead, finding a safe place to stay became another struggle."

Another participant explained:

"Many landlords were friendly at first, but once they knew I was trans, their attitude changed."

K1 reflected:

"I moved from one rented room to another. I never felt secure because I was always worried about being asked to leave."

Several participants reported relying on friends and partners for temporary accommodation. While these arrangements provided immediate relief, participants expressed a desire for stable and independent housing. The lack of housing security often affected other areas of life, including employment and mental well-being.

Some participants described periods of extreme uncertainty where they did not know where they would stay in the following weeks. Such experiences contributed to anxiety and emotional distress.

K2 stated:

"I spent more time worrying about where I would sleep than thinking about my future."

TN1 shared:

"Having a house means having peace of mind. Without that, everything else becomes difficult."

Interpretation

The findings indicate that housing insecurity is a major consequence of family rejection. Stable housing is essential for safety, well-being, and independence. Participants' experiences reveal how discrimination and lack of support create barriers to securing adequate housing. The findings highlight the need for inclusive housing opportunities and support mechanisms for trans men who experience displacement from their homes.

5.3.2. Sub-theme 2.2: Employment and Financial Difficulties

Employment and financial stability emerged as another significant concern among participants. Many participants viewed employment as a pathway towards independence and self-sufficiency. However, they also described numerous obstacles in securing and maintaining employment.

Participants explained that financial independence was not simply a personal goal but a necessity. The absence of family support meant that they were responsible for meeting all their financial needs, including housing expenses, healthcare costs, transportation, and daily living expenses.

Several participants reported difficulties during recruitment processes. Some felt that employers treated them differently after learning about their identity. Others expressed concerns about workplace discrimination and lack of understanding from colleagues.

TNshared:

"I had the qualifications, but I often felt that people saw my identity before they saw my skills."

Another participant explained:

"*Getting a job was difficult, but keeping a job was sometimes even harder."*

TN stated:

"I accepted jobs that were not related to my interests because survival was more important than career satisfaction."

Financial difficulties were particularly evident among participants who were undergoing or planning medical transition. Participants reported that healthcare-related expenses created additional financial pressure. Several explained that they postponed important medical procedures because they could not afford them.

Participants also described the emotional impact of financial instability. Constant concerns about money affected their mental well-being and limited their ability to pursue long-term goals.

KL 5 reflected:

"Most people can depend on their families during difficult times. I had to depend only on myself."

TN 3 shared:

"Financial independence gave me freedom, but reaching that point was not easy."

Despite these difficulties, participants demonstrated resilience by seeking employment opportunities, pursuing education, and developing new skills. Many expressed pride in their ability to support themselves despite limited resources.

Interpretation

The findings reveal that employment and financial stability are closely linked to the well-being and independence of trans men. Economic insecurity often increases vulnerability and limits access to essential resources. The experiences of participants highlight the importance of creating inclusive workplaces and expanding opportunities for economic participation.

5.3.3. Sub-theme 2.3: Barriers in Healthcare Access

Healthcare emerged as another important area of concern among participants. Accessing healthcare services was often described as a complicated and emotionally demanding process. Participants reported difficulties related to affordability, lack of information, limited availability of services, and inadequate understanding among healthcare providers.

Many participants explained that finding reliable information about gender-affirming healthcare was challenging. They often relied on community networks and peer support to obtain guidance regarding medical procedures and healthcare providers.

TN 5 shared:

"Most of the information I received came from other trans people, not from professionals."

KL 2 stated:

"*I spent months trying to understand where to go and whom to trust."*

Several participants reported that healthcare professionals lacked awareness about the needs of trans men. Participants often found themselves explaining their identity and healthcare requirements repeatedly during consultations.

The financial cost of healthcare was another major concern. Participants described difficulties in managing expenses related to consultations, medications, diagnostic procedures, and transition-related healthcare. For participants without family support, these costs created significant barriers.

TN 1 explained:

"Healthcare should not depend on how much money you have, but that is often the reality."

KL 4 hared:

"The transition process was emotionally difficult, but the financial burden made it even harder."

Participants also discussed the emotional impact of navigating healthcare systems without family support. Many expressed a desire for healthcare environments that were more inclusive, respectful, and accessible.

Interpretation

The findings suggest that healthcare barriers significantly affect the quality of life of trans men. Lack of awareness, financial constraints, and limited support create obstacles that delay or complicate access to essential healthcare services. Improving accessibility and sensitivity within healthcare systems is crucial for promoting the well-being of trans men.

Theme Conclusion

The findings under Theme 2 reveal that participants face multiple challenges in their everyday lives. Housing insecurity, employment difficulties, financial instability, and

barriers in healthcare access emerged as significant concerns. These challenges were often interconnected and were intensified by the absence of family support. Participants frequently had to navigate these difficulties independently while simultaneously managing the emotional impact of rejection and discrimination.

Despite these obstacles, participants demonstrated determination, adaptability, and perseverance. Their experiences highlight the importance of inclusive policies, accessible services, supportive environments, and greater social awareness in improving the lives of trans men. The findings further demonstrate that addressing structural barriers is essential for ensuring dignity, equality, and opportunities for social participation.

5.4.THEME 3: SUPPORT SYSTEMS AND MEANINGFUL RELATIONSHIPS

While participants experienced rejection, discrimination, and various social challenges, they also highlighted the importance of support systems in helping them navigate these difficulties. Support emerged as a significant factor that contributed to their emotional well-being, self-confidence, and resilience. Participants repeatedly emphasized that acceptance from even a few individuals made a considerable difference in their lives.

The findings reveal that support did not always come from birth families. In many cases, participants found acceptance through partners, friends, community members, and organizations. These relationships provided emotional comfort, practical assistance, guidance, and a sense of belonging. Participants described these support systems as essential in helping them cope with rejection, social isolation, and uncertainty.

Many participants stated that without these support networks, their experiences would have been far more difficult. Supportive relationships enabled them to develop confidence, make important life decisions, and pursue their personal goals. The theme is discussed through the sub-themes of Support from Partners, Friendships and Chosen Family, and Community and Organizational Support.

5.4.1. Sub-theme 3.1: Support from Partners

Partners emerged as one of the strongest sources of support for many participants. Participants described their partners as individuals who accepted them without judgment and

respected their identity. Unlike family members who often struggled to understand them, partners provided a space where participants felt seen, valued, and accepted.

Several participants explained that their partners played an important role in helping them cope with emotional distress caused by family rejection. During periods of loneliness, confusion, and uncertainty, partners provided encouragement and reassurance. Participants often described these relationships as sources of emotional stability.

TN 4 shared:

"My partner accepted me at a time when I was questioning myself. That acceptance gave me confidence."

TN 1 explained:

"Whenever I felt rejected by my family, my partner reminded me that I was worthy of love and respect. Whenever I felt rejected by my family, my partner reminded me that I was worthy of love and respect. During the times when I questioned my identity or felt emotionally broken because of my family's words and actions, my partner stood by me and reassured me that there was nothing wrong with who I am. They encouraged me to believe in myself and reminded me that I deserved the same dignity, care, and acceptance as anyone else. Their constant support helped me cope with feelings of loneliness and rejection. Knowing that at least one person genuinely accepted me gave me the strength to move forward. My partner became my emotional support system and played a significant role in helping me rebuild my confidence and self-worth despite the rejection I experienced from my birth family."

KL 3 stated:

"My partner stood with me during the most difficult moments of my life. Without that support, I do not know how I would have managed."

Several participants reported that partners accompanied them to healthcare appointments, helped them make important decisions, and supported them financially during difficult

periods. For participants who had limited family support, these forms of assistance were particularly meaningful.

Participants also described their partners as people with whom they could openly discuss their fears, aspirations, and future plans. Such communication contributed to feelings of security and trust.

TN 3 reflected:

"With my partner, I never feel the need to hide who I am."

Kl 3 stated:

"The support I received from my partner helped me believe in myself."

The narratives suggest that partners often fulfilled emotional roles traditionally associated with family relationships. Participants viewed these relationships as important sources of comfort, motivation, and personal growth.

Interpretation

The findings indicate that partners play a significant role in the lives of trans men by providing emotional validation, companionship, and practical support. These relationships contribute positively to mental well-being and resilience. In many cases, partner support compensated for the lack of acceptance experienced within birth families.

5.4.2. Sub-theme 3.2: Friendships and Chosen Family

Friendships emerged as another important source of support. Participants frequently described close friends as their chosen family. These relationships were built on mutual trust, acceptance, and understanding.

Several participants explained that friends became particularly important during periods of family conflict. Friends provided emotional support, practical assistance, and companionship when participants felt isolated or rejected. Many participants emphasized that their friends accepted them without questioning their identity.

TN4 shared:

"My friends became my family when I felt disconnected from my own family."

Another participant explained:

"They accepted me exactly as I am. I never felt judged."

Participants reported receiving various forms of support from friends, including emotional encouragement, financial assistance, temporary accommodation, and guidance. Some participants stayed with friends after leaving their homes due to family conflict.

TN5]stated:

"When I had nowhere to go, my friends opened their doors for me."

Another participant reflected:

"My friends helped me survive some of the most difficult periods of my life My friends helped me survive some of the most difficult periods of my life. There were times when I felt completely alone because my family rejected me, and I believed that no one would ever understand what I was going through. During those moments, my friends stood by me without judging or trying to change who I was. They listened to me, comforted me when I broke down, and encouraged me to keep going even when I felt hopeless. They celebrated my identity, respected my choices, and made me feel accepted. Their emotional support gave me the strength to continue my education, focus on my future, and believe that life could get better. Without their support, I don't know how I would have managed those difficult phases. They became the family I chose and the reason I was able to keep moving forward.

Participants also discussed the importance of friendships with other trans persons. Shared experiences created a sense of understanding and connection that participants often found difficult to experience elsewhere. These friendships helped reduce feelings of loneliness and isolation.

K2 explained:

"*Talking to other trans men helped me realise that I was not alone in my struggles."*

Another participant stated:

"*I did not have to explain everything because they already understood."*

Participants described chosen families as spaces where they felt emotionally safe and valued. These relationships often provided the acceptance and belonging that participants struggled to find within their birth families.

Interpretation

The findings demonstrate that friendships and chosen families play a vital role in supporting trans men. These relationships provide emotional comfort, practical assistance, and a sense of belonging. Chosen families often become important support systems when birth family relationships are strained or absent.

5.4.3. Sub-theme 3.3: Community and Organizational Support

Community networks and organizations emerged as important sources of support for participants. Many participants reported that connecting with community groups helped them understand their identity, access resources, and build meaningful relationships.

Participants explained that community organizations provided information about healthcare, legal rights, educational opportunities, employment, and social welfare schemes. For many participants, these organizations served as important points of contact during periods of uncertainty.

TN 1 shared:

"The community helped me understand that there was nothing wrong with me."

KL 1 explained:

"Through community organizations, I learned about services and opportunities that I never knew existe hrough community organizations, I learned about services and opportunities that I never knew existed. Before connecting with these organizations, I felt isolated and had very little information about the support available for people like me. They introduced me to counselling services, legal assistance, healthcare facilities, educational opportunities, and support groups where I could openly share my experiences. I also learned about my rights and became more confident in accessing services that I had previously been afraid to seek. Meeting others with similar experiences made me feel less alone and gave me hope for the future. T d."

Participants also emphasized the emotional support provided by community spaces. Being surrounded by individuals with similar experiences helped them feel understood and accepted.

KL 5 stated:

"Meeting other trans men changed my perspective. For the first time, I felt that I belonged somewhere."

Another participant reflected:

"*The community gave me confidence to live openly and honestly."*

Several participants reported attending support group meetings, awareness programmes, and community events. These activities provided opportunities to share experiences, seek advice, and develop supportive relationships.

Participants appreciated the role of organizations in advocating for the rights and welfare of trans persons. They highlighted the importance of awareness programmes, counselling services, and community-based initiatives in improving the quality of life of trans men.

TN 4 expplained

"Organizations gave me information, support, and hope."

"The community became a place where I could be myself without fear The community became a place where I could finally be myself without fear. For the first time, I met people who understood my experiences without questioning or judging me. I did not have to pretend to be someone else or hide my identity to gain acceptance. They respected me for who I was, listened to me without criticism, and supported me during difficult times. Being part of the community gave me a sense of belonging that I had never experienced within my own family. It helped me rebuild my confidence, accept myself, and realize that I was not alone. Even though I continued to face rejection from my family and society, the community became my safe space, where I felt valued, understood, and emotionally secure."

Participants viewed community support as an important factor in their journey towards self-acceptance and empowerment.

Interpretation

The findings reveal that community networks and organizations contribute significantly to the well-being of trans men. These spaces provide emotional support, information, advocacy, and opportunities for social connection. Community support helps reduce isolation, promotes self-acceptance, and strengthens resilience.

Theme Conclusion

The findings under Theme 3 highlight the importance of support systems and meaningful relationships in the lives of trans men. Participants described receiving acceptance, encouragement, and practical assistance from partners, friends, chosen families, and community organizations. These support systems helped them cope with rejection, overcome challenges, and build meaningful lives.

The findings suggest that supportive relationships play a protective role against the negative effects of discrimination and exclusion. Acceptance from partners, friends, and community members contributed significantly to participants' emotional well-being, self-confidence, and resilience. The experiences shared by participants demonstrate that meaningful support

can transform lives by creating spaces where individuals feel valued, respected, and understood.

5.5.THEME 4: RESILIENCE, ECONOMIC SURVIVAL AND FUTURE BUILDING

Despite experiencing family rejection, social exclusion, housing insecurity, and barriers in employment and healthcare, participants demonstrated remarkable resilience in navigating their everyday lives. The findings reveal that resilience was not simply about enduring difficulties but about continuously adapting to challenges and finding ways to move forward. Participants described resilience as a process that developed through self-acceptance, economic survival, community support, and the determination to create better futures for themselves.

Many participants explained that their journey was not easy. They experienced periods of emotional distress, uncertainty, loneliness, and financial hardship. However, rather than allowing these experiences to define them, participants actively sought opportunities for growth and independence. They developed coping strategies, built support networks, pursued education and employment, and worked towards establishing stable lives.

The narratives indicate that resilience was closely connected to participants' ability to accept themselves, survive economic challenges, and build independent futures. This theme is discussed through the sub-themes of Self-Acceptance and Identity Affirmation, Employability Challenges and Economic Survival, and Building Independent Futures.

5.5.1. Sub-theme 4.1: Self-Acceptance and Identity Affirmation

Self-acceptance emerged as one of the strongest indicators of resilience among participants. Before reaching self-acceptance, many participants reported experiencing confusion, fear, guilt, and self-doubt. Negative comments from family members, social stigma, and lack of awareness often made them question themselves and their identity.

Several participants explained that accepting themselves was a gradual process. Exposure to supportive communities, interaction with other trans men, and access to information helped them understand that their experiences were valid. Over time, participants learned to embrace their identity and reject the negative perceptions imposed upon them by society.

One participant shared:

"For years I thought something was wrong with me because everyone around me made me feel that way. Accepting myself changed my life."

KL 4 explained:

"The moment I stopped trying to fit into other people's expectations, I felt free. he moment I stopped trying to fit into other people's expectations, I felt free. For a long time, I kept changing myself to make my family and society accept me. I tried to behave, dress, and live according to what others expected, even though it made me unhappy. No matter how much I tried, I still faced criticism and rejection. Eventually, I realized that I was losing myself in the process of seeking approval. When I decided to accept my identity and live authentically, I experienced a sense of freedom that I had never felt before. I no longer wanted to live for other people's expectations. Instead, I started making choices that reflected who I truly am. Although I still face discrimination, I have learned that my self-worth does not depend on others' acceptance. Accepting myself has brought me peace, confidence, and the courage to live my life on my own terms"

Participants reported that self-acceptance improved their confidence and emotional well-being. Many described feeling more comfortable expressing themselves and making decisions that aligned with their identity.

A participant from Kerala stated:

"I realised that I do not need everyone's approval to live my life."

Another participant reflected:

"Self-acceptance became my strength when I had nobody else supporting me."

Participants also discussed the importance of identity affirmation. Being addressed by their chosen name, being recognised as men, and being respected by others contributed positively to their self-esteem.

One participant shared:

"When people recognise me as who I am, it gives me confidence."

Another participant stated:

"I finally felt comfortable being myself."

Interpretation

The findings suggest that self-acceptance and identity affirmation play a crucial role in developing resilience among trans men. Accepting one's identity contributes to confidence, emotional stability, and personal growth. Participants who embraced their identity demonstrated greater ability to cope with rejection and social challenges.

5.5.2. Sub-theme 4.2: Employability Challenges and Economic Survival

Employment emerged as a major concern among participants. Almost all participants discussed the difficulties they faced in securing stable employment. While education and skills improved their chances of obtaining jobs, participants explained that finding employment remained a challenging process. Many believed that their gender identity influenced how employers perceived them, creating additional barriers during recruitment and workplace interactions.

Participants reported that financial independence was important because many of them could not depend on family support. However, achieving economic stability was not easy. Several participants described attending multiple interviews without success and feeling discouraged by repeated rejections.

One participant shared:

"Finding a job was harder than completing my education. I attended many interviews, but nothing worked out."

Another participant explained:

"I wanted to be financially independent, but opportunities were limited."

Participants also highlighted that employers often lacked awareness about trans men and their experiences. This lack of understanding contributed to uncomfortable workplace environments and reduced employment opportunities.

A participant from Kerala stated:

"People looked at my identity before looking at my skills."

Another participant reflected:

"I knew I was qualified, but I was never sure if employers would accept me. I had the education, skills, and confidence to do the job, but I was always worried that my gender identity would become a barrier during the recruitment process. Before every interview, I wondered whether I would be judged for who I am rather than for my abilities. There was always a fear that I would be rejected once employers learned that I am a transman. This uncertainty made me anxious and affected my confidence, even though I knew I was capable of performing well. I wanted to be evaluated based on my qualifications, experience, and potential, not on my gender identity. Every opportunity felt uncertain because I never knew whether I would be accepted or discriminated against simply for being myself.."

Increase in Freelancing and Self-Employment

Due to difficulties in securing formal employment, several participants reported turning towards freelancing and self-employment opportunities. Freelancing provided flexibility and reduced the need to constantly explain their identity in workplace settings.

One participant shared:

"Freelancing gave me freedom. I did not have to prove myself every day."

Another participant explained:

"*I started working independently because finding a regular job became difficult."*

Participants reported engaging in graphic design, content creation, photography, tailoring, beauty services, online work, and small-scale businesses. Although freelancing provided income, participants noted that irregular earnings often created financial uncertainty.

Early Entry into the Workforce

Another important finding was the early entry of participants into the workforce. Family rejection and financial responsibilities forced several participants to start working at a younger age than their peers.

Kl 3 stated:

"I started working very early because I needed to survive. My family's rejection made it difficult for me to depend on them financially, so I had to become independent at a young age. Finding a job was not a choice but a necessity, as I needed money for food, accommodation, transportation, and other basic needs. Managing work alongside my personal struggles was exhausting, but I had no other option.

Another participant shared:

"*While my friends were focusing on their studies, I was worrying about rent and daily expenses. Instead of concentrating fully on my education like my classmates, I was constantly thinking about how I would pay for food, accommodation, transportation, and other basic necessities.*"

Participants explained that they often had to balance work, education, and personal challenges simultaneously. This increased responsibility contributed to stress but also strengthened their independence.

Lack of Awareness about Government Schemes

Participants reported limited awareness regarding welfare schemes and support programmes available for trans persons. While some learned about government schemes through community organizations, many lacked information regarding eligibility, application procedures, and benefits.

KL 2 shared:

"I came to know about welfare schemes only through community members. Before meeting other trans people, I had no idea that there were government schemes, identity documents, scholarships, healthcare services, or financial assistance available for people like me. My family never informed or supported me in accessing these benefits, and I did not know where to seek help.."

TN 3 explained:

"Many people do not know what support is available or how to access it."

Participants believed that better awareness regarding skill development programmes, employment schemes, educational support, and welfare benefits could improve economic opportunities for trans men.

Interpretation

The findings reveal that employability remains a significant challenge for trans men. Difficulties in securing stable employment, limited workplace awareness, financial insecurity, and inadequate knowledge of welfare schemes contribute to economic vulnerability. The increasing reliance on freelancing and self-employment reflects participants' efforts to achieve economic survival despite structural barriers.

5.5.3. Sub-theme 4.3: Building Independent Futures

Participants described resilience not only as surviving challenges but also as actively building meaningful futures. Many participants reported working towards independence through education, employment, housing stability, and personal development.

Several participants explained that independence provided a sense of control over their lives. Being able to make decisions regarding their education, healthcare, career, and relationships increased their confidence and self-worth.

KL 2 shared:

"I was finally able to make my own choices without constantly worrying about meeting other people's expectations. Building my own life helped me discover my strength, increased my confidence, and gave me hope that I could create a future where I was accepted for who I truly am.."

Another participant explained:

"*Every small achievement reminded me that I was capable of creating a future for myself."*

Participants also described setting personal goals related to career development, financial security, relationships, and community involvement. These aspirations motivated them to continue moving forward despite obstacles.

TN 2 stated:

"I want a stable job, a safe home, and a peaceful life where I can be myself. My dreams are not very different from anyone else's. I want financial security, a place where I feel safe, and the freedom to live without constantly worrying about being judged or rejected because of my identity. After everything I have been through, I value peace more than anything else.."

Another participant reflected:

"*My struggles made me stronger and taught me not to give up."*

Several participants expressed pride in their achievements, particularly because they had reached them without significant family support. Their narratives reflected determination, perseverance, and hope.

Kl 3 shared:

"*I survived situations that I never thought I could survive. There were times when I felt completely helpless and believed that I had reached my breaking point. The rejection from my family, the emotional pain, financial struggles, and uncertainty about my future often made me question whether I could continue. Some days, simply getting through the day felt like an achievement..*"

TN 3 stated:

"*I am still dealing with many challenges, but I have stopped waiting for everything to become perfect before I start living my life. Every day, I take small steps towards building the future I want.*"

Interpretation

The findings indicate that building independent futures is an important expression of resilience among trans men. Through education, employment, personal growth, and self-determination, participants actively create opportunities for themselves despite experiencing adversity. Their experiences demonstrate that resilience involves not only coping with challenges but also pursuing meaningful goals and envisioning better futures.

Theme Conclusion

The findings under Theme 4 demonstrate that resilience among trans men is shaped by self-acceptance, economic survival, and the determination to build independent futures. Participants developed strength through accepting their identity, overcoming employment challenges, pursuing alternative livelihood opportunities, and creating lives based on their own aspirations. Although structural barriers and social stigma continue to affect their experiences, participants consistently demonstrated perseverance, adaptability, and hope. Their narratives highlight that resilience is not merely the ability to survive adversity but the capacity to transform challenges into opportunities for growth, empowerment, and self-determination.

5.6.THEME 5: HEALTHCARE ACCESS AND MEDICAL CHALLENGES

Healthcare emerged as a significant concern among the participants. While family rejection, employment difficulties, and social challenges affected their daily lives, participants repeatedly emphasized the difficulties they faced in accessing appropriate healthcare services. The findings reveal that healthcare barriers were not limited to financial constraints but also included limited availability of services, lack of awareness among healthcare professionals, geographical barriers, and negative healthcare experiences.

Participants explained that access to trans-inclusive healthcare facilities remains limited. Although awareness regarding trans healthcare has increased in recent years, participants felt that healthcare systems are still largely designed around cisgender experiences. As a result, many trans men struggle to find healthcare providers who understand their needs and provide respectful treatment.

Several participants stated that healthcare became a source of anxiety rather than comfort. Routine medical consultations often required them to explain their identity repeatedly, which created emotional exhaustion and discomfort. Participants reported that healthcare services were concentrated in a few urban centres, forcing many of them to travel long distances for consultations and treatment.

This theme is discussed through the sub-themes of Limited Availability of Healthcare Services, Lack of Awareness among Healthcare Professionals, and Travelling Beyond Districts for Treatment.

4.14 Sub-theme 5.1: Limited Availability of Healthcare Services

Participants highlighted that the number of hospitals and clinics providing trans-inclusive healthcare services remains limited. While a few government hospitals and specialized centres offer support, participants reported that these facilities are often located in major cities and are inaccessible to many people living in rural and semi-urban areas.

Several participants explained that finding healthcare providers who understand the needs of trans men requires extensive searching and recommendations from community members. Many reported depending on peer networks to identify supportive hospitals and doctors.

One participant shared:

"There are only a few hospitals where I feel comfortable going. Most places do not know how to handle our needs."

Another participant explained:

"Before every consultation, I have to ask other trans men whether the doctor is safe and respectful."

Participants noted that limited healthcare options often reduced their choices regarding treatment. They frequently had to continue visiting the same hospitals even when the distance, expenses, or waiting periods created difficulties.

A participant from Kerala stated:

"*We do not have many options. If one hospital is supportive, everyone ends up going there."*

Another participant reflected:

"*Healthcare should be available everywhere, not only in a few cities."*

Several participants expressed concern that individuals living in remote areas face even greater difficulties because of the lack of nearby healthcare facilities.

Interpretation

The findings indicate that the limited availability of trans-inclusive healthcare services remains a major challenge. Concentration of services in selected hospitals restricts accessibility and creates additional burdens for participants seeking healthcare.

5.6.1. Sub-theme 5.2: Lack of Awareness among Healthcare Professionals

A major concern raised by participants was the lack of awareness among healthcare professionals regarding trans men and their healthcare needs. Participants reported that many doctors, nurses, and healthcare staff had limited understanding of trans identities, which often resulted in uncomfortable interactions and inadequate care.

Several participants explained that smaller clinics and local healthcare centres rarely encounter trans men and therefore lack the knowledge required to provide appropriate care.

KL 5 shared:

"Many doctors in small clinics do not even know that trans men exist. Whenever I visited a local clinic, I often had to explain my identity before I could even talk about my health concerns. Instead of listening to my symptoms, some healthcare providers seemed confused or asked unnecessary personal questions. It was frustrating because I went there expecting medical care, not to educate them about who I am. Their lack of awareness made me feel invisible and discouraged me from seeking healthcare unless it was absolutely necessary. I often worried whether I would be treated with respect or whether I would face discrimination.*.."*

Another participant explained:

"Sometimes I spend more time explaining who I am than talking about my health problem."

Participants particularly highlighted challenges experienced while accessing reproductive and sexual health services. Many reported that some gynaecologists appeared unfamiliar with the healthcare needs of trans men, creating confusion during consultations.

A participant from Tamil Nadu stated:

"Some doctors looked confused when I explained my situation. It felt like they had never met a trans man before."

Another participant reflected:

"*I went for treatment, but I ended up educating the doctor."*

Participants described these experiences as frustrating and emotionally exhausting. The need to repeatedly explain their identity often discouraged them from seeking healthcare unless absolutely necessary.

TN 3 stated:

"*Every hospital visit becomes stressful because I do not know how the doctor will react Before every appointment, I worry about whether the doctor will understand my identity, use the correct name and pronouns."*

Another participant shared:

"Healthcare professionals should understand us without making us explain everything every time."

Interpretation

The findings reveal that lack of awareness among healthcare professionals significantly affects the healthcare experiences of trans men. Inadequate knowledge creates barriers to respectful and effective healthcare delivery. Greater sensitization and training of healthcare professionals are necessary to improve healthcare accessibility and quality.

4.16 Sub-theme 5.3: Travelling Beyond Districts for Treatment

Another important finding was the need to travel outside participants' home districts to access healthcare services. Because trans-inclusive healthcare facilities are concentrated in specific locations, participants frequently travelled long distances for consultations, follow-up appointments, and medical procedures.

Several participants explained that travelling to other districts increased financial expenses and required additional planning. Transportation costs, accommodation expenses, and loss of workdays created additional burdens.

One participant shared:

"For every check-up, I travel to another district because there are no suitable services near my home."

Another participant explained:

"The treatment itself is difficult, but travelling long distances makes it even harder."

Participants reported that frequent travel was physically exhausting and emotionally stressful. Some delayed appointments because they could not afford transportation costs or take leave from work.

TN 1 stated:

Sometimes I postpone check-ups because I cannot manage the travel expenses. The hospitals and clinics that provide gender-affirming healthcare are often far from where I live, and visiting them involves spending money on travel, food, and sometimes accommodation. There have been occasions when I knew I needed a follow-up appointment or a routine check-up, but I delayed it because I simply could not afford the cost.

KL 4 reflected:

"*If healthcare was available nearby, life would be much easier. Accessing gender-affirming healthcare is difficult because most of the services I need are available only in a few cities. Every appointment requires long-distance travel.''*

Participants emphasized that healthcare accessibility should not depend on geographical location. They believed that expanding services to different districts would reduce inequalities and improve healthcare outcomes for trans men.

Interpretation

The findings suggest that geographical barriers continue to limit healthcare accessibility for trans men. The need to travel beyond districts creates financial, physical, and emotional burdens that may delay or prevent healthcare utilization. Expanding trans-inclusive healthcare services across districts could significantly improve accessibility and well-being.

The findings under Theme 5 demonstrate that healthcare access remains a significant challenge for trans men. Limited availability of healthcare services, lack of awareness among healthcare professionals, and the need to travel to other districts for treatment emerged as major barriers. These challenges affect not only physical health but also emotional well-being and quality of life.

Participants emphasized the need for more trans-inclusive healthcare facilities, increased awareness among healthcare professionals, and improved accessibility of services across different regions. Addressing these challenges is essential for ensuring equitable healthcare access and promoting the overall well-being of trans men.

CHAPTER VI

FINDINGS, CONCLUSION, AND RECOMMENDATIONS

6.1.Introduction

This chapter presents the major findings, conclusion, and recommendations arising from the present study on the lived experiences of trans men in Kerala and Tamil Nadu. The study adopted a qualitative phenomenological approach and collected data through in-depth interviews with nine participants who had experienced birth family rejection. The data were analysed using thematic analysis, which produced five major themes and their associated sub-themes. These themes collectively capture the complex realities of participants' lives, including their encounters with family rejection, structural barriers, support systems, resilience, and healthcare challenges.

The preceding chapters established the research context, reviewed existing literature, described the methodology, presented individual case narratives, and conducted thematic analysis. This final chapter synthesizes those insights, draws conclusions from the evidence gathered, and proposes practical recommendations for social work practice, policy, and future research. The chapter is organized into the following sections: summary of the study, major findings, conclusion, suggestions, implications for social work practice, scope for further research, and a final conclusion.

6.2.Summary of the Study

The present study was conducted among nine trans men from Kerala and Tamil Nadu to understand their lived experiences, with particular focus on family rejection, everyday challenges, support systems, resilience, and healthcare access. A qualitative phenomenological research design was adopted to capture the subjective and embodied experiences of participants. Snowball sampling was used to identify and recruit eligible participants who had experienced some form of birth family rejection due to their gender identity.

Data were collected through in-depth semi-structured interviews. All interviews were conducted with informed consent, and participant confidentiality was maintained throughout by using pseudonyms and omitting identifying details. The collected data were subjected to thematic analysis, through which five major themes emerged: Family Relationships and Experiences of Rejection; Everyday Challenges and Structural Barriers; Support Systems

and Meaningful Relationships; Resilience, Economic Survival, and Future Building; and Healthcare Access and Medical Challenges. Each theme was further elaborated through sub-themes that captured the different dimensions of participants' experiences.

The nine participants ranged in age from 21 to 36 years and were drawn from both Kerala and Tamil Nadu. They varied in educational background, employment status, and living arrangements, providing a diverse cross-section of trans male experience. Their narratives revealed a shared pattern of family rejection following identity disclosure, followed by displacement, economic hardship, and the gradual construction of alternative support systems. Despite significant structural barriers, all participants demonstrated resilience and a determination to build meaningful lives.

6.3.Major Findings

The study explored the lived experiences of birth-family rejection among transmasculine individuals from Kerala and Tamil Nadu. Through thematic analysis, five major themes emerged. The findings indicate that while participants from both states experienced similar psychosocial challenges, notable differences existed in the intensity, manifestation, and contextual factors associated with family rejection and subsequent life experiences.

6.3.1. Family Relationships and Experiences of Birth-Family Rejection

- Birth-family rejection emerged as the most significant and consistent experience reported by all participants, irrespective of their state of residence.
- Participants from Kerala predominantly experienced emotional forms of rejection, including denial of gender identity, refusal to acknowledge preferred names and pronouns, emotional distancing, communication breakdown, and continuous pressure to conform to traditional feminine gender roles.
- Participants from Tamil Nadu experienced comparatively more direct and coercive forms of rejection, including physical violence, restrictions on personal freedom, forced marriage, threats of abandonment, and expulsion from the family home. One participant's experience reflected severe reproductive and sexual violence resulting from forced marriage.

- Parents in both states perceived gender non-conformity as temporary, socially influenced, or correctable through counselling, religious practices, or marriage, resulting in prolonged identity invalidation.
- The findings indicate that although Kerala has comparatively progressive transgender policies and greater public awareness, these developments have not substantially transformed attitudes within birth families.
- In Tamil Nadu, traditional family expectations, social honour, and community pressure appeared to intensify family rejection, leading to earlier separation from the family environment.
- Across both states, rejection disrupted parent-child relationships and contributed to long-term emotional distress, demonstrating that family acceptance remains a crucial determinant of psychosocial well-being.

6.3.2. Everyday Challenges and Structural Barriers

- Family rejection extended beyond interpersonal relationships and created multiple structural disadvantages affecting education, housing, employment, and economic security.
- Participants from Kerala generally remained within the family household for longer durations despite experiencing emotional exclusion and restrictions on gender expression. In contrast, participants from Tamil Nadu frequently reported immediate displacement from their homes following disclosure of their gender identity.
- Housing insecurity was more severe among Tamil Nadu participants, many of whom relied on rented accommodation, temporary shelters, partners, or community members for survival.
- Educational discontinuation occurred in both states because of discrimination, emotional distress, financial instability, and family opposition to continued education.
- Employment discrimination emerged as a common challenge across Kerala and Tamil Nadu. Participants reported difficulties securing formal employment because

of gender expression, identity documentation, workplace stigma, and limited employer awareness regarding transmasculine identities.

- Financial independence became a survival necessity rather than a personal choice. Several participants entered informal employment, daily wage work, freelancing, or self-employment at an early age to meet basic living expenses.
- Participants from both states demonstrated limited awareness regarding available transgender welfare schemes, and most information regarding financial assistance, identity documentation, and government benefits was obtained through community organisations rather than official government outreach.
- These findings suggest that birth-family rejection contributes directly to structural marginalisation by limiting access to education, stable employment, housing, and economic security.

6.3.3. Support Systems and Meaningful Relationships

- Despite family rejection, participants actively developed alternative support systems that contributed significantly to their emotional well-being and social inclusion.
- Romantic partners emerged as the most consistent source of emotional support, practical assistance, and identity affirmation across participants from both Kerala and Tamil Nadu.
- Participants from Kerala reported comparatively greater access to professional counselling services, LGBTQIA+ organisations, and mental health resources, reflecting relatively stronger institutional support within the state.
- Participants from Tamil Nadu relied more extensively on transgender community networks, peer groups, and chosen families after experiencing displacement from their birth families.
- Friendships with other transgender persons provided emotional validation, temporary housing, financial assistance, healthcare information, and guidance regarding legal documentation.

- Community-based organisations played an important role in facilitating access to gender-affirming healthcare, welfare schemes, counselling services, and employment opportunities in both states.
- The findings demonstrate that social support from partners, peers, and community organisations partially compensated for the absence of birth-family acceptance and significantly enhanced participants' resilience.

6.3.4. Resilience, Economic Survival and Future Aspirations

- Participants demonstrated considerable resilience despite prolonged experiences of rejection, discrimination, and economic hardship.
- Self-acceptance emerged as the strongest internal coping mechanism among participants from both Kerala and Tamil Nadu, enabling them to navigate family rejection and social stigma more effectively.
- Economic resilience was reflected through participants' willingness to engage in freelancing, entrepreneurship, creative professions, and informal employment despite unstable incomes.
- Participants from Tamil Nadu generally entered the labour force earlier because immediate family displacement required rapid financial independence.
- Participants from Kerala were comparatively more likely to continue higher education before achieving financial independence, although family rejection continued to affect educational progression.
- Many participants expressed aspirations related to higher education, secure employment, entrepreneurship, gender affirmation, and independent living, indicating that they viewed themselves not merely as survivors but as individuals striving for personal growth and social participation.
- The findings illustrate that resilience among transmasculine individuals is influenced not only by personal determination but also by access to supportive social environments and community resources.

6.3.5. Healthcare Access and Medical Challenges

- Healthcare access emerged as one of the most significant structural challenges experienced by participants from both states.
- Participants from Kerala reported relatively better availability of gender-affirming healthcare facilities because of specialised centres established within the state; however, accessibility remained limited to major urban areas.
- Participants from Tamil Nadu frequently travelled long distances to obtain hormone therapy, psychiatric evaluation, and transition-related healthcare because specialised services were concentrated in a limited number of hospitals.
- Lack of awareness among healthcare professionals regarding transmasculine identities resulted in inappropriate questioning, repeated explanations of gender identity, and discomfort during consultations.
- Financial barriers, travel costs, loss of wages, and family opposition contributed to delays in accessing gender-affirming healthcare among participants in both states.
- Participants consistently reported that healthcare services remained largely designed around binary understandings of gender and frequently overlooked the specific needs of transmasculine individuals.
- Although Kerala has introduced progressive healthcare initiatives for transgender persons, participants reported that implementation remains inconsistent. Similarly, participants from Tamil Nadu acknowledged the presence of welfare initiatives but continued to experience institutional barriers in accessing timely and affirming healthcare.
- These findings indicate that geographical accessibility, financial constraints, provider competency, and family support collectively influence healthcare utilisation among transmasculine individuals.

Comparative Findings

- While both Kerala and Tamil Nadu have introduced progressive transgender welfare measures, the lived experiences of participants indicate that legal recognition alone has not translated into meaningful family acceptance.
- Kerala participants generally experienced comparatively higher institutional awareness, better access to community organisations, and greater visibility of transgender welfare programmes.
- Tamil Nadu participants demonstrated stronger dependence on transgender community networks because family displacement occurred more frequently and at earlier stages of identity disclosure.
- Differences between the two states were primarily observed in the severity and expression of family rejection, whereas the long-term psychological, social, educational, and economic consequences remained remarkably similar.
- Across both Kerala and Tamil Nadu, birth-family acceptance emerged as the single most important protective factor influencing mental health, healthcare access, educational continuity, employment opportunities, resilience, and overall quality of life.
- The findings demonstrate that strengthening family-centred interventions, trans-inclusive healthcare, community awareness, and effective implementation of existing welfare policies is essential for improving the lives of transmasculine individuals in both states.
- Educational Experiences
- Kerala's transgender reservation (quota) in higher education increased access to college education for transgender persons.
- The availability of reservation and supportive policies in Kerala motivated several transgender persons from Tamil Nadu to pursue higher education in Kerala.
- Participants viewed Kerala as a more inclusive environment for higher education compared to Tamil Nadu.

- Institutional support in Kerala enabled participants to continue their education despite experiences of family rejection.

6.4.Suggestions

At the Family Level

Families must be recognized as the most important site of intervention for improving trans men's lives. Structured family counselling services that sensitize parents and siblings to gender diversity, the process of gender identity development, and the consequences of rejection should be made available through community health centres and social service departments in both Kerala and Tamil Nadu. Support groups specifically designed for parents and relatives of trans persons modelled on successful initiatives such as Parents, Families, and Friends of Lesbians and Gays (PFLAG) should be established and supported by government and civil society. Awareness programmes that reach families before crisis points through schools, neighbourhood organizations, and religious institutions are essential for creating the conditions for early acceptance rather than late reconciliation.

At the Community Level

Community-level sensitization programmes addressing gender diversity, trans identity, and the social consequences of exclusion should be integrated into existing community development structures such as Kudumbashree in Kerala and self-help groups in Tamil Nadu. Safe community spaces such as drop-in centres and community halls where trans men can access information, peer support, and referral services without fear of exposure or stigma should be developed in both urban and rural settings. Peer leadership programmes that train trans men to serve as community educators and support facilitators should be invested in, both for their direct service value and for the empowerment they generate within trans male communities.

In Employment and Economic Development

Employers across sectors should be required to participate in gender sensitivity and inclusion training covering trans male identities specifically, not only transgender women. Skill development and vocational training programmes particularly those funded through government welfare budgets in Kerala and Tamil Nadu should include explicit outreach and reserved participation for trans men. Self-employment and entrepreneurship support,

including micro-finance access and business mentoring, should be available through welfare boards to enable trans men who face formal employment discrimination to develop sustainable livelihoods. Government schemes already in existence must be actively publicized within trans communities through peer networks, NGOs, and social media to address the pervasive lack of awareness documented in this study.

In Healthcare

Trans-inclusive healthcare services must be expanded beyond urban centres through designated trans-competent providers at district hospitals in both states. Healthcare professionals including doctors, nurses, social workers, and administrative staff must receive mandatory sensitization training on trans identities, trans-specific healthcare needs, and respectful clinical communication. Reproductive and sexual health services in particular require reform in their infrastructure and provider knowledge to accommodate trans male patients. Telemedicine platforms should be developed to reduce the geographical and financial barriers to healthcare access, enabling trans men in rural areas to access consultations without long-distance travel. Information about available healthcare services should be disseminated through community health workers, NGO networks, and social media platforms in local languages.

At the Policy Level

Welfare schemes in both Kerala and Tamil Nadu should be redesigned to specifically identify and address the distinct needs of trans men, rather than treating all transgender persons as a homogeneous group. Gender-disaggregated data on scheme beneficiaries should be collected and published to enable monitoring of whether trans men are being reached. The Social Justice Department in Kerala and the Transgender Welfare Board in Tamil Nadu should establish dedicated outreach officers responsible for trans male welfare. Intersectional welfare planning that connects housing, employment, education, and healthcare support under coordinated case management would be significantly more effective than the current fragmented scheme structure.

6.5.Implications for Social Work Practice

The findings of this study carry significant implications for social work practice at the micro, mezzo, and macro levels. At the micro level, social workers who engage with trans men individually must develop competency in gender-sensitive practice, including understanding

the specific dynamics of trans male identity, the particular forms of family rejection trans men experience, and the emotional and material consequences of displacement. Counselling interventions with trans men should be informed by minority stress theory and strengths-based approaches that recognize self-acceptance and community connection as core resources. Social workers must avoid pathologizing gender diversity and instead focus on affirming identity while addressing the social barriers that create distress.

At the mezzo level, social workers can facilitate family mediation processes that create structured opportunities for communication between trans men and their birth families. Building family acceptance is a long-term process that requires skilled facilitation, psychoeducation, and consistent follow-up. Social workers can also play important roles in developing and facilitating support groups for both trans men and their families, creating spaces of shared understanding that reduce isolation on both sides. Within organizations including hospitals, welfare agencies, and employment services social workers can advocate for inclusive policies and train colleagues to provide gender-sensitive services.

At the macro level, social workers must engage in policy advocacy to ensure that the welfare architecture of Kerala and Tamil Nadu adequately addresses the needs of trans men. This includes providing evidence from research such as the present study to policymakers, participating in consultative processes around transgender welfare policies, and advocating for the disaggregated data collection and targeted outreach necessary to make welfare schemes genuinely accessible. The social work profession's commitment to social justice requires active engagement with the structural conditions that produce the vulnerabilities documented in this study.

6.6.Scope for Further Research

The present study opens several important avenues for future inquiry. First, comparative research examining the experiences of trans men across multiple Indian states beyond Kerala and Tamil Nadu would contribute to a more complete national understanding of how regional policy environments shape trans male lives. Second, longitudinal research tracking how family relationships evolve over time following initial rejection would provide important insights into the processes of gradual acceptance, reconciliation, or permanent estrangement, with direct implications for family intervention design. Third, quantitative research establishing the prevalence and severity of specific challenges such as housing

insecurity, employment discrimination, and healthcare avoidance among trans men in India would complement the qualitative findings of the present study and strengthen the evidence base for policy advocacy. Fourth, evaluative research assessing the effectiveness of existing government welfare schemes in reaching trans male beneficiaries including barriers to uptake and the quality of services received is urgently needed. Fifth, research specifically examining the mental health trajectories of trans men who receive family support compared with those who do not would provide critical evidence for the design of family acceptance interventions. Finally, community-based participatory research that involves trans men themselves as co-researchers would generate knowledge that is more directly owned and actionable by trans communities.

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ANNEXURE

INTERVIEW GUIDE

Socio-Demographic Profile

Participant Code: _____

Date of Interview: _____

State:

□ Kerala

□ Tamil Nadu

District: _____

Age: _____

Educational Qualification: _____

Occupation: _____

Monthly Income: _____

Religion: _____

Marital Status: _____

Current Living Arrangement:

□ With Birth Family

□ Alone

□ With Partner

□ With Friends

□ Shelter Home

□ Other _____

Age at Realisation of Gender Identity: _____

Age at Disclosure of Gender Identity: _____

Current Stage of Transition

□ Social Transition

□ Hormone Therapy

□ Gender Affirming Surgery

□ Legal Transition

□ None

Primary Source of Support

□ Friends

□ Partner

□ Community

□ NGO

□ Birth Family

□ Others

Section B: Understanding Gender Identity

1. Could you tell me about yourself and your journey of understanding your gender identity?
2. When did you first realise that your gender identity was different from the sex assigned at birth?
3. What thoughts and emotions did you experience during that period?
4. What challenges did you face while accepting your identity?
5. Section C: Disclosure of Gender Identity
6. How did your family come to know about your gender identity?
7. Can you describe what happened after your family became aware of your identity?

Section D: Experiences of Birth-Family Rejection

Can you describe the different forms of rejection you experienced from your family?

Have you experienced any of the following?

• Emotional rejection

• Verbal abuse

• Physical violence

• Financial restriction

• Social isolation

• Denial of identity

• Restriction of education

• Restriction of employment

• Forced marriage

• Religious conversion attempts

Please explain your experiences.

1. Which experience affected you the most? Why?
2. How did these experiences change your relationship with your family?
3. Do you think family rejection continues even today? If yes, in what ways?
4. Section E: Psychological and Emotional Experiences
5. How did birth-family rejection affect your mental and emotional well-being?
6. Did rejection influence your housing or financial stability?

Healthcare Experiences

1. Can you describe your experiences in accessing healthcare services as a transgender person?
2. Have you ever experienced discrimination, stigma, or insensitive treatment from healthcare professionals because you are a transgender person? If yes, please describe your experience.

3. What challenges have you faced while accessing gender-affirming healthcare or other medical services as a transgender person?
4. How has your family's support or rejection influenced your ability to access healthcare and continue treatment as a transgender person?

Kerala–Tamil Nadu Comparison

1. In your opinion, which state provides better access to healthcare, education, employment, and welfare services for transgender persons? Please explain.
2. Have you lived in or visited both Kerala and Tamil Nadu? If yes, what differences did you observe in society's attitudes towards transgender persons?