



Lived Experience of Male-to-Female Transsexual People after Sex Reassignment Surgery

Nooredin Mohammadi¹, Monsour Dianati^{2*}, Abdulla Omid³ and Mehrdad Eftekhari⁴

¹Department of Critical Care Nursing, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran

²School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

³Department of Clinical Psychology, Kashan University of Medical Sciences, Kashan, Iran

⁴Tehran Institute of psychotherapy, Faculty of Medicine, Iran University of Medical Sciences, Tehran, Iran

*Correspondence E-mail: dianati.m@yahoo.com

ABSTRACT

It is almost three decades since the sex reassignment surgery has been allowed in Iran and the number of sex reassignment surgeries has considerably increased since then. This study was conducted to examine the experience of male-to-female transsexual People after sex reassignment surgery in Iran. This qualitative study was conducted with a hermeneutic phenomenological approach on seven male-to-female transsexuals using purposeful sampling method and in-depth semi-structured interviews. Van Manen's method was also used to guide the study. The collected data were analyzed through holistic, selective, and detailed thematic analysis approach to extracted themes. The participants were 23-37 year-old (mean = 30.4) and mostly single. A mean period of 36 months has passed since their sex reassignment surgery. The main theme, "being satisfied in an insecure world", was extracted from three sub-themes as follows "the promotion of life", "living in the restricted world, and "seeking for acceptance". Although the life of Iranian male-to-female transsexuals can be improved after surgery, they are still living with challenges including social discrimination, lack of family and social acceptance, and unexpected financial hardship.

Keywords: Male-to-Female Transsexual, Iran, Hermeneutic phenomenology, Sex Reassignment Surgery, Lived experience

INTRODUCTION

Today, the terms of sex and gender are used to refer to almost the same concept. However sex implies the physiological and biological characteristics of male and female while gender denotes the behavioral differences, social roles, activities, and characteristics, which are accepted by society.[1] Gender identity is a psychological state and indicates one's sense of being female or male and normally conforms to the anatomical gender of an individual, otherwise there is a gender identity disorder[2]. The Diagnostic and Statistical Manual of Mental Disorders-Fifth edition (DSM-5) has used the expression gender dysphoria instead of gender identity disorder and defined it as one's emotional and cognitive dissatisfaction with one's own biological gender[3].

The word transsexuality is specifically used for people strongly intend to change their sex in their adulthood span through hormone therapy and sex reassignment surgery (SRS) regardless the frequent psychotherapeutic consultations. Trans sexuality refers both for male-to-female (MtF) or female-to-male (FtM) transsexuals[4]. The prevalence of transsexuality in adult men and women is 1/30000 and 1/100000 people respectively[2]. Although the

main cause of transsexuality is still unknown, literature reveals numerous relating factors including both environmental and biological factors[2, 3, 5-7]. Hormone therapy and RSR are opted as the ultimate treatment for people who do not respond to psychiatry consultation and they still insist to change their own sex[2, 8].

The first SRS was performed by two surgeons Lenz, and Abraham (on a male to female case that had referred by Magnus Hirschfeld) in Germany in 1931. In this surgery, they removed the male reproductive organs of a transsexual person and did Vaginoplasty for her after 6 months[9]. This surgical operation has since become common in many countries [10-17]. Prior to 1985, no case of SRS was reported in Iran due to the religious ban in this regard. However, the SRS was allowed religiously and legally after Imam Khomeini's fatwa in 1985 and the first surgery was performed on Ms Molkara in the same year[18]. Currently, Iran is the second country to Thailand which has the highest rate of SRS with 270 cases per year[19].

Given that the sex reassignment is a new experience in Iran, and every society has its own culture that can affect people's experiences, especially minority communities and groups, it is necessary that researchers to conduct more studies in order to understand the experience of transsexuals. In addition, most conducted studies about transsexuality and transsexuals in the world are quantitative studies and mostly have examined the quality of life of this group of people[20-23]. No study has examined the postoperative experiences of the people undergoing SRS in Iran. This study aimed to extend the knowledge about the postoperative life of MTF transsexuals and answer the question, "What is life like for MtF transsexuals in Iran after SRS?"

MATERIALS AND METHODS

This study is a part of larger hermeneutic phenomenological study which conducted in 2014 using van Manen's six-activities throughout the study[24].

Participants and implementation

The participants were selected through purposeful sampling method based on the inclusion criteria. The inclusion criteria to recruit potential participants were minimum age of 18 years; being MTF transsexual; undergoing at least one SRS; and the passage of at least 18 months from the surgery. In this study, seven MtF transsexuals were recruited from Tehran, Kashan, and Isfahan and they were interviewed using in-depth semi-structured interviews. Table 1 provides more information about demographic characteristics of participants. Since the experiences of FtM transsexual is different than those of MtF, therefore only MtF transsexuals were recruited to this study. The first participant was introduced by the Psychology Department of Kashan University and the rest of participants were recruited using snowball sampling strategy where the participants themselves introduced other participants.

Data collection

Once the participants were recruited, the researcher explained the purpose of study in a simple language and discussed the level of involvement as a research participant into the study and encouraged them for face-to-face interview. The interview process usually began with general questions, such as "Can you talk a little bit about your postoperative life?" and "How is your postoperative life?" Meanwhile, probing questions such as "Can you explain it more, please?" "Please, elaborate this for me?" or "Can you give an example to clarify your statements, please?" were asked during the interview in order to obtain rich data. Three interviews were performed in a quiet room in Tehran University, and the other four interviews were conducted in an office at Psychology Counseling Centers. Each interview taped-recorded and lasted 30-45 minutes. The audio tapes were verbatim transcribed in word document format files as soon as possible and analyzed together with the field notes.

Data analysis

In order to ensure the accuracy of data, the transcriptions were read as the audio files were played. Moreover, the recorded interviews were listened to several times to get their preliminary understanding of participants' experiences. Once the accuracy of transcripts was confirmed, they were entered into the MAXQDA software (Verby Co., Germany). The data analysis began after the first interview and continued concurrently with data collection process. During data analysis, the researchers used wholistic, detailed and selective thematic analysis approach in order to extract the themes from the participants' lived experiences. For this purpose, the researchers separated the meaning units and concepts, and merged or eliminated some of them after comparing their similarities in order to extract sub-themes and themes. Having used the themes, the researchers then began to describe and interpret the participants' experiences of life after SRS. The researchers tried to maintain a strong and purposeful relation with the

phenomenon of life after sex reassignment during the analysis and writing procedures. The researchers tried to avoid superficial interpretations and maintain the engagement with the phenomenon during the entire study and data analysis as well as adhering to impartiality and focusing on the main research question. The researchers frequently referred to the results as a whole and examined how this whole was associated with the components in order to ensure a logical and appropriate relationship between them and understand the lived experiences after sex reassignment.

Trustworthiness of the study

To determine the trustworthiness of the study, the researchers recorded their own knowledge, experiences, beliefs, and pre-understandings about the phenomenon in order to take them into account and prevent them from influencing the interpretation of the results. Furthermore, the researchers tried to increase the trustworthiness of the study through selecting eligible participants; close, accurate, long-term, and continuous interactions; making use of the complementary ideas and suggestions of colleagues, reviewing the transcribed interviews, and re-visiting the participants[25].

Ethical considerations

The research project was approved by the Research Ethics Committee of Tehran University of Medical Sciences. A written consent was adopted from the participants who agreed to be interviewed for performing the interviews and recording them, and the place of interview was suggested by the participants. All the participants were ensured of the confidentiality and Anonymity of their information by using of pseudonyms in published results (including this article). Moreover, the participants were briefed about the approximate time of the interview and next interviews, if it was necessary.

RESULTS

More than 560 initial codes were extracted in the process of data analysis from seven interviews with MtF transsexuals. The main theme of study, “being satisfied in an insecure world”, was extracted from three themes of “the promotion of life”, “living in the restricted world, and “seeking for acceptance”. These themes and sub-themes are presented in Table 2.

Table1.Demographic characteristics of participants

NAME(alias)	AGE	EDUCATION	MARITAL	TIME from SRS (month)
Nazgol	23	Diploma	Single	19
Naghme	36	Associate Degree	Single	24
Diba	27	Primary	Single	48
Mahta	25	Diploma	Single	30
Monir	37	Diploma	Single	28
Niloofer	35	Secondary	Single	33
Negin	30	Bachelor	Married	75

Table 2.Themes and their subthemes

Concepts	Sub-Themes	Themes
satisfaction with the change	The promotion of life	being satisfied in an insecure world
relative acceptance		
peer support		
hiding	Living in the restricted world	
escaping from the past		
Rejection		
limitation		
lack of support	Seeking for acceptance	
Imposed indigence		

The promotion of life: The participants expressed that their life improved significantly after SRS and that they were quite satisfied with their sex change. For most participants, SRS was the turning point in their life. In this regard, one of the participants stated, "Now, I feel I got what I wanted. Then, I was like a bird in a cage, and now I'm free." This theme included three concepts namely, ‘satisfaction with the change’, ‘relative acceptance by the relatives’, and peer support.

Satisfaction with the change: According to the participants, SRS and wearing women's clothes were two important turning points in their life. All the participants had experienced a feeling of peace and overcoming a big obstacle after the surgery. Even two participants compared sex reassignment with “birds’ releasing from the cage.” For instance, the following excerpt has been taken from Mahta. She pointed out “Compared to the past, I am 100% happy” Another participant, Monir stated, “I feel absolute peace after the surgery.Inner peace is the only phrase I can to express my feeling. Honestly, I have done lots to get inner peace.”

Although having permission either by family or court’s order for changing the clothes was a crucial turning point in participants’ life, all participants stated that they still would have tried to undergo SRS even if they had been allowed to change their clothes without undergoing the surgery. In relation to the changes in clothing, one participant explained, “When I went out with the new clothing, it was the first day my peaceful life began. I mean I felt completely peaceful. I felt I appeared in the society as a person I desired” (Niloufar).

On the satisfaction with sexual relations, the single participants denied any sexual relation after SRS or were not willing to talk about it. Negin was the only married participant in this study. She talked about her sexual relation with her husband and expressed her satisfaction in this regard: “We have sexual intercourses, but my husband uses sexual aid products ... and in this sexual intercourse ... I reach orgasm as well as my husband.”

Relative acceptance by the relatives

In relation to the relatives’ attitudes and acceptance after SRS, four participants had found the relatives’ attitude improved and felt a kind of relative deference in their family members although the degree of acceptance in the family and relatives differed from one person to another. Niloufar said:

Yes, I’ve gone to all my relatives’ home. All my relatives have accepted it. Even all of them said they had wanted to tell my father that I had such a problem, but they didn’t dare, they feared that my father might treat them badly. Nazi stated, “Anyway, all of them have accepted well up to now ... it’s true some people might make fun of me ... but, at least it’s not [problematic]. Most of them have accepted me well up to now.”

Peer supports:

According to all participants, the most faithful supporters were still their friends with similar gender identity disorder, and all of them received support mostly from people who were in similar conditions and understood them. Monir talked about the personal support of a transsexual man who himself was a consultant in a psychological consultation center in Isfahan as follows: “...Through Mr. Gerami who really did me a favor, really [with a special emphasis], not only me, but also all the people who underwent the surgery, we all owe to Mr. Gerami.” Monir talked about her feeling of her friends’ possible problems as follows:

When my peers have a problem, though very insignificant, I become sad, why? Because she suffers, too. I had such problems, when I know her family mistreat her or they have a problem with her, I become sad for her. Negin, the only participant who attributed her successful marriage to the help of another transsexual, stated:

Ms. Molkara called me and told me ‘there’s someone like you, he doesn't enter the site at all, but he intends to marry a transsexual woman. If you want, I can exchange your phone numbers, so you can talk with each other.’ We were in touch for a month and then ...

In most cases, the major supporter and companion of the participants for SRS during the hospitalization and even during and after the convalescence had been their transsexual friends. One of the participants (Niloufar) had spent the convalescence in her friend’s home and received the acceptance of her family gradually. She explained:

I spent one month convalescence after the surgery. I couldn’t move. I was in my friend's home, the one you've already seen. I was at her bedside in the hospital ..., and she was also at my bedside at the hospital. Then, I gradually started calling home (her own family), and I succeeded to return home.

Living in the restricted world

After SRS, the participants hid or would hide from others relatively or selectively as themselves or their family desired in order to protect themselves. One participant pointed out, “still after two years, my nephew hasn’t seen me

and think I am the same person as before because my sister has asked us not to tell him, as he may tell his father." This theme included four concepts of hiding, escaping from the past, ostracism, and limitation.

Hiding: After the surgery, some participants still tried to hide themselves from others and not to be known. They feared of being known to others. Those participants who were living with their family were also hidden from the relatives by their family. Nazgol stated: "Most transsexuals behave in this way, they want to isolate themselves and express they're different from you. For example, if I'm seen with you, I may be recognized. Most transsexuals are afraid of being known." Monir discussed the concealment of her sex reassignment by her family and moving to somewhere else in the same city and explained:

Of my relatives, only my mom's brother and his wife know about me. My other aunts and uncles don't know my problem at all. It seems they were told I've gone to Bandar Abbas (a southern seaport in Iran) ... My family moved houses because of my problem. Now, few relatives know what has happened to me.

Escaping from the past: Most participants were unhappy with their past life before the surgery and wished to be able erase this part of their own life. Diba stated, "I wish science would change, so we could push a button and delete those 20 years of my life. I wish those 19, 20 years would have been deleted; I would have forgotten what I was." In this regard, Naghme explained:

When we have guests, I escape from home. I don't want to say anything showing I'm different from others or, they may want to show me I'm different. I don't want others to know what I was and what I am.

Rejection: Two single participants were absolutely rejected by their family and lived alone. Other four participants were living with their families, but some of their relatives, brothers, or sisters variably rejected them. Diba stated: "The surgery finished, but other problems began. I was completely rejected by my family. All of them felt I was still a boy. I was rejected by my two or three sisters." The participants were accepted by the society until their past was unknown to others; however, once others knew about their transsexuality in the past, they behaved in another way and keep distance. In this regard, Mahta stated: "Until I'm a woman, men respect me a lot. Yet when I say I had something like this before, their mind quickly changes or ... they gradually reject me. Somehow, they kept distance." Naghme explained, "Now, I live alone, away from my family. I can't go there in this appearance. If I go home, from the neighbor grocer to anyone else, all recognize me."

Limitation: Most participants stated that they were banned from taking part in family gatherings, including parties and mourning ceremonies, and even national events. Mahta pointed out: "I haven't seen my grandfather since I was 21 years. He died last year ... I didn't dare to go to his funeral... they told me if I'd gone there, they would have lost face." In this regard, Monir stated, "I'm deprived of family gatherings. Even Ashura [a religious festival in Iran] is held by Mr. Gerami, and we gather.... of course, I can go to a mosque in this new neighborhood."

Seeking for acceptance

This theme described the participants' experience of acceptance. They always sought supportive sources recognizing their rights and eliminating discriminations, particularly in working and gaining money. One participant who had had a governmental job and was dismissed from her job after 10 years of service simultaneously to her SRS, Naghme explained, "I couldn't return to my job. Only men were working there, so I couldn't continue it any longer. I really liked my job. They didn't give me an alternative job. I lost it because of my conditions." The above-mentioned theme included two concepts: lack of support and imposed indigence.

Lack of support: The major experienced concern of all the participants was the lack of adequate spiritual and financial support from the government, society, and family. Donya explained: "We're talking about the problems after the surgery. One problem is that there's no organization gathering us and seeing what problems we have after the surgery. Who's accountable for my osteoporosis?" Another participant stated, "It's almost 4-5 years since we filed our documentations. They didn't pay us even one Rial. We wasted our time to file our documentations" (Mahta). To some of the participants, a lack of support from the family was the origin of many problems, threats, and even abuse of transsexuals in the society. "Those who are not supported by their family ... don't have working experience, and ... have to fall into the oldest profession [prostitution]" (Nazi). Naghme referred to the failure of her friend's family to support her as the main reason for her friend's turning to prostitution: "If her family didn't

reject her and if she was supported, she might not fall in that way ... when one is rejected by her family, and when she has no one, nothing is important for her anymore.”

Imposed indigence: Most participants had experienced poverty and unemployment. Two participants were even working before SRS but lost their job afterward. Monir lives with her family and is jobless. She lives on the low income of her father who is a watchman. She explained: “...Now I say I’m jobless, but I decide to find a job at home. The Welfare Organization is supposed to find an at-home job for me to be able to care after my mom.” The participant who had lost her governmental job after 10 years of service simultaneously to her SRS, Naghmeh, pointed out:

I couldn’t return to my job. Only men were working there, so I couldn’t continue it any longer. I really liked my job. I wished to go back to my job, but I lost it because of my conditions. I could be retired from the job I liked.

Such indigence seemed like a kind of imposed poverty because most of the participants were kept away from working due to the lack of adequate support from the relevant authorities, and the existing discrimination had imposed an unwanted poverty to them. Nazi explained: “Nothing, no income. My friend who’s like me doesn’t have any income. Maybe, her family gives her Five hundred thousand Rials [almost 20 USD] every month.” The only married participant, Negin stated: “It’s one year, we’ve moved to Pakdasht [a suburb of Tehran] because of living expenses and couldn’t pay rent.” Diba referred to the financial indigence as the most important problem: “The worst problem I’ve had in these years ... was financial. I mean I really had financial problems with thousands of misfortunes.”

DISCUSSION

The purpose of this study was to obtain a deep understanding of the lived experiences of MtF transsexuals after SRS in Iran. The main theme of the study, “being satisfied in an insecure world”, was extracted from three themes including “the promotion of life”, “living in the restricted world”, and “seeking for acceptance”. The participants have a strong desire to change their sex in order to reach a more tolerable life world from an intolerable life world. Although participants in this study were either relatively or completely satisfied with the result of sex reassignment, none of the participants were regretful for SRS. Their satisfaction was mainly related to the transition from the previous identity to the identity which they liked to be.

There is no published study that examines the lived experience of MtF transsexuals in Iran. However Jokić-Begić *et al.* conducted an exploratory study in Croatia and reported that all the three MTF transsexuals who were interviewed in the study were satisfied with their sex reassignment because their biological identity and psychological identity were harmonized after surgery[13]. In the study of Zimmerman *et al.*, 85%-95% of the transsexuals were satisfied with their sex reassignment. However they reported that transsexuals’ life satisfaction still was less than general population[26]. Cooper and Cohen reported that about 3% of the participants were dissatisfied with their surgery, and this dissatisfaction was partly due to reproaches and pressures imposed to these people by the family and the society[27].

For participants in this study, their friends who suffered identity disorder were the key supporters and companions during the process of sex reassignments. In a qualitative study by Pusch revealed transsexual students received more supports from their friends than their own family members[28]. He believes that peers are probably the best persons who deeply understand transsexuals and recommends the necessity of establishment non-governmental organizations for transsexuals[28].

The participants’ experiences showed that their life after SRS continued within a multi-layer limitation. The multi-layer limitation was developed by family members and the participants in order to protect them from people’s stares, disdains, and reproaches. The multi-layer limitations might be rooted from the participants’ previous verbal and physical experiences before the surgery. . Most of the participants were not willing to disclose their past story. That was why they were always stressed for disclosure of their past to others, as they used an alias in order to keep themselves unknown. One of the themes obtained in Goodrich’s study was level of secrecy, and all of the participants had experienced degrees of fear, anxiety, and distress for being disclosed to others[29].

Gender preference is one of the crucial issues in Iranian culture. Therefore, male gender is discriminately always preferred to female gender among Iranian families. In addition, the expression of the opposite sex’s behaviors in a

man extremely undervalues him in the society[30]. Consequently, this discrimination and undervaluation are overwhelmed to MtF transsexuals. There are some idioms in Iranian culture such as “Why are you crying? Are you a girl?” These idioms refer to femininity as a sign of weakness. Besides another Iranian idiom is “if I couldn’t prove myself, I would be a girl” that is expressed by a man when he is engaged in a verbal fight with someone else.

In Iranian cultural, people may particularly not welcome those transsexuals who have changed their sex from male to female, and these transsexuals are always afraid of being despised by the society in case of the disclosure of their sex reassignment. Even if families of the transsexuals cannot reject the sex-reassigned person completely, they at least try to conceal the reality and keep that member away from the relatives and the familiar surrounding community. Koken *et al.* performed a study on transsexuals’ experience of being accepted and rejected by their family using the parental acceptance–rejection theory. The results showed that most participants were rejected by their family’s hostile and aggressive behavior[31]. Another study conducted on the attitudes of families having transsexual children in Turkey showed that transsexuality was a stigma, and most families had a negative attitude toward it and considered it against traditions[32]. The most important reason for such extreme conservatism and making the transsexual person limited is probably the stigma and defamation of the man choosing feminine behaviors and clothing.

Participants experienced indigence and the failure of acceptance from the family and public. In other studies, the family’s acceptance has been very effective in stability and peace of sex-reassigned people. McKinney and Pusch conducted two separate qualitative studies on people with gender identity disorder reported that most of the participants complained they have not been understood by their own classmates and colleagues and had a lack of acceptance in their educational environment[28, 33]. Another extensive study conducted on 295 transsexuals showed that these people were fewer acceptances and more discrimination by their family[34]. In study of Jokić-Begić *et al.*, the participants emphasized the contributory role of acceptance from the family, friends, and sexual partners, and reported problem of acceptance as a major concern for them after SRS[13]. Several studies have emphasized the role of friends, family, and society acceptance in transsexuals’ return to a satisfying life and reduction of their problems after sex reassignment [22, 29, 35].

Family attachment and living with the family is very important among Iranians. It is much more important for single girls because they have plenty difficulties to manage their own life, except for few people in large cities. The family’s failure to accept and support the transsexual child, especially those with feminine identity, predisposes them to abuse and probably high-risk behaviors[36].

Although the Iranian Welfare Organization has been assigned to provide services for those people entitled “vulnerable groups” in Iran, the participants had received insufficient and limited services. The discrimination at employment and earning money causes unwanted poverty in transsexuals. It seems that such poverty is imposed by the social discrimination because of the lack of equal chances for earning money makes the transsexual indigent. The low income of the participants, in one hand, and the high costs of hormone therapy and SRS, on the other hand, may cause those people fall into illegal jobs, be abused. This situation can lead to a worse situation of being rejected by the family. The results of this study revealed the importance of raising awareness in families, society, and governmental authorities to make them better acceptance the transsexuality and establishing supportive organizations. Social acceptance and support helps transsexuals, particularly after sex reassignment in order to provide social justice as much as possible.

Limitations of the study

In Iranian culture like any other culture, sexuality is one of the sensitive issues. Although the researcher interviewed the study participants when there was trust between the researchers and participants, it would be possible the participants were reluctant to share some their own experiences in this study.

CONCLUSION

The participants’ experiences revealed transsexuals reach their desirable sex after surgery, but they still fear of their bitter past, suffer a multi-layer and numerous limitations, and have problem to be accepted by family and public. Moreover, discrimination and a lack of acceptance by the family and the society lead them to hardship life. This unfavorable situation gradually changed the sweetness of sex reassignment to a bitter experience. Acceptance of transsexuality as a reality in human society is necessary in provision of equal rights and justice. It is recommended

to conduct further studies in order to provide raising awareness, introducing the reality of transsexuality and decreasing its stigma and taboo.

Acknowledgments

The authors wish to thank all the participants of this study for their cooperation. We are also grateful to Tehran University of Medical Sciences for funding this research as part of the second author's PhD thesis.

REFERENCES

- [1] WHO, What do we mean by "sex" and "gender"?
- [2] Sadock, B.J. and V.A. Sadock, Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry. 2011: Lippincott Williams & Wilkins.
- [3] APA, Diagnostic and statistical manual of mental disorders, (DSM-5). 2013: American Psychiatric Pub.
- [4] Colizzi, M., R. Costa, and O. Todarello, Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: Results from a longitudinal study. *Psychoneuroendocrinology*, 2014. 39: p. 65-73.
- [5] Fernández, R., et al., Association Study of ER β , AR, and CYP19A1 Genes and MtF Transsexualism. *The journal of sexual medicine*, 2014. 11(12): p. 2986-2994.
- [6] Heylens, G., et al., Gender identity disorder in twins: a review of the case report literature. *The journal of sexual medicine*, 2012. 9(3): p. 751-757.
- [7] Savic, I., A. Garcia-Falgueras, and D.F. Swaab, 4 Sexual differentiation of the human brain in relation to gender identity and sexual orientation. *Progress in brain research*, 2010. 186: p. 41.
- [8] Jarolim, L., et al., Gender reassignment surgery in male-to-female transsexualism: A retrospective 3-month follow-up study with anatomical remarks. *J Sex Med*, 2009. 6(6): p. 1635-44.
- [9] Dose, R. and P.E. Selwyn, The world league for sexual reform: Some possible approaches. *Journal of the History of Sexuality*, 2003. 12(1): p. 1-15.
- [10] Chokrungravanont, P., et al., The Development of Sex Reassignment Surgery in Thailand: A Social Perspective. *The Scientific World Journal*, 2014. 2014.
- [11] Gooren, L.J., Management of female-to-male transgender persons: medical and surgical management, life expectancy. *Current Opinion in Endocrinology, Diabetes and Obesity*. 21(3): p. 233-238.
- [12] Jackowich, R.A., et al., Age of Sex Reassignment Surgery for Male-to-Female Transsexuals. *Archives of sexual behavior*. 43(1): p. 13-15.
- [13] Jokić-Begić, N., A. Lauri Korajlija, and T. Jurin, Psychosocial Adjustment to Sex Reassignment Surgery: A Qualitative Examination and Personal Experiences of Six Transsexual Persons in Croatia. *The Scientific World Journal*, 2014. 2014.
- [14] Lobato, M.I.I., et al., Follow-up of sex reassignment surgery in transsexuals: a Brazilian cohort. *Archives of sexual behavior*, 2006. 35(6): p. 711-715.
- [15] Prunas, A., et al., Defensive functioning in MtF and FtM transsexuals. *Comprehensive psychiatry*. 55(4): p. 966-971.
- [16] Rossi Neto, R., et al., Gender reassignment surgery-a 13 year review of surgical outcomes. *International braz j urol*. 38(1): p. 97-107.
- [17] Wierckx, K.V.d.P., Fleur Verhaeghe, Evelien Dedecker, DavidVan Caenegem, EvaToye, Kaatje Kaufman, Jean Marc 2014T'Sjoen, Guy, Short and Long Term Clinical Skin Effects of Testosterone Treatment in Trans Me. *The journal of sexual medicine*, 2014. 11(1): p. 222-229.
- [18] McDowall, A. and S. Khan, The Ayatollah and the transsexual. *Independent*, November, 2004. 25.
- [19] Barford, V., Iran's diagnosed transsexuals. *BBC News*, 2008. 25.
- [20] Jenner, C.O., Transsexual primary care. *Journal of the American Academy of Nurse Practitioners*, 2010. 22(8): p. 403-408.
- [21] Kuhn, A., et al., Quality of life 15 years after sex reassignment surgery for transsexualism. *Fertility and Sterility*, 2009. 92(5): p. 1685-1689. e3.
- [22] Lawrence, A.A., Factors associated with satisfaction or regret following male-to-female sex reassignment surgery. *Archives of sexual behavior*, 2003. 32(4): p. 299-315.
- [23] Parola, N., et al., Study of quality of life for transsexuals after hormonal and surgical reassignment. *Sexologies*, 2010. 19(1): p. 24-28.
- [24] Van Manen, M., *Researching lived experience: Human science for an action sensitive pedagogy*. 1990: Suny Press.

-
- [25] Krefting, L., Rigor in qualitative research: The assessment of trustworthiness. *American journal of occupational therapy*, 1991. 45(3): p. 214-222.
- [26] Zimmermann, A., et al., [Transsexuals' life satisfaction after gender transformation operations]. *Der Chirurg; Zeitschrift für alle Gebiete der operativen Medizen*, 2006. 77(5): p. 432-438.
- [27] Kuiper, A. and P. Cohen-Kettenis, Gender role reversal among postoperative transsexuals. *International Journal of Transgenderism*, 1998. 2(3): p. 1-16.
- [28] Pusch, R.S., Objects of curiosity: Transgender college students' perceptions of the reactions of others. *Journal of Gay & Lesbian Issues in Education*, 2005. 3(1): p. 45-61.
- [29] Goodrich, K.M., Lived Experiences of College-Age Transsexual Individuals. *Journal of College Counseling*, 2012. 15(3): p. 215-232.
- [30] Najmabadi, A., Transing and transpassing across sex-gender walls in Iran. *WSQ: Women's Studies Quarterly*, 2008. 36(3): p. 23-42.
- [31] Koken, J.A., D.S. Bimbi, and J.T. Parsons, Experiences of familial acceptance and rejection among transwomen of color. *Journal of Family Psychology*, 2009. 23(6): p. 853.
- [32] Polat, A., et al., Family attitudes toward transgendered people in Turkey: Experience from a secular Islamic country. *The International Journal of Psychiatry in Medicine*, 2005. 35(4): p. 383-393.
- [33] McKinney, J.S., On the margins: A study of the experiences of transgender college students. *Journal of Gay & Lesbian Issues in Education*, 2005. 3(1): p. 63-76.
- [34] Factor, R.J. and E.D. Rothblum, A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT health research*, 2008. 3(3): p. 11-30.
- [35] Gomez-Gil, E., et al., Determinants of quality of life in Spanish transsexuals attending a gender unit before genital sex reassignment surgery. *Quality of Life Research*. 23(2): p. 669-676.
- [36] Melendez, R.M. and R.r.M. Pinto, HIV prevention and primary care for transgender women in a community-based clinic. *Journal of the Association of Nurses in AIDS Care*, 2009. 20(5): p. 387-397.