



Exploring Barriers, Perceptions, and Lived Experiences of Hospitalization Among Transgender Individuals in Karachi: A Phenomenological Study

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ABSTRACT

This study investigated the obstacles, perceptions, and lived experiences of hospitalization among transgender individuals in Karachi. A qualitative phenomenological methodology was employed. Participants were intentionally recruited via community-based non-governmental organizations in Karachi, and semi-structured in-depth interviews were administered in Urdu or English. The interviews were recorded, transcribed word for word, and then analysed using Colaizzi's seven-step method. The findings showed that there were problems that kept happening during admission, like being denied admission, having to wait for treatment, being put in the wrong ward, not having privacy, being misgendered, being verbally harassed, being scared, and being emotionally distressed. Participants often characterized hospitals as perilous and disrespectful settings, resulting in diminished trust in healthcare providers and increased reluctance to pursue future medical care. Community organizations were seen as a very important source of referrals and emotional support. The study suggests that staff training should take gender into account, that admission and documentation procedures should be respectful, that privacy should be protected, that safe ward placement practices should be used, and that more work should be done with community groups that are friendly to transgender people.

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INTRODUCTION

It is a basic human right to have access to healthcare that is fair and respectful. Transgender people still face discrimination, stigma, and exclusion in healthcare settings, though. During hospitalization, these barriers often get worse because patients have to deal with admission procedures, ward placement, documentation systems, staff interaction, and privacy concerns for a long time. Hospital care can thus transcend a mere clinical interaction. It can also turn into a social and emotional

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experience where identity, dignity, and safety are constantly put to the test. International guidelines and recent research indicate that transgender patients may face misgendering, denial of care, ineffective communication, and an absence of gender-affirming practices within healthcare environments (Coleman et al., 2022; Roach, 2024; Berrian et al., 2025).

In Pakistan, these issues are still very important, even though transgender rights are now recognized by law. Current evidence indicates that transgender individuals continue to face exclusion, stigma, and inadequate service responsiveness in healthcare environments, potentially deterring them from pursuing timely medical attention (Arshad et al., 2022; Hussain et al., 2023; Awan et al., 2024). Nevertheless, there exists a paucity of qualitative research in Pakistan that concentrates exclusively on hospitalization as a lived experience. This study examines the obstacles, perceptions, and lived experiences of hospitalization among transgender individuals in Karachi.

Objective

- To investigate the obstacles, perceptions, and lived experiences of hospitalization among transgender individuals in Karachi.

Research Question

- What obstacles, perceptions, and lived experiences do transgender individuals in Karachi encounter regarding hospitalization?

LITERATURE REVIEW

Recent studies show that transgender and gender-diverse people still have a lot of trouble getting healthcare. Some of these barriers are being misgendered, being rude when talking to providers, providers refusing to help, not enough support from institutions, problems with paperwork, and not enough gender-affirming care. These kinds of experiences make it harder to get services and less likely that people will trust healthcare professionals or want to get care again in the future. Roach (2024) discovered that healthcare interactions were significantly influenced by providers' respect for gender identity and the establishment of a sense of safety. Concurrently, Berrian et al. (2025) delineated extensive barriers to acceptability, accommodation, affordability, availability, and accessibility. Hospitalization necessitates particular scrutiny due to the extended exposure of patients to institutional frameworks, including admission protocols, ward assignments, privacy regulations, documentation standards, and recurrent engagement with healthcare personnel. In the most pertinent recent study, Dasso et al. (2025) aggregated qualitative evidence regarding the hospitalization experiences of transgender individuals, revealing that these experiences were frequently negative, delayed, or uncomfortable. Their review brought up problems that kept coming up, such as not being able to recognize one's own identity, being misgendered, and staff not knowing enough about transgender health needs.

Recent research indicates that barriers function at both the provider and institutional levels. Present professional directives underscore the necessity for affirming practices, respectful communication, and the utilization of suitable names and pronouns in caregiving environments (Coleman et al., 2022). This is significant because adverse healthcare experiences are not solely the result of isolated incidents of prejudice. They are also repeated through everyday institutional practices, such as forms, records, ward arrangements, and staff members' ideas about gender. This issue is even more important in the South Asian and Pakistani context. A recent regional scoping review revealed that transgender adults in South Asia continue to encounter multifaceted obstacles associated with stigma, discrimination, confidentiality issues, and inadequate institutional support (Murad-Kassam et al., 2025). Awan et al. (2024) characterized transgender health disparities in Pakistan as a critical public health issue, contending that formal recognition has yet to result in equitable healthcare access. Research conducted in Pakistan has recorded inadequate treatment experiences, service denial, financial challenges, and diminished provider empathy within transgender communities (Arshad et al., 2022; Hussain et al., 2023; Jadoon et al., 2025).

The literature collectively demonstrates a persistent pattern of healthcare exclusion, identity invalidation, delayed care, and emotional distress. Nevertheless, there exists a paucity of qualitative research from Pakistan that examines hospitalization as a lived experience, particularly in Karachi. Because hospitalization brings up specific issues like admission, ward placement, privacy, staff attitudes,

and emotional safety, it needs to be looked into more closely. This study fills this gap by looking at how transgender people in Karachi talk about and understand being in the hospital.

METHODOLOGY

Research Design

This study used a phenomenological design that was both qualitative and descriptive. In-depth interviews were utilized to examine the experiences of transgender individuals during hospitalization and their interpretations of those experiences. The study took place in Karachi, Pakistan, in community-based non-governmental organizations and the communities that they work with. These places were chosen because they were safer and easier to get to for finding people and doing interviews.

Population and Sampling

The study population comprised transgender individuals aged 18 to 65 years living in Karachi who had experienced hospitalization within the last five years and were able to communicate in Urdu or English. Purposive sampling was used to recruit participants who could provide rich and relevant information about hospitalization experiences. Recruitment continued until data saturation was achieved, in line with phenomenological research practice (Creswell & Poth, 2016).

Inclusion Criteria

- Identified as transgender on their own
- Between the ages of 18 and 65
- Had been in the hospital in the last five years
- Ready to take part in the study
- Able to give informed consent

Exclusion Criteria

- Had not been admitted to a hospital in the preceding five years
- Not willing to take part in the study
- Not able to give informed consent
- Getting treatment for serious mental health issues that could make it hard to take part in an interview

Data Collection

Data were gathered via semi-structured in-depth interviews conducted in the participants' preferred language, predominantly Urdu or English. With permission, the interviews were recorded and then typed out word-for-word. Field notes were also made during and after the interviews to record contextual information and help make the data more reliable. Before hiring and interviewing people, the collaborating non-governmental organizations gave their formal permission for data collection.

Data Analysis

The data were analysed thematically employing Colaizzi's seven-step methodology, as cited by Edward and Welch (2011). This method helped with systematic reading, coding, developing themes, and interpreting how participants experienced being in the hospital.

Ethical Considerations

The appropriate Institutional Review Board gave its approval for the research. Prior to each interview, informed consent was acquired. During the study, confidentiality, privacy, and anonymity were upheld. Participation was voluntary, and participants could withdraw at any time. All data were securely stored for research purposes only.

Outcomes

The thematic analysis found five main themes: problems with getting into the hospital, privacy and placement in the ward, staff attitudes, emotional impact, and coping and support. Table 1 shows the

main themes, subthemes, example codes, quotes, and how often they came up in the interviews.

Table 1
Themes & Sub-Themes

Themes	Subthemes	Codes	Illustrative Quotes	Frequency
Hospital Admission Barriers	Denial of admission	Identity-based refusal	They refused to admit me once they realized I was transgender.	7
	Delayed treatment	Administrative hurdles	I waited for hours because they didn't know where to place me.	
Ward Placement & Privacy	Inappropriate ward placement	Assigned to male wards	I was placed in a male ward where I felt unsafe.	6
	Lack of privacy	Shared spaces	There was no privacy; everyone stared at me.	
Staff Attitudes	Misgendering	Use of wrong pronouns	They kept calling me by my old name.	7
	Verbal harassment	Disrespectful language	Some staff laughed and made comments.	
Emotional Impact	Fear and anxiety	Hospital avoidance	I'm scared to go back to any hospital.	6
	Emotional distress	Feeling humiliated	I felt ashamed and helpless.	
Coping & Support	NGO support	Safe referral	The NGO helped me find a place where I was treated better.	5

The results show that several common problems caused transgender patients to have certain experiences while they were in the hospital. Participants frequently described obstacles and difficulties during admission, including outright service denial and prolonged delays caused by hospital staff's uncertainty regarding appropriate placement. Maximum contributors also said that wards were set up to help people who didn't fit in with their gender identities. This made people very uncomfortable, which led to distress, expressive restlessness, and constant worries about keeping things private and secret. Uncomplimentary supervisory behaviours emerged as a significant concern, as participants identified instances of misgendering, unwritten exploitation, and inadequate communication. These kinds of communications made demonstrative strain and discriminating nervousness much worse during hospital visits. Many applicants expressed fear of following hospice procedures because past experiences were embarrassing, which led to them repeatedly leaving health care facilities. Specifically, about half of the contributors saw NGOs as important sources of both expressive and real-world support, giving them access to health care settings that were not too dangerous. General conclusions indicate that acknowledged organizations, workplace applications, behavioural supervision, and the absence of gender-affirming strategies significantly influence the current hospitalization experiences of transgender individuals in Karachi.

Hospital Admission Barriers

Participants said that admission was the first time they saw discrimination. Some people said they were directly refused after staff found out their gender identity, while others had to wait a long time because staff didn't know where to put them. These experiences made the people who took part feel like they were being turned away and unwelcome from the start of their time in the hospital.

Ward Placement & Privacy

Placement in a ward became a big issue. Several participants said they were put in wards that didn't match their gender identity, especially male wards, where they felt unsafe and exposed. Another problem that kept coming up was a lack of privacy, especially in shared spaces where people felt like they were being watched, judged, or embarrassed.

Staff Attitudes

Another big theme was bad behaviour by staff. Participants reported frequent misgendering, the use of former names, disrespectful communication, and verbal harassment. These experiences hurt their sense of self-worth and made it hard for them to stay in the hospital.

Emotional Impact

People often said that being in the hospital was more painful than helpful. Participants expressed feelings of fear, shame, anxiety, helplessness, and an unwillingness to seek future care. These results indicate that the emotional repercussions of hospitalization persisted beyond the immediate stay and affected subsequent healthcare-seeking behaviour.

Coping & Support

Some participants said that community-based organizations were important sources of practical and emotional support, even though they had bad experiences. These groups helped them find safer places to get care, made referrals, and made them less afraid of getting treatment.

Discussion

These findings add to the growing body of evidence suggesting that transgender individuals' hospitalizations result from complex interactions among organizational, societal, and relational factors. Contributor descriptions revealed that discrimination, misgendering, and insufficient acknowledgement of enthusiasm persist as primary obstacles to safe and respectful inpatient care. These conclusions align with international investigations illustrating how entrenched cisnormativity within healthcare organizations fosters discrimination, emotional distress, and healthcare avoidance among transgender individuals (McLellan et al., 2026). The education acknowledged misgendering and the negation of individuality within the healthcare environment as predominant issues. Their influence continued to be important for contributors' important needs for protection and self-esteem during upkeep. The ongoing ordeal and diminished trust in healthcare providers have been acknowledged across international educational contexts. Research consistently highlights the absence of respect for gender identity in hospitals and its correlation with disruption and mistrust (James & Horne, 2024; Zwickl et al., 2025).

Anxiety and expressive suffering also manifested frequently, as participants expressed concerns regarding unwritten maltreatment, indiscreet interrogation, and insufficient confidentiality. Prior nonfiction substantiates that these conditions lead to therapeutic disruption and subsequent evasion of healthcare facilities among transgender individuals (Puckett et al., 2023). Statistics indicate that hospitalization can be detrimental for transgender individuals, particularly in the absence of supportive strategies and resources. Acknowledged deficiencies, such as an incomplete gender-inclusive framework and ambiguous accountability measures, continued to be identified as primary factors leading to adverse experiences. These conclusions from prior trainings indicated the presence of high-reserve and low-supply contexts, revealing that contempt for permissible gender gratitude and inadequate healthcare application persists (Haakenstad et al., 2022; Kocot, 2023).

In Pakistan, wherever lawful recognition and protective measures are implemented, the absence of robust operational protocols within healthcare institutions perpetuates the marginalization of transgender individuals in inpatient care. Through these experiences, participants cultivated adaptability via self-motivation, ethical frameworks, and engagement with community-oriented services. This flexibility aligns with previous research emphasizing the protective role of community provision organizations against discriminatory healthcare environments (Sani et al., 2025; Arshad et al., 2022). The results show that healthcare systems need to stop making symbolic gestures and start making real changes that actively help transgender people. To make hospital stays better for transgender people, it is important to improve provider training, change hospital rules, and make inpatient environments more welcoming.

CONCLUSION

Transparency, modern maintenance practices, respectful communication, and supportive hospital environments emerged as significant factors influencing hospitalization experiences for transgender individuals. Contributors indicated that gratitude, meticulous documentation, and exemplary behaviour consciously enhanced demonstrative happiness during hospital stays. Even though hospitalization is thought of as a way to get better, many people say that knowledge, fear, pressure, and anxiety caused by misgendering, discernment, and recognized negligence are also factors. These involvements compromised their understanding of safety, subsequently fostering distrust in healthcare services.

The findings reveal a complex influence on the healthcare engagement of transgender individuals. Contributors stroked additional content after a strong communication, respectful documentation, and a positive hospital environment were still there.

Competing Interests

The authors declared no competing interests.

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