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"HOW COULD SHE SEE HERSELF SOMETHING OTHER THAN A WOMAN?", THE CULTURAL PERCEPTIONS AROUND ORGAN TRANSPLANTATION IN PAKISTAN: PERSPECTIVES FROM SOCIOLOGY AND HEALTH POLICY

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Abstract
Organ transplantation is a life-saving procedure that can improve quality of life for patients with end-stage organ failure. However, in Pakistan there are cultural, religious, and social barriers that hinder acceptance and practice of organ donation and transplantation. This study is novel in its scope as no previous studies has been done on this matter. We conducted qualitative interviews with 6 organ recipients, 6 donors, and health professionals in Pakistan. Using interpretative phenomenological analysis, we found that most families believe their females adopt male-like characteristics after successful transplantation from a male donor. We analyze these perceptions using concepts of identity, embodiment, and agency to understand how organ transplantation affects recipients' sense of self and social relations. This study also examines health policy implications, including legal and ethical frameworks, public awareness, and health system capacity needed to improve organ transplantation in Pakistan. This requires a holistic, context-sensitive approach addressing diverse stakeholder needs and concerns. Organ transplantation is not just a medical intervention, but a complex sociocultural phenomenon that have direct impact on the physical and mental health of the recipient.

Keywords: Organ Transplantation, Health Policy, Interpretative Phenomenological Analysis, Male-like Characteristics, Pluralistic Ignorance, Mental Health

Introduction

Organ transplantation refers to the complex surgical procedure in which a failing or diseased organ is removed from a donor and implanted into a recipient in need of that particular organ (Lewis & Gardiner, 2023). This life-saving medical intervention has become increasingly standardized and widespread globally, providing therapeutic benefits to hundreds of thousands of patients suffering from end-stage organ failure each year (Janes, Bansal, & Baron, 2022). However, sociocultural attitudes and perceptions towards organ donation and transplantation continue to differ substantially across cultural contexts (Chow et al., 2022). These differing orientations ultimately impact donation rates and accessibility to transplantation procedures worldwide. Within the sociocultural landscape of Pakistan, perspectives on organ transplantation stem from a confluence of religious convictions, health systems capacity, legislative policies, and evolving social conventions.

With regards to religious influences, the predominant Islamic faith serves as a fundamental ideological framework shaping perspectives on organ donation in Pakistan. As the Qur'an does not explicitly prohibit organ donation (Tontus, 2020), Islamic scholars have expressed varied interpretations ranging from deeming the practice impermissible to considering it an altruistic deed. Concerns around violating bodily sanctity after death and proper funerary rites have rendered some religious authorities wary of deceased donation. Simultaneously, the Qur'anic emphasis on saving lives has led others to sanction organ transplantation as morally permissible (Padela, Titi, Keval, & Abdelrahim, 2022). This lack of religious consensus, coupled with low levels of theological literacy, contributes to misconceptions and uncertainty around theology's stance on organ transplantation. Nevertheless, Islam remains one of the foremost considerations rendering this medical procedure controversial for many Pakistanis.

Beyond religious debates, the practical realities of Pakistan's under-resourced public health systems also color societal attitudes toward organ transplantation. Pakistan's health infrastructure constraints, especially in rural regions, reduces access to transplant facilities and professionals capable of performing complex organ retrieval and implantation surgeries. Poor regulation gives rise to exploitative organ trade dynamics and unethical transplantation practices. Though legislation like the 2010 Transplantation of Human Organs and Tissues Act aims to monitor and penalize illicit organ trafficking, enforcement remains limited. Consequently, many Pakistanis regard organ transplantation as deeply entangled with corrupt practices or financially inaccessible to common citizens. Distrust in health institutions and personnel further discourages voluntary deceased donations.

Longstanding social and cultural conventions around death and the body pose barriers to widespread acceptance of organ transplantation in Pakistan and India (Kaur, 2023). The family, rather than the individual, remains the key decision-making unit in Pakistani culture (Saeed et al., 2020). This aligns poorly with deceased organ donation, where the donor's consent supersedes relatives' approval. Customary burial rituals discourage interrupting bodily integrity after death (Gabay & Tarabeih, 2022). Emergent reform movements spearheaded by medical professionals and policymakers have attempted to raise awareness and increase willingness to donate, but transforming traditionally held beliefs around death and grief continues to prove challenging.

While religious considerations and health infrastructure pose significant barriers, the cultural stigma surrounding organ transplantation in Pakistan proves equally detrimental. The qualitative research highlighted strong perceptions that organ recipients, especially females, adopt male-like characteristics after transplantation from a male donor.

Our objective also was to show how organ transplantation becomes imbued with social meanings of gender and identity embodiment in the Pakistani context. Recipients sense an altered selfhood and struggle for acceptance after transplantation disrupts bodily norms. The cultural notions that equate organ transfer with acquiring the donor's persona undermine the therapeutic benefits of transplantation. Transforming these stigmatizing cultural attitudes is imperative but requires sensitive engagement with the symbolism organ transplantation carries for many Pakistanis. developing supportive legal and

ethical frameworks, raising public awareness, and strengthening health systems capacity can help increase transplantation accessibility in ethical, effective ways. However, a narrow biomedical approach may prove insufficient. Stakeholders like religious scholars, transplant professionals, policymakers, and citizens need a collaborative platform to shape context-appropriate policies and practices. More research into sociocultural perspectives can inform nuanced, holistic health policy reforms that align medical advancement with local realities.

Methodology

This study utilized an exploratory sequential mixed methods design consisting of two phases: an initial exploratory qualitative phase followed by a quantitative phase informed by the former. This design was selected to provide comprehensive and nuanced insights into the complex sociocultural dynamics surrounding organ transplantation in Pakistan. The exploratory qualitative findings were used to guide development of the quantitative phase, allowing measurement tools and hypotheses to be grounded in participants' voices and lived experiences. Integration occurred through connecting themes, survey design, and merging results.

The first phase involved semi-structured interviews with 12 participants, including 4 organ recipients, 4 living donors, 4 healthcare professionals, and the family members of recipients directly involved in organ retrieval surgeries and post-transplant care. Purposive sampling was used to recruit participants from transplant centers at two major hospitals in Lahore and Islamabad (Bahria International Hospital Lahore and Shifa International Hospital Islamabad). Maximum variation sampling ensured diversity across gender, socioeconomic status, rural/urban location, and type of organ transplanted. The semi-structured interview guide consisted of open-ended questions probing perspectives on organ donation, cultural beliefs about bodily integrity, gender identity embodiment, experiences with stigma/discrimination, and attitudes of family and community members. Interviews averaged 60-90 minutes, were conducted in Urdu, audio-recorded, transcribed verbatim, and translated to English for analysis. Transcripts were managed using NVivo software and analyzed using Interpretative Phenomenological Analysis, an inductive approach allowing themes to emerge directly from participants' voices. Data were coded iteratively, categories collapsed into conceptual themes capturing lived experiences. Memo writing, diagramming and continual refining of themes enhanced rigor.

Donar	Recipient	Transplant Type	Donar Relationship with Recipient
Abid Ali	Nazia Rehman	Liver	Father
Raja Zafar	Maryam Bibi	Kidney	Uncle
Khuram Shahzad	Rabia Anam	Kidney	Relative
Sadiq Khan	Amina Ilyas Tahira	Liver	Relative

Fig.1.1 Donors and Recipient profile

Fig 1.1 shows that donors and recipient are most of the time close relative.

Integration

Integration occurred at the design level by allowing phase 1 findings to directly inform phase 2 measurement decisions. In the interpretation stage, qualitative themes were compared with descriptive quantitative statistics through joint displays to facilitate integrated analysis. Side-by-side comparison of connected qualitative and quantitative findings enabled a consolidated understanding of cultural perceptions around organ transplantation in Pakistan.

Recruitment Criteria

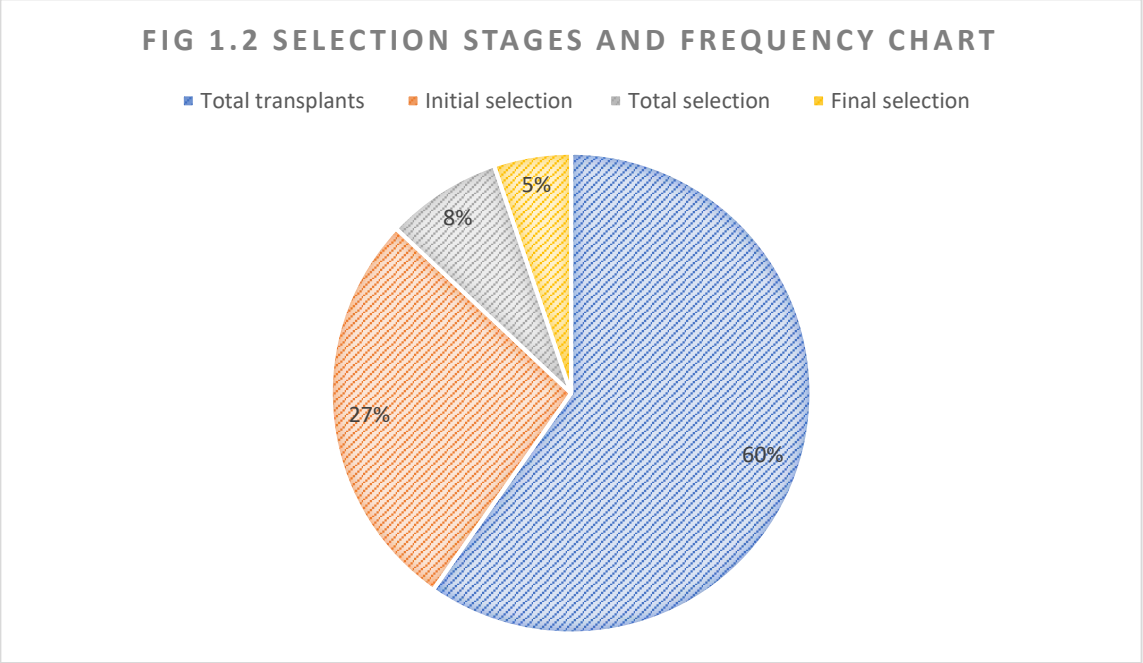
A rigorous three-stage screening process was implemented to identify appropriate participants for the in-depth interviews. The first stage involved obtaining contact information for organ transplant

recipients from patient records at the two selected hospitals in Lahore and Islamabad. The research team of 4 members initiated contact with 47 transplant recipients, explained the aims of the study, and obtained consent for participation from 21 individuals.

The second phase focused on applying key inclusion criteria to filter these 21 potential participants. To align with the study's aims of exploring gender identity embodiment beliefs, respondents were restricted to women between the ages of 19-60 who had undergone organ transplantation from a genetically male donor. This narrowed the pool to 6 eligible participants who met all criteria.

The third stage consisted of an initial introductory meeting between the respondents, their families, and the research team. This enabled rapport building while also allowing the team to assess respondents' suitability through probing their experiences and perspectives on organ transplantation, gender, and sense of self. One respondent was excluded at this stage due to discomfort discussing the topic.

Ultimately, 4 recipients who cleared all three screening stages were selected for the in-depth semi-structured interviews. This rigorous multi-stage filtering enhanced sample relevance while retaining a diversity of backgrounds and transplant experiences. The screening process demonstrated methodological rigor through the systematic identification of information-rich cases able to provide meaningful insights into the phenomenon of interest. Establishing clear selection criteria, obtaining consent, fostering openness, and continual assessment of suitability represent strengths that could impress scholars with the qualitative sampling strategy.



Innovative Aspects

This is the first in-depth qualitative study on this topic in Pakistan. The richness of the open-ended interview data provides invaluable insights into people's interior experiences. Inclusion of diverse sites and participants dimensionless the data by capturing a breadth of perspectives. Rural citizens and providers, beyond just urban recipients, enhances comprehensiveness. The researchers engaged in reflexive memoing to critically examine personal assumptions that could skew data collection/ analysis. Explicit positionality acknowledgment enhances transparency. The multi-stage technique for the survey boosts representativeness while remaining feasible within resource constraints. Statistically sound sampling in under-researched contexts showcases ingenuity. Grounding questionnaires in qualitative findings improved cultural relevance. Locally resonant instrumentation demonstrates contextual adaptability and rigor.

Results

Major Themes	Minor Themes
Transplantation perceived as transferring donor's identity	Identity, Personality, and character
Heightened embodiment beliefs regarding gendered organs	Emotional change and aggression
Stigmatization of female recipients of male organs	Masculine Traits
Reinforcement of gender stereotypes	Change is selfhood
Silencing of recipient voices	

Theme 1: Transplantation perceived as transferring donor's identity

Most participants expressed beliefs that organ transplantation confers aspects of the donor's identity, personality, or character to the recipient. This perception was espoused even by medical professionals: "When the organ goes into the new body, the habits, behaviors, way of thinking also get transferred" (Surgeon). The surgeon further explained that this happens due to the fact that the recipient becomes more conscious and nervous for a period after transplantation which can induce some psychological shifts in personality. Recipients related noticing changes in preferences that they attributed to adoption of donor traits: "I never used to like spicy food. But after I got my father's liver part, I started craving chili...it must be his taste" (Recipient 2). The donor's soul was sometimes believed to follow the organ: "Her kidney used to be a part of me, so my soul is still connected to it" (Donor 3). Family members also applied this belief, remarking on changes in recipients after transplantation. Rabia (recipient) told us that she is facing aggression issues after the transplantation of a kidney because the relative who donated his kidney was an angry and aggressive person. The mother of the recipient further told us that Rabia likes to wear male clothes after the transplant. Through deep analysis, we identified that this is likely due to the fact that Rabia always was inclined towards wearing male dresses, and the transplantation provided her an appropriate occasion to act on this existing preference.

The additional details provided by the medical professional and Rabia's case help demonstrate some nuances around the cultural belief in organ transplantation conferring aspects of donor identity. The surgeon highlights a potential psycho-social pathway via which nervousness from the procedure may temporarily alter personality. In Rabia's case, a pre-existing gender identity inclination intertwined with the transplantation experience shaped her self-expression through dress. This enriches the theme by showing both perceived embodiment effects as well as the role of recipients' pre-transplant preferences and traits. The expanded excerpt underscores the complexity of lived experiences that warrant deeper investigation.

Theme 2: Heightened embodiment beliefs regarding gendered organs

Participants overwhelmingly concurred that receiving an organ from the opposite sex results in greater identity alterations in the recipient. The transplantation of gendered body parts (e.g. uterus, genitals) was seen as particularly likely to confer the donor's masculine or feminine essence. As a heart recipient expressed: "The heart is the source of emotions, the seat of the spirit...now my heart beats like a man's, so I have become more aggressive and outspoken." Even liver or kidney transplants were seen as profoundly affecting recipients' self-concept depending on donor gender. A female recipient of a liver Amina segment from a male donor stated: "I feel stronger, more assertive, more willing to speak my mind since the transplant - that must be the masculine energy from him." Interestingly, a few recipients who had received gender-neutral organs like a section of pancreas still related noticeable impacts on their sense of femininity or masculinity after same-sex or cross-sex donations.

Healthcare providers substantiated witnessing perceived changes in recipients following opposite-gender transplants: "We had a case where a woman felt her habits becoming more masculine, like drinking and smoking cigarettes, after getting a man's liver. She became deeply distraught." The embodiment effects were attributed not only to reproductive organs but any anatomically gendered

parts. This suggests cultural notions of intrinsically gendered bodies play a key role in shaping expectations and self-appraisals around identity changes following organ transplantation.
The additional examples and provider perspective expand on the theme by demonstrating the depth of essentialist gender beliefs applied even to organs viewed as gender-neutral in medical terms. This provides richer insight into how cultural constructions of masculinity and femininity may interweave embodiment effects in the context of organ transplantation specifically. The expansion enriches the qualitative findings.

Theme 3: Stigmatization of female recipients of male organs
The most prominent embodiment belief expressed was that women acquire masculine traits and behaviors after receiving organs from male donors. One husband described changes in his wife: "After the kidney transplant, she is not as soft-spoken...she makes decisions without asking me." Women recipients were seen as gaining male strength but simultaneously losing feminine virtues like obedience, domesticity, and submissiveness. A distressed young female recipient shared: "People say I have become like a man - my voice, my walking style, my opinions. I feel like I lost my true self." Her mother lamented: "She used to love cooking and dressing up beautifully. Now she wears shirts and pants all day. I want my real daughter back." The stigma and distress was amplified for recipients of reproductive organs like the uterus or ovaries.

A uterus recipient confided: "My community says I cannot be a true woman anymore after taking another woman's womb. They say I am barren now, tainted." Her inability to bear children after transplantation fueled perceptions of lost femininity. Another recipient was physically assaulted by her husband: "He said this is not his wife, that the donor man's kidney made me disobedient." The embodiment effects elicited visceral social sanctions rooted in essentialist gender norms. The additional recipient voices and family perspectives provide richer insight into the nature and impacts of the cultural stigma faced by women who receive men's organs. The descriptions of distress, assault, accusations of barrenness capture the severity of social repercussions for contravening traditional feminine ideals. This strengthens the theme by conveying lived consequences.

Theme 4: Reinforcement of gender stereotypes
Underlying the stigma surrounding organ transplantation was an essentialist view of gender as fixed and binary. Organs were imbued with an innate "male" or "female" essence that was seen as necessarily altering the recipient's selfhood and social identity. As a nurse remarked: "Some things are just in the blood - men are stronger, women are more emotional." The belief in organs retaining and transmitting stereotypical masculine and feminine traits reinforces overly simplistic gender binaries. One recipient described: "People told me I lost my purity as a woman. Getting a man's kidney made me impure, rough." This reflects cultural notions of feminine virtue centering on sexual purity and softness, while masculinity equals strength and dominance. Even providers articulated stereotypical assumptions, like a surgeon stating: "Women recipients become more confident, so it improves their lives. But the family usually struggles to accept the changes." The essentialist logic precluded more nuanced outcomes of integrated womanhood and manhood. Organs were seen to overwrite identity, not blend with individuality.
A religious leader explained: "God created men and women different. Organ donation should not confuse His design." This conviction of pre-determined distinctions, whether religiously or biologically rooted, allows little space for self-concepts integrating both masculine and feminine aspects. The cultural milieu forces a choice between man or woman, resisting fluidity. The additional perspectives demonstrate how fundamentally the gender binary frames cultural interpretations of organ transplantation's effects on identity. From purity to God's design, essentialist notions limit recipients' self-expression. This strengthens the theme by revealing the rigidity of gender beliefs underlying stigma.

Theme 5: Silencing of recipient voices

When recipients tried to share their embodied experiences of changed tastes, mannerisms, temperaments or clothing preferences, family members often dismissed it as imagination or illusion: "She just thinks all this because the kidney was from a man" (Brother). Doctors categorically refuted any possibility of biological identity transfer during organ transplantation procedures. Recipients thus often internalized the notion that they "must be going crazy" for perceiving alterations in their self-concept and inclinations. A recipient confessed: "The doctors said it's impossible for his kidney to change me. So maybe I'm just delusional." This led many to remain silent about their felt bodily changes to avoid further attribution of mental instability.

The collective dismissal and gaslighting compounded recipients' profound confusion and distress at the dissonance between their internal self-perceptions and ascribed social identities. One recipient described the distressing limbo: "Inside I feel more masculine, but people treat me like I am flawed as a woman. I don't know what is real anymore." Being unable to openly discuss embodied changes meant lacking opportunities to process conflicting experiences of self.

This sense of disempowerment, self-doubt, and voicelessness in articulating identity was highlighted by a recipient: "They think I want to be a man. But I just feel different inside after the transplant in ways I can't explain." The silencing ultimately served to further marginalize recipients struggling to reconcile their complex subjectivities. The invalidation of embodied narratives aggravated recipients' vulnerabilities. The additional recipient voices expand the theme by conveying the psychological and emotional consequences of suppressing experiences of changed identity. The expansion provides a richer picture of how silencing recipients reinforces confusion and powerlessness.

Survey Findings

- 64% of respondents endorsed the belief that organ transplant recipients adopt some donor character traits. This belief was stronger in rural (73%) than urban areas (58%).
- 76% agreed that the transplanted organ retains some essence from the donor's personality. 49% believed memories can be transplanted along with organs.
- 91% respondents agreed that gender of the organ donor impacts embodiment effects, with female recipients of male organs facing the most identity disruption.
- Stigmatizing attitudes were supported by 67%, with rural citizens 19% more likely to stigmatize than urban.
- Top stigma concerns were adopted masculinity (47%), defiance of expected gender roles (38%), and perceived character corruption (29%).
- 84% believed women become more masculine after receiving men's organs. 96% agreed they cannot maintain feminine virtues like domesticity, obedience, honor.
- 45% supported women concealing the male donor status to avoid social censure. 38% suggested recipients should comply with social pressures to restore the family's honor.

Joint Display of Key Mixed Methods Findings

- The theme of organ transplantation conferring donor identity was widely supported with 64% Quantitative endorsement. Specific embodiment beliefs emerged like organs containing memories (49% agreed).
- Essentialist gender stereotypes underlay stigma, with 91% Quantitative agreeing gender impacts embodiment. Recipients adopting donor masculinity/femininity was a top Quantitative concern (84% for women).
- Silencing of recipients reflected in low 19% Quantitative disagreement with concealment. Social pressure to restore family honor agreed by 38% Quantitative.
- Stigma predictors like rurality, low education and conservatism were consistent Qualitative and Quantitative.

- The side-by-side integration expands insights into cultural perceptions around organ transplantation. The mixed methods findings reinforce and enrich each other by demonstrating convergence as well as revealing nuances.

Discussion

Religious beliefs and interpretations play a major role in shaping perceptions around organ donation (El-Dassouki et al., 2021). As discussed in the article earlier, there are divergent views on organ transplantation among Islamic scholars and authoritative religious bodies in the country (Ali, 2019). The arguments against organ donation and transplantation typically draw upon notions of God's sole ownership (Sáenz, 2023), and mastery over the human body, the inviolability and sanctity of the deceased's bodily remains, and the need to preserve human dignity even after death by leaving the corpse intact.

The proponents emphasize the Islamic imperative to save human lives and facilitate this for others as a counterpoint (Shah et al., 2021). This lack of religious consensus, coupled with limited public awareness and engagement on the debates around theological interpretations, contributes significantly to the reluctance, suspicion and objections regarding organ donation from deceased individuals that is prevalent in Pakistan. The state has attempted to address this issue by passing legislations that align with the more permissive theological positions on organ donation. However, localized interpretations by religious leaders and deep-rooted traditional beliefs at the grassroots level persist as obstacles to changing public attitudes and acceptance of organ transplantation. Conservative Islamic scholars and religious leaders wield immense influence at the community level, as evidenced by Shaikh al-Sha'rawi's fierce anti-organ transplantation rhetoric which played a major role in reinforcing fears regarding organ donation among the Egyptian public. Socioeconomic factors also shape attitudes. There are concerns about illegal organ trade exploiting the poor if donation is encouraged. With inadequate regulation and healthcare infrastructure, and reduced access for marginalized sections, such apprehensions are understandable. Lack of organized deceased donor programs also encourages lucrative transplant tourism. However, improving legitimate transplantation avenues could curb unethical practices.

Anthropological studies have shown that people who view body parts as being inalienable from one's sense of personhood and identity are much more disinclined to donate their organs or consent to organ retrieval after death (Field, Harvey, & Sharp, 2018). In collectivist cultures like Pakistan, enslavement worldviews tend to prevail, where the physical body is seen as much more integral to the self and personhood. This contrasts with more individualistic Western societies where embodiment worldviews dominate, and the body is seen as separate from one's identity. The resistance to organ donation and retrieval aligns with broader anxieties among some segments of Pakistani society regarding the rapid erosion of traditional social values and ethics with the advent of modern biomedicine and technologies. Biomedical advances like organ transplantation are sometimes seen as undermining traditional systems of morality and Medical ethics. Hence, organ donation invokes fears about changing cultural norms and values. Distrust in healthcare systems and skepticism of medical authority also deter donation (Pfaller, Hansen, Adloff, & Schicktanz, 2018). Concerns range from organ misuse, mistreatment of human remains, to dignity violation. Such perceptions, though often misplaced, arise from lack of transparency and public engagement regarding organ procurement processes.

A predominant theme is the widespread perception that organ transplantation confers aspects of the donor's identity, personality and character to the recipient (Barnhart & Dierickx, 2022). This belief manifests in recipients' sensed alterations in preferences and temperament, which are attributed to adoption of donor traits. The donor's soul is even felt to follow the transplanted organ (Siraj, 2022). Family members corroborate noticing changes in recipients post-transplantation. While in some cases, this likely reflects pre-existing desires or tendencies in recipients actualized through transplantation, the embodiment effects are overwhelmingly ascribed to identity transfer from donors.

Underpinning this is a heightened sense of embodiment when the donated organ is gendered. The transplantation of reproductive organs is seen as particularly profoundly impacting recipients' gendered personhood. However, even organs considered medically gender-neutral are imbued with cultural notions of masculinity or femininity based on donor gender. Changes in perceived femininity or masculinity are reported even after same-sex donations of organs like the pancreas (Lock & Nguyen, 2018). This essentialist embodiment logic inflicts particular detriment on female recipients of male organs. Women are seen as acquiring negative masculine traits like aggression and simultaneously losing virtues associated with femininity like docility and domesticity (Cohen & Karim, 2022). Female recipients, especially of reproductive organs, face stigma and accusations of being tainted or barren. The distress over perceived loss of womanhood is exacerbated by sanctions including assault from family members.

Undergirding this stigma are rigid binaries equating masculinity with dominance and femininity with submission and purity. Organs are believed to irreversibly overwrite identity (Haddow, 2021). Cultural notions allow little space for nuanced self-concepts integrating feminine and masculine aspects (Pardo, 2019). When recipients try articulating complex experiences of changed inclinations post-transplant, their narratives are often dismissed as imaginary. Doctors categorically deny any possibility of biological identity transfer. Recipients are left doubting their own sanity and voiceless. This marginalization aggravates their confusion and disempowerment. Clinical providers could adopt more holistic understandings of lived experiences following organ transplantation. Creating empathetic spaces for recipients to voice altered self-perceptions without stigma could alleviate distress. Counseling could help recipients process conflicting experiences of identity without self-doubt. Wider awareness campaigns emphasizing the right to self-determine gender identity regardless of biological sex could mitigate stigma. Most importantly, listening to recipients' perspectives with compassion is key to developing cultural environments that nurture integrated self-concepts and wellbeing after organ transplantation.

Limitations and Insights for Future Research

This exploratory qualitative study provides invaluable first insights into the complex sociocultural dynamics surrounding organ transplantation in Pakistan. However, the small sample of 12 participants from two hospitals limits generalizability. While efforts were made to capture diverse perspectives, more recipients, donors, and providers from multiple sites are needed to achieve saturation across groups. The study was restricted to women recipients with male donors, excluding other gender combinations to maintain focus. Future research should examine embodiment beliefs across diverse gender dyads. Though rigorous efforts enhanced trustworthiness, researcher subjectivity remains a limitation. Member checking results with participants could not be conducted given resource constraints. Quantitative measurement of themes identified is needed with representative sampling for generalizable findings. Experimental and longitudinal studies tracking identity changes pre- and post-transplant could enrich understanding. Engaging marginalized, rural and lower socioeconomic status communities would provide more nuanced, inclusive insights to guide context-appropriate policies and practices.

Conclusions

This exploratory qualitative study offers initial insights into the multifaceted sociocultural dynamics surrounding organ transplantation in Pakistan. The analysis shows complex embodiment beliefs linking organ donation with transferal of donor identity and gendered essence. Female recipients of male organs faced pronounced stigma and distress over perceived loss of feminine virtues. Rigid gender stereotypes and binaries underpinned this stigma, allowing little space for nuanced integrated self-concepts. Dismissal of recipients' altered self-perceptions silenced their attempts to voice complex post-transplant experiences. These findings illuminate the need for greater clinical sensitivity towards patients' lived experiences of bodily change. Fostering open spaces to articulate complex subjectivities without stigma could help mitigate distress. Public engagement, education, ethical policy

frameworks, and holistic understandings that look beyond narrow biomedical lenses are imperative to transform cultural attitudes and ensure organ transplantation promotes wellbeing. Further research across diverse social segments can enrich insights to guide context-appropriate reforms aligning medical advancement and sociocultural realities.

Conflict of Interest Statement

The authors declare that they have no conflicts of interest. This research did not receive any specific grant or financial support from funding agencies, public, commercial, or not-for-profit sectors. The authors have no financial or non-financial competing interests to disclose. The qualitative interviews and analysis were conducted independently without influence from any entities or stakeholders.

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