

experiences are vital. The methodology operates under the assumption that individual perspectives shape and define reality, which makes it particularly useful for comprehending the intricate experiences of marginalised communities [26]. It adopts a relativist ontological stance, acknowledging diverse realities formed by individual experiences [27]. The evidence generated is presented from a constructivist perspective, emphasising the subjective interpretation of these experiences [27, 28].

Participant recruitment

experiences. They identified and extracted significant statements that were closely linked to the participants' lived realities. Following this, the researcher (AHJ) identified meanings that were clustered into themes that were common across all participant accounts. Subsequently, a comprehensive description of the phenomenon was developed, integrating the identified themes into a cohesive narrative that reflected the participants' experiences.

The themes were reviewed and discussed within the team before being written up.

Several measures were taken to ensure rigour and credibility, and that findings reflected participants' lived experiences. First, the participants were given the opportunity to review their transcripts. The bracketing of pre-suppositions was carefully considered, discussed and recorded to prevent any potential influence from existing theories. Finally, team members (AA, SIK, SK) engaged in a review and discussion of the themes to ensure a rigorous and accurate interpretation. The study was conducted and reported in alignment with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Supplementary file 2) [30].

Ethics

The study followed the ethical guidelines for research on human subjects as outlined in Declaration of Helsinki. Ethical approval has been obtained from Khyber Medical University (Reference: DIR/KMU-AS&RB/EP/002379).

Results

A total of 10 participants were initially approached to participate in the study, with 8 provided informed consent to take part. To ensure confidentiality, the identities of the participants are not revealed; all participants were assigned unique identification codes. All participants identified themselves as transwomen. Table 1 illustrates the considerable diversity among the participants regarding age, gender identity at the time of gender declaration, and educational background.

We identified five primary themes and 10 sub-themes, which emerged from the data. The five primary themes are as follows:

1. Healthcare discrimination and marginalisation (2 sub-themes).
2. Quality of care and dental professionals' attitude (2 sub-themes).
3. Cost and affordability of dental care (2 sub-themes).
4. Social stigma and the absence of community support (2 sub-themes).
5. Inclusive dental care facilities (2 sub-themes).

Healthcare discrimination and marginalisation

Sub-theme 1.1: discriminatory treatment by healthcare professionals and patients

Participants indicated that they frequently encountered discrimination and marginalisation in healthcare envi-

Sub-theme 1.2: lack of adequate facilities and services for transgender patients

Participants stated postponements in their dental care during hospital appointments, resulting in extended waiting times compared to others. This situation fostered a sense of fear while being marginalised and perceived as less significant. Additionally, participants reported the absence of clear direction and the necessity to navigate between various healthcare departments exacerbate their feelings of alienation. The lack of stringent legislation and regulatory structures designed to safeguard their rights further also exacerbated their feelings of neglect and undervaluation.

“Because there is no law for us, there is no government who would implement strict laws, nobody thinks anything of us. They don’t even think we are humans, why would they implement laws for us.” (PID 1).

“... they prioritize other people over us. We’re often asked to sit and wait longer.” (PID-2).

“... Firstly, they just sometimes tell us to move to the side. They ask normal people, male or female to come forward first. We’ll be dying of pain, and they won’t focus on us.” (PID-4)

“We are afraid of government hospitals because we don’t have any respect over there, we don’t have any place over there, and nobody values us or looks at us respectfully....” (PID 1)

Sub-theme 2.2: positive experiences with compassionate care

Participants indicated that positive experiences were observed when dental care providers exhibited empathances were

transgender individuals, ensuring they can access essen-

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30. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups [International Journal for Quality in Health Care | Oxford Academic [Internet]. *International Journal for Quality in Health Care*, Volume 19, Issue 6. 2007