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Experience of Renal Transplant Recipients in Himachal Pradesh: A Sociological Study

Babli Joshi[*]
Dr. Nirupoma Kardong [†]
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Abstract

Kidney transplantation is considered a better treatment option than dialysis because it reduces mortality and improves patients' quality of life. However, successful renal transplantation also has significant social and psychological implications for recipients. The main objective of this study is to examine the socio-psychological impacts of renal transplantation experienced by recipients. The study is descriptive in nature and employs both quantitative and qualitative methods. A sample of 50 renal transplant recipients from Himachal Pradesh was selected using the snowball sampling technique. Both male and female recipients aged between 15 and 60 years were included in the study. Data was collected through interviews. The findings of the study reveal that recipients face several social challenges, which, in turn affect them psychologically in the form of stress, anxiety, and emotional strain. The results further indicate that renal transplantation also affects marital satisfaction among recipients. Male recipients reported a strengthening of marital bonds, whereas female

[*] Research Scholar 1, Department of Sociology and Social Anthropology, Central University Himachal Pradesh, Dharmshala, Kangra, Dehra, Gopipur, Himachal Pradesh, India; Assistant Professor, Department of Sociology, Government College Kullu, Kullu, Himachal Pradesh, India. joshibabli212@gmail.com

[†] Assistant Professor 2, Department of Sociology and Social Anthropology, Central University Himachal Pradesh, Dharmshala, Kangra, Dehra, Gopipur, 177101-Himachal Pradesh, India. nirupomakardong@hpcu.ac.in

recipients experienced weakened marital relationships, which, in some cases, resulted in divorce. Some recipients also reported sexual dysfunction, which adversely affected fertility among women. Furthermore, the findings reveal that recipients may experience social stigma, particularly in the context of marriage and changes in physical appearance after transplantation.

***Key Words**: Socio-psychological, Renal Transplantation, Recipients, Marital Bonds, Social Stigma.*

Introduction

Millions of people are affected by Chronic Renal Disease worldwide (CKD), making it a major public health hazard. According to the Global Burden of Disease (GBD, 2020) report, CKD accounted for approximately 1.2 million deaths worldwide in 2017, reflecting a significant rise in its global health burden. Kidney disease is a silent killer as it progresses through five different stages and it is difficult to identify in its early stage. When it reaches the final stage, it is called End-Stage Renal Disease (ESRD), and at this stage two types of therapies (dialysis and transplantation) are required for survival.

Dialysis is of two types: hemodialysis and peritoneal dialysis. Both treatment modalities are complex in nature, as for hemodialysis - patients need to go 2-3 times per week in a dialysis center, while peritoneal dialysis needs to be performed daily at home. On the other hand, renal transplantation is considered a better treatment option as compared to dialysis, as it frees patients from the complex and time-consuming regimen of dialysis. However, despite successful transplantation, recipients may continue to experience significant social and psychological challenges.

From a sociological perspective, CKD can be understood not only as a medical condition but also as a social phenomenon. Parsons (1951) explained through his concept of *sick role* that illness should not be viewed solely from a biological perspective but also within its broader social context. Illness can result in physical limitations and may lead to emotional and social consequences such as anxiety, strain, stress, social exclusion,

isolation, and stigma. In this regard, Goffman (1963, p. 3) categorized stigma into three types: physical, personal, and social.

Within the context of health, stigma refers to the negative attitudes, beliefs, and stereotypes directed toward individuals living with particular health conditions. Such forms of stigma can significantly shape the lived experiences of individuals with chronic illnesses, including renal transplant recipients. Sexual dysfunctions, strained relationships, infertility, divorce, reduced marital prospects among unmarried respondents are commonly experienced by recipients even after successful transplantation. They often face various challenges in readjusting to social life because transplantation does not eliminate the chronic nature of the disease. Although transplantation improves health outcomes and quality of life, it does not completely cure the disease and may continue to have negative repercussions on recipients' life. Furthermore, renal transplantation requires life-long compliance and regular follow-ups to ensure the life-long grafted organ survival. Recipients also need family and social support to deal with the prolonged nature of the disease.

Literature Review

The review of literature is an important component of the research problem, as it provides a conceptual framework and helps identify the research gap related to the problem under investigation.

Dean et al. (1981, pp. 77-78) stated that individuals with severe disabilities reported higher levels of marital satisfaction and stronger family relationships than those with moderate disabilities. The increased challenges encountered by severely disabled individuals may foster stronger bonds and resilience within their marriages and family. Similarly, White et al. (1990) found that after transplantation, recipients often face multiple psychosocial and health-related stressors that become significant areas of concern in their post—transplant lives. In addition to psychosocial stressors, the role of social relationships and support networks has also been emphasized in earlier studies.

Berkman and Syme (1979, pp. 186-187) found that individuals who lacked social and community ties had the highest mortality rate in the follow-up period than those with more intense and healthy relationships. This study further demonstrated that those individuals with fewer social connections had the highest mortality rates with age-adjusted relative risk of 2.8 for females and 2.3 for males. These findings examine the importance of social relationship and social support network in influencing health outcomes and survival.

Beyond social support and relationships, several studies have also highlighted health-related challenges experienced by renal transplant recipients. Pregnant women who have undergone kidney transplantation face a higher risk of complications. This stems not only from the presence of the graft and long-term immunosuppressive therapy but also from factors such as maternal age and associated medical conditions, including diabetes, hypertension, and other renal disorders (Cabiddu et al., 2018).

Apart from medical complications, transplant recipients may also experience social stigma related to their treatment and changes in physical appearance. Capistrano et al. (2022, pp. 35-45) examined in their study that male patients undergoing hemodialysis experienced stigma associated with the treatment, particularly due to visible bodily marks and feelings of self-rejection, which negatively affected their self-perception and sense of self-worth.

The study further highlighted that stigma plays a significant role in shaping societal perceptions of illness, often creating barriers to social interaction and integration. Likewise, the broader social and psychological consequences of kidney disease have also been documented in recent studies.

Ullah and Naz (2021, pp. 2762–2771) found that ESRD disrupts social and marital relationships, significantly affecting psychological well-being and leading to feelings of anger and hopelessness.

Research Gap

Review of literature on the various aspects of CKD has been covered in many studies; however, there is a lack of sociological dimensions. Hence the present study has taken the social aspects of renal transplant recipients.

Need and Significance of the study

Renal transplantation is often assumed to restore the life of recipients to a normal condition. However, many challenges continue to affect recipients even after successful transplantation, altering social and psychological life. These challenges influence the socio-psychological well-being of the renal transplant recipients. Therefore, there is a need to study the social aspects of recipients that shapes the psychological aspects of recipients. The study is significant because it describes the experiences faced by the recipients even after successful transplantation.

Objectives of the study

1. To examine the impact of renal transplantation on marital relationship among recipients.
2. To analyze the social challenges and stigma experienced by renal transplant recipients.

Area of Study

This study was undertaken with renal transplant recipients from Himachal Pradesh who underwent renal transplantation at PGIMER, Chandigarh. Himachal Pradesh faces several geographical and infrastructural challenges in the delivery of tertiary health care services. Only three medical colleges and hospitals provide specialized renal care facilities, while only two medical colleges and hospitals provide renal transplant care in the state. Consequently, most of the patients preferred to seek treatment in neighboring states, especially at PGIMER, Chandigarh for specialized renal treatment.

Methodology

The study is descriptive in nature. Primary data were collected through an interview schedule, and secondary data were collected through research articles and government publications. To analyse the data, both thematic and narrative analyses were performed. Quantitative data were analysed through frequency distribution and percentage. A sample size of 50 was selected through snowball sampling. The study included male and female recipients aged 15-60 years who had completed one year after transplantation and given informed consent to participate.

Ethical Consideration

The present study adhered to ethical considerations in conducting research with respondents. It maintained the confidentiality of the respondents, and data were collected only after obtaining the informed consent of the participant.

Result and Discussion

Social-psychological Challenges

Renal transplantation has profound long-term social and psychological effects on recipients, as the underlying condition of chronic illness requires permanent management even through transplantation. Even after successful transplantation, many recipients face difficulties in adjusting to their new life.

(a) Sexual Relationship and Marital Satisfaction

For the smooth functioning of marriage, a healthy sexual relationship is very important, as it also forms the basis for conceiving a child. Renal transplantation has impacted sexual relationships among recipients, which further impacts their married life.

Table No. 1. Distribution of Respondents According to Sexual Relationship Status After Renal Transplantation (Male=17, Female=10)

Sexual relationship Status	Male (17)	Percentage (%)	Female (10)	Percentage (%)
Improved	10	58.8%	1	10%
No change	1	5.9%	3	30%

Consistently Reduced Sexual Activities	6	35.3%	6	60%
Total	17	100%	10	100%

Source: Field Study

It was observed from the above table that more than half (58.8%) of the male respondents reported improved sexual relationships after transplantation, followed by 5.9% who reported no change, while 35.3% reported consistently reduced sexual activities. Male respondents also shared that reduced sexual activities did not significantly affect their marital life. In contrast, only 10% of the female respondents experienced improved sexual relationships, while 30% mentioned no change, and 60% reported consistently reduced sexual activities due to bodily pain and fatigue after transplantation. As a result, among these 60% of the female respondents, 30% were divorced from their husbands. These circumstances caused significant psychological stress, which, in turn adversely affected their health.

These findings indicate that the social impact of renal transplantation may be more pronounced for women than for men within the marital context, as consistently reduced sexual activities have a significant impact on married women, reflecting the influence of prevailing gender norms and societal expectation.

(b) Marital Relationship and Satisfaction after Renal Transplantation

Renal transplantation generally leads to improvements in marital relationships and sexual functioning compared to dialysis; however, notable gender differences remain in terms of satisfaction level, coping mechanism, and post-transplant experience.

Table No. 2. Represents Satisfaction Level among Married Couples after Transplantation (N-26)

Satisfaction Level	Male (N-16)	Percentage (%)	Female (N-10)	Percentage (%)
Highly Satisfied	16	100%	03	30%

Moderately Satisfied	0%	0%	04	40%
Not Satisfied	0%	0%	03	30%
Total	16	100%	10	100%

Source: Field Study

It was observed from the above table that 100% of the male respondents were highly satisfied with their married life as compared to their female counterparts. Four male respondents aged 29, 45, 47 and 57 shared that their wives stood by him in every difficult situation and their partner became an emotional, financial, and instrumental source of support like taking them to hospitals even if their health became critical at midnight. They were of the view that their life partner became their biggest strength at the time when they lost hope. Another male respondent, aged 35 mentioned that earlier, he never expressed his feelings with wife. When he saw her taking care of the whole family along with his health, without ever complaining, he realized how much she meant to him. It was observed that only 30% of female respondents were satisfied with their married life, while 40% were moderately satisfied. Notably, 30% of female respondents were not satisfied in their married life which impacted their psychological well-being. These findings indicate the weakened intimate bonds in terms of emotional closeness, and a diminished sense of togetherness after transplantation. One female respondent, aged 48, shared that she lost her child during diagnosis of CKD and doctors advised her not to conceive again. They also informed her that it would be difficult for her to bear a child in the future. This news shattered her emotionally and caused considerable psychological stress, as she perceived having a child to be the only foundation of a stable family. She further explained that her husband and in-laws need a child, especially a male child. Owing to her inability to conceive, her husband eventually divorced her. In the same way two female respondents aged 48 having one girl child and 49 without child even after successful transplantation, got divorced from their husband because they were not able to give birth to a child, especially male child. The above

analysis demonstrates that higher levels of satisfaction among male respondents strengthen the marital relations, whereas the lower level of satisfaction among some female respondents reveals the gender bias prevailing in society. This pattern reflects gender bias in care giving and marital expectations, where male recipients often receive stronger spousal support, while female recipients face greater social pressure regarding fertility and family role.

(c) Marital Strain Related to Fertility and Gendered Preferences

During dialysis menstrual cycles often become irregular or may cease, which adversely affects fertility (Deshpande et al., 2011; Bramham et al., 2013). However, following renal transplantation, menstrual cycles are usually restored and fertility generally improves within six months of transplantation (EBPG Expert Group on Renal Transplantation, 2002). In many cases, menstruation stops entirely during dialysis (Popa et al. 2024), which adversely affects conception in the future. In the socio-cultural context of Indian society, childlessness or having only a girl child, particularly when there is a strong preference for a male child, may lead to relationship instability and psychological stress within families. Infertility and reproductive challenges are often socially attributed to women, causing them to bear the majority of the emotional, social, and psychological consequences, even in cases where male factors may be responsible.

Table No. 3. Distribution of factors contributing to Marital Strain related to Child Preference among Female Respondents (N=10).

Factors for Marital Strain	**Frequency**	**Percentage (%)**
Single Girl Child	4	40%
No Child	3	30%
No Reported Marital Strain	3	30%
Total	10	100%

Source: Field Study

It was observed from the above table that 30% of the female respondents did not report marital strain after transplantation. During the interviews, it was found that one respondent had two male children; another

had one male and one female child, while one more respondent had a single male child. 40% of the female respondents had a single girl child, followed by 30% who had no children. These respondents experienced the greatest marital strain due to their inability to give birth to a male child, as renal disease affected their fertility. In traditional Indian families, a male child is often considered important for maintaining family status, as family lineage is believed to continue through the male child. These factors contributed to strained relationships not only between married couples but also between the female respondents and their in-laws. As a result of these strained relationships, three female respondents were divorced from their husbands. These results demonstrate how chronic renal disease affects the childbearing ability of women, which, in turn, impacts their social life by directly influencing their marital relationships.

These findings align with the feminist theory of patriarchy proposed by Sylvia Walby (1990, pp.20-24, 54-67), which states that patriarchy is embedded through social institutions, particularly family, where women's' reproductive roles are socially defined. In such societies women's social status is interlinked to motherhood and their capacity to reproduce. As a result, infertility or the inability to bear a male child may strengthen unequal gender relations, marital strain, and social exclusion within the family.

(d) Social Stigma and Marital Exclusion among Unmarried Recipients

Renal transplant recipients continue to face considerable social stigma and marital exclusion due to medical labeling, expensive treatment, and reproductive capability even after successful transplantation, which creates doubts about their long–term physical ability.

Table No. 4. Distribution of Unmarried Respondents by Duration since Transplantation (N-23)

Duration Since Transplantation	Number of Unmarried Respondents	Percentage (%)
≤3Years	7	30.43%
4-6Years	8	34.78%

7-9Years	**3**	13.04%
≥9Years	5	21.78%
Total	23	100%

Source: Field Survey

It was observed from the above table that the largest group of unmarried respondents (34.78%) falls within 4-6 years of post-transplantation, followed by 30.43% who underwent transplantation less than or equal to 3 years. A total of 13.04 % respondents had completed 7-9 years since transplantation. It was surprising that 21.78 % of respondents had completed more than 9 years since their successful transplantation and were still unmarried. Their distribution indicates significant patterns of marital exclusion.

Four male respondents aged 24, 25, 26 and 29 shared that they had been engaged before the onset of the disease. However, during dialysis, their fiancées and their families broke the engagements. Even after many years of successful transplantation, their marriage proposals were rejected repeatedly, and they were still unmarried.

A 32-year female respondent, who had completed fourteen years since transplantation, expressed that her fiancé and in-laws broke the engagement one year after her transplantation because they believed that she would not be able to conceive a child and would remain financially dependent on them due to the high cost of medicines.

One male respondent aged 44, who had completed 23 years since transplantation, stated that his marriage proposals had been rejected five times, despite being a successful lawyer. Ultimately, he decided not to marry and joined the Ramakrishna Paramhans Mission.

Similarly, another female respondent, aged 35, who had completed 19 years since transplantation, shared that her neighbors or relatives always make her feel like a half-abled person. That made her feels like a burden on her family. She gradually withdrew not only from society but also from her family and eventually she confined herself to her room.

Notably, it was observed during the interviews that only one male recipient, aged 26, got married after renal transplantation.

These findings align with Goffman's theory of social stigma, which explains that stigma creates a *spoiled identity* where individuals continue to be judged by their prolonged history of illness rather than by their present health condition, leading to social rejection even after successful transplantation (Goffman, 1963, p. 168).

(e) Social Withdrawal resulting from change in physical appearance

Another major factor associated with the social impact of renal transplantation is change in physical appearance perceived by recipients after transplantation. They perceived these changes in different forms such as fistula, vascular catheter scars, and overweight.

Table No. 5. Represents Social Withdrawal and Altered Body Image after Transplant (N=50)

Physical Indicators	Frequency	Percentage (%)
Fistula	33	66%
Vascular Catheter	13	26%
Over weight	20	40%

Note: Percentage exceeded 100% because some respondents reported more than one issue related to physical appearance.

Source: Field Study

For the maintenance of long-term dialysis, patients with ESRD receive an Arteriovenous (AV) fistula in their forearm, which leaves a permanent mark on the arm. In contrast, patients undergoing short-term dialysis often receive a vascular catheter in a neck vein, which leaves marks on the neck for two to three years.

It was observed from the above data that 66% of the respondents had a fistula mark on their arm, while 26% had a vascular catheter on their neck. These scars affected how the recipients perceived their body image and how they believed they were perceived by others. Findings indicate that almost all respondents with a fistula on their forearm were more concerned

about their body image than those with a vascular catheter. Even their choice of clothing changed because of the fistula. Almost all respondents with fistula shared that when they stepped outside wearing a half-sleeve shirt, people looked at them differently. Consequently, they started wearing full-sleeved shirts, even during the harsh summer season. Respondents who had a vascular catheter on their neck shared that it was difficult for them to hide the scare on their neck. As a result, these recipients feel psychologically stressed and consequently lose their self-dignity and identity.

It was also observed that 40% of the respondents experienced a significant increase in body weight after transplantation. Maximum respondents reported that their body weight gradually increased during the initial stage after transplantation and continued to rise substantially over the following two to three years. The majority reported gaining 10-15 kg within one-two years. These respondents shared that they had tried various measures such as exercise, walking, and diet control to overcome the weight, but these efforts were unsuccessful.

As per study carried out by (O'Shaughnessy, 1991, p. 93), weight gain is largely linked to the side-effects of immunosuppressants (life-long medications). Along with scars and fistula, weight gain emerged as one of the most noticeable alterations in the physical appearance of renal transplant recipients. These changes made many recipients feel uncomfortable in public places and social gatherings, leading them to withdraw from social life.

Conclusion

The findings of the study reveal that renal transplantation has significant socio-psychological implications for recipients. Marital adjustment emerged as an important dimension influencing marital satisfaction, particularly among female respondents. Male respondents reported higher levels of satisfaction in their marital relationships, which strengthened emotional bond with their spouses. In contrast, many female respondents reported weaker marital relationships. In some cases, female

recipients experienced divorce due to fertility-related issues, childlessness, or having only a girl child, highlighting the persistence of gendered expectations and bias against women within the family structure.

These circumstances place considerable social as well as psychological burden on female recipients. Renal transplantation not only affects married life socially but also influences the psychological well-being of recipients. Many respondents experienced stigma due to altered body image and visible physical changes, such as fistula scars, catheter mark, and weight gain. Such bodily changes affected their self-perception and social interactions and, in some cases, reduced marital prospects, particularly among unmarried recipients.

Furthermore, the social challenges associated with transplantation intensified psychological distress among recipients, including feelings of stress, anxiety, and emotional strain. The findings therefore indicate that the experience of renal transplantation extends beyond medical recovery and involves significant social and psychological adjustment.

In the light of these findings, there is a need for proper counselling for renal transplant recipients to help them cope with emotional and psychological issues, as well as marital challenges. In addition, awareness programs should be conducted to address social stigma and gender bias related to fertility and child preference. Strengthening family and community support system, particularly for female recipients, is essential so that they can lead a socially secure and psychologically stable life after transplantation.

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