

Social Stigma against People with Gender Dysphoria – Still a Long Way to Go- A Viewpoint

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Letter to Editor

Gender identity is a person's intrinsic sense of self as male, female, or an alternate gender. Majority perceived concordance between the natal gender and the gender identity, still some have a disharmonious state between their natal gender and gender identity which leads to a distress known as gender dysphoria (GD) [1] In the fifth edition of the Diagnostic and statistical manual of mental disorders (DSM-5), the term 'gender dysphoria' has replaced gender identity disorder. This change in terminology removes the 'pathology' from being transgender, which is not a mental health condition [2].

According to the DSM- 5, the prevalence is 0.005–0.014% for natal males and 0.002–0.003% for natal female. The last decade has witnessed a significant rise in such gender incongruence individuals seeking care at gender clinics all over the world [3]. Many reasons are there such as being exposed to information about transgender available in the internet, more access to transgender characters in the social media and greater receptivity by the family members and peers with regard to one's gender identity crisis [4]. Still the stigma against them is a eternal dilemma in Indian context [5].

Here we present the case of a 34 year old unmarried male who presented to our OPD with complaints of irritability, intemperate anger outbursts and vague somatic complaints. A detailed history revealed incongruence to his own gender since childhood. He wanted to be identified as a girl, dress like them but social and family pressure never allowed him

to express the same. He attempted masturbation 2-3 times then stopped it attributing to pain during the first time. He revealed no interest or fantasies regarding females. He expressed his desire to be the passive agent in genital union. Due to outrageous taboo of the same he never came out with this to any of his relatives. Mental state examination revealed sad mood, suicidal ideations and preoccupations with identifying with the female gender. So a diagnosis of gender dysphoria was made. Despite the fact that ideal age of onset is much early for GD, the age of presentation was quite late in mid-thirties which go in congruence with another study from eastern India [6]. Social taboo and lack of informative, family support was the reason attributed which was in our case too. This is one of the many cases reported in our institute and places across tier 2 cities in India [7].

In spite of improvement in attitude of society in international scenario, the situation is still gloomy in Indian scenario [7]. Despite so many awareness campaigns both in real and virtual world, such patients from 2nd tier are still subjected to extreme stigma which leads to delayed presentation and impairs an individual to lead a socially, economically productive life.

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