

Depression on Transvestites towards Community Acceptance Based on Demographics, Principles and Beliefs at the Deli Serdang, Medan

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Abstract

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BACKGROUND: Transvestites are often excluded and even get discriminatory treatment. People feel that the values adopted are contrary to the existence of transvestites amid society. The community generally has a normative structure; a man becomes a man with his masculinity and a woman is returned to women with her femininity and is positioned to pair up.

CASE REPORT: We found depressed patients in a transvestite, 21-year-old male, a Malay tribe with complaints of loss of self-confidence, lack of cheerfulness, lack of enthusiasm, easily tired and unable to sleep. Feeling family and community cannot accept their conditions. Mockery, ridicule and satire by citizens must be received every day by patients and families because the patient is a transvestite.

CONCLUSION: As a conclusion from this case report that the attitude of the dominant community isolates transvestites, there is still much discriminative behaviour and harassing transvestites so that self-esteem decreases, loss of interest even until the occurrence of depression in transvestites.

Introduction

Transvestites people's work life is also largely unexamined. Social stigma may disrupt or delay education and career development, and transgender people worry about the impact of transition on the job. In a US national survey, 38% of transgender adults reported problems getting a job, and 23% reported losing a job because of being transgender. Transvestites' people are more likely to be unemployed and live below the poverty level: social support, and use of other resources. Transvestite people report verbal harassment, physical abuse, and sexual assault; employment and housing discrimination; and difficulties accessing health and

support services. Family support and self-esteem were associated with less distress, and support from other transgender people buffered the negative impact of discrimination on mental health. Similarly, in a study of transgender women in the US, gender-related abuse predicted depression, mitigated by community connectedness [1].

The mood is a deep and sustained feeling pressure experienced internally and influences a person's behaviour and perception of the world around him. Affect is an external expression of the mood. The mood can be normal, elevation or depression. Healthy people have a wide range of moods and show balanced affective expressions and feel that their mood and affect are in a controlled state. Mood disorders are a group of clinical

conditions characterised by loss of feelings of control and subjective experience of severe suffering. Patients with elevated moods show overwhelming attitudes, a flight of ideas, decreased sleep needs and great ideas. Patients with depressive mood experience loss of energy and interest, feelings of guilt, precision in concentration, loss of appetite, and the presence of thoughts about death or suicide. Other signs and symptoms include changes in activity levels, cognitive abilities, speech and vegetative functions (such as sleep, appetite, sexual activity, and other biological rhythms). This change always seems to produce obstacles in interpersonal, social and work functions [2].

Transgender is as an umbrella term used to define individuals whose gender identity or expression differs from the culturally-bound gender associated with one's assigned birth sex (i.e., male or female). While there is considerable variability in who falls under the transgender umbrella, it is estimated that 0.03–0.05% of the population is transgender. Transgender individuals define their gender identity (e.g., man, woman, transgender man, transgender woman, genderqueer, bigender, butch queen, femme queen) and express their gender in a variety of ways, which may vary according to racial/ethnic background, socio-economic status, and place of residence. Some transgender individuals choose to socially transition (e.g., change their name, pronoun, gender expression) and / or medically transition (e.g., cross-sex hormones, surgery) to align their gender expression with their gender identity, while others choose to have a gender expression or identity outside of the traditional gender binary (e.g. gender-nonconforming people). In the US, transgender individuals are considered deviant for having a gender identity or expression that is discordant with the gender typically associated with their assigned birth sex and experience widespread stigma as a result [3].

Case Report

Mr A Male, 21 years old, unmarried, already working, ethnic Malay, Islamic religion, high school education, living in the city of Medan, the patient is a transvestite. The patient first came to the emergency room hospital professor Al-Idrem of Medan city on April 30, 2019, came accompanied by a cousin, and the main reason for the patient to come does not want to carry out daily activities. The patient's chief complaints are loss of excitement, reduced concentration, weakness of the body, lack of enthusiasm, fatigue, sleeplessness, unwillingness to hang out and decreased appetite. This is experienced for one month before coming to the hospital. Starting from a patient, he was forced to go home to get married and stay in the courtyard with his parents.

The patient cannot refuse the request of both parents, aware of his current condition and position. The patient moved to Medan city four years ago because he was very uncomfortable living in his yard, feeling his family and environment in Deli Serdang could not accept his condition. Mockery, ridicule and insinuation by the villagers must be received every day by patients and families. He was feeling annoyed with himself but not knowing what to do. Now the patient is forced to marry and settle in his old environment, the last month the patient got news from his friend at a salon in Deli Serdang, that his position was occupied by someone else, so the hope of returning to work was getting smaller, since then the patient began to be depressed, alone, loss of joy, reduced concentration, body feels weak, not enthusiastic, easily tired, unable to sleep, do not want to hang out and decreased appetite.

The main goal of therapy is to end current depressive episodes and prevent future episodes of disease. For that patient were given sertraline 50 mg therapy and alprazolam 0.5 mg.

Discussion

Transgender individuals may be at elevated risk for mental health problems compared with non-transgender (or cisgender) individuals. A robust body of transgender research provides consistent evidence of mental health problems, including low self-esteem, depression, anxiety, and suicidal ideation and suicide attempts. A systematic review of research with transgender individuals found that male-to-female transgender individuals reported high rates of both suicidal ideations. Depression was associated with the level of education and self-reported history of sexual partner violence as well as exposure to both verbal and physical abuse. Common examples may include the use of physical threats or harassment, incorrectly gendered terminology, or discomfort/disapproval of being transgender. Meyer's minority stress model, supported by several studies, states that exposure to stigmatisation and discrimination among lesbian, gay, or bisexual (LGB) individuals may lead to mental health problems. Younger transgender individuals may be particularly vulnerable to the adverse psychological consequences of transgender-related stigma compared to their older counterparts [4].

People consider transgender as something strange, funny, disgusting, even considered as community waste. This is what often causes transvestites cornered until depression arises. There are many problem factors so that transvestites often suffer from depression in the face of pressure in their environment, including the following [5]:

1. Feeling unclear about his identity and

personality resulted in the transvestites being in a

- Position of confusion, awkwardness, excessive behaviour, other effects, difficult to find work, even depression and suicide.

2. Feeling alienated and feeling rejected causes transvestites to leave home, frustrated, lonely, looking for an escape that often harms them.

3. Feeling rejected and discriminated causes problems, especially in social life, education, access to jobs, both formal and informal.

4. Transvestites who find it difficult to get work, education, or hampered the process of social interaction

- Individuals who identify as transgender are particularly vulnerable to mental health problems, including depression. Depression can not only decrease an individual's quality of life, but it is also associated with other health problems. The disproportionate rate of depression among members of the transgender community may be due, in part, to their experiences with abuse and discrimination ("enacted stigma"). Evidence also suggests that the high rates of depression experienced by many transgender individuals could be due to fear or expectation of abuse and discrimination [6].

In conclusion, life experienced by transvestites as this case is a bitter reality; its existence raises problems and is opposed by many parties. As experienced by Mr A had escaped from his family because of family norms, social values and

beliefs of the people who could not accept his existence, almost all transvestites had experienced depression and perhaps even intended to end their lives. As a conclusion of this case report that the attitude of the dominant community isolates transvestites, public knowledge is still limited to transvestites in general, there are still many discretionary behaviours and harassing transvestites in the community.

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