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## “LACK OF SOCIAL SUPPORT IN TRANSGENDER’S AND SEXUALLY TRANSMITTED DISEASES LEADS TO DEPRESSION”

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### **Abstract:**

This is a paucity of research in the race of Social Support and Psychological well-being among people with transgender. The present study reveals the role of social support among individuals of transgender. The study helps to know the relationship of social support and psychological well-being. The study includes the relationships among social support, self-esteem and depression in transgender individual suffering from incurable or curable sexually transmitted diseases. The social support can play in mitigating depressive systems in those with gender minorities’ status. World Health Organization indicates that nearly 500 million adolescence and adults (15-49) were infected with curable forms of STI across the world in 2008. In 2018 the US reported 1,15,000 cases of syphilis and 5,88 lacks cases of gonorrhea and Chlamydia of 1.7 million observed. Recent data’s are yet to be collected. These are the common diseases are observed. These people need security, identity in family as well as in society, so that they can grow without any barriers.

**Keywords:** Transgender, Social Support, Depression, Diseases, STI.

## Introduction:

The study is related to know the role of Social Support in Transgender Diseases which may leads to depression. The individuals suffering from an incurable or curable sexually transmitted diseases faces, lack of social support which may leads to depression.

Many studies reveals that how the compound stresses of gender minority studies and STI type affect depressive symptoms. Social support can play in mitigating depressive symptoms in those with gender minority status.

Some members of the transgender are more vulnerable to STIs, world health organisation indicates that the people between age groups of 15-49 were affected with curable forms of STIs across the world. For Ex- Chlamydia, trichomoniasis, syphilis, and gonorrhea. Even in high economically developed countries STIs are undiagnosed not only in woman, which may even cause risk an reproductive damage, also peoples feel that it's a burden by assuming responsibility for a treatment – by partner. Where they lose their primary support, they are thrown by the housing; they have to seek housing, support resources and employment. Stress will have negative impact on them. This leads to their health, protective behaviour as lose. Increases health– awareness behaviours, commonly manifesting as depression, anxiety, abuse, self-injury, suicide ideation and sometimes death.

STI studies is associated with low quality of life, poorer reproductive and physical health and lack of motivation for change, exhibit more risky behaviour. STI positive status shows risk for mental health issues, low self-esteem and depression. Thus independent risk for factors for depression represents individual having an STI, sexual gender minority effect on psychological health of the population.

The people identify as heterosexual results in family -of- origin rejection, societal discrimination and reduce opportunities for upwardly mobile education and employment. When the support comes out from the families can continue their natural developmental processes without fear of retaliation and discrimination.. They are mentally physically and emotionally healthier. Their self-esteem increases and depression lowers. The psychological well-being can be mitigated through adopting different strategies to protect them against negative psychological effects in order to perceive social support. They are seeking individual and community support for safety, stability, companionship and livelihood. By high level of social support the depression associated with STI status individual can be mitigated.

The support and acceptance of once partner and family of origin play a crucial role in providing well-being. It represents an important and protective factor with respect to negative psychological health outcomes.

There is a need to develop social, clinical, practices specific for transgender individuals and their families. Different programmes are to be framed to enable transgender individuals to avoid paying the emotional and psychological facts associated with rejection and non-acceptance. By demographic and contextual factors the psychological distress can be

determine. Distress is due to the absence of social recognition, narrow focus on mental health results in experience of normative responses to pervasive discrimination, violence are exclusion, continued negligence of individual problems, social and political context from which suffering emerges. So the aspect of the life's of the transgender individual is very important to consider.

Transgender individual faces difficulties at all stages of transaction (Medical and Social) faces difficulties in their family relationships and also they have to face challenging life. This common knowledge should known to all. Many factors revealed that discrimination in violence causes rejection, stress, concealment are some of the major provisional minorities stresses. Family coating skill, social support from peer, and family and gender minority communities are the main interactive proximal religion factors. Some of the negative mental health factors, such as lack of parental closeness and parental acceptance which were consider as a protective factors should be given to them. Parental support is one of the many important factors. Absence of family support remained at a risk for worse mental health outcomes than those with higher level of support perceived from families and peer's experience increased difficulty in their existential condition and present higher level of psychological distress is not surprising.

Transgender women appear to be experience stronger, social stigma and psychological distress than transman. To maximise feelings of social support the transgender individuals must develop cognitive behavioural, positives stress management, skills for controlling existing, depressive symptoms negativity. At the community level NGO based human service professional might attempt to develop interpersonal dynamics and organisation structures within transgender communities. In addition to these the community members could assist in building trust with the transgender communities and in extending needed services like, housing, health, clinics, the experts and advocates could serve in matters related to policy, law and human rights. In this way social support can be extended.

### **Conclusion:**

Social support was associated with lower depression whereas transgender identity was associated with greater depression. Gender minority surpassed STI status as the predominant factor related to depression in transgender individuals. In contrast the type of SIT whether curable or in curable played a role the level of depressive symptoms in transgender individual. The overall role on the psychological well-being much greater in participant.