PLENARY 1

The Pronoun Conundrum: He or She or They or Per or Ve: To Renounce or Denounce?
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Gender dysphoria (GD) is when a person has a strong desire to act differently than their assigned gender, which causes significant distress and dysfunction. Western countries, especially those that legalise the third gender, employ affirmative therapy for people with GD. However, Islam and Malaysian law only recognise gender expression based on natal sex. This further puts those with gender dysphoria in Malaysia at risk of developing anxiety, depression, self-harm behavior, and suicide. Apart from that, they are more likely to engage in risky behaviours such as unsafe sex, sex with same-sex, chemsex, substance misuse, drinking alcohol and smoking. This sexual behaviour, especially man sex with man (MSM), contributes to HIV/AIDS, sexual transmitted diseases, and anal cancer. Consequently, it increases the health burden. Thus, this presentation will discuss approaches to dealing with people with this gender dysphoria. There are also ethical dilemmas or conflicts among psychiatrists in giving the diagnosis of gender dysphoria, especially in children and adolescents. Once giving the diagnosis of gender dysphoria, what is the best approach that a Muslim psychiatrist needs to consider? Are we going to practise affirmative therapy or conversion therapy or what? Do Muslim healthcare providers have the right to enforce patients against their will? Still, this would make it harder for people to get help and make them less likely to go to healthcare providers, especially Muslims. In contrast, this will encourage people with GD to go to healthcare providers that can support or affirm their desire, which is against Islamic and Malaysian law. Muslim healthcare providers should take the opportunity to help people with GD manage their conflicts according to the Islamic way.

Keywords: gender dysphoria; mental health; natal sex; Islam gender

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